

From: Graham Gibbens, Cabinet Member for Adult Social Care
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care Cabinet Committee - 20 July 2017

Decision No: 17/00066

Subject: **APPROACH FOR SOCIAL CARE NEW MONIES – PROGRESSING HIGH IMPACT CHANGE 4 - NURSE LED COMMUNITY SERVICE**

Classification: Unrestricted - Exempt appendix

Past Pathway of Paper: County Council – 25 May 2017
Kent Health and Wellbeing Board – 14 June 2017

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This report is provided to inform the Committee of the implications of establishing contracts for a nurse led community service, currently delivered in some parts of the county by 'Hilton Nursing Partners' as an interim measure pending full market procurement process into the future delivery of community support services (in line with the Your life, your well-being Strategy) and ultimately achieving full integration with the NHS by 2020 (in line with the NHS 5 Year Forward View.)

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix A) to:

- a) **AGREE** to formalise existing arrangements with Hilton Nurse Partners in the short term, procured through a KCC single sourced contract;
- b) **AGREE** to enter into an adaptable framework agreement to cover the specification and procurement of a nurse led community service in the medium and longer term, alongside Homecare and Supporting Independence Service, from September 2017;
- c) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision; and
- d) **AUTHORISE** Officers to commence market engagement in readiness for the full procurement process, where required.

1 Introduction

- 1.1 The Adult Social Care Cabinet Committee received a report on 20 July 2017 which presented the approach to the social care new monies. One of the proposals for the High Impact Changes (HIC) was to progress a Nurse Led Community Service to support the Home First/Discharge to Assess (HIC4).
- 1.2 The NHS, working with local systems, identified a number of HICs that can support local health and care systems reduce Delayed Transfers of Care (DTC).
- 1.3 In relation to HIC 4, the actions proposed by Officers is:
 1. For additional investment in Pathway One (which is for people who are in hospital and go home with no extra support)
 2. To invest in service commissioning to integrate the wider workforce (community support services such as home care and nurse led services)
 3. Utilise opportunities from Phase 3 transformation with additional recruitment for enablement, technicians for adaptations/equipment across sector
- 1.4 As part of this an executive decision is needed to progress commissioning activity to support HIC 4.

2 Background

- 2.1 The former Adult Social Care and Health Cabinet Committee endorsed the Adult Social Care Strategy, Your life, your well-being in December 2016. The Strategy is based on the Care Act 2014. Under this Act not only is there a responsibility towards adults with care and support needs and their carers, but also a broader responsibility to promote the wellbeing of adults living in the area. This should help prevent some needs arising in the first place and delay their development.
- 2.2 The Council is already working with partners in developing new ways of doing things, with the aim of breaking down the barriers between organisations when they get in the way of better care and support. This includes the NHS, and the Your life, your well-being Strategy is part of the broader process of joining up health and social care under the NHS Five Year Forward View.
- 2.3 The Your life, your well-being Strategy provides the best opportunity to establish the right pathways and develop new ways of working to deliver a sustainable service, whilst keeping people at the heart of everything we do. It also allows us to align activities and services for full integration with the NHS by 2020.
- 2.4 To enable the delivery of Your life, your well-being, a range of community based services need to be completely redesigned along with a thorough review of what the Local Authority can do and what can be delegated to bring efficiency and better outcomes to people in need of social care services and support.

- 2.5 There are a number of synergies between all community support services and commissioning intentions through Transformational design that the requirement of an executive decision seeks to continue, through regularising contractual activity with the service provider of the Discharge to Assess service, under HIC 4. Furthermore, a full competitive tender will be required in due course to make sure that services are integrated and offer best value for the Kent taxpayer.

3 Current position

- 3.1 A nurse led community service was set up initially as a pilot in East Kent to see whether it could positively impact the numbers of DTOC attributed to social care. The service was set up in response to a crisis in hospitals and a letter received from the Director General of Social Care for Local Government and Care Partnerships, providing Kent with a ring-fenced pot of £520k.
- 3.2 The 'specification' for the service was initially developed as a proposal received from an invitation to deliver services to support reduction of DTOC from the 'John Rouse' monies in January 2015. Following initial discussions with the Councils Procurement division, it was agreed that the emergency procedures could be used to establish a response to the monies in order to enable the rapid provision of new services. To this end an email was sent to all home care providers and, for East Kent, only one response was received, from "Hilton Nursing Partners" (Hilton). Hilton developed a proposal to take forward the challenge to reduce DTOCs and worked with the Council to establish the service. The arrangements have not been formalised since this exercise.
- 3.3 Homecare contracts, when tendered, were for one year plus two further one year extensions which were extended in one go at the time due to certainty needed to attempt to address the significant issues experienced by the sector. In order to align these services to Adult Social Care transformational activity, the Cabinet Member for Adult Social Care took an executive decision to extend the existing arrangements, with some key variations and the ability for mini competitions where needed with the end date of this arrangement as 31 May 2019. Extensive discussions took place with providers at the time and the feedback was generally that:
- Many providers would be unlikely to tender for such a short period due to costs incurred during the tender with no guarantee of business.
 - Service users would have to transfer to new provider(s) with the potential of having to transfer again within a short period of time.
- 3.4 This is less relevant for the nurse led 'Hilton' service as it is a short term service designed for people to either move home from hospital without ongoing support, re-start any existing care arrangement or start a new longer term service, however the risks in destabilising the service at the point where the measures for the eligibility of the additional social care monies are considerable and as such, this report seeks to award, via single source, proper and effective contractual arrangements with the 'Hilton' service and run alongside a procurement plan to establish a service that has been competitively tendered.

- 3.5 The significance of referencing the Homecare work is that, through Transformation, the pilots and design work are testing the capacity and capability of the market to deliver professionally led, integrated services, of which this is one. Additionally, the provider engagement activity will be with a whole range of providers, many are known Homecare providers, who could also be interested in this opportunity.
- 3.6 The Care Act 2014 provides greater flexibility for the Local Authority to delegate tasks to others to carry out on behalf of the Local Authority and this is being considered as part of the Design Phase alongside the greater focus on wellbeing and prevention. This lends itself to being able to break down barriers between services and focus on competences to create a more effective, integrated workforce across a range of organisations. Only by changing the views on the workforce will the current staff challenges be addressed and capacity created to deliver better outcomes.
- 3.7 Commissioners have reflected on the recent and ongoing conversations with stakeholders and the need to target the new monies for market sustainability and HIC and propose:
1. To continue to use existing arrangements with Hilton Nurse Partners in the short term, procured through a formalised KCC single sourced contract,
 2. To enter into an adaptable framework agreement to cover the specification and procurement of a nurse led community service in the medium and longer term, alongside Homecare and Supporting Independence Service (SIS) from September 2017; and,
 3. Undertake market analysis and engagement to ensure sufficient capacity is available against this framework from October 2017 and embed the service activity with Phase 3 transformation for Outcome Based Care.

4. Financial Implications

- 4.1 The financial implications of this decision are still being finalised. Total spend to date from Kent County Council to Hilton Nurse Partners is £950k. It is estimated that the increased activity in a nurse led community service across the whole county will be £3.3m per annum, however to establish contracting arrangements in the interim period, this could be between £825k and £1,650k (3-6 months pending discussions with the agency), which might be below the threshold for an executive decision. However, there may need to be some flexibility to this so as to not destabilise service provision in the short term and preparations are being made for this to be an executive decision.
- 4.2 The most significant legal risk to the establishment of these contracts is that the Council is likely to be operating outside of the procurement regulations. This is because there is a risk that the continuation of the arrangement should have been the subject of competitive tenders. As such the continuation could be open to a range of challenges from providers and service users. Should these challenges be successful, the continuation of the contracts may be set aside or shortened and compensation may be payable to aggrieved parties. Appendix one (exempt) provides further information. Although not obviating the risk

entirely, it is believed that this risk may be mitigated through partial reliance on provisions within the procurement regulations, clear communication and sharing more widely of the opportunity to work with the Council and its NHS partners in developing and designing a new approach. This will be very transparent and market engagement events, due to commence in line with full procurement to October 2017, will be very open to make sure that all questions are answered so the new service delivery and contractual requirements are fully understood.

- 4.3 If, in implementing this decision it becomes apparent that elements of this may need re-phasing or amending, the Corporate Director will do this in consultation with the Cabinet Member.
- 4.4 Withdrawal of these services would compromise all statutory duties under the Care Act 2014 and eligibility of the new monies in reducing the DTOC figures across the county.

5 Legal Implications

- 5.1 There are significant inherent legal implications from this approach. Legal advice has been sought which is legally privileged and therefore attached as an exempt appendix (Appendix 1) to this report.

6 Equalities Impact Assessments

- 6.1 An Equalities Impact Assessment will be completed for the new service design as part of the Transformation Programme. For this arrangement, service users would receive continuity in service provision, pending any planned activity for review.

7 Recommendation

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- c) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision; and
- d) **AUTHORISE** Officers to commence market engagement in readiness for the full procurement process, where required.

8. Background Documents

County Council budget report 25 May 2017

<https://democracy.kent.gov.uk/documents/b18097/Item%2012%20-%20Revised%20Budget%20201718%20and%20Medium%20Term%20Financial%20Plan%202017%20-20%2025th-May-2017%2010.00%20Count.pdf?T=9>

Integration and Better Care Fund Policy Framework 2017-2019

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

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