

Awarding of a 12 Month Contract for the Care Home Trusted Assessor Service

To: Adults and Health Committee

Meeting Date: 9 March 2023

From: Service Director: Commissioning

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2023/026

Outcome: The Committee is asked to consider the situation regarding the Care Home Trusted Assessor (CHTA) Service and make a decision as outlined below

Recommendation: Adults and Health Committee is recommended to:

- a) Approve a Direct Award of 12 months (01/04/2023 – 31/03/2024) for the CHTA service in Cambridgeshire at a cost of £118,980
- b) Agree to a review period of 3 months, during which time the viability of the service to be moved in-house can be explored. A further paper will be brought to the June Committee with a recommendation as to whether the service should be moved in-house or if an alternative procurement strategy should be pursued.

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1. Background

- 1.1 Care Home Trusted Assessors (CHTA) provide a service by which older people in hospital settings who need to be discharged to a Care Home are assessed so that they can be placed in the setting which best meets their needs. Prior to the start of the CHTA service, Care Home managers had to travel to acute hospitals in order to assess people, leading to delayed discharges, and also to people often having to undergo multiple assessments from different Care Home managers. The CHTA conducts one assessment which can then be used by various care homes, saving time and money and leading to better outcomes for the people being assessed as their transfer to a suitable Home is smoother and quicker.
- 1.2 In 2017 the service was trialled in Addenbrookes and Hinchingsbrooke hospitals. Due to its success, a 3-year contract to deliver the service was awarded to a voluntary sector organisation, the Lincolnshire Care Association (LinCA) in 2018. The model was envisaged as part of the Better Care Fund programme to promote greater integration between Health and Social Care, and particularly with a view to reducing Bed Day Delays (Delayed Transfers of Care – DTOCs) between acute hospitals and care homes.
- 1.3 LinCA was commissioned to employ a full-time equivalent Trusted Assessor in the two acute hospitals in Cambridgeshire. This resulted in significant reductions in bed day delays by speeding-up the process by which care homes felt confident to receive discharged patients (almost exclusively Older Adults) based on the recommendations and referral forms completed by the Trusted Assessors. Care home managers were no longer required to travel to hospitals and assess patients on the wards after they had been declared medically fit for discharge. On average, 3-4 days per discharge are saved per assessment.
- 1.4 The total costs of this service per annum in Cambridgeshire are £118,980. These costs are covered by the Improved Better Care Fund (iBCF), for which spending plans are jointly agreed by the Local Authority and the Integrated Care Board
- 1.5 In September 2020, the Discharge to Assess (D2A) process was introduced and the Joint Commissioning Board approved an extension of the service up to end September 2021 to allow time for an evaluation of the system changes under D2A. A Procurement exercise was carried out with the service requirement advertised through Lot 1 (Admission Avoidance and Discharge Support) of the Early Intervention and Prevention (EIP) Pseudo Dynamic Purchasing System (PDPS). This did not result in any bidders, and so the contract with LinCA was extended whilst another procurement was carried out.
- 1.6 The current service delivery was reviewed, discussions held with the operational teams, and feedback sought from the Care Home Providers via a questionnaire. The feedback was very positive about the service, and Care Home Managers were clear they believe the service saves time and money, resulting in swifter and better discharges for Service Users. Further market engagement was undertaken Providers on Lot 4 of the EIP DPS to make them aware of the opportunity, with three Providers indicating they might be interested in bidding. At the point of the tender going live, further communication was issued to inform all the Providers to ensure they were aware and had links to the tender. The second tender went live in December 2022. Again, no bids were received. The current Provider, LinCA, was and remains ineligible to bid as they are not on the EIP DPS Framework.

2. Main Issues

- 2.1 The current CHTA service is delivered primarily remotely and covers the two acute hospitals in Cambridgeshire, namely Addenbrookes and Hinchingsbrooke.
- 2.2 The budget for the CHTA service is jointly agreed by the Council and the ICB and funded through the Improved Better Care Fund (iBCF). The current cost is £118,980 per annum.
- 2.3 The CHTA service supports timely assessments and enables people to move from a hospital setting to a permanent care home placement. Without this service, care home managers have to carry out assessments themselves, leading to delays in discharge and the possibility of a service user being assessed multiple times. All parties involved agree that a central service is necessary to support better outcomes, both for the individual and for the system as a whole.
- 2.4 There have now been two failed procurement exercises regarding this tender. Should the contract end on 28/02/2023 it is likely that there will be considerable pressure added into the system, with people not being discharged in a timely manner. LinCA have confirmed that they are happy to continue to provide this service.
- 2.5 Given that there appears to be no appetite amongst providers on the EIP DPS framework to bid for this service, a further procurement exercise would serve little purpose. Given the tight timescales between the Tender closing and the contract ending, it has not been possible to explore the implications of bringing the service in-house. A Direct Award of a 12-month contract to the current providers, at a cost of £118,980, would allow the possibility of bringing the service in-house to be explored. A paper will then be brought to the June Committee with a recommendation as to whether the service should be moved in house or if an alternative procurement strategy should be pursued.
- 2.6 The Public Contract Regulations (2015) allow for a Direct Award, known as a negotiated procedure without prior publication, where 'no tenders, or no suitable tenders have been submitted' (Regulation 32 (2) (a)). The Council's Contract Procedure Rules require approval from the Procurement Team for a Direct Award, and this has been granted.
- 2.7 The cost of the Contract to date is £498,725. A waiver for 31 days has been put in place (01/03/2023 – 31/03/2023) to allow this paper to be brought before Committee, at a cost of £10,105, and a further 12-month Direct Award of £118,980 will bring the cumulative cost to £627,810 and is therefore above the threshold for a Key Decision.

3. Alignment with corporate priorities

3.1 **Environment and Sustainability**

There are no significant implications for this priority.

3.2 **Health and Care**

The report above sets out the implications for this priority in paragraph 1.1 and paragraph 2.3

3.3 **Places and Communities**

There are no significant implications for this priority.

3.4 **Children and Young People**

There are no significant implications for this priority.

3.5 **Transport**

There are no significant implications for this priority.

4. **Significant Implications**

4.1 **Resource Implications**

The report above sets out details of significant implications in 2.7 above.

4.2 **Procurement/Contractual/Council Contract Procedure Rules Implications**

The report above sets out details of significant implications in 2.6 above.

4.3 **Statutory, Legal and Risk Implications**

There are no significant implications for this priority.

4.4 **Equality and Diversity Implications**

There are no significant implications for this priority.

4.5 **Engagement and Communications Implications**

There are no significant implications for this priority.

4.6 **Localism and Local Member Involvement**

There are no significant implications for this priority.

4.7 **Public Health Implications**

There are no significant implications for this priority.

4.8 **Environment and Climate Change Implications on Priority Areas**

There are no significant implications for this priority.

4.8.1 **Implication 1: Energy efficient, low carbon buildings.**

Neutral Status:

4.8.2 **Implication 2: Low carbon transport.**

Neutral Status:

4.8.3 **Implication 3: Green spaces, peatland, afforestation, habitats and land management.**

Neutral Status:

4.8.4 **Implication 4: Waste Management and Tackling Plastic Pollution.**

Neutral Status:

4.8.5 **Implication 5: Water use, availability and management:**

Neutral Status:

Explanation:

4.8.6 Implication 6: Air Pollution.

Neutral Status:

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Neutral Status:

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes

Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes

Name of Legal Officer: Linda Walker

Have the equality and diversity implications been cleared by your EqIA Super User? Yes

Name of Officer: Gurdev Singh

Have any engagement and communication implications been cleared by Communications? Yes

Name of Officer: Sarah Silk

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Emily Smith

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer? Yes

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 Source documents:

None