



**To award a contract for the supply of an improvement partner to support the urgent and emergency care transformation programme**

<b>Cabinet Date</b>	29 March 2023
<b>Cabinet Member</b>	Cllr Carole Allaway-Martin Cabinet Member for Adult Social Care Commissioning
<b>Key Decision</b>	Yes
<b>Purpose of Report</b>	To seek authority to procure the appointment of a neutral vendor managed service supplier and an urgent and emergency care improvement partner to assist in implementing the findings from the Gloucestershire Urgent and Emergency Care diagnostic.
<b>Recommendations</b>	<p>The Cabinet:</p> <ol style="list-style-type: none"><li>Approves, without further competition, the award of a call-off contract under the Association of North East Councils Limited's NEPRO<sup>3</sup> Framework Agreement, to the sole neutral vendor managed service supplier, namely Bloom Procurement Services Limited (Bloom).</li></ol> <p>The terms of such call off shall include the power for Bloom to appoint, as its subcontractor, an urgent and emergency care improvement partner to assist the council and Gloucestershire Integrated Care Board (the ICB) in implementing the findings identified in the Gloucestershire Urgent and Emergency Care Diagnostic described in paragraph 8 of this report.</p> <p>Such call-off contract shall continue for an initial period of 15 months and include an option to extend its term for a further period of not more than 6 months.</p> <ol style="list-style-type: none"><li>Delegates authority to the Executive Director of Adult Social Care, Wellbeing and Communities, in consultation with the Cabinet Member for Adult Social Care Commissioning, to:<ol style="list-style-type: none"><li>engage in a selection process with Bloom to identify and then appoint an urgent and emergency care improvement partner to act as Bloom's subcontractor under the call-off contract described in Recommendation 1 above.</li><li>determine whether to exercise the option to extend the term of the call-off contract described in Recommendation 1 above for a</li></ol></li></ol>

	<p>further period of 6 months on the expiry of the initial 15-month period.</p> <p>3. Delegates authority to the Deputy Chief Executive and Executive Director of Corporate Resources in consultation with the Deputy Leader and Cabinet Member for Finance and Change to enter into a Section 256 agreement with the Gloucestershire Integrated Care Board to cover the transfer of funding to support said contract.</p>
<b>Reasons for Recommendations</b>	<p>The Gloucestershire Urgent and Emergency Care (UEC) system has been under significant pressure for some time, resulting at times, in sub-standard patient care. A sustained and complex transformation programme is required to improve the system. Newton Europe were commissioned last year to carry out a diagnostic of the UEC system. This has clearly identified the issues that need to be tackled. The direct award of this contract will allow for the continuation of this improvement work, and ensure the changes are embedded in advance of winter 2023.</p>
<b>Resource Implications</b>	<p>The budget for the appointment of a neutral vendor managed service supplier and urgent and emergency care improvement partner over a term not exceeding 21 months (i.e. if the council elects to exercise its above-mentioned 6-month extension option) is £8.25m excluding VAT. This will be provided by the Integrated Care Board (ICB) and has been drawn from NHS national funding that has been allocated to Gloucestershire to improve capacity and flow in urgent and emergency care. Therefore, there will be no deduction from existing resources dedicated to delivering direct patient care, adult social services or funding for recurrent staff or services. This funding will be transferred to GCC from the ICB via both a Section 75 and 256 funding transfer agreement under the NHS Act 2006. The Section 75 agreement was agreed by Cabinet on 25 January 2023 and so no further agreement is required for this decision.</p>
<b>Background Documents</b>	<p>Notes and presentation from a scrutiny workshop with HOSC on 12 September 2022  <a href="https://gloucestershire.gov.uk/agenda-for-health-overview-scrutiny-committee-tuesday-18-october-2022-10-00-am">Agenda for Health Overview &amp; Scrutiny Committee on Tuesday 18 October 2022, 10.00 am (gloucestershire.gov.uk)</a></p> <p><a href="https://glostext.gloucestershire.gov.uk/documents/s88544/LGA%20Peer%20Review%20HOSC%20Workshop%2012%20Sept%202022.pdf">https://glostext.gloucestershire.gov.uk/documents/s88544/LGA%20Peer%20Review%20HOSC%20Workshop%2012%20Sept%202022.pdf</a></p> <p>Presentation to the joint meeting of HOSC and Adult Social Care and Communities Scrutiny Committee on 15 November 2022  <a href="https://gloucestershire.gov.uk/agenda-for-adult-social-care-and-communities-scrutiny-committee-tuesday-15-november-2022-10-00-am">Agenda for Adult Social Care and Communities Scrutiny Committee on Tuesday 15 November 2022, 10.00 am (gloucestershire.gov.uk)</a></p>
<b>Statutory Authority</b>	Care Act 2014

<b>Divisional Councillor(s)</b>	All
<b>Officer</b>	Name: Sarah Scott Tel. no: 01452 328497 Email: <a href="mailto:Sarah.L.Scott@gloucestershire.gov.uk">Sarah.L.Scott@gloucestershire.gov.uk</a>
<b>Timeline</b>	Direct award to proceed in April 2023.

## Background

1. Gloucestershire County Council (GCC) and Gloucestershire NHS partners, including the Integrated Care Board (ICB) are working together to deliver improved health and care services for the population of Gloucestershire. Together they have oversight of over £1 billion of NHS resources and £183,851m of social care resources and deliver health and care to our county's population of around 670,000 people. Our model of ICB in Gloucestershire is unusual with five representatives from GCC, representing the strength of our partnership and commitment to improving health and care services for our residents. There is a long history of the local NHS working closely with GCC. Whilst many services in our county are performing well, we know that we face significant performance and delivery challenges across Urgent and Emergency Care (UEC), in line with much of the rest of England.
2. For the purposes of this paper and review, we have defined the scope of Urgent and Emergency Care (UEC) to include all services involved in the initial response to a resident who needs responsive care (such as ambulance services, NHS 111 and Primary Care urgent appointments) all the way through the pathway to the point of discharge to onwards care, and the provision of that care in the community when it is needed, and the role that adult social care plays in that. Adult social care can be involved at any of the above stages to help prevent an admission to hospital by offering an alternative service in the community, supporting discharge from hospital, and offering short term rehabilitation and assessment for the provision of longer-term adult social care.
3. UEC services were at the forefront of the response to Covid-19 and whilst we are now learning to live with Covid-19 there remains a high demand for these services. The patients coming forward now are frailer and experience more complex and advanced conditions than before the pandemic. Some of this can be explained by delays in accessing diagnosis or treatment during the pandemic. The picture in Gloucestershire mirrors that of the rest of the country. Our UEC services have been under significant strain for several years. At times this has resulted in difficulties in accessing GP appointments, ambulances queuing outside of emergency departments (ED), with crews unable to hand over patients as the ED is full, patients cared for in corridors as the hospital is full, long waits for rehabilitation services in the community and for packages of domiciliary care and residential and nursing home beds.
4. The NHS use a framework called Operational Pressures Escalation Levels (OPEL) to measure pressure in the UEC system. This has four levels, with four being the worst and indicates increasing pressure in the local health and social care system and there is increased potential for patient care and safety to be compromised. Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) and ICB spent 15 days at OPEL 4 in late December/early January 2023. Our UEC system reaching OPEL 4 was unprecedented and is a strong indication of the lack of capacity to cope with even minor surges in demand created by either bank holidays or industrial action. Coupled with that the operational pressure upon our system has been so severe that GHNHSFT has declared business continuity incidents on multiple occasions. A business continuity incident can only be declared once OPEL 4 has been reached and so is in effective another level beyond. GHNHSFT has declared a business continuity incident on 12 occasions in 2022/23, for a total of 39 days, with an average duration of 3.25 days. While in adult social care, in time

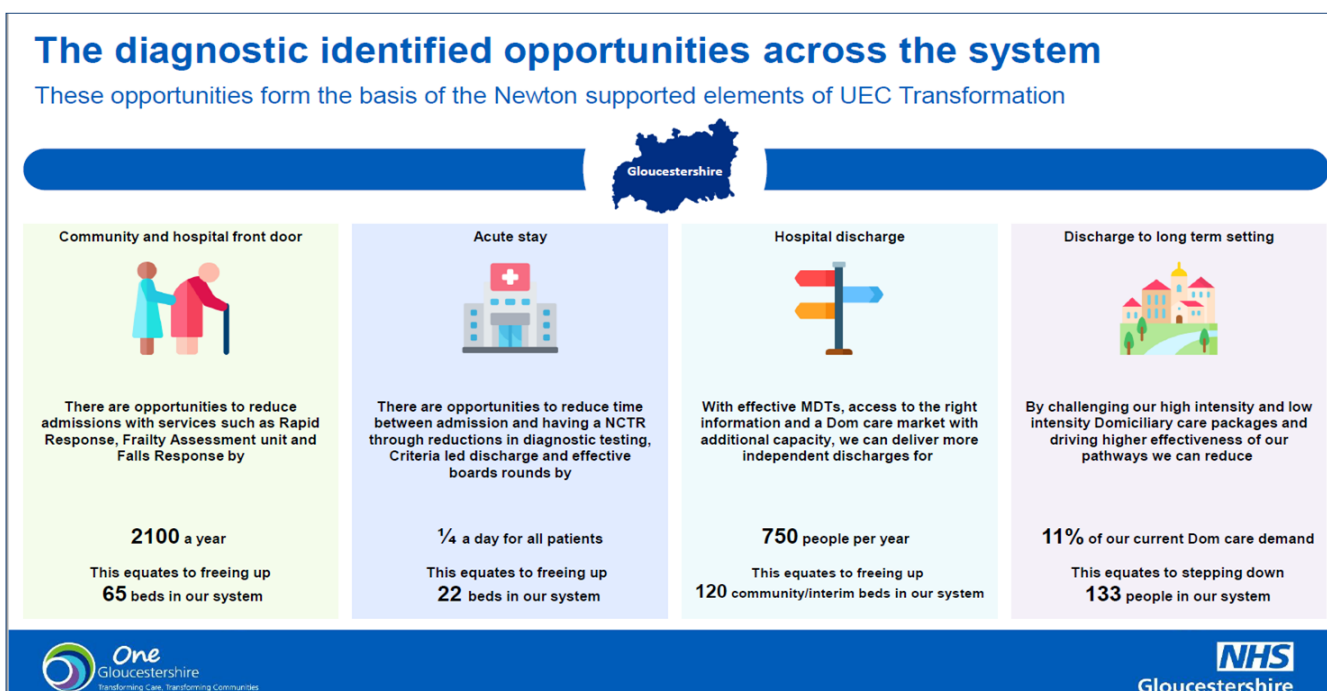
of extremis there were over 500 people waiting in the community and over 150 waiting in either an acute or community hospital for one of our services.

5. In recognition of the challenges facing UEC during 2022/23 the ICB agreed to review the challenges experienced by Gloucestershire's UEC services, and to work together to effect a radical transformation of urgent and emergency care. This is in line with the Gloucestershire ICB Mission: 'To Systematically redesign the way that care is delivered in the One Gloucestershire system by all partners working together to reorganise and integrate systems to deliver the right care, in the right place, at the right time' and the ICB Vision which is "To deliver high value, integrated care that uses population health data to support the whole population of Gloucestershire to have the best possible physical and mental health outcomes and to lead the most happy and healthy lifestyles for them".
6. GCC's strategy; Building back Better in Gloucestershire details how we will transform adult social care. The Adult Social Care Transformation Plan sets out six priority programmes to enable the Council to achieve its vision, including a programme to support the transformation of urgent and emergency care.
7. The ICB agreed that the work to review the model of UEC would need to take a broad perspective, looking at:
  - a. Prevention and supporting independence, improving long-term care, care assessments and embedding the principles of personalisation across our system
  - b. Developing resilient capacity across social care to support the needs of our population, with a focus on maintaining independence and prioritising wellbeing
  - c. Proposing a capacity model for our system which does not only consider beds but takes account of non-bedded capacity requirements, including the Enhanced Independence Offer and Home First
  - d. Improving community hospital and assessment / reablement bed flow
  - e. Increasing the efficiency and effectiveness of reablement and rehabilitation
  - f. The hospital and community front doors, including primary care, 111/OOH, ambulance handovers and admission avoidance
  - g. Care in hospital and making discharge outcomes more independent
  - h. Considering the future model for integrated commissioning/shared system flow management arrangements in the Integrated Care Board
8. To deliver this, the ICB commissioned and delivered a two-stage support package, working firstly with the Local Government Association (LGA) and then with the improvement consultancy known as Newton Europe to complete a 'peer review' of our system and then a full 'diagnostic' of our system challenges and opportunities. A summary of the findings of both the LGA peer review and a summary of the Newton diagnostic were presented to the Gloucestershire Health Overview and Scrutiny Committee (HOSC) and ICB public Board. This allowed for robust scrutiny of the diagnostic process and of the findings. Both sets of findings showed that there was significant need for improvement, both in terms of how we work together as effective partners and in terms of the opportunities for productivity, efficiency, and effectiveness in the delivery of services. The diagnostic also showed that to improve the UEC system a large-scale transformation programme was needed, of a scale and complexity not seen in Gloucestershire before.

9. A schematic is shown below which summarises the identified opportunities from the diagnostic at a high level. In summary, the ambition is to deliver better outcomes for 4000 people per year, every year through:
- Reducing the number of (unnecessary) admissions to acute hospital beds
  - Reducing the length of stay in acute hospitals (appropriately)
  - Discharging patients to more independent settings with lower needs for onward packages of care
  - Releasing capacity in the homecare market to improve system flow

The latter two points are directly relevant to the statutory duties and work of adult social care in GCC.

Fig 1: Summary of identified diagnostic opportunities for Gloucestershire System:



10. The proposal is for our health and care system to now commission a significant implementation support package to enable us to deliver these improvements to ensure that we consistently deliver quality health and care for the Gloucestershire population, alongside delivering a more resilient financial and capacity position for health and care providers. The ICB considered whether a transformational programme of this scale could be run and delivered within existing resources. The conclusion reached was that additional capacity and some specific skills sets were required to ensure the recommendations from the diagnostic were implemented in a timely way to realise the benefits for the users of health and social care in Gloucestershire.

11. Specific examples of benefits that will be achieved through the transformation programme include:

- a. Optimising capacity and utilisation of Community Rapid Response services resulting in 600 fewer patients per year needing to attend A&E, saving around 900 acute bed days per year
- b. 8000 fewer acute hospital bed days through more efficient diagnostic testing and greater focus on facilitating simple discharges (those not requiring additional short-term support on discharge)
- c. Reducing the number of acute hospital bed days by up to 33,000 per year from those patients who have no medical criteria to reside through improved downstream capacity and discharge processes
- d. More patients will achieve quicker and more independent outcomes through improving discharge decision-making processes. Removing discharge delays, when a patient no longer requires an acute bed, would reduce the average length of stay in hospital for over 65s by almost 4 days.
- e. Over 1600 hours per week of Domiciliary care released through more effective assessment of needs and appropriate decision making.
- f. Appropriately reducing 40% of high intensity domiciliary care packages to provide more independent living and release up to 28,000 care hours per year to enable more residents to be supported and reduce backlogs

12. The characteristics of the work will need to encompass the following:

- a. System wide thinking: to work with us to take a whole system view to the challenges we face across the whole of our urgent and emergency care system
- b. People Centred: To put people and patients at the heart of the programme, valuing their experience, and focussing on improving care outcomes in everything we do
- c. Issue based problem solving: to work with us to identify the root cause of problems as they arise through the implementation and transformation programme
- d. Clinical and service transformation: providing expertise in end-to-end pathway design, clinical models, and service redesign
- e. Quantitative and qualitative evaluation: to work with us to develop data and insights that will inform and drive our programme delivery
- f. Analytics analysis and financial modelling: to derive and evidence the benefits delivered
- g. Implementation support: on-site presence to embed the change with local teams.
- h. Legacy/skills: develop local teams to continue to deliver after the programme has completed.

13. To commission a programme at this scale, will require significant investment from our system, but with an expectation that significant benefits cited above will be delivered for the community. This cabinet paper sets out a proposed programme that would be delivered in partnership with Bloom and its subcontracted urgent and emergency care improvement partner to deliver a long-term transformation programme to create the best possible outcomes for residents supported by Urgent and Emergency Care services aligned with the stated vision and mission. The programme is shaped to realise the maximum value of all opportunities identified in the diagnostic in a realistic timeframe.

14. The investment by the Gloucestershire system in the services of a dedicated urgent and emergency care improvement partner's team to support the delivery of these benefits would be a fixed fee of £8.25m, with expected benefit worth £77.4m over 5 years,

representing a return of investment of 9.4 to 1. The fee model is 'contingent' which means that 100% of the fixed fee is at risk against delivering jointly agreed outcomes. The proposed contracting approach involves the option to give notice at any time and the contract to be exited at only a few weeks' notice, meaning GCC and the ICB would have flexibility to disengage if it was not felt to be delivering as per expectations of all parties involved.

15. The jointly agreed outcomes will be measured throughout the transformation programme using clearly measurable goals and key performance indicators (KPIs). Each aspect of the transformation will have a target key KPI and a number of operational KPIs against which progress will be tracked. For example, a reduction in the number of admissions per week to accident and emergency would be a target KPI. Examples of related operational KPI's would include weekly number of successful interventions by community rapid response teams.
16. These measures will be used to calculate the impact on improved outcomes for the people of Gloucestershire and the financial benefits against which the improvement partner's fee is contingent on delivering. The mechanism for calculating the measurement baseline and financial impact of improvements will be agreed in advance. Tracking of both outcome and financial benefits will be a core part of the programme governance with regular review and final sign off by the UEC Transformation Board.
17. The programme is envisaged to run over a period of approximately 15 months but could flex to 21 months to ensure delivery of all objectives. The programme, if approved will start in the summer of 2023, meaning the programme will run across two financial years with an approximate split of half the total resources needing to be made available in 2023/24 and 2024/25 (so approx. £4.125m per year). The resources will be designated from short term NHS national funding allocated to our system to improve capacity and flow, and therefore there would be no deduction from existing resources dedicated to delivering direct patient care or funding recurrent staff or services.
18. System changes are anticipated across all the UEC pathways; therefore, it would be legitimate for either the ICB or GCC to procure the services of Bloom and an urgent and emergency care improvement partner by means of the procurement process described in Recommendations 1 and 2 of this report. For expediency, the intention is for the County Council to be the contract holder as NHS processes are known to take longer, hence the ICB will transfer funding for the said contract to the council on the basis that this will secure a more effective use of public funds than would be possible if the ICB procured the contract itself. The preference is to proceed at the fastest possible pace to commission a known partner who is already working well with our system, to be able to start to put improvements in place at the pace required, so an impact can be seen before next winter. During the meeting of the Gloucestershire Integrated Care Board on 25 January, there was strong support for GCC entering into this contract with Bloom and appointing a partner on behalf of the ICB. This will be confirmed when the minutes of this meeting are published and agreed at the next meeting of the ICB on 29 March 2023.



## Options

19. **Do Nothing.** The risk is that the UEC transformation programme will not progress with at the required rate and bring about the necessary improvements to the health and care system in Gloucestershire. There are no additional costs associated with this option. However, neither GCC or the ICB have sufficient capacity or in some cases the expertise to progress all the recommendations from Newton diagnostic.
20. **That Cabinet approves the recommendations set out in this report and delegates authority to the Executive Director of Adult Social Care, Wellbeing and Communities in consultation with Cabinet Member for Adult Social Care Commissioning to implement the proposals set out in the above Recommendations. (Recommended)**
21. **Develop a wider specification and publish an open tender for a support partner.** The procurement process would be resource intensive and the timelines lengthy. This option may also lead to a lack of consistency and the background learning and relationship building from the diagnostic review and planning phase will be lost. There could also be the risk disconnect from the findings from the Newton diagnostic and system ownership of the issues found.
22. **Recruit a specific workforce to design and implement without the support of an external programme partner.** This would give the opportunity to recruit a specific change programme workforce within our existing structure to design and implement the opportunities for savings and service improvement. This gives an opportunity for a sustainable solution, but the recruitment would be very labour intensive, we currently lack the range of the specific skill set required to deliver this piece of work in the timescales. This would be a financially costly option and would not guarantee the delivery of the savings in any timescale.

## Risks

23. The risk of successful legal challenge to the proposed call-off contract award to Bloom, under the "NEPRO3" framework agreement by means of the procurement process described in Recommendation 1 of this report is deemed to be negligible given that Bloom is the sole neutral vendor managed service supplier thereunder. Moreover, the appointment of Bloom's subcontracted urgent and emergency care improvement partner shall be carried out in accordance with the selection process prescribed under such framework agreement.
24. Procurement risk is managed by buying through the NEPRO3 framework via the Bloom solution. This solution has been arranged in accordance with the Public Contracts Regulations 2015 and followed North Eastern Purchasing Organisation's (NEPO) standard gateway procedure. The solution will be procured in accordance with the expectations of external funding bodies and is available to every public sector organisation in the UK.

## Financial implications

25. The funding for the improvement partner will come from the ICB. This will be transferred to GCC via both a Section 75 and 256 agreement under the NHS Act 2006. The Section 256

agreement will be entered into by the Deputy Chief Executive and Executive Director of Corporate Resources in consultation with the Deputy Leader and Cabinet Member for Finance and signed by the ICB's Director of Finance. The section 75 agreement is a framework partnership agreement between the Council and the ICB relating to the commissioning of health, public health, children's, and adult social care services (in exercise of powers under Section 75 of the National Health Service Act 2006) and was agreed by Cabinet on 25 January 2023. Therefore, a separate agreement with respect to this Cabinet decision is not required. The funding will be secured by both routes by the time the contract is awarded. The value of the contract is net of VAT and GCC will reclaim the VAT as per advice from the Council's internal and external VAT Advisors. The Section 256 funding will be monitored monthly via the Joint Commissioning Partnership Executive along with all other joint funded activities and the contract with the Improvement Partner monitored via the newly formed UEC Transformation Board.

### **Climate change implications**

26. No immediate climate change implications have been identified but climate change will be considered under the Social Value considerations.

### **Equality implications**

27. Has an Equalities Impact Assessment (EIA) been completed? Yes

28. Cabinet Members should read and consider the Equalities Impact Assessment in order to satisfy themselves as decision makers that due regard has been given.

### **Data Protection Impact Assessment (DPIA) implications**

29. A DPIA and Data Processing Agreement were completed by the ICB when Newton Europe were first commissioned to complete the system diagnostic in July 2022. These were signed off by the Data Protection Officers from the ICB (on behalf of system partners) and Newton and will be reviewed and updated by the Council's Information Management Service (IMS) as necessary. IMS will also be involved in reviewing the Section 256 agreement as required. Due consideration will be given to the Cyber Information Management (Procurement) Policy during the procurement process.

### **Social value implications**

30. Social Value will be included as a consideration with a view to ensuring that the Council and Gloucestershire ICB leverages the social, environmental and/or economic wellbeing impacts of the service.

### **Consultation feedback**

31. Consultation has taken place with the Cabinet Member for Adult Social Care Commissioning and the Cabinet Member for Adult Social Care Delivery. In addition, there have been detailed discussions with the members of the Integrated Care Board, all of whom are supportive of this proposal.

## **Officer recommendation**

That Cabinet:

32. Approves, without further competition, the award of a call-off contract under the Association of North East Councils Limited's NEPRO<sup>3</sup> Framework Agreement, to the sole neutral vendor managed service supplier, namely Bloom Procurement Services Limited (Bloom).

The terms of such call off shall include the power for Bloom to appoint, as its subcontractor, an urgent and emergency care improvement partner to assist the council and Gloucestershire Integrated Care Board (the ICB) in implementing the findings identified in the Gloucestershire Urgent and Emergency Care Diagnostic described in paragraph 8 of this report.

Such call-off contract shall continue for an initial period of 15 months and include an option to extend its term for a further period of not more than 6 months.

33. Delegates authority to the Executive Director of Adult Social Care, Wellbeing and Communities, in consultation with the Cabinet Member for Adult Social Care Commissioning, to:
- (a) engage in a selection process with Bloom to identify and then appoint an urgent and emergency care improvement partner to act as Bloom's subcontractor under the call-off contract described in Recommendation 1 above.
  - (b) determine whether to exercise the option to extend the term of the call-off contract described in Recommendation 1 above for a further period of 6 months on the expiry of the initial 15-month period.
34. Delegates authority to the Deputy Chief Executive and Executive Director of Corporate Resources in consultation with the Deputy Leader and Cabinet Member for Finance and Change to enter into a section 256 agreement with the Gloucestershire Integrated Care Board to cover the transfer of funding to support said contract.

## **Performance management/follow-up**

35. The oversight of the delivery of the recommendations from the UEC diagnostic is through the UEC Transformation Board, and supported by three Senior Responsible Officers; Sarah Scott, Executive Director of Adult Social Care, Wellbeing and Communities for GCC, Ellen Rule, Deputy Chief Executive and Director of Transformation and Dr Andy Seymour, Medical Director for the ICB. Regular updates will be brought to the ICB public board and to GCC Health Overview and Scrutiny Committee. In addition, in accordance with the governance surrounding monies held in Section 256 and Section 75 agreements, regular reports will also be taken to the Joint Commissioning Partnership Executive meeting.