

Service Specification **Interim Hospital Discharge Rotas**

Introduction

Stoke-on-Trent Clinical Commissioning Group (CCG) and Stoke-on-Trent City Council (SoTCC) are looking to jointly commission interim hospital discharge rotas for patients who are medically fit for discharge from a hospital setting, and who require either enablement support or domiciliary care in the community.

The rotas will be commissioned via a block purchased model to create additional care capacity for hospital discharge and increase staff retention in the local social care market.

Aims and Purpose

The aims and purposes of this health and social care integrated service are to:

- Increase enablement and domiciliary care capacity within Stoke-on-Trent
- Improve care staff retention by purchasing via a model which allows providers to pay their staff on a shift basis
- Improve patient flow out of acute and community hospital settings
- Increase and maintain patients' health, wellbeing and independence by facilitating their discharge with in a safe and effective service
- Decrease any delays with discharges whereby a patient is medically fit
- Decrease the amount of hospital provision being used unnecessarily (e.g. hospital beds) where there is not a clinical need
- Support people via enablement models of care to reach their maximum potential and level of independence
- Reduce capacity and demand blockages and pressures in the health and social care system locally
- Reduce the number of re-admissions in to hospital by providing enablement support and care in the community
- Have a responsive service to deliver care and support in the community

Principles of the Service

- Responsive at the point of need
- Enhanced response
- Person centred
- Flexible
- Strengths/assets based
- Outcome orientated
- Person directed
- Evidence based and innovative
- Inter-disciplinary team working across organisational boundaries

Service Usage

The interim hospital discharge rotas can be utilised via two models and pathways:

1. Discharge 2 Assess (D2A) Model

- Medically fit patients can be discharged home from hospital settings with a provisional package of care based on their completed Patient Profile (PP), via the CCG's Track and Triage service.
- Patients will receive enablement focused care and support at home via the interim hospital discharge rota whilst they are awaiting a full social care assessment from Stoke-on-Trent City Council to determine their eligible and long terms care provision needs.
- As there are already care providers attached to the existing D2A model, this service will operate as an overflow of care capacity to support discharges, and will be ran with a 'provider of last resort' function to support unmet demand.

2. Additional Maintenance Capacity Model

- Medically fit patients who have already received a full social care assessment from Stoke-on-Trent City Council can be discharged home on the interim hospital discharge rota with a Social Care Service Delivery Plan (SDP) whilst they are awaiting long term maintenance care to be sourced.
- As a full Service Delivery Plan (care plan) will be readily available, this model will be facilitated via SoTCC care brokerage service.

Duration on Interim Hospital Discharge Rotas

It is expected that capacity on the interim hospital discharge rotas are utilised per patient for a maximum of 21 days, at which point the care provision for each patient needs to be transferred to a Provider who will then retain the care package going forwards to meet the long term needs of the patient.

Providers will be paid a bonus of £50 per full package of care that is transferred from the Joint Commissioning Arrangement for interim hospital discharge rotas to 'time and task' delivery under a contracting agreement with SoTCC. 'Time and task' delivery refers to Providers being paid for the care delivered in blocks of 15 minutes only, this does not cover rota times between care calls.

It is a joint responsibility of Health and Social Care to manage capacity in order to allow for transfer of care from the interim hospital discharge rotas, and it is expected that Providers continue to recruit and retain staff able to facilitate system flow.

Agreement Duration

The duration of this Agreement is for 12 months, from the commencement date 1st March 2018 until 28th February 2019 , with the exception of the caveats below:

- Partners reserve the right to reduce or extend this duration by giving one months' notice to the provider.
- Partners reserve the right to terminate this Agreement if quality issues, complaints or safeguarding issues are identified and substantiated by SoTCC or any other regulatory body (E.g. Care Quality Commission).
- Partners reserve the right to terminate this Agreement if the provider does not comply with any of the service requirements or monitoring submission requirements.

Inclusion Criteria

This service applies to all patients who are awaiting discharge from:

- University Hospital of North Midlands (UHM) Royal Stoke site
- Haywood Hospital
- Brighton House
- Any other local Community Hospital
- Any CCG commissioned nursing home and residential beds
- Home First Service or any interim provider attached to the D2A model

Patients must meet the following inclusion criteria:

- Must be medically fit for discharge from a hospital setting
- Assessed and deemed appropriate for enablement care or formally assessed for the provision of maintenance domiciliary care.
- Aged 18 or over
- Be a resident within the boundaries of the city of Stoke-on-Trent
- Require care and support to be delivered at an address in Stoke-on-Trent
- Clinically the patient no longer requires a health service or any input other than routine primary or community care.

Patients identified to access the rotas will be monitored to ensure equality of treatment for all patients regardless of their age, gender, family support, advocacy or degree of physical or cognitive impairment.

Service Requirements

The Provider will ensure the following:

- Care visits will be commissioned in blocks of 15 minutes
- The block purchased rota is commissioned and operated in 13 hour blocks (per rota, per day), and will be operational between the hours of 7:00am – 14:00pm and 16:00pm – 22:00pm.
- The provider must guarantee the care capacity for the hours stipulated.
- As a minimum requirement the Provider will provide the amount of rotas per day in line with response to each individual providers response to the PIN, these may consist of single and double up rotas. Partners reserve the right to vary its requirements in respect of the number of single and double rotas provided.
- The rota(s) will operate 7 days a week for the full duration of this agreement.
- The provider will ensure that there is appropriate staff resource to accept referrals against the block purchased rotas 7 days a week between the hours of 9:00am – 17:00pm at a minimum.
- The care provision within the block purchased rota will be city wide across Stoke-on-Trent.
- Where there is available capacity on any of the block purchased rotas the Provider may be asked to travel to another area of the city, this will account for travel time between care calls.
- The tasks required during service delivery will be in line with the existing Framework Agreement / Spot Purchase Agreement with SoTCC.
- The CCG and SoTCC reserves the right to determine which care package is most appropriate for any block purchased rota.

- The block purchased rotas need to include the sufficient amount of travel time for the care staff to commute between care calls.
- Where a double up rota is commissioned the Provider must ensure that both staff are arriving at the property together and that moving and handling activities are not commenced until both staff are present
- SoTCC is able to rearrange and make any amendments to the block purchased rotas e.g. requiring calls to be delivered at different times or placed on different rotas etc.
- A Risk Assessment needs to be completed by the Provider prior to care commencing/ or within 48 hours (inclusive of weekends) of the commencement of service delivery.
- The Provider is not to utilise care staff from current Framework Agreement / Spot Purchase business to facilitate the requirements of this service unless in emergency / contingency situations, at which point both the CCG and SoTCC commissioners are to be contacted by the provider immediately.
- The Provider must not utilise subcontracting rights without prior permission from Partners
- The Provider must ensure that there is a Service Delivery Plan / Care Plan in the patients property at all times
- The Provider must be registered with the Care Quality Commission (CQC)
- The Provider must provide assurances of effective Quality Monitoring Standards evidencing robust quality monitoring procedures

Changes to Rotas / Hours

- Whereby demand is before 7:00am, between 14:00pm-16:00pm, after 22:00pm the provider can fulfil call times where required and the payment for the start and end time of the rota will reflect the demand, this will be at the agreed hourly rate.
- Such additional hours outside of the stipulated rota hours are not guaranteed for the duration of this Agreement and may be amended or terminated by the CCG or SoTCC at any time upon giving 24 hours' notice.
- Partners may also request an increase in the total number of block purchased hours per day, subject to the agreement of the Provider. Where this is the case, the CCG or SoTCC will confirm instructions in writing to the Provider and the Provider will deliver the additional block purchased rotas in accordance with this Agreement.
- Any additional block purchased hours that the CCG or SoTCC instructs the Provider to deliver are not guaranteed for the duration of the Agreement and may be amended or terminated by Partners at any time upon giving written notice to the Provider.

Quality Standards

- The Provider must provide a high quality care service that respects the dignity of service users, and which is delivered fully in line with the standards set out in the SoTCC Framework Agreement/Spot Purchase Agreement.

Electronic Call Monitoring (ECM) Requirements

- The Provider must have an ECM system in place
- SoTCC are able to review the use of the ECM system in place
- The Provider must not remotely log care calls

Referrals and Responsiveness

1. Discharge 2 Assess (D2A) Model

The following referral process will be implemented whereby only a Patient Profile has been completed, and the patient is discharged home on an interim hospital discharge rota awaiting a full social care assessment:

- Referrals to the provider will be made through the CCG Track and Triage team between the hours of 8:00am and 20:00pm, 7 days per week.

2. Additional Maintenance Capacity Model

The following referral process will be implemented whereby a full social care assessment and Service Delivery Plan has been completed by SoTCC:

- Referrals to the Provider will be made during office hours of 9:00am – 5:00pm Monday to Friday, via the SoTCC Care Brokerage team and occasionally via SoTCC Commissioners if needed.
- During the weekends, referrals can be made to the provider's on-call / duty number by the SoTCC Emergency Duty Team (EDT) or by SoTCC hospital social workers / wellbeing assessors.
- Whereby SoTCC identifies available capacity on a block purchased rota, this will be discussed with the provider to confirm a start date.
- The Provider must actively demonstrate that they review rota management to maximise the use of rota capacity.
- Whereby the provider is aware of any available capacity on the block purchased rota, the Provider is to make the SoTCC Care Brokerage team aware on the same day.
- For time changes the Provider must refer to the Time Change Request Process specified by SoTCC.
- The care package will commence on the block purchased rota on the same day (whereby the referral is made before 13:00pm) or the following day (whereby the referral is made after 13:00pm)
- SoTCC will send the relevant documentation to the Provider (service delivery plan) to when the commencement date has been confirmed.
- The providers' Branch Manager, Care Co-ordinators and on-call staff will have access to the block purchased rota information in order to effectively and promptly respond to referrals from the City Council.

Reinstatement period

- In the event that a patient requires a break in their care, and they have a package on a block purchased rota, the provider is to hold their capacity open for 7 days, unless advised to close it earlier by SoTCC.
- At the 7 days point, the provider is to contact the SoTCC Care Brokerage team or CCG Track and Triage team (dependent on service usage) to establish whether the patient still requires the capacity, or whether it can be allocated to a new referral.

- When a reinstatement of care is required, the provider will be contacted by Care Brokerage and will recommence the care package on the same day with the next call as stated within the service delivery plan, unless agreed otherwise by the Care Brokerage team or Commissioners.

Monitoring and Data Requirements

- The provider will submit all required monitoring information to SoTCC electronically via the secure portal to electronic.monitoring@stoke.gov.uk every Monday by no later than 12:00 noon.
- The following monitoring information will be required from the provider:
 - A completed and updated copy of the block purchases rota(s), including details of patient names, call times and durations, travel time, care staff names and care staff break times.
 - Details of any patient who has a break in their care for any reason, including hospital admissions, holidays and respite stays.
 - Details of any referrals which have been refused by the Provider (where capacity exists on the rota) and the reasons why.

Payments Schedule

- The block purchase rota will be purchased at an hourly rate of £15.45
- The provider is to submit an invoice on a fortnightly basis to:

NHS STOKE ON TRENT CCG
05W PAYABLES M025
PHOENIX HOUSE
TOPCLIFE LANE
TINGLEY
WAKEFIELD
WF3 1WE

- The Invoice must be broken down into two sections:
 1. Hours/blocks of 15 minutes delivered directly to service users
 2. Hours of total capacity minus the details in point 1 above
- Partners reserve the right to review the payment terms or withhold payments if capacity is identified on a block purchased rota but the provider refuses to accommodate the package without good reason. This may include withholding payment for the capacity which is available but has not been accommodated when the CCG or SoTCC has referred for it.
- The Provider will submit variations data to SoTCC every Monday by the close of business for the preceding week (Monday-Sunday). Failure to keep up to date with submission of accurate variations could lead to non-payment of invoices.
- The Provider will submit stops / starts data to SoTCC every Monday by the close of business for the preceding week (Monday-Sunday).

Care Co-ordination and Partnership Working

To ensure co-ordination and flow of patients through the service the following will be completed:

The Provider will use their specialist expertise to creatively develop safe and effective ways to deliver positive outcomes in collaboration with partners and by building on existing good practice and positive relationships.

- Maintain effective links with Stoke-on-Trent City Council, Stoke-on-Trent Clinical Commissioning Group, NHS Continuing Healthcare Team and the Community Discharge Team.
- Ensure access for the patient to all relevant services as may be required in accordance with individual need as below, but not limited to:
 - GP / Out of Hours service
 - Allied Health professionals
 - Social care
 - Mental health services
 - Voluntary sector
 - Acute and community hospitals
 - Advocacy, IMCA services
 - Safeguarding