

Adult Social Care & Public Health Sub-Committee

Date: **7 September 2021**

Time: **4.00pm**

Venue **Hove Town Hall - Council Chamber**

Members: **Councillors:** Nield (Chair), Shanks, Fowler (Opposition Spokesperson), Mears (Group Spokesperson) and Appich
Invitee:

Contact: **Penny Jennings**
Democratic Services Officer
01273 291065
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AGENDA

18 PROCEDURAL BUSINESS

(a) Declaration of Substitutes: Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

- (a) Disclosable pecuniary interests
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) Exclusion of Press and Public: To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

19 MINUTES

7 - 14

To consider the minutes of the meeting held on 8 June 2021.

20 MINUTES OF SPECIAL MEETING, 27 JULY 2021

15 - 18

Minutes of the Special Meeting held on 27 July 2021 (copy attached)

21 CHAIR'S COMMUNICATIONS

22 CALL-OVER

- (a) Items (23 – 28) will be read out at the meeting and Members invited to reserve the items for consideration.
- (b) Those items not reserved will be taken as having been received and the reports' recommendations agreed.

23 ITEMS REFERRED FROM COUNCIL

To consider any following item(s) referred from the Council
(None for this meeting)

24 PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

- (a) **Petitions:** to receive any petitions presented by members of the public to the full Council or as notified for presentation at the meeting by the due date of (10 working days);
- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on 1 September 2021;
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on 1 September 2021.

25 MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

- (a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions:** to consider any written questions;
- (c) **Letters:** to consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

26 PUBLIC HEALTH COMMUNITY NURSING CONTRACT

19 - 30

Report of the Executive Director, Health and Adult Social Care (copy attached)

Contact Officer: Sarah Colombo
Ward Affected: All Wards

Tel: 01273 294218

27 INTEGRATED SEXUAL HEALTH SERVICES CONTRACT

31 - 42

Report of the Executive Director, Health and Adult Social Care (copy attached)

Contact Officer: Stephen Nicholson

Tel: 01273 296554

28 DISCHARGE TO ASSESS FOR PEOPLE EXPERIENCING MENTAL ILL HEALTH 43 - 50

Report of the Executive Director, Adult Health and Social Care (copy attached)

Contact Officer: Emily Ashmore

Ward Affected: All Wards

29 ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to Council meeting for information.

In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee meeting

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The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

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FURTHER INFORMATION

For further details and general enquiries about this meeting contact Penny Jennings, (01273 291065, email penny.jenning@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & PUBLIC HEALTH SUB-COMMITTEE

4.00pm 8 JUNE 2021

HOVE TOWN HALL - COUNCIL CHAMBER

MINUTES

Present: Councillor Shanks, Fowler (Opposition Spokesperson) and Mears (Group Spokesperson)

PART ONE

1 PROCEDURAL BUSINESS

Arrangements for This Meeting

Before proceeding to the formal business of the meeting, the Chair explained, that in line with current Government guidance this would be a hybrid meeting. The debate and decision making would rest with the 3 Members who were in attendance in the Chamber.

1(a) Declaration of Substitutes

1.1 It was noted that Councillor Shanks, the Deputy Chair, would be Chairing the meeting in place of Councillor Nield

1(b) Declarations of Interests

1.2 There were none.

1(c) Exclusion of Press and Public

1.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

- 1.4 **RESOLVED** - That the public be not excluded during consideration of any item of business set out on the agenda.

2 CHAIR'S COMMUNICATIONS

Chair's Welcome

- 2.1 The Chair welcomed everyone to this the first meeting of the new Adult Social Care & Public Health Sub Committee.

Carer's Week

- 2.2 The Chair went on to explain that this week was Carers Week, and that she wanted to take the opportunity to say a massive thank you to all of who looked after someone. Unpaid carers were not only a lifeline to the people they looked after but also vital to our health and care services. Many had taken on more responsibilities due to Covid, and others were looking after family or friends now that weren't before. It was a rewarding experience, but it was also tough. In Brighton & Hove we were lucky to have great support from the Carers Hub and she invited any who felt they needed information and support to get in touch.
- 2.3 **RESOLVED** – That the Chair's Communications be noted and received.

3 CALL-OVER

- 3.1 All items appearing on the agenda were called for discussion.

4 PUBLIC INVOLVEMENT

4a Petition(s)

Call for Government to Publicly Fund Research into Complimentary and Alternative Medicine

- 4.1 It was noted that 1 petition had been received from Mr John Kapp set out on page 7 of the agenda and below:

"We the undersigned petition Brighton & Hove Council to Send the following petition to the prime minister for the D10 summit in June. We, the undersigned, welcome the governments of the world decision to follow the science, and call on them to reduce health inequalities by publicly funding research into interventions that use psychical effects, (psi) complementary and alternative medicine (cam) indigenous systems of shamanic medicine, Indian Ayurveda, traditional Chinese medicine, and other drug free interventions that prevent and alleviate suffering, and call for those treatments that are found to be evidence-based to be integrated into public healthcare systems, and funded so that no patients are excluded by inability to pay." (2 signatures)

“This is part of a worldwide movement to shift the materialist paradigm to the holistic one, and the medical model to the bio psych social one, see <http://www.aapsglobal.com>”

4.2 The Chair, Councillor Shanks, invited Mr Kapp to present his petition following which she responded in the following terms:

4.3 Mr Kapp was thanked for his petition, the contents of which were noted. This was a matter which it would be more appropriate for further consideration by the Health and Wellbeing Board and a report covering these areas was due to be considered by that body later in the year.

4.4 **RESOLVED** – That the petition and the Chair’s response to it be noted and received.

4b Written Questions

4.5 There were none.

4c Deputations

4.6 There were none.

5 MEMBER INVOLVEMENT

5.1 There were no items.

6 RE-COMMISSIONING OF HEALTHWATCH SERVICES

6.1 The Sub-Committee considered a report of the Executive Director for Housing, Neighbourhoods and Communities seeking the Committees’ approval to re-commission a Healthwatch service for Brighton and Hove.

6.2 The context for this decision was set out in the report and it was explained that the Council had a statutory responsibility to have in place a Local Healthwatch service and was required by law to establish a contractual agreement (grant or contract) with a social enterprise that delivered Healthwatch activities. The current contract was due to expire on 31 March 2021 to the existing supplier (Healthwatch Brighton & Hove). A further waiver was granted in 2020 to facilitate the extension the current two year contract with the existing provider Healthwatch Brighton and Hove CIC from 1 April 2021 to 31 March 2022. This had been done to ensure delivery of Healthwatch services were maintained during the Covid 19 pandemic, to reduce the work impact on Healthwatch staff and volunteers and to maintain a period of stability whilst the national emergency continued and future recovery took place. The current provider, Healthwatch provider, Healthwatch Brighton and Hove CIC had a good reputation in the city, performed well through the contract management reporting and was well regarded by Healthwatch England.

6.3 Councillor Mears sought clarification regarding where the costs of paying for this service lay ultimately, why this matter lay with this particular sub committee and clarity around the implications of the option referred to in paragraph 2.1 of the report. The Executive Director for Health and Adult Social Care, Rob Persey, explained that services were

funded via a grant from central government received by the Communities Team. The ramifications of the different options were explained and it was also explained that if the council made a grant to the organisation

- 6.4 Councillor Fowler stated that given that Healthwatch Brighton CIC had performed well and continued to do so, her preference would be to award a three year contract to them. The Chair, Councillor Shanks concurred in that view. Councillor Mears preference was to pursue the option set out in paragraph 2.1. A vote was taken and on a vote to 2 to 1 Members voted to award a three year contract to Healthwatch.
- 6.5 **RESOLVED** – That the Sub Committee instructs the Executive Director for Housing, Neighbourhoods and Communities to direct award a three year contract to Healthwatch Brighton and Hove CIC for the provision of local Healthwatch services.

7 COMMUNITY EQUIPMENT SERVICE CONTRACT EXTENSION

- 7.1 The Sub Committee considered a report of the Executive Director for Health and Adult Social Care seeking agreement to extend the contract for the provision of the Brighton and Hove Integrated Community Equipment Service for a further 6 months until March 2023. The contract was currently scheduled to end on 30 September 2022 and Officers were seeking to extend it until 31 March 2023.
- 7.3 It was explained in answer to questions that the extension was required in order to enable a full commissioning process and to enable the exploration of contractual alignment and joint commissioning with other parties, including neighbouring local authorities, Clinical Commissioning Groups and NHS Foundation Trusts. The Integrated Community Equipment Service contract provided for delivery, installation, collection, maintenance, repair and recycling of a range of health and social care equipment and minor adaptations such as stair rails, external rails and other fixed items. The service was available to people with physical and sensory impairments of all ages, including children.
- 7.4 Councillor Mears stated that whilst she considered it unfortunate that this contract would now be due for renewal in shortly before to the next local council election she accepted the rationale for it and supported the recommendations.
- 7.5 **RESOLVED** - That authority to extend the Contract until the 31st of March 2023 is granted to the Executive Director of Health and Adult Social Care.

8 MENTAL HEALTH SUPPORTED ACCOMMODATION PROCUREMENT

- 8.1 The Sub Committee considered a report of the Executive Director for Health and Adult Social Care seeking approval to proceed with a joint BHCC and CCG procurement process. Following approval at the Procurement Advisory Board on 19 April 2021 this paper provided an overview of the proposed Mental Health Supported accommodation remodel and re-procurement and sought approval to proceed with that procurement process.
- 8.2 Details of the current model, analysis and consideration of any alternative options and community engagement and consultation and proposed model were set out in the

report. It was explained that if approved Brighton and Hove City Council and the CCG intended to develop a new supported accommodation pathway to address some of the issues identified.

8.3 Councillor Mears sought clarification regarding it was intended to accommodate those in need of this service in the city and if not, how far away it was likely to be provided. She was concerned that the cost of providing accommodation in the city could be very expensive, relocating at some distance from the city also had implications and that the council's own allocation process could be accommodated. The Executive Director, Rob Persey, explained that provision would hinge on availability of accommodation and cost it was preferred that accommodation be procured in the city. A presentation would be made and additional market engagement would take place with local providers in order to test and gauge the issues identified before going to market.

8.4 **RESOLVED** - That the Committee grants delegated authority to the Executive Director of Health & Adult Social Care (HASC) to take all necessary steps to

- (i) Procure and award contracts for five (5) years for the provision of a joint mental health supported accommodation pathway with a council contribution of £330,000.00 per annum.
- (ii) to approve an extension to the contract referred to in 2.1(i) for a period or periods of up to two years in total if it is deemed appropriate and subject to available budget.

9 SUPPORTED HOUSING FOR PEOPLE WITH PHYSICAL DISABILITIES ON KNOLL HOUSE SITE

9.1 The Sub Committee considered a report of the Executive Director of Health and Adult Social Care setting out proposed options for the future use of Knoll House Resource Centre.

9.2 It was noted that the Care Act placed a duty on local authorities to provide accommodation and support where needed and people with physical disabilities and brain injuries wanted to be able to live at home for as long as they possibly could with good quality care and support available to help them do this.. This report provided a summary of, and linked to, the Knoll Supported Housing Business Case which sets out the need to create 27 Supported Housing flats with care on site to prevent 28 people from having to move out of the area or into residential care and to provide opportunities for people to come back to the city.

9.3 Currently only 10 units of wheelchair accessible supported housing were available for people with physical disabilities and or brain injuries in the city. It was anticipated that by 2030 there would be more than 1.047 people with moderate to serious disabilities and personal care needs and that this would include more than 580 people with serious disabilities. Currently the city placed 55% more people in residential care than other areas and spent more on average per week. People with an average age of 55 were being placed in care homes for older people or out of the area in care homes or supported housing. It was recommended that the existing care home be demolished and

that a 3 storey supported housing service block be provided containing 27 flats. The rationale for the recommendations and details of consideration given to alternative options was set depth.

- 9.4 Councillor Mears stated that although the report referred to the site being located in Hangleton and Knoll Ward it was in fact in Wish Ward. Councillor Mears also sought confirmation regarding how the scheme would be funded and what if any proportion would be funded from the General Fund and whether any element of it would be funded from Housing budgets. Councillor Mears referred to the Brook Mead Development which had run over budget and sought reassurance that sufficiently robust arrangements were in place to ensure that this did not occur in this instance. The Executive Director, Rob Persey, confirmed that the option proposed had been fully evaluated and had factored in experience gained from past schemes.
- 9.5 Councillor Mears also asked for clarification of the level of consultation which had taken place with neighbouring residents bearing in mind that the site was surrounded by residential blocks. It was explained that engagement about the preferred option had taken place with residents 2 years previously prior to the closure of the existing unit and that they had been kept apprised of the on-going situation as had Local Ward Councillors.
- 9.6 The Chair, Councillor Shanks, confirmed that she was aware of the detailed discussions which had taken place and the level of engagement which had occurred.
- 9.7 Councillor Fowler referred to the area of land which surrounded the building and asked whether local residents had been consulted regarding any future use of that. The Chair stated that she was aware that this area had not been in use for some time.
- 9.8 Councillor Mears stated that she considered that it would be appropriate for a more detailed map/plan to be provided which showed the proposed scheme in relation to the neighbouring residential development which included sheltered housing and absolute clarity regarding how the scheme would be funded. The scheme as presented now had clearly moved on considerably from what had originally been envisaged, it was complex and she queried whether it would be appropriate to defer decision making in order for further consultation to take place.
- 9.9 The other Members of the Sub Committee in attendance were of the view that it would not be appropriate to defer decision making in view of the need to secure funding for the scheme and to deliver it within the timeframe identified. They were of the view however that it would be beneficial for Members of the Policy and Resources Committee to be offered the opportunity to visit the site in advance of the report being considered by that Committee.
- 9.10 The Chair thanked everyone for their comments and then put the recommendations to the vote.
- 9.11- **RESOLVED** – That the Adult Social Care and Public Health Sub Committee:

(1) Recommend to Policy & Resources that it approves the preferred option to demolish and build a 3-storey Supported Housing service on the site of the Knoll House care home;

(2) Recommend that Policy & Resources Committee agree a capital programme budget up to a maximum of £9.370m for the delivery of a Supported Housing service to be financed by capital borrowing and a Homes England bid (or the difference between £9.37mm and the sum released by Homes England);

(3) Recommend that Policy & Resources Committee delegate authority to the Executive Director of Health and Adult Social Care (in consultation with the Executive Director Finance & Resources) to enter into the necessary contracts (including with a development partner as necessary) to secure:

(i) The demolition of the existing building;

(ii) The Design and Build operations required to complete the development of the Supported Housing service at Knoll House as described in this report; and

(iii) The housing management, repairs and maintenance function.

Policy & Resources Committee

That Policy & Resources Committee RESOLVE:

(1) Approve the preferred option to demolish and build a 3-storey Supported Housing service on the site of the Knoll House care home;

(2) Agree a capital programme budget up to a maximum of £9.370m for the delivery of a Supported Housing service to be financed through capital borrowing and a Homes England bid. (or the difference between £9.370m and the sum released by Homes England);

(3) Delegate authority to the Executive Director of Health and Adult Social Care (in consultation with the Executive Director Finance & Resources) to enter into the necessary contracts (including with a development partner as necessary) to secure:

(i) The demolition of the existing building;

(ii) The Design and Build operations required to complete the development of the Supported Housing service at Knoll House as described in this report; and

(iii) The housing management, repairs and maintenance function

10 ITEMS REFERRED FOR COUNCIL

11 KNOLL HOUSE - EXEMPT CATEGORY 3

12 PART TWO PROCEEDINGS

The meeting concluded at 5.10pm

Signed

Chair

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & PUBLIC HEALTH SUB-COMMITTEE

3.00pm 27 JULY 2021

HOVE TOWN HALL - COUNCIL CHAMBER

MINUTES

Present: Councillors Nield (Chair), Barnett and Grimshaw

PART ONE

13 PROCEDURAL BUSINESS

Arrangements for This Meeting

Before proceeding to the formal business of the meeting, the Chair, Councillor Nield, explained that in line with current Government guidance this would be a hybrid meeting. The debate and decision making would rest with the 3 Members who were in attendance in the Chamber.

13(a) Declaration of Substitutes

13.1 It was noted that Councillor Grimshaw was present in substitution for Councillor Fowler
Councillor Barnett was present in substitution for Councillor Mears.

13(b) Declarations of Interests

13.2 There were none.

13(c) Exclusion of Press and Public

13.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

- 13.4 **RESOLVED** - That the public be not excluded during consideration of any item of business set out on the agenda.

14 PUBLIC INVOLVEMENT

- 14.1 There were no items.

15 MEMBER INVOLVEMENT

- 15.1 There were no items.

16 SEXUAL HEALTH PROMOTION, HIV PREVENTION LIVING WELL SERVICES

- 16.1 The Sub Committee considered a report of the Director of Adult Health and Social Care the purpose of which was to outline plans for the re-commissioning of the sexual health promotion, HIV prevention and living well service from April 2022. This service supported residents of the City with particular focus on those groups at higher risk of HIV and sexual ill-health.
- 16.2 It was explained that current service delivery was very good with performance generally exceeding the requirements of key performance indicators and that the current contract for the provision of these services expired on March 31st, 2022. It was proposed that a prior information notice (PIN) was posted as a call for competition in the first instance. If the PIN resulted in expressions of interest from other parties a procurement by tender would be undertaken. If no expressions of interest were received it is proposed that a new contract was negotiated with the current provider, Terrence Higgins Trust.
- 16.3 In answer to questions by Councillor Grimshaw it was explained that although this work complemented and dovetailed with the Social Care Strategy it was not directly linked into it. Currently the focus of the departments work continued to be on the Covid response. Plans were in place for a refresh of existing plans to be undertaken and it was intended to bring a report to the next scheduled meeting of the Sub Committee to provide an update on this work.
- 16.4 **RESOLVED** - That the Adult Social Care and Public Health Sub Committee grants delegated authority to the Executive Director of Health and Adult Social Care to conduct a procurement process as outlined by this report for the provision of *sexual health, HIV prevention and social care services* and to enter into the subsequent 3 +2 year contract.

17 ITEMS REFERRED FOR COUNCIL

- 17.1 There were none.

The meeting concluded at 3.10pm

Signed

Chair

Subject:	Public Health Community Nursing Contract		
Date of Meeting:	Adult Social Care & Public Health Sub-Committee		
Report of:	Robert Persey		
Contact Officer:	Name:	Sarah Colombo	Tel: 07827233577
	Email:	Sarah.colombo@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The report asks for agreement to extend the current Public Health Community Nursing (PHCN) contract for up to a two year period from April 2022.
- 1.2 The PHCN contract delivers the city's health visiting and school nursing services. This report details the rationale for an extension of the current contract in order to provide continuity of service in the context of the pandemic and at a time of national change to the commissioning and delivery of health services.

2. RECOMMENDATIONS:

- 2.1 That the Sub-committee agrees to extend the existing Public Health Community Nursing (PHCN) contract.
- 2.2 That the Sub-committee agrees to extend the contract for one year, with the option of a further one-year extension.
- 2.3 That the Sub-committee grants delegated authority to the Executive Director of Health and Adult Social Care to further extend the contract for a further one year subject to satisfactory performance.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 This proposal was approved for report to the Adult Social Care & Public Health Sub-Committee by the Procurement Advisory Board on 26th July 2021.
- 3.2 The PHCN contract encompasses the delivery of Health Visiting and School Nursing services in the city and is currently delivered by Sussex Community Foundation Trust (SCFT). Health Visiting teams are based in the City's Children's Centres alongside Community Midwifery teams and are supported by Early Years Coordinators employed by the Council.

- 3.3 The Health Visiting service provides a three tier intervention model comprising a universal offer to all mothers, babies and their partners, early help for those that require some extra support and targeted support for vulnerable families with multiple and complex issues.
- 3.4 The School Nurse Team is based at Seaside View and provides health and wellbeing support to pupils in early years, primary, secondary and sixth form settings alongside delivery of vision and hearing screening and National Child Measurement Programme screening in primary schools.
- 3.5 The provider Sussex Community Foundation Trust has met or exceeded the key performance indicators throughout the four years of the current contract. The pandemic impacts on some areas of performance due to restrictions and NHS staff deployment however the provider has now recovered in all performance areas.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

For more detailed information on the options outlined here please see Appendix 1 to this report.

Option 1: Variation to contract for a two year extension (preferred)

The national commissioning context for health services is set to change

- 4.1 The Government's White Paper 'Integration and Innovation: Working together to improve health and social care for all' Feb 2021 proposes a national shift towards integrated and partnership working between local authorities and NHS providers. This proposal to extend the current arrangements by up to two years therefore reflects the spirit of the legislation in working more collaboratively between existing NHS commissioners and providers especially where there is a proven track record of delivery'

Positioning the current contract in the Sussex context

- 4.2 Health Visiting and School Nursing is also provided by SCFT in West Sussex.

The current PHCN contract in West Sussex, is to March 2023. There is a proposal in motion to request an extension to March 2024.

There are advantages to aligning the two contract periods:

- delivering population needs assessments and stakeholder engagement at the same time will provide richer intelligence on the needs of patients with greater health vulnerabilities and on the needs of those working and living across geographical boundaries and accessing midwifery services across the area.
- providing the right timescales to explore aligned partnership arrangements should there be a clear case for benefits to both Councils and the quality of services delivered to our individuals and communities

The impact of the pandemic on the service

- 4.3 SCFT has consistently met or exceeded targets and has shown willingness to flex and prioritise in consultation with the Public Health team. There is therefore a strong rationale that the current and future needs of families in Brighton and Hove is best delivered through retaining stability with SCFT as a proven provider.

Continuity and Connectivity of Health pathways

- 4.4 As a local NHS Trust, the service is currently delivered by a public sector partner, operating within Brighton and Hove. The service requires specialist and established clinical infrastructure expertise and staffing. Health Visiting benefits from a strong interface with Midwifery services provided by University Hospitals Sussex.

Option 2: Proceed with a full market tender for a new contract in time for April 2022

- 4.5 Although the value of the contract is high, there are substantial fixed costs which may potentially render it unattractive to the market with approximately 90% of costs in salaries governed by NHS pay schemes which cannot be amended and would continue to be comparable in the event of a TUPE transfer. For this reason a viable alternative provider is very unlikely to come forward
- 4.6 Given the current contract ends March 2022 it is likely that an extension to the current contract would be required to provide enough time to complete the appropriate procurement process and the shortened process would limit the range and depth of stakeholder activity and needs assessment.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Preferred Option 1 will provide the necessary timeframe to conduct stakeholder engagement and a needs assessment for Health Visiting and School Nursing to inform a revised specification for the service going forward that reflects the needs of families with the ongoing impacts of the pandemic and deepening health inequalities.

6. CONCLUSION

- 6.1 Officers recommend Option 1 as providing the best value for money and continuity of a quality service for families in the City whilst positioning the commissioning of the PHCN to take advantage of the future flexibilities offered in the Government White Paper.
- 6.2 Subject to approval officers will offer the provider:

A contract extension for up to two years until end of March 2024, with the second year of this extension (from 1st April 2023) subject to review and agreement between both parties.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The existing Community Nursing contract, which includes the delivery of Health Visiting and School Nursing services as part of the Healthy Child Programme, sits within the ring-fenced Public Health grant (Health & Adult Social Care directorate).
- 7.2 The budget for this contract is £4.952m in 2021/22 and has been assumed for 2022/23 and 2023/24. However, the Public Health grant allocation has not been confirmed beyond financial year 2021/22 which may impact on the availability of funding, though it is anticipated that financial resources will be available to enable the commissioning of the services detailed above up to March 2024.
- 7.3 Any re-provision of this service will need to be managed within the budget available.

Finance Officer Consulted: Sophie Warburton

Date: 30/07/2021

Legal Implications:

Regulation 72(1)(e) of the Public Contracts Regulations 2015 permits contracts to be modified without a new procurement procedure where the modification is not substantial within the meaning given to the term substantial set out in Regulation 72(8) of the Public Contracts Regulations 2015.

A modification is substantial if it renders the contract materially different in character from the original contract, changes the economic balance in favour of the contractor in a manner not provided for in the original contract, extends the scope of the contract considerably or if it introduces conditions that had they been part of the initial award procedure, would have changed who bid for or won the contract. If there was a legal challenge, the court would consider all relevant factors, including the length and value of the extension when determining whether it was substantial. However, the risk of challenge is considered to be low as the fixed costs of the contract are high and the profit margin is low.

Lawyer Consulted: Sara Zadeh

Date: 24/08/21

Equalities Implications:

- 7.8 There are no TUPE considerations in the preferred Option 1. An Equalities Impact Assessment will be undertaken as part of the next procurement process for the service. The provider is working to the contract specification and will be expected to continue to deliver the three tier intervention approach in line with the national Healthy Child Programme recommendations.

Sustainability Implications:

- 7.9 Continuation of the existing service assumes that existing staff and buildings remain in their current locations within Brighton and Hove. Over the life of the current contract, service delivery has maximised the benefits of co-location with Children’s Centres and community midwifery services. This ensures travel, for both staff and people using the service, is reduced, and focused on community based delivery of appointments and groups

Brexit Implications:

- 7.10 There are no direct impacts caused by the UK’s exiting the EU on the recommendations in this report

Any Other Significant Implications:

- 7.11 None

Crime & Disorder Implications:

- 7.12 There are no immediate effects on preventing crime and disorder in this proposal

Risk and Opportunity Management Implications:

- 7.13 The main risk with proceeding with the proposed option is the risk of legal challenge – this is covered in the legal implications at 7.

- 7.14 The White Paper on social care and health commissioning will provide more options for procurement of this service; by extending the current contract to March 2024 we take advantage this flexibility

Public Health Implications:

- 7.14 The Public Health Community Nursing provides a key health service to children, young people and families in the City. This proposal provides for the best continuity and quality of that service in the short term and the widest range of options for commissioning and delivering a quality service that meets the needs of families in Brighton and Hove in the long term.

Corporate / Citywide Implications:

- 7.15 The City’s Health and Wellbeing Strategy and Starting Well Delivery Plan identify early years services as a priority alongside a focus on the emotional health and wellbeing of children and young people.

- 7.16 Health visiting is a key service providing universal, early help and safeguarding services and interventions to all families in the City with babies and children. School Nursing is a key school age service that contributes directly to children and young people’s wellbeing.

SUPPORTING DOCUMENTATION

Appendices:

1. Further detail on Options 1 and 2 in this report
2. Contract key performance targets and indicators for 2019-2021

Background Documents

1. Integration and Innovation: Working together to improve health and social care for all, Secretary of State for Health & Social Care February 2021 [Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/91222/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-2021-02-01.pdf)

Appendix 1 Further detail on the 2 Options proposed

1. Option 1: Variation to contract for a two year extension (preferred)

1.1 Positioning the current contract in the national landscape

The Government white paper Integration and Innovation: Working together to improve health and social care for all describes a changed landscape within which to commission and deliver NHS services. In addition to NHS commissioned services, this applies to NHS services commissioned by Local Authority Public Health commissioners. It aims to enable collaboration and collective decision-making and eliminate the need for competitive tendering where it adds limited or no value. It would enable the existing arrangement to continue where the incumbent provider is doing a good job.

The white paper outlines a lead in time of approximately two years to operational impact with some legislative changes envisaged from 2022. It is of strategic benefit to position the end of the current Public Health Community Nursing contract in line with these national changes..

1.2 Positioning the current contract in the Sussex context

Health Visiting and School Nursing is also provided by Sussex Community Foundation Trust in West Sussex. The current Public Health Community Nursing contract in West Sussex, is to March 2023 and there is a proposal in motion to request an extension to March 2024.

1.3 Strengthening the Midwifery Health Visiting pathway

The midwifery and health visiting pathway should be as seamless as possible for mothers and babies and their partners. With the merger of Western University Hospitals and Brighton and Sussex University Hospitals to form University Hospitals Sussex the delivery of midwifery services across Brighton & Hove and West Sussex will integrate. Creating the conditions to consider joint delivery of health visiting and school nursing across the same area may enable a health visiting pathway that better mirrors the options in accessing midwifery services in hospital and in accessing community based health services.

1.4 Integration with Families, Children and Learning

Families, Children and Learning is undertaking an Early Help Review which will make recommendations for early help service delivery in the early part of 2022. The Children's Centres form an integral part of the delivery of both health visiting and midwifery services; a significant element of the review will look at the role and structure of Children's Centres exploring options around the Family Hub model (multi-agency community offer). Extending the current contract will provide the alignment to build any planned changes into the new specification for the service.

1.5 The impacts of the pandemic – response and recovery

During the pandemic NHS prioritisation led to substantial reductions in capacity across the health system. In Brighton and Hove the Health Visiting service lost approximately 45% of Health Visitors deployed to acute and COVID testing roles for 4 months of 2020.

The School Nursing team had very limited access to schools and as a result 800 children in the spring of 2020 were not screened. The planned screening catch up for this academic year cohort was also cancelled as a result of the spring lockdown with limited options for catch up and only Year 6 screening able to be completed over the summer term. The impact of this will be felt for at least another year to 2023 as the service works to:

- meet new demand - Brighton & Hove midwifery service reporting a 25% increase in new birth bookings at quarter 4 2020/21;
- meet the needs of those requiring additional support increase (widening health inequalities);
- return to a full offer for those whose support has been reduced due to capacity and COVID restrictions on service delivery;
- catchup with screening and assessments for those missed due to lockdown restrictions.

COVID has exacerbated health inequalities and there are signs of the impact of less interaction with early years services and support in areas such as the 2/2.5 year old assessments which indicate a dip in language and socialisation skills for some children. Close working with Public Health, Children's Centres and Sussex Community Foundation Trust alongside stability in staffing and delivery are necessary if we are to address these deepening inequalities for children and families.

1.6 Ensuring stable conditions

Providing contract stability will avoid the impact on exhausted staff and processes of the additional work involved in tendering for such complex services and the concomitant impact on service delivery during that period of tender and contract uncertainty.

Sussex Community Foundation Trust has consistently met or exceeded targets and has shown willingness to flex and support areas such as school immunisation; it is fair therefore to assert that the most effective way to deliver COVID recovery and therefore meet the needs of families in the city is to create the conditions for stable continued delivery with this proven provider.

2. Option 2: Proceed with a full market tender for a new contract in time for April 2022

2.1 Running a full procurement process would reduce the risk of external challenge, as Regulation 72 would not be used. The procurement process would be undertaken by senior procurement officers, with support from a range of officers and subject matter experts in compliance with PCR 2015. There are a number of reasons why this is not the preferred option:

2.2. Lack of a viable provider market

Although the value of the contract is high, there are substantial fixed costs which may potentially render it unattractive to the market. The total annual contract value for last year was £4,746,881 and the salary element accounts for £4,224,599 – 90% of the staff pool are on NHS pay schemes which cannot be amended and would continue to be comparable in the event of a TUPE transfer. There is also a training element, equipment and travel costs, management costs and general administration costs which come out of the remaining portion, so the provider's potential profit is low. This may mean that there are no operators beyond the incumbent interested in providing the service.

2.3 Value for money

As detailed above, delivery of the service has little in the way of potential bottom line reductions, which may be realised in competitive procurement procedures for other contracts. There is little to no value for money argument in favour of competitive tendering. Additionally, the internal resource cost for BHCC would be high for a procurement project of this nature, particularly given the time pressure of completing by April 2022.

The duration of the contract awarded through a procurement procedure would need to be reviewed, as the White Paper will likely lead to significant policy changes. This may mean a shorter contract is sought to ensure flexibility to respond to these policy changes, further reducing the commercial viability of the service and the potential for increased value for money.

2.4 Would reduce partnership benefits

Whilst an open procurement procedure would allow commissioners to refresh the specification the service benefits listed in Option 1 would not be fully realised. Contracts would not be aligned with West Sussex and the opportunity to explore aligned partnership arrangements would be missed.

Appendix 2 PHCN Contract Performance

1. Key Performance Indicators

Indicator	Performance		
	Target	Actual @ Q4 20/21	19/20
Key performance indicator			
• Percentage of children receiving a new birth visit by 14 days	90%	95.8%	89.1%
• Prevalence of breast feeding at 6-8 weeks from birth	70%	71.9%	71.2%
• Percentage of children receiving 2 yr development review by 2.5 yrs	70%	80.9%	82.9%

Healthy Futures Team

This team provides 0-19 Specialist Public Health Nursing Service (health visiting and school nursing) to improve health outcomes and reduce inequalities for families facing disadvantage in Brighton & Hove and as such supports some of our most vulnerable parents and children.

The team has increased across the last two years to quarter 4 of 2021:

- The percentage of families receiving a new baby face to face review by 14 days with a HV from the Healthy Futures Team
- The percentage of families receiving a 6-8 week face to face review with a Health Visitor from the Healthy Futures Team
- The percentage of families receiving a 1 year developmental review with a member of the Healthy Futures Team
- The percentage of families receiving a 2 year developmental review with a member of the Healthy Futures Team

ADULT SOCIAL CARE & PUBLIC HEALTH SUB COMMITTEE	Agenda Item 27 Brighton and Hove City Council
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Subject:	Integrated Sexual Health Services Contract		
Date of Meeting:	7th September 2021		
Report of:	Robert Persey		
Contact Officer:	Name:	Stephen Nicholson	Tel: 01273 296554
	Email:	Stephen.Nicholson@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report seeks agreement for the direct award of a new contract for Integrated Sexual Health Services to the current provider: University Hospitals Sussex NHS Foundation Trust for one year with the option of a 1-year extension.
- 1.2 The report explains the rationale for the direct award of a new contract to provide continuity of service in the context of the pandemic, in-line with the national commissioning direction for health services, and to support some critical business interdependencies.

2. RECOMMENDATIONS:

- 2.1 That the sub-committee agrees the direct award of a new contract for Integrated Sexual Health Services to the current provider for one year with the option of a further 1-year extension.
- 2.2 That the sub-committee grants delegated authority to the Executive Director of Health and Adult Social Care to extend the above contract in accordance its terms subject to satisfactory performance

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 There is a high burden of poor sexual health in Brighton and Hove with the 17th highest rate of new sexually transmitted infections (STIs) of local authorities in England and the highest rates in the South East region. Gay and other men who have sex with men (MSM), younger people, under 25, and those with a black ethnicity have been statistically shown to be at highest risk of STIs.
- 3.2 Brighton and Hove has the 8th highest prevalence of diagnosed HIV in England and the highest outside of London. In 2019 the prevalence was 7.94/1,000 aged 15-59 compared to 2.39/1,000 in England. The vast majority (84%) of people living with HIV in Brighton and Hove (92% of males) probably acquired the infection through sex between men. 85% of people living with HIV in the City are white but over half of women with HIV locally have a black ethnicity.
- 3.3 The Contract for Integrated Sexual Health Services is currently delivered in Brighton and Hove by University Hospitals Sussex NHS Foundation Trust (previously Brighton and Sussex University Hospital Trust who have joined up with Western Sussex Hospitals to form a new NHS Trust).
- 3.4 Current contract performance is good. University Hospitals Sussex have generally met the core KPIs for the delivery of the services throughout the period of the contract, and there is a mature and responsive relationship between the service provider and the Council commissioners.
- 3.5 Officers deem that the best option for BHCC regarding the immediate future of the service beyond March 2022 is to directly award a 1 + 1 year contract to the incumbent provider under Regulation 32(b)(ii) and Regulation 12(7) of the Public Contract Regulations 2015. The reasons informing this assessment are outlined below

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

For more detailed information on the options outlined here please see appendix 1 to this report.

Preferred Option 1: Direct award of a 1 + 1 contract to the incumbent provider

Aligns with the national commissioning direction for health services

- 4.1 The Government's White Paper 'Integration and Innovation: Working together to improve health and social care for all'¹ (Feb 2021) proposes a national shift towards integrated and partnership working between local authorities and NHS providers. Extending the current contract aligns with the national proposals to eliminate the need for competitive tendering where the incumbent provider is doing a good job.

Ensuring stable conditions

- 4.2 Providing contract stability will reduce the on-going impact of the pandemic and increase opportunities to focus on collaboration and delivering outcomes for residents and people who use the services.

Critical business interdependencies

- 4.3 There is significant 'entwinement' between the Integrated Sexual Health Service contract commissioned by the Council and the HIV treatment service commissioned by NHS England. Many critical staff, at all levels, divide their time between the two services. A direct award would facilitate the ongoing smooth provision of services

Option 2: Proceed with a full market tender for a new contract in time for April 2022

- 4.4 Although the value of the contract is high, there are substantial fixed costs which may potentially render it unattractive to the market. The salary element accounts for a significant proportion of the budget. The staff pool is on NHS pay schemes which cannot be amended and would continue to be comparable in the event of a TUPE transfer
- 4.5 Given the current contract ends March 2022 it is likely that an extension to the current contract would be required to provide enough time to complete the appropriate procurement process and the shortened process would limit the range and depth of stakeholder activity and needs assessment.

Option 3: Bring the service into the Council

- 4.6 As a local NHS Trust, the current service provider is a public sector partner, operating within Brighton and Hove. The service requires significant specialist

¹ <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

and established clinical infrastructure, expertise, and staffing. This includes laboratory and pathology functions as well as pharmacy and dispensing

- 4.7 Staff are employed on NHS terms and conditions and salary costs make up the vast majority of the overall service cost – these costs would be transferred to the local authority as a result of a TUPE event, should the service be brought in-house. The existing external provider provide the service in West Sussex, with joint management across both services. Should the service be brought in house, management and safeguarding lead roles would need to be fully funded from the Brighton and Hove service. In summary, there is unlikely to be a financial benefit to delivering the service in-house.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Preferred Option 1 will provide the necessary timeframe to conduct stakeholder engagement and a population health needs assessment for integrated sexual health services to inform a revised specification for the service going forward that reflects the needs of the population with the ongoing impacts of the pandemic including health inequalities.

6. CONCLUSION

- 6.1 Officers deem that the best option for BHCC regarding the immediate future of the Integrated Sexual Health Service beyond March 2022 is to directly award a 1 + 1 year contract to the incumbent provider under Regulation 32(b)(ii) and Regulation 12(7) of the Public Contract Regulations 2015. This is considered to provide the best value for money and continuity of a quality service for residents and others in the City whilst positioning the commissioning of the Integrated Sexual Health Service to take advantage of the future flexibilities offered in the Government White Paper.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1. The existing Integrated Sexual Health Services contract is funded by the ringfenced Public Health grant (Health & Adult Social Care directorate). 7.2 The net budget is £3.109m for financial year 2021/22 and has been assumed as ongoing for 2022/23 and 2023/24. However, the Public Health grant allocation has not been confirmed beyond financial year 2021/22 which may impact on the availability of funding, though it is anticipated that financial resources will be available to enable the commissioning of the services detailed above up to March 2024.

Legal Implications:

- 7.2 The value of the Integrated Sexual Health Contract exceeds the threshold for light touch regime services (£663,540). Regulation 12(7) and Regulation 32(2)(b)(ii) of the Public Contract Regulations 2015 allow above threshold contracts to be directly awarded (without a procurement) in certain limited circumstances.

Under Regulation 32(2)(b)(ii), contracts can be directly awarded using a negotiated procedure without prior publication where services can only be supplied by a particular provider as competition is absent for technical reasons.

Regulation 12(7) allows contracts to fall outside the scope of the procurement regime where a contract establishes or implements a co-operation between contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving their common objectives, where the implementation of that co-operation is governed solely by considerations relating to the public interest and where the contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation.

Officers have sought specialist legal advice from Counsel who has advised that the Council has reasonable argument to direct award the contract to the existing provider under Regulation 32(2)(b)(ii) for 1 year and to direct award the contract under Regulation 12(7) for 2 years.

Lawyer Consulted:

Name Sara Zadeh

Date: 25/08/21

Equalities Implications:

- 7.3 There are no TUPE considerations in the preferred Option 1.

The contract includes specific requirement that the service provider must not discriminate between or against Service Users, on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other non-medical characteristics

The Integrated sexual health service will be provided with full regard to The Equality Act (2010) and the Public Sector Equality Duty (2011) in ensuring

services are appropriate and accessible to all. The provider will participate in equality impact assessments annually and as required.

The provider will collect, monitor, and analyse data to inform and ensure equitable access to the service. Remedial action will be taken in a timely fashion to ensure equity of access where any challenges are identified.

The provider will work with the HIV prevention and social care service provider's Black and Minority Ethnic communities' worker to develop a thorough Action Plan for the city to ensure specific vulnerable communities receive equitable access to advice, testing, treatment, and care.

Sustainability Implications:

- 7.4 Continuation of the existing service ensures that existing staff and buildings remain in their current locations within Brighton and Hove. Over the life of the current contract, service delivery has maximised the benefits of co-location with the HIV service, pathology, and pharmacy functions. This ensures travel, for both staff and people using the service, is reduced and focused on community-based delivery of appointments and groups

Brexit Implications:

- 7.6 There are no direct impacts caused by the UK's exiting the EU on the recommendations in this report

Any Other Significant Implications:

- 7.7 None

Crime & Disorder Implications:

- 7.8 There are no immediate effects on preventing crime and disorder in this proposal

Risk and Opportunity Management Implications:

- 7.9 The main risk with proceeding with the proposed option is the risk of legal challenge – this is covered in the legal implications at 7.

Public Health Implications:

- 7.10 Improving public health is directly addressed by the public health service to which this paper refers.

Corporate / Citywide Implications:

- 7.11 The City's Health and Wellbeing Strategy and Living Well Delivery Plan identify improving sexual health including reducing new HIV infections as a priority for the City.

- 7.12 Poor sexual and reproductive health and ongoing transmission rates of HIV have major impacts on population mortality, morbidity and wider wellbeing, and result in significant costs for health service and local authority budgets. Good access to testing, treatment, and care services for STIs and HIV as well as the full range of contraception methods and evidence based sexual health promotion is key to improving sexual health

SUPPORTING DOCUMENTATION

Appendices:

1. Further detail on Options 1-3 in this report

Background Documents

1. Integration and Innovation: Working together to improve health and social care for all, Secretary of State for Health & Social Care February 2021
[Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK \(www.gov.uk\)](#)

Appendix 1: Integrated Sexual Health Services Contract

EVALUATION OF ROUTES TO MARKET

Several procurement routes have been assessed. Details of each including the preferred option are detailed below:

Preferred Option 1: Direct award a new contract to the existing provider for 1 + 1 years

Benefits in relation to Option 1 are listed below:

1) Positioning the current contract in the national landscape

The Government white paper - 'Integration and Innovation; working together to improve health and social care for all'¹ describes a changed landscape within which to commission and deliver NHS contracts. The white paper specifically covers public health commissioning of healthcare services such as Public Health Community Nursing and Sexual Health contracts. It aims to enable collaboration and collective decision-making and eliminate the need for competitive tendering where it adds limited or no value. It indicates that there may be legislative changes in the future which would enable an existing arrangement for this contract to continue where the incumbent provider is doing a good job.

The white paper outlines a lead in time of approximately two years to operational impact with some legislative changes envisaged from 2022. It is of strategic benefit to position the end of the current Integrated Sexual Health Services contract in line with these national changes to health commissioning.

2) Ensuring stable conditions

Providing contract stability will avoid the impact on exhausted staff and processes of the additional work involved in tendering for such complex services and the concomitant impact on service delivery during that period of tender and contract uncertainty. Put simply we need good quality service providers to be concentrating on recovery and not on tendering processes with the inevitable further loss of experienced staff that always accompanies periods of uncertainty and change.

Given the provider has consistently met KPI targets and has shown willingness to flex and support it is fair to assert that the most effective way to deliver COVID recovery is to create the conditions for stable continued delivery with this proven provider.

There is no guarantee that we will simply exit the pandemic in the near future. Having staff who have the experience and expertise to quickly stand up and adapt services as needed is critical to business continuity.

¹ <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

3) **Critical Business Interdependencies**

A significant number of staff employed by University Hospitals Sussex delivering the Integrated Sexual Health Contract also work on the NHS England Contract for HIV treatment services. This interdependency would create critical issues should the Contract transfer to another provider by reason of a competitive process;-

Staffing Issues

Most of the specialist staff delivering the BHCC contract and the NHS England contract spend more than 50% of their time on the NHS England contract and would not therefore TUPE transfer to the new provider.

The specialist staff working across both services includes 7.7 WTE consultant grade doctors, 12 WTE training grade doctors, 2.29 WTE Speciality and Associate Specialist Doctors, 18.22 WTE administrative and ancillary staff bands 3 – 7 and a smaller number of nurses.

All staff received salary uplifts based on the assumption that they were spending 41% of their time on the Council's integrated sexual health contract and 59% on NHS England's HIV contract.

The new provider could arrange to employ the staff who don't automatically transfer under TUPE for the time spent on the BHCC contract, but this would be unsatisfactory both for the staff (who would have two different employers) and would interrupt the smooth provision of services

Site Issues

It is highly unlikely that a different, non-NHS provider could use the same site to provide the service. Providing the service from a different site (separate to the HIV outpatient service) would cause significant logistical difficulties.

Service Integration Issues

Clinicians' speciality is 'sexual health and HIV' enabling a more holistic service and supporting a smooth transfer of patients with an HIV diagnosis into care in the same setting provided by the same clinicians. This would not be possible if the service was delivered by different clinicians from a different service.

Fragmentation of the sexual health and HIV speciality is also likely to impact continuing professional development (CPD) for staff and staff retention.

Option 2: Proceed with a full market tender for a new contract in time for April 2022

Running a full procurement process would reduce the risk of external challenge. The procurement process would be undertaken by senior procurement officers, with support from a range of officers and subject matter experts in compliance with PCR 2015. There are a number of reasons why this is not the preferred option:

1) Lack of a viable provider market

Although the value of the contract is high, there are substantial fixed costs which may potentially render it unattractive to the market. The salary element accounts for a significant proportion of the budget. The staff pool is on NHS pay schemes which cannot be amended and would continue to be comparable in the event of a TUPE transfer.

There is also a CPD training element, equipment and travel costs, management costs and general administration costs which come out of the remaining portion, so the provider's potential profit is low. This may mean that there are no operators beyond the incumbent interested in providing the service.

2) Value for money

As detailed above, delivery of the service has little in the way of potential bottom-line reductions, which may be realised in competitive procurement procedures for other contracts. There is little to no value for money argument in favour of competitive tendering for the Integrated Sexual Health Services contract without risk of a reduction in service quality. In the current arrangement, the contract value is the reimbursement of the legitimate costs of providing the service, making the opportunity not commercially viable for private organisations, who would require profit. Additionally, the internal resource cost for BHCC would be high for a procurement project of this nature, particularly given the time pressure of completing by April 2022.

The duration of the contract awarded through a procurement procedure would need to be reviewed, as the White Paper will likely lead to significant policy changes. This may mean a shorter contract is sought to ensure flexibility to respond to these policy changes, further reducing the commercial viability of the service and the potential for increased value for money.

Option 3: Possibility of bringing the service in house

As a local NHS Trust, the current service provider is a public sector partner, operating within Brighton and Hove. The service requires significant specialist and established clinical infrastructure, expertise and staffing. This includes laboratory and pathology functions as well as pharmacy and dispensing.

Staff are employed on NHS terms and conditions and salary costs make up the vast majority of the overall service cost – these costs would be transferred to the local authority as a result of a TUPE event, should the service be brought in-house.

In summary, there is unlikely to be a financial benefit to delivering the service in-house.

The current government White Paper in relation to Health and Social Care integration suggests a national shift towards integrated and partnership working between local authorities and NHS providers. Continuation of an externally delivered service allows BHCC to work closely with our local NHS providers to

deliver our shared objectives, without taking on additional cost and operational responsibility.

Subject:	Discharge to Assess for People Experiencing Mental Ill Health
Date of Meeting:	7 September 2021
Report of:	Rob Persey
Contact Officer: Name:	Emily Ashmore
Email:	Emily.ashmore@brighton-hove.gov.uk
Ward(s) affected:	All

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 Following approval at Procurement Advisory Board on the 26 July 2021 this paper provides an overview of the proposed Discharge to Assess for People with Mental Ill Health procurement and seeks approval to proceed with a joint Brighton & Hove City Council (BHCC) and Clinical Commissioning Group (CCG) procurement process.

2. RECOMMENDATIONS:

2.1 That the Adult Social Care & Public Health Sub Committee grants delegated authority to the Executive Director of Health & Adult Social Care (HASC) to take all necessary steps to;

2.1.1 procure and award a co-commissioned contract for a discharge to assess service (D2A) for people experiencing mental ill health at a value of £374,681 per annum for five years where the Clinical Commissioning Group will contribute £281,003 per annum and Brighton & Hove City Council will contribute £93,678 per annum. The CCG have yet to confirm funding and procurement will only take place if the funding is confirmed.

2.1.2 to grant an extension to the contract referred to in 2.1.1 for a period or periods of up to two years in total if it is deemed appropriate and subject to available budget.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 In the last five years there has been a significant increase in;

- the numbers of patients in mental health hospitals unable to leave hospital when medically fit due to lack of accommodation or community based support to enable transition.

- high cost residential social care placements to facilitate discharge due to a lack of alternatives.
- 3.2 In response to these issues the Sussex Health and Care Partnership has identified the delivery of D2A services for the Mental Health Cohort as a priority – see Objective 3 ‘Pilot, evaluate and extend the Discharge to Assess models, building on shared learning across each pilot to optimise outcomes and improve flow and transitions from inpatient provision’.
 - 3.3 The D2A service offers a short term (six week target move on) support service with ten hours face to face support a week. Eight units are delivered in self contained accommodation (for people who do not have accommodation or do not have accommodation which is suitable at the point of discharge) and six units offer ten hours face to face support in people’s own homes. People are supported to move on into suitable safe accommodation and to link into longer term forms of community based support suitable to meet their needs.
 - 3.4 In April 2020 BHCC and the CCG agreed a pilot of a Mental Health D2A service to improve transitions from hospital to accommodation in the community. The service was set up on an interim basis with two local providers, Venture People and Southdown, these were direct awards with no formal procurement process or prior market engagement due to the Covid-19 crisis and urgent need. The current arrangement ends on the 30 September 2021 and once CCG funding is confirmed we will extend to end March 2022 to enable the tender to proceed.
 - 3.5 The initial pilot (April 2020-March 2021) has achieved significant bed occupancy gains for acute inpatients by facilitating timely discharge and reducing the delayed transfer of care. This means that more people have been able to move through inpatient beds in Brighton and Hove in a safe way and that fewer people have had to be placed in hospitals away from the city and friend/family networks of support.
 - 3.6 The pilot (April-Sept [2020]) achieved community care savings in relation to future care provision. Twenty-nine individuals have completed their intervention from Discharge to Assess and have achieved a successful move-on plan, with a significantly reduced cost and improved outcomes, when compared to the projected future support cost anticipated at point of discharge from hospital.
 - 3.7 Feedback from mental health services staff and users of the service has been positive with people who used the service reporting greater levels of wellbeing and satisfaction. The D2A model was felt, by individuals who have been through the model, and workers to provide a person centred service that resulted in positive outcomes. The service is an integral part of the prevention, early intervention, and recovery model and supports recovery and improved life outcomes for people using the service. Only three people have been readmitted to hospital following a closed case with D2A. Staff report an improved flow of people through the system and have responded positively to collaborative working and a more personalised service.
 - 3.8 Case Study – one service user has agreed to her experience being used as a case study to demonstrate the impact of the service. She was referred to D2A following an admission to an acute setting. Prior to admission, she had become homeless and neglected herself. When describing her experience, she explained she had felt unsafe in her accommodation and fled fearing persecution. This had led to her placing herself at risk and vulnerable to exploitation.

She was referred to D2A and accepted a six week placement; working with the team at her accommodation to relearn skills and build her confidence. She worked with her team to think about next steps; initially the plan had been for her to move to a highly supported setting, however she did not want this and used her stay at D2A to demonstrate her independence and challenge the view that she needed a high level of supported accommodation.

She has now moved to a privately rented flat; working with the team at D2A to choose a home she felt safe in, and she now receives a small outreach package to allow her to resettle successfully.

- 3.9 The CCG and BHCC are currently co-commissioning the re-tender of the Mental Health Pathway to better meet the needs of the city (Procurement Advisory Board Meeting 19.04.21 / ASC & Health Sub Committee 08.06.21). This re-tender will require a minimum of 100 units of accommodation and will attract providers who would also be interested in the D2A tender. The tender process commences in September 2021.
- 3.10 The tender timetable for the D2A service could be aligned with the Mental Health Pathway re-tender. This would ensure that providers were able to take a holistic view of all lots in the tender and would limit the risk of a lack of accommodation provision for the service if it was tendered after the Mental Health Pathway.
- 4. The provision of a D2A mental health service is projected to support significant and ongoing cost savings. The pilot (April-Sept [2020]) also achieved community care savings in relation to future care provision. Twenty nine individuals have completed their intervention from Discharge to Assess and have achieved a successful move-on plan, with a significantly reduced cost, when compared to the projected future support cost anticipated at time of referral:

Community Placement Saving Per Week during the Pilot

Anticipated Support Cost at point of discharge for all 29 people	28,045
Actual Support Cost for all 29 people	3,322
Total Saving per week for all 29 people	24,723

Procurement Timeline:

Brighton & Hove City Council and NHS Brighton & Hove Clinical Commissioning Group are working together on the remodelling of the mental health accommodation pathway. The evaluation panel may include a community ambassador with lived experience who has received appropriate training to ensure that the patient voice informs the process. The following is an overview of the timeline for the consultation and procurement process.

Action:	Timeline:
Develop Engagement Plan	Nov' 20– Jan '21

Health & Equalities Impact Assessment	Nov – Dec '20
Commission 3rd party to undertake service user consultation	December 2020
Service user and Stakeholder Consultation	Jan-Mar '21
Procurement Advisory Board	April 2021
Focus groups & Feedback on consultation	Apr-May '21
Development of the Model and Service Specifications	Apr – July '21
H&ASC Sub Committee	7 September 2021
Market Engagement	Jul – Aug'21
Tender process commences	September 2021
Tender Evaluation	November 2021
Mobilisation of Services	Feb '22 – Sept '22

5. POSSIBILITY OF PROVIDING THIS CONTRACT IN-HOUSE

- 5.1** The current service offers eight units of self-contained accommodation with ten hours support attached to each unit as well as 60 hours of community-based support. If the contract were to be delivered in-house the council would need to provide eight units of self-contained accommodation ready for occupation at the commencement of the contract. Given the significant pressures being experienced due to the decant of Everyone In and rising homelessness this would be very challenging.
- 5.2** Any accommodation service run in-house would generate significantly less housing benefit revenue. Local authorities housing benefit rate is capped but a third sector provider offering supported accommodation can claim a higher rate helping to cover housing management costs, cleaning, and repairs and maintenance. This would mean any service run by the local authority would be significantly less financially viable.

6. COMMUNITY ENGAGEMENT & CONSULTATION

- 6.1** The Council and CCG are committed to benefits of co-production and as such have engaged with service users, providers and other stakeholders to inform the wider Mental Health Pathway re-procurement

- 6.2 In December 2020 the group appointed Mind, the mental health charity to carry out a consultation with current and ex-service users via survey and one to one interviews. Online surveys have also been carried out with stakeholders and referrers via the engagement HQ website. A full report has been provided by Mind into the outcome of the consultation. The group has also undertaken some workshops with professionals and current service providers.
- 6.3 A workshop with relevant staff was held specifically on the D2A model and has contributed to thinking on the proposed model.

7. CONCLUSION

- 7.1 That the Adult Social Care & Public Health Sub Committee grants delegated authority to the Executive Director of Health & Adult Social Care (HASC) to take all necessary steps to procure and award a co-commissioned contract for a discharge to assess service (D2A) for people experiencing mental ill health at a value of £374,681 per annum for five years where the Clinical Commissioning Group will contribute £281,003 per annum and Brighton and Hove City Council will contribute £93,678 per annum.
- 7.2 To grant an extension to the contract referred to for a period or periods of up to two years in total if it is deemed appropriate and subject to available budget.

8. FINANCIAL & OTHER IMPLICATIONS:

8.1 Finance Implications

This service is within the Health & Adult Social Care – Section 75 Mental Health pooled budget. The proposed Brighton & Hove City Council contribution of £0.094,m is within budget, assuming a £0.281m contribution from Brighton & Hove CCG is ongoing for the period of the contract. The report outlines health system-wide savings identified from the pilot in April to September 2020 from this model of care. However, this is based on a small sample of clients and further work would be required to quantify potential future ongoing savings.

Finance Officer Consulted: Sophie Warburton

Date: 10/08/2021

8.2 Legal Implications:

The Adult Social Care & Public Health Sub Committee is the appropriate committee for the recommendations set out in paragraph 2 above in accordance with Part 4 of the council's constitution.

The Council is required to comply with the Public Contracts Regulations 2015 in relation to the procurement and award of contracts above the relevant financial thresholds for services, supplies and works. The Council's Contract Standing Orders (CSOs) will also apply.

Bidders will be required to set out proposals relating to social value as part of their tender. The Public Contracts Social Value Act 2012 requires contracting authorities to consider, when procuring services, how the economic, environmental and social well-being of the local area may be improved and how this can be delivered through the procurement. In addition, The Public Contracts Regulations 2015 expressly allow contracting authorities to incorporate social and environmental factors into specifications for a contract, award criteria and contract conditions provided they are linked to the subject matter of the contract, proportionate to what is being procured, do not result in unequal treatment of bidders, are free from discrimination and comply with the principle of transparency.

The new contract is likely to involve the transfer of employees from the existing service provisions to the new providers under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).

Lawyer Consulted:

Rachel Pugh

Date: 25/08/21

8.3 Equalities Implications:

Brighton & Hove City Council has completed an Equalities Impact Assessment this tender process. This is attached as Appendix 1. All commissioned services are monitored on their policies and practice in relation to equalities. Service users and staff are interviewed as part of the review process and complaints regarding discrimination and hate crime are reported to Commissioners. Demographic data on both referrals and acceptances into the service are monitored. We ensure that all services have relevant policies and procedures in place and that staff receive training and support.

8.4 Sustainability Implications:

The commissioned service would give due consideration to sustainability encouraging the use of public transport among staff and using sustainable materials and ensuring recycling.

8.5 Risk and Opportunity Management Implications:

There are risks associated with the procurement process which are as follows

- There is a risk that we will not receive any bids for the tender however this is being mitigated by a successful market engagement prior to the tender process with 48 attendees and engagement with stakeholders and existing providers.

8.6 Public Health Implications:

The aim of this procurement is to continue to offer a positive and well regarded service with good health and wellbeing outcomes for people using the service. The service will support residents with their mental health needs but also support them with their wider health, including, healthy living and skills for independent living such as shopping and healthy eating.

8.7 Corporate / Citywide Implications:

This procurement will meet the corporate priorities of 'increasing healthy life expectancy and reducing health inequalities' by providing a service which helps people manage their mental health and prevents hospital re-admission. The services will also 'support people to live independently' by providing support to those who are able to move onto greater independence or return to their own homes.

This procurement will also supports the aims of the Sussex Health and Care Partnership who have identified the delivery of D2A services for the Mental Health Cohort as a priority – see Objective 3 'Pilot, evaluate and extend the Discharge to Assess models, building on shared learning across each pilot to optimise outcomes and improve flow and transitions from inpatient provision'.

SUPPORTING DOCUMENTATION

Appendices: Equalities Impact Assessment Uploaded Separately

