Brighton & Hove City Council

# Adult Social Care & Public Health Sub-Committee

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| Date: | **11 January 2022** |
| Time: | **4.00pm** |
| Venue | **Hove Town Hall - Council Chamber** |
| Members: | **Councillors:** Nield (Chair), Fowler (Opposition Spokesperson), Mears (Group Spokesperson), Appich and Shanks<br>**Invitee:** |
| Contact: | **Penny Jennings**<br>Democratic Services Officer<br>penny.jenning@brighton-hove.gov.uk |

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# AGENDA

**PART ONE** **Page**

## 30 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.*

## 31 MINUTES **7 - 14**

To consider the minutes of the meeting held on 7 September 2021.

## 32 CHAIR'S COMMUNICATIONS

## 33 CALL-OVER

(a) Items (34 – 43) will be read out at the meeting and Members invited t reserve the items for consideration.

(b) Those items not reserved will be taken as having been received and

the reports' recommendations agreed.

## 34 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 28 December 2021;

(b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 4 January 2022;

(c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 4 January 2022.

## 35 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.

## 36 ITEMS REFERRED FROM COUNCIL

To consider any item(s) referred from Full Council.

## 37 PRESENTATION -ADULT SOCIAL CARE WORKFORCE

Presentation by Executive Director, Health and Adult Social Care.

## 38 ADULT SOCIAL CARE FEES 2022-23 — 15 - 22

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

*Contact Officer:* *Judith Cooper* *Tel: 01273 296313*
*Ward Affected:* *All Wards*

## 39 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2022-23 — 23 - 48

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

*Contact Officer:* *Angie Emerson* *Tel: 01273 295666*
*Ward Affected:* *All Wards*

**40 ADULT SOCIAL CARE COMMISSIONING STRATEGY** **49 - 74**

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

*Contact Officer:* *Andy Witham* *Tel: 01273 291498*
*Ward Affected:* *All Wards*

**41 CARE HOME/NURSING HOME PRIOR INFORMATION NOTICE** **75 - 80**

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

*Contact Officer:* *Alex Saunders*
*Ward Affected:* *All Wards*

**42 RESIDENTIAL REHABILITATION SERVICES** **81 - 92**

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

*Contact Officer:* *Stephen Nicholson* *Tel: 01273 296554*
*Ward Affected:* *All Wards*

**43 COMMUNITY EQUIPMENT SERVICE COMMISSION** **93 - 102**

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

*Contact Officer:* *Anne Richardson-Locke* *Tel: 01273 290379*
*Ward Affected:* *All Wards*

**44 ITEMS REFERRED FOR COUNCIL**

To consider items to be submitted to Council 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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**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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Date of Publication – 29 December 2021

| ADULT SOCIAL CARE & PUBLIC HEALTH SUB COMMITTEE | Agenda Item 31<br><br>Brighton and Hove City Council |
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**BRIGHTON & HOVE CITY COUNCIL**

**ADULT SOCIAL CARE & PUBLIC HEALTH SUB-COMMITTEE**

**4.00pm 7 SEPTEMBER 2021**

**HOVE TOWN HALL - COUNCIL CHAMBER**

**MINUTES**

**Present**: Councillor Nield (Chair) Shanks, Fowler (Opposition Spokesperson), Mears (Group Spokesperson) and Appich

**PART ONE**

**18 PROCEDURAL BUSINESS**

**18 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 Members of the Committee who were in attendance in the Chamber accompanied by key officers. Other presenting officers would be involved in the meeting via Microsoft Teams.

**18(a) Declaration of Substitutes**

18.2 There were none.

**18(c) Exclusion of Press and Public**

18.3 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.

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

## 19 MINUTES

19.1 **RESOLVED –** That the Chair be authorised to sign the minutes of the meeting held on 8 June 2021 as a correct record.

## 20 MINUTES OF SPECIAL MEETING, 27 JULY 2021

20.1 **RESOLVED –** That the Chair be authorised to sign the minutes of the special meeting held on 27 July 2021 as a correct record.

## 21 CHAIR'S COMMUNICATIONS

### Vaccination Arrangements

21.1 The Chair stated that people might wish to note that those working in care homes needed to receive both doses of the vaccine by 11 Nov and therefore needed to receive their first dose by 16 Sept. The walk-in vaccination centre had now moved to Churchill Square and walk in sessions are available for anyone over 16.

### World Prevention of Suicide Day

21.2 Friday, 10 September was World Suicide Prevention Day. This year's theme of "Creating Hope Through Action" was intended to show that no matter how big or small, our actions could provide hope to those who were struggling. We could all be there for people who were experiencing a suicidal crisis or had lost a loved one to suicide. "Grassroots" offered great support and advice locally, for both those that needed help and for those who wanted to better understand how to help someone else.

21.3 **RESOLVED –** That the contents of the Chair's Communications be received and noted.

## 22 CALL-OVER

22.1 All items appearing on the agenda were called for discussion.

## 23 ITEMS REFERRED FROM COUNCIL

23.1 There were none.

## 24 PUBLIC INVOLVEMENT

## 24(a) Petitions

24.1 There were none.

**24(b) Written Questions**

24.2 There were none.

**24(c) Deputations**

24.3 There were none.

**25 MEMBER INVOLVEMENT**

**25(a) Petitions**

25.1 There were none.

**25(b) Written Questions**

25.2 There were none.

**25(c) Letters**

25.3 There were none.

**25(d) Notices of Motion**

25.4 There were none.

**26 PUBLIC HEALTH COMMUNITY NURSING CONTRACT**

26.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care asking for agreement to extend the current Public Health Community Nursing (PHCN) contract for up to a two year period from April 2022.

26.2 It was explained that the PHCN contract delivered the city's health visiting and school nursing services. The report detailed 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, each of the. The various options were explained including the thought process which had led to the report recommendations.

26.3 Councillor Mears asked for confirmation regarding how this contract had carried forward since 2014, when and by what means it had been awarded/signed off. Councillor Mears stated that whilst she understood the reasoning given, did not feel able to support the report recommendations as she did not consider that she had been provided with sufficient information in relation to the chronology of the current contract or sufficient financial information on which to base her decision. In answer to further questions by Councillor Mears it was explained that a five-year extension had been awarded to the existing contract in 2017.

26.4 The Executive Director, Health and Adult Social Care, Rob Persey, explained the existing extension had been awarded by the Health and Wellbeing Board, following the recent re-alignment of the Board's responsibilities award of this contract now lay more appropriately with this Sub Committee. The recommended approach also linked into a wider approach anticipated post 2024 which sought to align a package of services in concert with other local providers, e.g., with East and West Sussex. The recommended approach was consistent with that anticipated in the White Paper currently progressing through Parliament which supported a partnership approach.

26.5 Councillor Shanks noted that approach recommended had been looked at and would be reviewed in the context of the new Bill referred to, clearly, the local trust had been providing well to date. She was mindful however that all service delivery was just beginning to emerge from Covid and that the level of funding envisaged was the same as that for delivery currently, querying whether that would be sufficient.

26.6 Councillor Appich welcomed the report and accompanying presentation and was pleased to note the emphasis on performance which would be beneficial in procuring contracts going forward. It was important to identify whether the procurement strategy was sufficiently robust in order to provide a benchmark against which performance could be measured. It would be helpful to receive an update in the context of Covid to a future Sub Committee meeting. The Executive Director, explained that a "refresh" of the existing strategy submitted to the Health and Wellbeing Board in 2019 was under preparation with a focus on measures to combat any increase in need during the winter months. This would go forward in detail to the Board, however he could provide a general update to the next scheduled meeting of the Sub Committee. Councillor Appich welcomed this suggestion considering that it was important for Members to be able to be aware of whether/where any slippage had occurred. The Chair, Councillor Nield concurred in that view.

22.7 A vote was taken and on a vote of 4 with 1 abstention the report recommendations were agreed as set out below.

26.8 **RESOLVED –** (1) That the Sub-committee agrees to extend the existing Public Health Community Nursing (PHCN) contract;

(2) That the Sub-committee agrees to extend the contract for one year, with the option of a further one-year extension;

(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.

## 27 INTEGRATED SEXUAL HEALTH SERVICES CONTRACT

27.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care seeking 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.

27.2 The report set out the rationale for the direct award of a new contract to provide continuity of service in the context of the national pandemic, in line with the national commissioning direction for health services, and to support some critical business interdependencies. The approach suggested was also in line with the collaborative approach supported by the White Paper.

27.3 Councillor Mears stated that it was her recollection that approval by the Procurement Advisory Board had not been unanimous, seeking clarification of the point at which the decision to extend existing arrangements had been taken. She considered that in view of the amount of money involved she would have preferred more detailed information to have been provided and did not feel that she had sufficient information to support the report recommendations.

27.4 The Chair, Councillor Nield, referred to the supplementary information circulated to Members at her request which detailed current performance and selected key performance indicators for Quarter 4, 2021/22.

27.5 Councillor Shanks stated that the current arrangements provided a good service and that she was therefore happy to support the report recommendations. In response to questions by Councillor Shanks regarding her understanding that the White Paper would remove the obligation for competitive tendering to take place under certain circumstances it was confirmed that it remained the intention for this to remain an option in relation to local delivery. Reference was made to anticipated changes in procurement law which could impact on future contracts and the Executive Director, Health and Adult Social Care agreed to provide a covering note providing an update on the current position to the next scheduled meeting of the Sub Committee.

27.6 The Head of Law, Elizabeth Culbert, confirmed that the report recommendations fell wholly within the Sub Committees' terms of reference and responsibilities.

27.7 A vote was taken and on a vote of 4 with 1 abstention the report recommendations were agreed as set out below.

27.8 **RESOLVED –** (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) 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

## 28 DISCHARGE TO ASSESS FOR PEOPLE EXPERIENCING MENTAL ILL HEALTH

28.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care advising that following approval at the Procurement Advisory Board on 26 July 2021 this paper was intended to provide an overview of the proposed Discharge to Assess for People with Mental Ill Heath procurement and sought approval to proceed with a joint Brighton & Hove City Council (BHCC) and Clinical Commissioning Group (CCG) procurement process.

28.2 Councillor Mears stated that she was aware that contracts which involved Section 75 arrangements had on occasion been contentious in the past and sought confirmation that no Section 75 monies were still due to the council. Councillor Mears also sought clarification as to whether/what responsibilities lay with Housing. The Executive Director, Health and Adult Social Care, Rob Persey, explained that responsibility for this provision lay with Adult Social Care, however there was very close liaison with the Housing, Neighbourhoods and Communities Executive in order ensure that provision under the Care Act was fit for purpose. Existing documents were in the process of being refreshed and being re-written.

28.3 In answer to questions it was explained that a further update could be provided outside the Sub Committee meeting. Councillor Mears stated whilst she understood the merits of Pan-Sussex provision she just wanted to be sure that this council had a fair influence over this £64m programme. Whilst welcoming the information provided Councillor Mears stated that it would have been beneficial to receive this information in advance of the meeting. Whilst supporting the principle of what was being proposed she dis not feel that she had been provided with sufficient contextual information to enable her to support the report recommendations.

28.4 Councillor Shanks considered it disappointing that the council was unable to set its own rates for Housing Benefits. It was explained that discussions on this issue had taken place at national level a few years previously but had not progressed.

28.5 Councillor Appich considered it would be beneficial and timely if that debate could be revisited. In answer to further questions by Councillor Appich it was explained that the proposed arrangements would not progress further until the CCG had received confirmation regarding the level of funding. What was proposed would be fully supported by the CCG.

28.6 A vote was taken and on a vote of 4 with 1 abstention the report recommendations were agreed as set out below.

28.7 **RESOLVED –** (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;

(i)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;

(ii) 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.

## 29 ITEMS REFERRED FOR COUNCIL

29.1 There were none.

The meeting concluded at 4.51pm

Signed Chair

Dated this day of

| ADULT SOCIAL CARE & PUBLIC HEALTH SUB COMMITTEE | Agenda Item 38<br><br>Brighton & Hove City Council |
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| | | |
|---|---|---|
| **Subject:** | | **Adult Social Care Fees Report 2022/23** |
| **Date of Meeting:** | | **11 January 2022** |
| **Report of:** | | **Rob Persey, Executive Director Health and Adult Social Care** |
| **Contact Officer:** | **Name:** | **Andy Witham** |
| | **Email:** | **andy.witham@brighton-hove.gov.uk and** |
| **Ward(s) affected:** | | **All** |

**FOR GENERAL RELEASE**

## 1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The report sets out the recommended fee levels and uplifts to be paid to Adult Social Care providers from April 2022. The services that are considered in this report are integral to the proper functioning of the wider health and care system, which includes managing patient flow in and out of hospital. It is recognised that public finances are under increasing pressure but this needs to be balanced with the need to manage and sustain the provider market to support the increasing complexity and demand and to comply with the duties placed on Brighton & Hove City Council ("Council") by the Care Act 2014 to meet the needs of those requiring care and support and to ensure provider sustainability and viability. The proposals set out below are made while recognising the challenges of the ongoing pandemic and the financial position of the Council and Adult Social Care providers.

## 2. RECOMMENDATIONS:

2.1 That the Adult Social Care & Public Health Sub Committee agrees to the recommended fee increase of 2% to all care providers providing services as set out in the table at Appendix 1 for the 2022-23 financial year. The underpinning background to the fee changes are contained in the main body of the report.

## 3. CONTEXT/ BACKGROUND INFORMATION

3.1 The Spending Review 2021 was a 3-year announcement which purported to increase Local Government Spending Power by 3% in 2022/23. However, this includes funding for social care reforms which will be matched by new costs. Removing this shows that Spending Power has increased by 1.8%. This is some way short of current and anticipated demand and inflationary pressures in 2022/23.

3.2 A key point to note in the Council's budget position is that the one-off Covid 19 grant awarded for 2021/22 (£8.023m) was used to balance the recurrent General

Fund budget for 2021/22. While some aspects of the Council's finances are expected to recover in 2022/23, including fees & charges, rents and taxation, the loss of £8.023m is a substantial sum to cover, particularly given that new estimated cost pressures of over £12m are now projected in 2022/23.

3.3 The announcement of a 3-year Spending Review makes the position for the Council very clear for the next few years. The level of resources is now known for a period of years and is not likely to significantly fluctuate. This makes the task of balancing the budget over the period both clear but very challenging as there is a large budget shortfall in 2022/23 and further, albeit lower, predicted budget shortfalls in later years.

3.4 The pandemic has significantly increased the costs of social care. Throughout 2021-22 the adult social care sector received financial support from the Department for Health and Social Care (DHSC) to support providers during the Covid-19 pandemic, originally commencing in May 2020 and currently planned to last until March 2022. This funding was introduced to support providers with implementing infection control measures and was then extended to include support for testing costs and vaccination costs.

3.5 The grant funding is sent to local authorities with guidance for allocation to adult social care providers, the majority to Care Quality Commission ("CQC") registered providers (care homes, home care providers and providers of supported living) plus a discretionary allocation some of which has been distributed to services which do not need to be CQC registered.

3.6 The Council has received in 2021-22 a total of £4.66m for a range of measures to support providers with infection control, testing measures and workforce recruitment and retention. This has been predominantly paid to care home providers, CQC registered community care providers.

3.7 Throughout the 2021-22 financial year there has been an increase in workforce capacity pressures, impacting most significantly on the home care sector as many more people are choosing to have care in their own home rather than within a care home. This has been exacerbated by people leaving the care sector due to low salaries and burnout after the pandemic. People who had gone into care work during the pandemic whilst on furlough have reverted to their other employment and staff who returned home to European Union countries are choosing not to return. It is now more difficult to recruit staff from the European Union due to post Brexit government requirements. In addition, the requirement for care home staff to be Covid-19 double vaccinated as of November 2021 (and home care staff from April 2022) has created a further challenge.

3.8 In September 2021 with a growing number of home care packages remaining unallocated the Council decided to support the home care sector by paying providers for their commissioned hours of care rather than the actual hours of care. This approach was used in the first wave of the pandemic in 2020 and was stated to be the critical task in supporting both recruitment and retention of staff.

3.9 Following this in mid-October 2021 a new grant fund was announced, the Workforce Recruitment & Retention Fund. The fund is provided to support local authorities to address workforce capacity pressures in their geographical area

this winter (to end March 2022) through recruitment and retention activity. The Council has allocated 75% of the grant fund to CQC registered providers within Brighton and Hove to support (amongst other things) local recruitment initiatives including new starter incentives and retention payments to encourage staff to remain within social care.

## 4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Previous years uplifts have been targeted and applied across specific areas but as the current pressures are impacting across the whole of social care it is difficult to propose an alternative to paying the 2% uplift across all areas of service provision.

## 5 COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The Council and the NHS Brighton and Hove Clinical Commissioning Group (partners to the care home and home care contracts) are committed to co-production. Regular Care Home Forums and Home Care Stand-up meetings are held where provider organisations can raise issues which includes fee rates.

5.2 The annual Social Care and Support Services survey for clients is resuming this year and the responses from it are always considered by the Council's ASC Commissioning & Contracts Team.

5.3 Extensive engagement is also underway with stakeholders, clients and carers regarding the re-commissioning of the new Care Home and Home Care contracts.

## 6. CONCLUSION

6.1 Despite the considerable financial pressures on the Council and the support measures put in place to assist the provider market during these last 2 years, the Council recognises the ongoing rising costs that providers continue to experience and with this in mind and to support providers throughout 2022/23 the 2% increase is proposed as set out below and as summarised in Appendix 1 to be applied from 11 April 2022.

## 7. FINANCIAL & OTHER IMPLICATIONS:

<u>Financial Implications:</u>

7.1 The Council provides in the region of 3,500 packages of care with external providers for different types of care at a gross cost of £103m across all primary support groups i.e. Physical Support, Sensory Support, Memory & Cognition Support, Mental Health Support and Learning Disabilities.

7.2 The proposed increase in rates is set out in the main body of the report and summarised in Appendix 1. These changes will result in an increased Community Care spend of approximately £1.8m, prior to any additional negotiated increases following review of individual placements. The current 2021/22 budget inflation

and identified corporate service pressure funding will accommodate the proposed fee increases.

*Finance Officer Consulted: Sophie Warburton Date: 03/12/2021*

7.3 It is a function of the Adult Social Care and Public Health Sub-Committee to make Council decisions about Adult Social Care in Brighton and Hove. The Council has statutory duties under the Care Act 2014 to ensure that there is sufficient provision of a diverse range of services to meet people's social care and support needs and ensure there is a varied, viable and sustainable market of social care providers able to deliver the required services both now and in the future.

*Lawyer Consulted: Sara Zadeh Date: 10/12/2021*

Equalities Implications:

7.4 This funding will have an impact in ensuring that some of the most vulnerable members of our community in Brighton and Hove receive good quality, effective care and support services and will contribute to reducing health inequalities. An uplift in fees will also provide support for an increasingly fragile market (both locally and nationally) and demonstrates a commitment to provide support for both service users and some of the lowest paid members of the local workforce.

7.5 Equalities Impact Assessments are currently being carried out as part of the recommissioning process for both the Care Home and the Home Care contracts.

Sustainability Implications:

7.6 There are no specific sustainability implications for this report; it does not include changes to services or recommissioning. However, it is of note that the DHSC Covid-19 funding was available to providers to use to purchase bicycles for staff to use to get to/from work or to visit clients.

7.7 Sustainability implications are part of the recommissioning process currently underway for both care homes and home care.

Brexit Implications:

7.8 Recruitment has become more challenging as a result of Brexit and the government's new and requirements which are restrictive in terms of cost and that many carers would not satisfy the skill requirements.

Any Other Significant Implications:

Crime & Disorder Implications:

7.9 There are no Crime & Disorder implications.

Risk and Opportunity Management Implications:

7.6 If the Adult Social Care & Public Health Sub Committee failed to agree any uplift to fees in 2022-23 there would be a significant risk that providers would refuse to accept new clients or service notice on existing ones. This risk is still in place (but at a lower level) by proposing an uplift of 2%.

## SUPPORTING DOCUMENTATION

### Appendix 1 – Fee Rates Table

| Service | Current fee 2021-22 | New fee 2022-23 | % uplift |
|---|---|---|---|
| | | | |
| **Care Homes and Care Homes with Nursing – set rates only** | | | |
| In city care homes – set fees per week | £600 | £612 | 2% |
| In city care homes with nursing – set fees per week | £787.60 includes FNC at £187.60 | £799.60 inclusive of the FNC (*NB this may change as 2022-23 rate not yet set by NHS* | 2% |
| ***Out of City Care Home and Care Home with Nursing Placements*** | | | |
| Out of city care homes on set rates | Host Authority Rates | Host Authority Rates *(new placements only) 2% on existing rates* | 2% |
| Out of city care homes with nursing on set rates | Host Authority Rates | Host Authority Rates *(new placements only) 2% on existing rates* | 2% |
| Out of city care homes individually negotiated *(eg, LD, MH, ABI, PD)* | Variable Rates | Variable Rates | 2% |
| Out of city care homes with nursing individually negotiated *(eg, LD, MH, ABI, PD)* | Variable Rates | Variable Rates | 2% |
| **Supported Living & Community Support: Learning & Physical Disabilities, functional mental health** | | | |
| Supported Living for people with learning disabilities | Variable Rates | Variable Rates | 2% |
| Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury | Variable Rates | Variable Rates | 2% |
| Community support for people with learning disabilities | Variable Rates | Variable Rates | 2% |
| Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury | Variable Rates | Variable Rates | 2% |
| Community support for adults with functional mental health issues | Variable Rates | Variable Rates | 2% |
| **Home Care** | | | |
| Home care main area/back up provider – core fee | £18.74 | £19.11 | 2% |
| Home care main area/back up provider – enhanced fee | £20.84 | £21.25 | 2% |
| Dynamic Purchasing System Approved Provider Packages | Variable | Variable (*but no less than Framework rates)* | 2% |
| **Direct Payments** | | | |
| Direct Payments Monday to Friday hourly rate for those employing Personal Assistants | £11.33 | £11.55 | 2% |
| Direct Payments Weekend hourly rate for those employing Personal Assistants | £12.36 | £12.60 | 2% |
| Other Direct Payment agreements | Variable | Variable | 2% |
| **Shared Lives** | | | |
| Shared Lives Management Fee | Variable | Variable | 2% |
| Shared Lives fee to carers | Variable | Variable | 2% to care element |
| **Day Support** | | | |
| Day support (Learning Disabilities) | Variable | Variable | 2% |
| Day support (Acquired Brain Injury) | Variable | Variable | 2% |

| ADULT SOCIAL CARE & PUBLIC HEALTH SUB-COMMITTEE | Agenda Item 39<br><br>Brighton & Hove City Council |
|---|---|

| | | |
|---|---|---|
| **Subject:** | | **Annual review of Adult Social Care Charging Policy 2022-23** |
| **Date of Meeting:** | | **11 January 2021** |
| **Report of:** | | **Executive Director, Health & Adult Social Care** |
| **Contact Officer:** | **Name:** | **Angie Emerson** **Tel: 01273 295666** |
| | **Email:** | **Angela.emerson@brighton-hove.gov.uk** |
| **Ward(s) affected:** | | **All** |

**FOR GENERAL RELEASE**

## 1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 People eligible for adult social care services are means tested to establish whether they must contribute towards the cost. There are around 2400 service users with non-residential care services and approximately 1200 in residential care homes. This includes older people; working age adults with physical disabilities, mental health difficulties and learning disabilities and most people have care services from external providers.

1.2 The Care Act 2014 provides council's with a power to charge for care and support services subject to a means test which is set down in government regulations with prescribed limitations.

1.3 The current charging policy is attached at Appendix 1 and will be updated once the decision has been made regarding the increase in charges and when the DHSC provides the revised national rates for savings thresholds and allowances. The update will include reference to a recent review of our policy in respect of a legal case in Norfolk. This will confirm that we are satisfied our charging policy complies with Government National Guidance

1.4 Most care services, funded by the council, are provided by private organisations and the maximum charge depends upon the fees charged by them. **There are very few chargeable in-house services but where these services are provided by the council there are maximum charges which are reviewed in April every year.**

1.5 Most charges are subject to a financial assessment to determine individual affordability, but the charging policy also includes several, low cost, fixed rate charges and several additional one-off fees. The council's budgetary inflation rate is based upon The Consumer Prices Index (CPI) which was set at 3.1% in the 12 months to September 2021. However, the Office for National Statistics has said the (CPI) inflation rate increased to 5.1 per cent in November 2021. This report recommends uprating most charges by 5.1% (rounded to the nearest

pound or 10p if below £5) with effect from **11th April 2022.** It is recommended exceptionally for Carelink fees to increase by 3.1%.

## 2. RECOMMENDATIONS:

2.1 To agree that the council continues with the current charging policy for care and support services which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014.

2.2 To agree to a 5.1% increase on all current charges with the exception of Carelink at 3.1% with effect from **11th April 2022:**

| **Maximum Charges** | | 2021-2022 | 2022-2023 |
|---|---|---|---|
| **Means Tested Charges** | | Current maximum | New Maximum |
| In-house home care/support | | £27 | £28 per hour |
| In–house day care | | £41 | £43 per day |
| In-House Residential Care | | £129 | £135 per night |
| **Fixed Rate Charges** | | | |
| Fixed Rate Transport | | £4.20 | £4.40 |
| Fixed Meal Charge /Day Care | | £5.00 | £5.20 |

2.3 To agree an increase to miscellaneous fees at 5.1% as follows:

| | | 2021-22 | 2022-23 |
|---|---|---|---|
| Deferred Payment set up fee (see 2.13) | | £544 | £571 one off charge |
| Initial fee for contracting non-residential care for self- funders | | £287 | £301 one off charge |
| Ongoing fee for contracting for non-residential care for self- funders | | £89 per year | £93 per year |

2.4 To agree an increase to Carelink charges at 3.1% as follows:

| | | 2021-22 | 2022-23 |
|---|---|---|---|
| Standard Carelink Plus service | | £19.70 pm | £20.30 per month |
| Enhanced Carelink Service | | £23.60 pm | £24.30 per month |
| Exclusive Mobile Phone Service | | £25.50 pm | £26.30 per month |

2.5 To continue with the existing policy not to charge carers for any direct provision of support to carers.

## 3. CONTEXT/ BACKGROUND INFORMATION

3.1 Where a person is assessed as eligible for care and support under sections 18 to 20 of the Care Act, the Council may charge the service user subject to the financial assessment set out in Section 17 of that Act (subject to certain limited exceptions).

3.2 The council must provide intermediate care and reablement services (either at home or in residential care) free of charge for up to 6 weeks, and any services provided under Section 117 of the Mental Health Act 1983 must be free of charge.

3.3 Financial assessments determine a fair contribution towards care costs and are subject to appeal in exceptional circumstances. People with very limited income will not be charged. People with additional disability benefits and other income are usually charged a contribution towards the cost of their care service and the amount varies according to their personal financial circumstances. Currently people with savings over £23,250 are liable to pay the full cost of services but we are advised that the government will increase this threshold from April 2022.

3.4 **Most people have care provided by an external provider** where fee rates are often set and agreed under the council's contracted terms and conditions. People with savings over £23,250 or with high incomes will be assessed to pay the full fees charged by the care provider. The contract fee for standard home care with an approved agency is recommended to be £19.11 per hour from April 2022 but rates can vary depending upon individual needs and availability of carers. The maximum charge for specialist in-house home care is recommended to increase to £28 per hour. People who have savings of less than £23,250 will usually pay less than the full cost of care, in line with their financial assessment.

### 3.5 Charging for care services for people living at home

3.5.1 Services include personal care, community support, support costs in extra care housing, day activities, direct payments, adaptations, money management and other support, and there are around 2400 service users living at home. About 36% of these, who have minimal savings and limited income from state benefits, will continue to receive free means tested care services. They will only be affected by the increases in this report if their service includes transport or meals at a day centre.

3.5.2 Around 36% of service users are not required to pay under the means test and around 56% are assessed to contribute an average of around £40-£70 per week, usually based upon their entitlement to additional disability benefits and premium payments paid by the Department for Work and Pensions.

3.5.3 A further 8% of service users are assessed to pay the full cost or maximum charge for care where they have savings over the threshold of £23,250, or very high incomes, or low cost care packages.

3.5.4 The maximum charge for in-house home care is recommended to increase by 5.1% to £28 per hour and Day Care attendance is recommended to increase by 5.1% to £43 per day.

### 3.6 Fixed Rate Charges – (not means tested)

3.6.1 Where the council provides or funds transport to and from day services or other services it is recommended to increase the fixed contribution by 5.1% to £4.40 per return journey from April 2022. This increase will affect around 40 people who currently receive this service.

3.6.2 There is only one in-house day centre that provides a cooked meal and the fixed charge for that is £5.00 and recommended to rise to £5.20

### 3.7 CareLink Plus Services

3.7.1 The Council's Carelink Plus service is well-used and welcomed by vulnerable people in the city. This preventive service can often reduce the need for additional care services. Most people pay the fixed charges listed in the table above. An increase of 3.1% is recommended and around 600 people would be affected by this increase. It is not proposed to increase carelink charges by 5.1% as this may deter people to take up this preventive service or even cancel their existing service.

3.7.2 If anyone feels they need to cancel the service for financial reasons, the Carelink team will assist people with claiming any eligible benefits. They will also consider whether a free service may be available through additional needs and financial assessments.

3.7.3 This table shows that current carelink income is £555,642 per annum. The recommended 3.1% increase would yield an additional income of £17,224 and a 5.1% increase a further sum of £11,113 per annum.

| | | 2021-22 | connections + income | | 3.1% increase | 5.1% increase |
|---|---|---|---|---|---|---|
| Standard Carelink Plus service | | £19.70 pm | 1870 | £442,068 | £455,772 | £464,613 |
| Enhanced Carelink Service | | £23.60 pm | 320 | £90,624 | £93,433 | £95,246 |
| Exclusive Mobile Phone Service | | £25.50 pm | 75 | £22,950 | £23,661 | £24,120 |
| Total | | | 2265 | £555,642 | £572,866 | £583,979 |

### 3.8 Charging for Carers' services

3.8.1 The Care Act empowers councils to charge for the direct provision of care and support to carers. The recommendation is to continue with the current policy not to charge carers in recognition of the significant value they provide to vulnerable people. (Note that where the service is provided direct to the service user in order to give the carer a break, then the service user is means tested and charged in the usual way.)

### 3.9 Residential Care

3.9.1 People with over £23,250 in savings and property pay the full cost for residential care. All other residents contribute a variable amount towards the care home fees mainly from their income. The majority of residential care is provided by the independent sector and fees for self-funders can vary significantly. The council has limited provision of inhouse residential care, and it is mainly used as a respite service, for hospital discharges, or an emergency service and for people with mental health issues. Most people are resident for short term purposes and are not charged for the first 6 weeks. However, where charging is applicable, it is proposed to increase the maximum charge to £135 per night (£945 per week). There are currently 13 people who would be affected by this increase.

### 3.10 Deferred Payment Agreements: (DPA)

3.10.1 The Care Act requires councils, in specified circumstances, to "loan fund" care home fees where the resident is assessed to pay the full fees because they own a property, but they are not immediately able or willing to sell it.

3.10.2 Councils may charge for this service and it is proposed to increase the setup fee for DPAs from £544 to £571. This is based on the estimated average administrative cost for a DPA during the lifetime of the agreement including a legal charge on property, ongoing invoicing costs and termination costs.

### 3.11 Fee for contracting care services on behalf of self-funding service users

3.11.1 Where people have savings over £23,250 and they ask the council to contract with a non-residential service provider on their behalf, the council charges an arrangement fee for this service. This covers the additional work to procure care and set up the contract with the care provider, to set up financial arrangements and provide contract monitoring and amendments on an ongoing basis.

## 4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 This report recommends increasing maximum charges and fixed rate charges by the 5.1% rate of inflation recently advised by the Office of National statistics. An alternative option could be to increase these rates by the September CPI inflation rate of 3.1%

Due to roundings the effect of a 3.1% increase rather than 5.1% would be nil for some charges and minimal for others as shown in the chart below:

Taken together (excluding carelink) the reduced increase in income at 3.1% rather than the recommended 5.1% would be around £8,500 per annum.

| **Maximum Charges** | | 2021-2022 | 2022-2023 |
|---|---|---|---|
| **Means Tested Charges** | recommended 5.1% | Current maximum | **Maximum would be at 3.1%** |
| In-house home care/support | £27 No difference | £27 | £28 per hour |
| In–house day care | £43 per day | £41 | £42 per day |
| In-House Residential Care | £135 per night | £129 | £133 per night |
| **Fixed Rate Charges** | | | |
| Fixed Rate Transport | £4.50 per return | £4.20 | £4.30 |
| Fixed Meal Charge /Day Care | £5.20 No Difference | £5.00 | £5.20 |

An increase to miscellaneous fees as follows:

| | Difference at 5.1% | 2021-22 | 3.1% | 2022-23 |
|---|---|---|---|---|
| Deferred Payment set up fee (see 2.13) | £571(£10) | £544 | | £561 one off charge |
| Initial fee for contracting non-residential care for self-funders | £301 (£5) | £287 | | £296 one off charge |
| Ongoing fee for contracting for non-residential care for self-funders | £93 (£1 per year) | £89 per year | | £92 per year |

## 5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 Consultation has taken place with other officers.

## 6. CONCLUSION

6.1 It is recommended to increase rates by 5.1%

## 7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 Charges for Adult Social Care services within this report have been reviewed in line with the Corporate Fees & Charges Policy and budget guidance. This is to ensure that fees and charges are appropriately benchmarked to comparative services and recover the full cost of service wherever possible.

It is anticipated that the proposed charges will deliver the level of income assumed in the 2022/23 budget strategy including an inflationary increase. However, the level of income is variable as all service users are subject to a means test.
The Adult Social Care in-house council services are significantly subsidised through Council funding.

Where any change (or rejection of proposals in whole or in part) is likely to have a negative impact on the service's budget and/or will affect a budget saving proposal negatively, and is approved by the Board (either via amendment or by voting against the recommendations), the Board must refer its decision to the Policy and Resources Committee in one of two ways:

1) Either, to make a recommendation to Policy and Resources Committee to change the fees and charges proposals as amended by the Board;

2) Or, if the Board reject the report's recommendations entirely, note that the whole report will need to be passported to Policy and Resources Committee to re-consider the fees & charges proposals having noted (from the minutes of the Board, that it rejected them).

Policy and Resources members will need to be briefed as to the reason for the change or rejection made by the Board.

*Finance Officer Consulted: Sophie Warburton Date: 10/12/2021*

Legal Implications: - text from last year's report – needs new comments

7.2 It is a function of the Adult Social Care and Public Health Sub-Committee to oversee and make decisions concerning Adult Social Care. The proposals in the report are consistent with the Council's responsibilities under the Care Act 2014 and the associated Regulations in relation to charging for care services, in particular the Care and Support (Charging and Assessment of Resources) Regulations 2014.

*Lawyer Consulted: Sandra O'Brien Date: 23/12/2021*

Equalities Implications:

7.3 All service users are subject to the same means test and will only be affected by this revised policy if they are able to pay. People will not be treated in any way less favourably on the grounds of personal differences.

Sustainability Implications:

7.1 This charging policy has no implications for environmental sustainability.

Brexit Implications:

7.2 This charging policy has no implications for Brexit

Any Other Significant Implications:

There are no other significant implications

Crime & Disorder Implications:
It is unlikely that this charging policy will have any implications for crime and disorder though there may be people who refuse to pay their charges and it is possible that some legal action may be necessary to obtain payment.

7.5

Risk and Opportunity Management Implications:

The opportunity element is not applicable.
Risks:
(i) That some people may cancel services when charges increase but this risk is mitigated by raising care link by less
(ii) raising by 5.1% will mitigate against financial implications for the council budget.

7.6

Public Health Implications:
There are no public health implications.

7.7

Corporate / Citywide Implications:

Charging for social care services for those who have sufficient savings and income is compliant with legislation and enables more funding for such services.

7.8 **SUPPORTING DOCUMENTATION**

**Appendices:**
The current charging policy is attached..

1. BHCC Charging Policy

# BRIGHTON AND HOVE CITY COUNCIL

## CHARGING POLICY For Care Services – 6th APRIL 2021-22

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Appendix A Disability Related Expenditure Assessment

## 1. Introduction and Legal basis for charging for Care and Support

1.1 This policy is approved by Brighton and Hove City Council and is compliant with The Care Act 2014, Care Act Regulations and Guidance. The aim is to provide a consistent and fair framework for assessing and charging all service users following an assessment of individual needs, and individual financial circumstances. The policy applies to all service users equitably.
Section 14 of The Care Act 2014 provides councils with a power to charge for meeting a person's eligible needs in a single legal framework. Section 17 of The Care Act requires local authorities to undertake an assessment of financial resources. This will determine the amount a person should pay towards the cost of providing for their needs for care and support whether provided to people living in their own home or in a care home.
Some of the assessment rules for residential care differ from non-residential but many are the same.
The policy for non-residential services was originally formulated in December 2002 under consultation with service users and their carers. This has been revised to take account of the requirements of the Care Act 2014 and subsequent amendments.
For the purposes of this policy, an adult is a person aged 18 or over and whose eligible needs are being met through Adult Social Care funding.

### 1.2 The services included for this financial assessment policy are:

Home Care
Day Care, Day Activities
Community Support / outreach services
Intermediate and reablement care after 6 weeks
Direct Payments / Personal Budgets for any services
Money Advice and money management services
Supported Accommodation*
Shared Lives Schemes*
Extra Care Housing care services
Residential Care including Nursing Homes
Carelink alarm systems
Adaptations over £1,000

*People in Shared Lives and Supported Accommodation schemes, including Extra Care Housing, in addition to any assessed care and support charge, will also be responsible for rent, food and utilities from their own income, often with Housing Benefit or universal credit.

### 1.3 Services excluded from charges are:

All Daily Living Equipment
Adaptations under £1000
Services provided under Section 117 of the Mental Health Act, "after care" services.
Intermediate Care and Reablement Services for up to 6 weeks
Any Care funded under Continuing Health Care by the Health Authority
Care and support provided to people with Creutzfeldt-Jacob Disease
Assessments of care needs and care planning

1.4 **Care and Support for Carers**
There is no charge to carers for any services provided directly to them during 2022/22. This policy will be kept under review. Where services are provided directly to the service user to meet their eligible care needs, in order to provide the carer with support, the service user will be charged in accordance with this policy.

**2. From April 2021 the maximum charges for non-residential services are as follows:**

**2.1 Home Care provided by the council, including all forms of support at home £27per hour**
(Please note that the charge is double where two carers are provided)
The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between providers but is usually less than £26 per hour.

**2.2 Day Care / Day Activity provided by the council** (for any time period)
**£41 per day**
The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between independent day care providers.

**2.3 Additional Fixed Rate charges**
Any meals provided at a Day Centre and any transport costs will not form part of the assessed charge as they substitute for ordinary daily living costs.
**These charges are payable in addition to assessed contributions.**
Meals at a day centre **£5.00 per meal**
Transport to day centres **£4.20 per return journey**

**3 The Financial Assessment Process**

3.1 The financial assessment follows on from the care needs assessment. When care needs have been assessed, details are passed to the Financial Assessment team who may make arrangements for a personal visit to the service user or their representative. In some cases it may be possible to complete an assessment over the telephone or by post or email but information received will be subject to full verification. Where a person lacks mental capacity to complete a financial assessment form we will contact someone with Power of Attorney for Property and Affairs or a Deputy under the Court of Protection. If there is no person with a formal authority we can discuss the financial assessment with someone who has been given Appointeeship by the Department of Work and Pensions (DWP) or any other person who is helping to deal with that person's affairs. We will:

(a) Gather financial information from the service user or their representative and have sight of relevant documentation for verification purposes e.g. Bank statements, property valuations, completion statements etc.
(b) Assist with the completion of the Financial Assessment Form which is signed as a correct statement by the service user or their representative
(c) Arrange for "Forms of Authority" to be signed if any information needs further written verification from the asset holders, building societies etc.
(d) Complete postal or telephone assessments and any further financial enquiries and verification

(e) Undertake a Welfare benefits check, either directly with the person or remotely from council and DWP records and we will help with benefit claims if applicable.

(f) Provide written notifications to service users of the chargeable amount and how it will be collected by email or post.

(g) Notify the care provider of the charge for their collection (in some cases).

(h) Arrange for invoices to be sent to the service user by the council's Central Collections Team (in some cases)

## 4. The Financial Assessment Calculation for all services

First we take account of Capital and Savings (including property where applicable)
Then we take account of income
Then we make allowances for various types of expenditure
The difference between the income calculation and the expenditure allowances is the amount charged for care services.
The amount charged will depend upon whether the service user needs a Residential Care Home service or other services while remaining in their own home (known as "non-residential services" or "community services")

## 4.1 Treatment of Capital and Savings

**People with over £23,250 in chargeable capital and savings are assessed to pay the full cost of any service from the start date of the service**.

People who do not want to disclose full financial information may opt to pay the full cost without going through a financial assessment. This is sometimes known as a light touch assessment.

People who are unable to show that they do not have savings above £23,250 will pay the full cost from the start of the service.

Where care needs are met in a person's own home, the main residence occupied by the service user will not be taken into account but the value of all other forms of capital and savings will be taken into account, including any other property, eg second homes, holiday homes, whether or not they are rented out and whether they are located in this country or abroad. Where a property is not occupied as a main home, for example where the person has moved out to live with other family members or to live in rented accommodation, the property value will usually be taken into account for charging purposes. This does not apply to a temporary absence from home, for up to 26 weeks where there is a viable plan to return home.

We take into account any form of savings irrespective of where and how they are invested (with the exception of special complex rules regarding capital held in a trust and capital held in investment bonds with Life Assurance). (Note that, where funds are held in trust, or in a disregarded savings bond, the financial assessment will seek to determine whether any income received should be included or disregarded. Copies of trust documents (e.g. Trust Deeds, Will Settlements etc.) must be provided for verification. The council's policy follows the Care Act 2014 Charging Regulations and Statutory Guidance.

The capital limits are currently £23,250 upper limit and £14,250 lower limit with effect from April 2021. Any capital above £14,250 is calculated as "tariff income" which is calculated as £1.00 per week for every complete £250 or part).

People with more than £23,250 held in their own name, or held in their share of joint accounts, or in accounts held by another person on their behalf, will pay the full cost of the care service. **This charge applies from the start date of the service.**

Where a person is liable for the full cost of care provided at home and chooses to use the Council's contract for care services there will be a charge **of £287 for the initial contract set-up fee and then £89 per year administration charge thereafter**. (Note: the level of these fees are reviewed, usually in April each year and are subject to change).

### 4.2 Notional assets, savings or income included in the financial assessment:

If a person has gifted any savings, investments, income or property to another person, prior to, or whilst receiving any care services, any such amounts may be included in the financial assessment as though they remain in their own possession. This is called "notional capital" or "notional income". Each case will depend upon detailed information and will apply where the person ceases to possess assets in order to reduce the level of the contribution towards the cost of their care. This may also apply where a person has spent down their capital more significantly than would usually be the case, with the purpose of paying less for care services. Consideration will be given to relevant circumstances. This is sometimes referred to as deprivation of assets and can include transfer of ownership or conversion from one kind of asset to one that would otherwise be disregarded. In all cases, it is up to the person to prove to the council that they no longer possess the income or asset and the council will determine whether deprivation has occurred as part of the financial assessment. Notional capital or income will also be taken into account if a person is not claiming monies to which they are entitled.

Where notional assets are included in the assessment and the resident is unable to pay for their care and support, the council may instead charge the person(s) who received the gifted monies.

### 4.3 Income to be taken fully into account

Income includes **most state benefits** means tested and non-means tested, including State Retirement Pension, Pension Credit, Employment and Support Allowance, Income Support (including all premiums for age, family and disability), Job Seekers Allowance, Attendance Allowance, DLA and Personal Independence Payments (PIP) care component, Universal credit etc.
And all other Income: ***(subject to exceptions below in 4.3)***
Occupational Pensions
Private Pensions
Income from annuities
Trust Income (where applicable)
Income from charitable or voluntary sources (subject to £20 per week disregard)

Rental Income / lodging payments (including other persons in the household)

Where another person, who is not a spouse or partner or civil partner or a dependent child, lives in the household of the service user (e.g. relatives, friends, lodgers etc.) the payments they make towards the household expenses will be taken into account as income.
Where no actual payments are made by the person living in the household there will be an assumed income of one third of the basic Income Support allowance as a contribution towards general household living costs.

### 4.4 Income to be disregarded

- Earnings are disregarded (Earnings consist of any remuneration or profit derived from employment or self-employment, including bonus or commission and holiday pay but excluding re-imbursement of expenses and any occupational pension)
- Personal Independence Payments (PIP) — Mobility Element only
- Disability Living Allowance (DLA) — Mobility Element only
- War Pensions payable to those in service
- War Pensioners Mobility Supplement
- War Widow(er) Special Payments
- Tax credit income (related to earnings)
- Child Tax Credits
- Child Benefit
- Child Support Maintenance payments
- Savings Credit element of Pension Credit payments are disregarded for non-residential services but there are other special rules for residential care with a partial disregard
- And any other disregards required in the Care Act 2014 Charging Regulations and Statutory Guidance.

## 5. Assessment for non-residential services

### 5.1 General Living Allowance – known as MIG (Minimum Income Guarantee)

Local authorities must ensure that a person's income is not reduced below a specified level, after charges have been deducted. The allowance rates are set out in the Care and Support (Charging and Assessment of Resources) Regulations and are reviewed by the Department of Health every April. **This allowance is for people who live in their own home** and is intended to cover general living expenses including food, utilities, fuel, transport, leisure, insurances, pets and other miscellaneous living costs and includes any debts relating to these expenses.
In this policy single people or people in a couple with no dependent children will be given the following weekly allowance irrespective of the age of the service user.
**£189 per week for single people**
**£145 per week for one person in a couple**

Where there are dependent children living in a household, the weekly allowance rates for adults differ according to age and other circumstances and the general allowance is calculated in accordance with Government Guidance as follows:

Where the service user is a **single person:**
a) aged 18 or older but less than 25, the amount of £72.40.
b) Aged 25 or older but less than pension credit age the amount of £91.40.
c) Pension credit age, the amount of £189.00.

Where the service user is **a member of a couple** the basic weekly allowances are:
a) one or both are aged 18 or over, the amount of £71.80.
b) one or both have attained pension credit age, the amount of £144.30.

Additional weekly allowances apply as follows:
For each dependent child living in the household an additional allowance of £83.65

For a single person with:
a) Disability premium, the amount of the additional allowance is £40.35.
b) Enhanced disability premium, the amount of the additional allowance is £19.70.

For one member of a couple in receipt of:
a) Disability premium, the amount of the additional allowance is £28.75.
b) Enhanced disability premium, the amount of the additional allowance is £14.15.
c) When in receipt of carers' premium, the amount of the additional allowance is £43.25.

(The Personal Allowance for a resident in a **care home** is £24.90 per week)

5.2 **The Disability Related Expenditure assessment (DRE) for non-residential care**

Service Users who live in their own homes will be asked to list any additional expenses, extra to the standard allowances explained in 5.1 that arise specifically as a consequence of disability. Examples of such expenditure and verification methods are set out in **Appendix A.**

### 5.3 Housing Costs for people in their own homes

Allowances are given for the following housing costs:

- Rent (net of Housing Benefit - or Universal Credit)
- Council Tax (net of Council Tax Reduction and discounts)
- Minimum mortgage repayments (as a substitute for rent) excluding enhanced mortgage payments.
  Ground Rent and Maintenance (except costs already allowed in the standard living allowance eg.Lighting, heating, Hot water, etc.
- Water Rates / Metered Water Costs

No Allowance for rent will be made where the service user lives in another person's household and there is no legal liability for rent payments. This is because any charge made for living in the other person's household will be deemed to be covered by the general living allowance of at least £189 per week. Where the person is not liable for these costs but contributes towards them through a private board agreement or similar, then the service user will be expected to meet this expenditure from their general living allowance.

### 5.4 Method of Calculation for non-residential services

a) Income less expenditure and allowances equals “assessable income”
b) Assessable income is rounded down to the nearest whole pound.
c) There is no charge if this is below £3.00 per week
d) Note that where the actual service costs are less than the assessed charge, the lower amount will be charged.
e) Note that for adaptations over £1000, the weekly charge will be calculated in the same way but the charge will be payable for a maximum of 7 years.

### 5.5 Financial Assessment for couples

When assessing one member of a couple, that person will be assessed on their own resources: Where the total savings and assets of the service user are over £23,250, including any beneficial interest in savings held by their partner or any other person, the full cost of care services will be charged

• 100% of solely owned and 50% of all jointly owned capital will usually be taken into account unless there is evidence of an unequal share, in which case a different percentage will be used.
• All assessable income appropriate to the service user will be taken into account.

Where benefits are paid at the couple rate, the benefit income will be apportioned**.** In these cases we will usually presume the service user has an equal share of the income unless it is clear that this is not the case and consideration will be given to both partners’ financial circumstances.

*Note: Savings and capital are normally defined as belonging to the person in whose name they are held. However, in some cases there may be a beneficial ownership for a partner, e.g., where they have the benefits of ownership, even though the title of the asset is held by someone else or where they are able to make or influence transactions. The origin of the income and capital will be considered and the intentions for future use and such assets may be considered as notional income or capital. For this reason, financial assessments will usually be completed by reference to all income, savings and expenditure of the household.

• 50% of a couple’s eligible household expenditure will usually be allowed

• Eligible Disability Related Expenditure for the service user will be allowed (see appendix A)

The general living allowance will be applied in line with statutory regulations as set out above at 5.1.

## 6. Care Homes: Charging for residents with long term care needs.

6.1 Where a person’s long term needs are assessed to be met in a care home the financial assessment will determine whether the person must pay the full cost of the care home fees or whether the council will help to pay towards the cost.

6.2. Charges for residential care are payable from the date care commences.

6.3 If the resident owns any property the net value is usually taken into account when calculating the level of savings and capital. Where that value exceeds £23,250 the resident will be assessed to pay the full cost of the care home fees. However where the residents' former home is occupied by a spouse or partner or another relative aged over 60 or disabled, the value will not be taken into account as it will be disregarded in the financial assessment.

Further details are available in the Care Act 2014 Guidance at paragraphs 34/35 and can be found at the following website https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

6.4 The Financial Assessment will take into account income, capital and the value of any assets. The charging calculation will take into consideration any mandatory disregards of income, capital and property as defined in the Care and Support Statutory Guidance.

6.5 The Assessment will allow the prescribed minimum personal allowance known as the 'Personal Expenditure Allowance' (PEA). This is £24.90 per week. Some people may also qualify for an additional Savings Credit Disregard depending upon the level of their income and state benefits.

6.6 Where someone chooses to live in a care home with fees above the council's set fee rates they must identify a person, known as a third party, to meet the additional cost. This additional cost is often called a 'top-up'. The local authority has the right to refuse this option if the extra costs cannot be met over a sustained length of time.

6.7 The third party must confirm they are able to meet the costs of the top-up for as long as the resident remains in the care home and they will be asked to enter into a formal agreement.

6.8 People who own a property may be eligible to defer the cost of part of their care home fees costs. They will be required to agree to a legal charge against the value of their property and this is known as a Deferred Payment Agreement. There is a **setup fee for this arrangement of £544** and there are interest charges on the amount loaned to pay for care home fees. Details of this scheme can be found in the council's separate **Deferred Payment Agreement information sheet.**

## 7. Charging for Care Homes where support needs are assessed as temporary

7.1 The council will financially assess and charge people having a temporary stay in a care home from the start date of the service.

7.2 A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time **and where there is a plan to return home**. The person's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.

7.3 Where a person's stay is intended to be permanent, but circumstances change and the stay is temporary, the council will usually review the assessment on the basis of a temporary stay but this may depend upon the length of time the person has been resident in the care home.

7.4 The financial assessment for a temporary stay in a care home accounts for income and capital in the same way as for permanent residential care with the following exceptions:

7.5 The value of the person's main or only home will be disregarded where the resident intends to return and there is a plan to return home.

7.6 The value of the following will be disregarded:

- All Disability Living Allowance or Attendance Allowance or Personal Independence Payments will be disregarded
- Where Severe Disability Premium or Enhanced Disability Premium are in payment, these will be included in the assessment.
- Liabilities for rent, mortgage interest and water rates are taken into account subject to verification

## 8. Financial re-assessment reviews for all Services

Reviews will be conducted in the following circumstances:

a) Where someone receives a new or backdated state benefit, such as Attendance Allowance, Severe Disability Premium etc. Note that charges will be backdated to the date of the DWP award for the additional benefit. (Actual payments from DWP may be later).
b) At any time where the council discover an amendment to the financial information previously provided: e.g. financial or property Inheritance, previously undisclosed property, savings or income, including benefits (this can lead to additional charges being backdated).
c) Where a person notifies the council that their circumstances have changed
d) Where there is a significant change to Government regulations, state benefit entitlements or charging policy revisions
e) Where state benefits are uprated (usually in in April of each year)
f) Otherwise, financial reviews will take place over a period of time

## 9. Backdating charges

Charges will usually date from the start of the service.
Backdated charges apply where additional benefits have been successfully claimed. People will be advised of this policy in writing and will be required to pay the additional charge from the date they are found to be eligible for the benefit. This may include a period of backdated payment from the DWP.

Where people have not provided correct financial information, backdated assessments and charges will usually apply from the start of the service or from the date any additional assets were acquired. This may include gifted assets.

Sometimes, for residential care, we are unable to establish the extent of a person's income in a timely manner but as the resident is receiving full care and board, the charge will be backdated once the information is available to calculate the charge.

Where it is found, at any time, that a person still has or had, over £23,250 the full cost will be backdated to the start date of the service.

10. **Notification of Charges**

The outcome of the financial assessment and charge information will be confirmed in writing. This might provide a provisional charge pending the verification of income, savings, capital, expenditure, additional costs related to personal disabilities, or awaiting the outcome of state benefit claims. If all financial information is complete the notification will provide details of the final assessment.

## 11. Paying the contributions

### 11.1 Care Agencies:

Where the person has capital over £23,250 and is therefore assessed to pay the full cost for care services, **they will pay the agency direct**, upon receipt of an invoice from the care agency or by standing order or other method agreed with the agency. If the service user fails to pay the provider, further action may be taken.

Where the home care service is provided by an independent agency and the person does not have to pay the full cost but has been assessed to pay a contribution, **the council** will usually invoice the service user, monthly in arrears.

### 11.2 Care Homes:

Where a person is resident in a care home, they will be asked to agree to make payment of their contribution directly to the care home

### 11.3 Council Services:

Where the service is provided directly by the Council the service user will receive an invoice, monthly in arrears, from the Council's Central Collections Team.

### 11.4 Direct Payments for care services

Where the service user receives Direct Payments in order to purchase their own care services, they will be required to pay their contribution into their Direct Payments account. The preferred method is for the service user to set up a standing order from their personal bank account into the Direct Payments account. Where a contribution has been assessed, the service user must pay this into the account first, to cover the first part of the care costs, and the council will pay the remainder of the agreed eligible care costs into the account on a 4 weekly basis. Failure to pay the contribution into the account may lead to further legal action.

## 12. Recovery of Debt

12.1 Where a person fails to pay the amount they have been assessed to pay for their care and support, the Care Act 2014 provides the council with powers to recover money owed

12.2 Action for recovery of debt extends to the service user and their representative, where they have misrepresented or have failed to disclose (whether fraudulently or otherwise), information relevant to the financial assessment

12.2 The council will only proceed with Court action where alternatives have been exhausted. Any proceedings will usually go through the County Court. The council

will deal with each case of debt on an individual basis and all circumstances will be carefully considered.

## 13. Appeals and Complaints

Service users have the right to ask the Council for a review of the assessed charge if they consider it to be unreasonable.

The appeal will involve the following checks:-

That income included in the assessment is correct
That the standard disregards/allowances are correct
That all eligible additional disability costs have been included
That any further exceptional circumstance has been considered which may warrant special discretion.

The Appeal Decision is initially made by the Head of Financial Assessments to ensure consistency and equity with other service users and provides an information base of exceptional decisions. The appeal should be completed within 4 weeks of referral including written notification of the outcome. If the service user is still dissatisfied they can use the complaints procedure.

### Diversity and equality

The council is committed to the broad principles of social justice and is opposed to any form of discrimination. It embraces best practice in order to secure equality of both treatment and outcome. The council is committed to ensuring that no one is treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or personal beliefs.

### Summary of Publications

The following publications have been referred to in the compilation of this policy

- The Care Act 2014
- The Care Act 2014 Regulations Part 1
- The Care Act 2014 Care and Support Statutory Guidance
- Mental Health Act 1983

APPENDIX A - **Disability-related expenditure (DRE)**

The Care Act Guidance states: "Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority"

The Statutory Regulations refer as follows:

SCHEDULE 1 Regulation 15

Sums to be disregarded in the calculation of income

***4.****—(1) Where a local authority takes into account in the calculation of income any disability benefits the adult receives, any disability-related expenditure incurred by the adult.*
*(2) In this paragraph—*
*"disability benefits" means any attendance allowance (other than severe disablement occupational allowance), disability living allowance or personal independence payment;*

*"disability-related expenditure" includes payment for any community alarm system, costs of any privately arranged care services required including respite care, and the costs of any specialist items needed to meet the adult's disability.*

**Care Act Guidance: Disability-related expenditure (DRE)**

*40) In assessing disability-related expenditure, local authorities should include the following. However, it should also be noted that this list is not intended to be exhaustive and any reasonable additional costs directly related to a person's disability should be included:*

*(a) payment for any community alarm system*

*(b) costs of any privately arranged care services required, including respite care*

*(c) costs of any specialist items needed to meet the person's disability needs, for example:*

*(i) Day or night care which is not being arranged by the local authority*

*(ii) specialist washing powders or laundry*

*(iii) additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP in cases of doubt)*

*(iv) special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability*

*(v) additional costs of bedding, for example, because of incontinence*

*(vi) any heating costs, or metered costs of water, above the average levels for the area and housing type*

*(vii) occasioned by age, medical condition or disability*

*(viii) reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services*

*(ix) purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by*

*the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council*

*(x) personal assistance costs, including any household or other necessary costs arising for the person*

*(xi) internet access for example for blind and partially sighted people*

*(xii) other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example, council-provided transport to day centres is available, but has not been used*

*(xiii) in other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at lesser cost. For example, a council might adopt a policy not to allow for the private purchase cost of continence pads, where these are available from the NHS.*

## Brighton and Hove City Council Policy

The maximum DRE allowance will be limited to the total of disability benefits as required in the Care Act Regulations.
It should be noted that financial assessments include an allowance for everyday living costs which is higher than standard means tested benefit payments where no disability benefits are in payment. This general living costs allowance is known as the Minimum Income Guarantee (MIG) and is explained at 5.1 of the BHCC Charging Policy.*

***5.1 General Living Allowance – known as MIG (Minimum Income Guarantee)***

*Local authorities must ensure that a person's income is not reduced below a specified level, after charges have been deducted. The minimum allowance rates are set out in the Care and Support (Charging and Assessment of Resources) Regulations and are reviewed by the Department of Health every April. This allowance is for people who live in their own home and is intended to cover general living expenses including food, utilities, fuel, transport, leisure, insurances, pets and other miscellaneous living costs and includes any debts relating to these expenses.*
*In this policy the assessment for single people or people in a couple with no dependent children will have the following weekly allowance irrespective of the age of the service user.*
***£189 per week for single people***
***£145 per week for one person in a couple***

The DRE allowances shown below may be agreed but this is not an exhaustive list of disability-related costs. It is reasonable to expect that most people would not qualify for the full range of allowances. The council would not expect to allow costs that could be obtained free of charge or should otherwise be met by other agencies, such as the NHS. This includes therapies, such as physiotherapy, and applies to chiropody and continence pads.

Some allowances have maximum amounts but these can be reconsidered where there is evidence of actual expenditure, such as receipts and bank statements. These may be requested at the Council's discretion to verify that items claimed have actually been purchased, particularly for unusual items or heavy expenditure. Eligible allowances should be based on actual past expenditure. Spending not yet incurred is not allowed as it is not practicable for assessments to take account of expenditure people might incur if they had

more income. Where receipts have not been kept, the council may request they are kept for future expenditure allowances.

To qualify for the additional allowance the expenditure claimed must be directly related to the person's disability or medical condition and must be over and above the amount a non-disabled person might incur in everyday general living costs.

For example, some people may have a disability which means they are not able to manage the essential cleaning tasks in their home. Where they live alone or nobody else in the household is able to do this, they may pay someone else to do this for them. BHCC has a guideline maximum allowance of £12 per week which is based on an hour per week but this may be subject to proof of payment and essential cleaning needs and can be higher in exceptional circumstances.

Where a person is paying someone for their personal care service we will check the expenditure and the care plan to see whether this is considered eligible and necessary and is funded privately instead of needing council funding. An allowance will be given where eligible.

It may be possible to provide a small allowance for any additional costs of a specific diet as prescribed by a GP due to illness or disability. We have a maximum allowance of £6 per week. This is because different diets are not likely to cost more than the "average cost" of a diet which has already been allowed for in the MIG allowance. Extra costs must be "reasonable" and as a result of disability / medical issues rather than choice.

An allowance may be given for essential garden maintenance, for example, grass cutting in the growing months once per month – we have a guideline maximum weekly allowance of £12 which is based upon an average of £52 per month. This is subject to proof of expenditure and applies where people have a disability such that they are not able to manage essential garden maintenance themselves and where they live alone or nobody else in the household is able to do this.

An additional allowance may be given for transport costs necessitated by illness or disability, including costs of transport to day centres, over and above any benefits received for mobility component of DLA or PIP. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example is available, but has not been used. We have a guideline maximum allowance of £12 per week which is considered to be an amount extra to average general transport costs which are already included in the General Living Costs allowance (MIG). No allowance will apply where a person is able to use public transport and has a free bus pass. Free taxi vouchers may be a suitable alternative.

**DISABILITY RELATED EXPENDITURE ALLOWANCES 2021-22**

An additional fuel allowance will apply where costs exceed average usage as set out in the table below. If you pay a set amount each month based on estimated usage we will need a copy of the statement you receive detailing your actual usage during the year. Amounts paid will be compared to the national average for a similar household size and type. Any additional allowance will be the difference between the average cost and the amount you pay. The average cost is already included in the MIG allowance of £189 per week.

| The figures are obtained from www.statistics.gov.uk from the download "consumer price inflation detailed reference tables" and are found in Table 41 detailed reference tables - % change over 12 months. | Standard Inc. South |
|---|---|
| Single person - Flat/Terrace | £1,159 |
| Couple – Flat/Terrace | £1,529 |
| Single person – Semi Detached | £1,231 |
| Couples – Semi Detached | £1,625 |
| Single – Detached | £1,498 |
| Couples – Detached | £1,975 |

Notes - consideration will be made where additional household members incur additional fuel costs.
Winter Fuel payments are disregarded

The guideline maximum allowances shown below can be reviewed in individual circumstances.

| **ITEM** | **AMOUNT** | **EVIDENCE** |
|---|---|---|
| Community Alarm System | Actual cost to service user | Bills from provider |
| Domestic support services | Actual cost where this is not provided as part of the care plan and the amount is reasonable and necessary for hygiene purposes | Evidence of employment and correct payments to an employee under UK law. Or paid invoices from care agency. Guideline Max £12 per week. |
| Private care services | Actual cost where this is not provided as part of the care plan but the amount is reasonable and necessary for care and support | Evidence of employment and correct payments to an employee under UK law. Or paid invoices from care agency. |
| Laundry/ Specialist Powder | £3.91 per week is considered to be reasonable as additional expenditure due to disability and more than 4 loads per week | Care Plan or other source identifies continence problems. |
| Special Dietary needs | Discretionary as special dietary needs may not be more expensive than average weekly food costs | Medical evidence and details of special purchases. An allowance of up to £6 per week is considered reasonable |
| Gardening | Discretionary based on individual costs of garden maintenance | Signed receipts for at least 4 weeks using a proper receipt book. An allowance of up to £12 per week is considered reasonable |
| Wheelchair | £4.08 per week manual<br>£9.92 per week powered | Evidence of purchase. No allowance if equipment provided free of charge |
| Powered bed | Actual cost divided by 500 (10 yr life) up to a maximum of £4.51 per week | Evidence of purchase |
| Turning bed | Actual cost divided by 500 up to a maximum of £7.90 per week | Evidence of purchase |

| | | |
|---|---|---|
| Powered reclining chair | Actual cost divided by 500 up to a maximum of £3.58 per week | Evidence of purchase |
| Stair-lift | Actual cost divided by 500 up to a maximum of £6.38 per week | Evidence of purchase without DFG input |
| Hoist | Actual cost divided by 500 up to a maximum of £3.13 per week | Evidence of purchase without DFG input |
| Prescription Charges | Cost of an annual season ticket divided by 52 or actual cost of prescriptions whichever is less | Where ineligible for free prescriptions |
| Transport | Discretionary based on costs that are greater than those incurred by the general public. | Evidence in Care Plan for transport needs where person cannot use public transport– max £12 per week |

Note: - Mobility Allowance cannot be included in the financial assessment as an income but the statutory guidance states that transport costs should be allowed where necessitated by illness or disability, over and above the mobility component of DLA/PIP if in payment. Therefore no further transport costs are allowed if Mobility Allowance covers them.

2-3-2021

| ADULT SOCIAL CARE & PUBLIC HEALTH SUB COMMITTEE | Agenda Item 40<br><br>Brighton & Hove City Council |
|---|---|

| | | |
|---|---|---|
| **Subject:** | | **Health and Adult Social Care Commissioning Strategy** |
| **Date of Meeting:** | | **11 January 2022** |
| **Report of:** | | **Rob Persey, Executive Director Health and Adult Social Care** |
| **Contact Officer:** | **Name:** | **Andy Witham** |
| | **Email:** | **andy.witham@brighton-hove.gov.uk and** |
| **Ward(s) affected:** | | **All** |

**FOR GENERAL RELEASE**

## 1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 This draft Health and Adult Social Care Commissioning Strategy was initially presented to the Health and Wellbeing Board in July 2020 outlining the Council's strategic approach to the commissioning of Health and Adult Social Care services in Brighton and Hove working closely with the NHS in the development of this strategy and the services detailed. This will be further embedded in the review and refresh of the strategy given the changes detailed in this report.

1.2 The impact of the past 2 years dealing with the Covid-19 pandemic has both delayed the finalisation of this strategy but has also changed the commissioning landscape for future health and social care commissioning in the city. This paper sets out the approach to reviewing and finalising this strategy document.

## 2. RECOMMENDATIONS:

2.1 That the Sub-Committee notes this draft Commissioning Strategy and the principles the Council currently applies in the commissioning, delivery and monitoring of Adult Social Care and Public Health Services.

2.2 That the Sub-Committee notes intended direction of travel with regards to the refresh of the Adult Social Care Market Position Statement and Commissioning Strategy.

2.3 That the committee notes the Commissioning Forward Plan at Appendix 2.

## 3. CONTEXT/ BACKGROUND INFORMATION

3.1 The impact of the past 2 years dealing with the Covid-19 pandemic has both delayed the finalisation of this strategy but has also changed the commissioning landscape for future health and social care commissioning in the city.

3.2 Over the past year we have seen a dramatic increase in the number of people wanting to be supported at home with a huge rise in demand for domiciliary care services. We are seeing less referrals for care homes which is in part due to the impact of the pandemic on that part of the sector. It is to early to tell the longer term impact of this at this stage but this will need to be considered in our strategy and commissioning approach.

3.3 We also need to collate system experiences over the last 2 years as there has been a great deal of innovation in the delivery of services including the role of the voluntary and Community Sector and the strength of community engagement. It will be important factor these into this review and look at new opportunities to commission health and social care services differently looking forward.

3.4 Developing the workforce has always been a priority for Social Care but over the last year we have begun to feel significant pressures in this area with services struggling to both recruit and retain staff. This can lead to issues around service delivery and alongside the Workforce Strategy that is being developed it will be important to consider this in our commissioning response and approach.

3.5 There are a number of additional factors that also now need to be considered in the review of the Commissioning Strategy including the formation of Integrated Care Systems from April 2022, the recently published White Paper on Adult Social Care Reforms and the due to be published White Paper on Integration. These will all need to be considered in a review of the strategy.

3.6 While at this time the current draft strategy is presented to the Adult Social Care and Public Health Sub-Committee for noting and assurance it is important to recognise that commissioning activity will need to continue with a number of significant pieces of work taking place over the next 18-24 months. These are included in the commissioning forward plan attached at Appendix 1. These will be delivered in line with the with the values contained in the draft strategy and as set out below.

- Partnership and Collaboration - our approach to commissioning will encourage and support individuals, communities and organisations across the city to work together optimising our individual and combined strengths.

- Prevention and Empowerment - we will actively commission services that empower people to take responsibility for their health and wellbeing where they can and enable communities to develop networks and local solutions.

- Person Centred and Outcome Focused - Personalisation is enshrined in law which means that social care customers are entitled to choice and control over their support services. We will commission care based on the needs of the person rather than the needs of the service and move towards these being delivered against a set of agreed outcomes.

- Co-Production - We recognise the transformational value of this approach built on the principle that those who use a service are best placed to help design it. We will develop relationships where we work more closely with

service users, their families and carers to plan and deliver support together.

- Value for Money - We will seek to optimise value for money through all the services we commission with respect to the most advantageous combination of cost, quality and sustainability to meet service user requirements including on a case by case basis giving consideration to bids to deliver services inhouse.

- Value the Care Workforce – our commissioning activity will value the workforce working in social care and health settings regardless of whether this workforce is in the public or private sector. We will ensure care workers are valued for their vital contribution in terms of their pay and conditions and identifying supportive career development opportunities.

3.7 Alongside the review and refresh of the commissioning strategy an updated Adult Social Care Market Position statement will also be required which will help inform and shape the care market to align with our priorities and how we will work together to ensure that right services are in place to support our population. The expectation is to bring an updated Commissioning Strategy and market position statement to the Adult Social Care and Public Health Sub-Committee in Summer/Autumn 22.

## 4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

N/A

## 5 COMMUNITY ENGAGEMENT & CONSULTATION

Engagement and consultation are critical in our commissioning approach and is a key element in the commissioning cycle with engagement/consultation being carried out in every commissioning process.

## 6. CONCLUSION

6.1.1 The Sub-Committee is requested to note the draft Commissioning Strategy, note the intended direction of travel with regards to the refresh of the Adult Social Care Market Position Statement and Commissioning Strategy and note the Commissioning Forward Plan at Appendix 1. Officers intend to bring an updated Commissioning Strategy and Market Position Statement to the Adult Social Care and Public Health Sub-Committee in Summer/Autumn 22.

## 7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

This report details the Adult Social Care Commissioning Strategy. The Commissioning Strategy will form an integral part of the short and medium term financial strategy for Adult Social Care.

The Council and its partners are facing significant budget challenges alongside a rise in demand for services and all are likely to have to seek efficiencies across the life of this strategy. The Council will need to commission and re-design services jointly with other agencies in the most efficient and streamlined way to ensure that this strategy can be delivered from within available resources.

*Finance Officer Consulted: Sophie Warburton Date: 10/12/2021*

Legal Implications:

The Council must comply with the Public Contracts Regulations 2015 when commissioning, procuring and awarding service contracts above the relevant financial threshold. The Council's proposed draft strategy for the commissioning of health and adult social care services is to be noted by the Adult Social Care and Public Health Sub-Committee to enable the Sub-Committee to provide City-wide strategic leadership to health and adult social care commissioning. This is a delegated function of the Sub-Committee.

*Lawyer Consulted: Sara Zadeh Date: 16/12/2021*

Equalities Implications:
Equality Impact assessments are always completed and reviewed when commissioning services and are embed in our commissioning approach and processed. The outcomes of these are factored into the design and deliver of services.

Sustainability Implications:
N/A

Brexit Implications:

Brexit has had a further impact on workforce pressures across Social Care and as such this will need to be considered in the review of the strategy

Any Other Significant Implications:
N/A

Crime & Disorder Implications:

N/A

Documents/Attachments

Appendix 1 – Draft Commissioning Strategy

Appendix 2 – Commissioning/Procurement Forward Plan

# Brighton and Hove City Council

# Health and Adult Social Care Commissioning Strategy

2020-24

# CONTENTS

1) Executive Summary .....

2) Purpose, Policy and Principles .....

3) Context and Strategic Objectives.....

4) Commissioning Priorities and Plans.....

## 1) Executive Summary

This section to be drafted following July 2020 HWB

## 2) Purpose Policy and Principles

### Purpose

This strategy outlines our approach to the commissioning of adult social care, public health and supported accommodation and rough sleeping services in Brighton and Hove to improve outcomes; sustain quality; and improve resilience and sustainability of the wider health and social care system. Commissioning is more than just a process to be followed. Good commissioning in the Health and Adult Social Care directorate will promote good health and wellbeing for all our residents, promote independence, provide high quality sustainable services and fundamentally improve the lives of people with eligible needs, their families, carers and the wider community. The commissioning strategy also makes clear the role that adult social care plays in the economy both locally and nationally and the need to reframe its economic significance in its own right. This element will be developed further in the city's Market Position Statement which will be available from the summer 2020.

Public health both sits in the directorate as a distinct function with statutory authority and equally as a principle that is and will continue to be woven into our future commissioning activity focusing as it does on improving health outcomes, reducing inequalities and setting the strategic direction for health improvement and wellbeing in Brighton & Hove.

Strategic Commissioning is the process of ensuring that population level needs can best be met within available resources through the process of assessing local needs, understanding and shaping the market to best meet those needs, and developing and implementing a plan to meet them.

As illustrated in the table below our approach to commissioning forms a continuous cycle of action and improvement, from identification of needs through to review of delivery and achievement of outcomes and includes commissioning, procurement and contract management activity.

Through our commissioning approach we will ensure that the right care is available, in the right place and at the right time. We will also ensure that this is financially sustainable and of good quality.

## Policy

Prior to the Care Act 2014, people had different entitlements for different types of care and support. These were spread across various Acts of Parliament, some over 60 years old. The law was confusing and complex and the statutory policy framework within which local authorities were required to operate equally so. The Care Act updated and brought together all this previous legislation into one place, and with the adoption of a new duty on promoting Wellbeing charged local authorities to ensure adults and communities:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
- can get the information and advice they need to make good decisions about care and support
- have a range of provision of high quality, appropriate services to choose from.

Additionally, the Care Act placed carers on the same statutory footing as the people they care for and increased the local authority's responsibility to provide diverse services for carers. The overarching principle of well-being means that the services commissioned by local authorities must focus on maintaining physical and mental health as well as independence.

The Public Health budget is currently received as ring fenced grant and spend is monitored by Public Health England against mandated and non-mandated functions aligned to the national public health outcomes framework.

In 2019 Brighton and Hove City Council, together with local NHS partners and in consultation with the Voluntary and Community sector adopted the Joint Health and Wellbeing Strategy (HWBS) for the City. The ambition of this 10-year strategy running up to 2030 is such that it requires action and engagement from partners and stakeholders across the city. With a vision for the city stating:

**EVERYONE IN BRIGHTON AND HOVE WILL HAVE THE BEST OPPORTUNITY TO LIVE A HEALTH, HAPPY AND FULFILLING LIFE**

the HWBS provides an important policy framework for the Health and Adult Social Care directorate. Prepared under four wells; Starting Well, Living Well, Ageing Well and Dying Well, each area has implications for the directorates commissioning of services for public health and adult social care. The link to this strategy and the accompanying action plans is on the Council website and is recommended reading in providing additional policy context.

From a policy perspective it is important to reference the Council's corporate priorities for the next four years published in January 2020. One of these corporate priorities, a Healthy and Caring City states we will:

- increase healthy life expectancy and reduce health inequalities
- support people to live independently
- support people in ageing well
- support carers
- ensure that health and care services meet the needs of all

To help translate this policy framework into the operational working of the HASC directorate the Council has adopted the Better Lives Stronger Communities (BLSC) transformation programme which, explained later in this strategy, focuses mainly on adult social care but has relevance to all activity across the directorate and beyond.

In both meeting our national and local policy drivers the role and importance of strategic commissioning of health and adult social care is clear. This strategy provides the overarching framework underneath which the Market Position Statement and specific care group commissioning plans will be prepared to shape the range of services available to eligible adults and carers and affected communities of interest.

## Principles

Commissioning of services for health and adult social care, irrespective of scale or value, statutory or discretionary will be guided by the following set of core principles:

**Partnership and Collaboration** - our approach to commissioning will encourage and support individuals, communities and organisations across the city to work together optimising our individual and combined strengths.

**Prevention and Empowerment** - we will actively commission services that empower people to take responsibility for their health and wellbeing where they can and enable communities to develop networks and local solutions.

**Person Centred and Outcome Focused** - Personalisation is enshrined in law which means that social care customers are entitled to choice and control over their support services. We will commission care based on the needs of the person rather than the needs of the service and move towards these being delivered against a set of agreed outcomes.

**Co-Production** - We recognise the transformational value of this approach built on the principle that those who use a service are best placed to help design it. We will develop relationships where we work more closely with service users, their families and carers to plan and deliver support together.

**Value for Money** - We will seek to optimise value for money through all the services we commission with respect to the most advantageous combination of cost, quality and sustainability to meet service user requirements including on a case by case basis giving consideration to bids to deliver services in-house.

**Value the Care Workforce** – our commissioning activity will value the workforce working in social care and health settings regardless of whether this workforce is in the public or private sector. We will ensure care workers are valued for their vital contribution in terms of their pay and conditions and identifying supportive career development opportunities.

**SO WHAT!**

Strategic Commissioning is the process of ensuring that population level needs can best be met within available resources through the process of assessing local needs, understanding and shaping the market to best meet those needs, and developing and implementing a plan to meet them. To support this we have an established policy framework, shared and supported by key partners especially Brighton and Hove Clinical Commissioning Group, which will support the decisions and approach we adopt and guiding principles against which we can be held to account for our commissioning activity over the next four years.

## 3) Context and Strategic Objectives

To improve the health and social care outcomes for our local population we must respond to changes in the population, our population's health and the health system. Several of the challenges we face are common across England, an ageing demographic with people living with increasingly complex health and care conditions thanks to advances in good public health and medical science. However, we have challenges also that are particular to Brighton and Hove, such as high levels of older people living alone at risk of social isolation and increasing levels of our working age population living with mental health conditions.

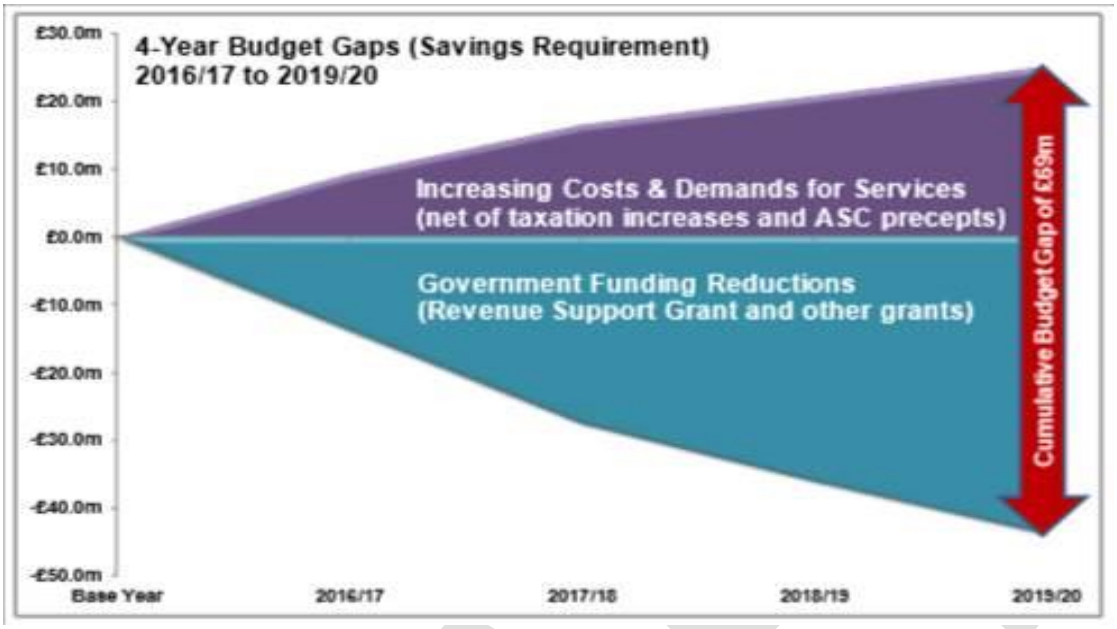
The Brighton and Hove Joint Strategic Needs Assessment illustrates that whilst life expectancy has plateaued in recent years, healthy life expectancy has fallen in the city meaning that on average a larger proportion of life is now spent in poor health. This has obvious consequences for our local health and social care systems and future commissioning will play a key role in trying to reverse this trend by helping to promote preventative approaches and deliver quality services closer to home, promoting wellbeing and independence.

There are currently around 290,000people living in the city and our population profile is comparatively younger than the rest of England. However, our population over the next 10 years is expected to increase at a faster rate than both the south east and England and by 2030 the age profile will be getting older also. In 10 years' time there will be over 5000 more people than currently aged 75 or older including 400 more people aged 90 plus. Related to this, the number of people aged 65+ predicted to have a dementia diagnosis is expected to increase by over a third from approximately 3000 to just over 4000 in the same period.

The number of people with a mental health disorder in Brighton and Hove is expected to increase by 1,537 (4.03%) in the 18-64 cohort by 2035. This is a significantly higher proportion than the expected increase across England. The city has significantly higher levels of homelessness per 1000 households compared to the national average. According to published evidence, the impact of this further increases the pressure on all adult social care services, and particularly mental health, with recent surveys indicating up to 80% of homeless people in England reporting that they had mental health issues, with 45% having been diagnosed with a mental health condition.

While we are experiencing both increased demand and higher levels of complexity in adult social care, Brighton and Hove City Council has had to continue providing services whilst its central government funding has been reduced by over £40 million since 2016 (as indicated in the table below).

***Cumulative budget gap from reductions in revenue support grant and increased costs and demands***

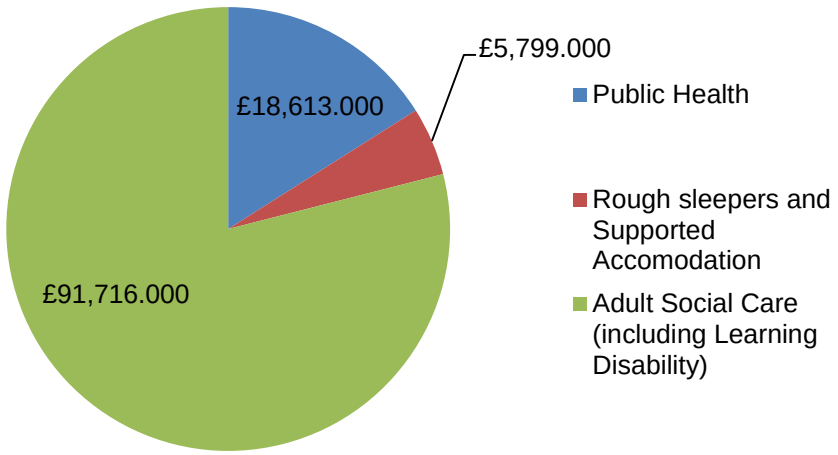



Responsible for approximately one third of the Council's annual expenditure, whilst adult social care has had a degree of protection from the full impact of central government reductions to local authority funding, in real terms securing future financial sustainability remains the very real challenge. We continue to look forward to the much-needed long term funding arrangement for adult social care nationally that recognises the interface and co-dependency with supporting our NHS. In Brighton and Hove we are working ever closer with our NHS partners, be this through joint commissioning of services or operationally in the delivery of care to patients and services. Building upon strong foundations we look forward to further embedding our collaborative approaches with the local health economy and in the care specific commissioning plans we will provide further detail of what this will mean in practice.

The individual commission plans for the service groups will expand on the resource requirements in more detail for each specific area but the fundamental position this strategy acknowledges is that whilst demand and unit costs continue to increase, local government financing continues to require delivery of ongoing savings. In our ambition to further optimise the efficient allocation of our resources this strategy and the commissioning plans that sit beneath will need to be considered in the context of the Market Position Statement which will detail to the provider market what services the council will focus upon commissioning either on its own or in closer collaboration with health and other stakeholders.

The chart below shows the totals current spend on commissioned services in 2019/2020.

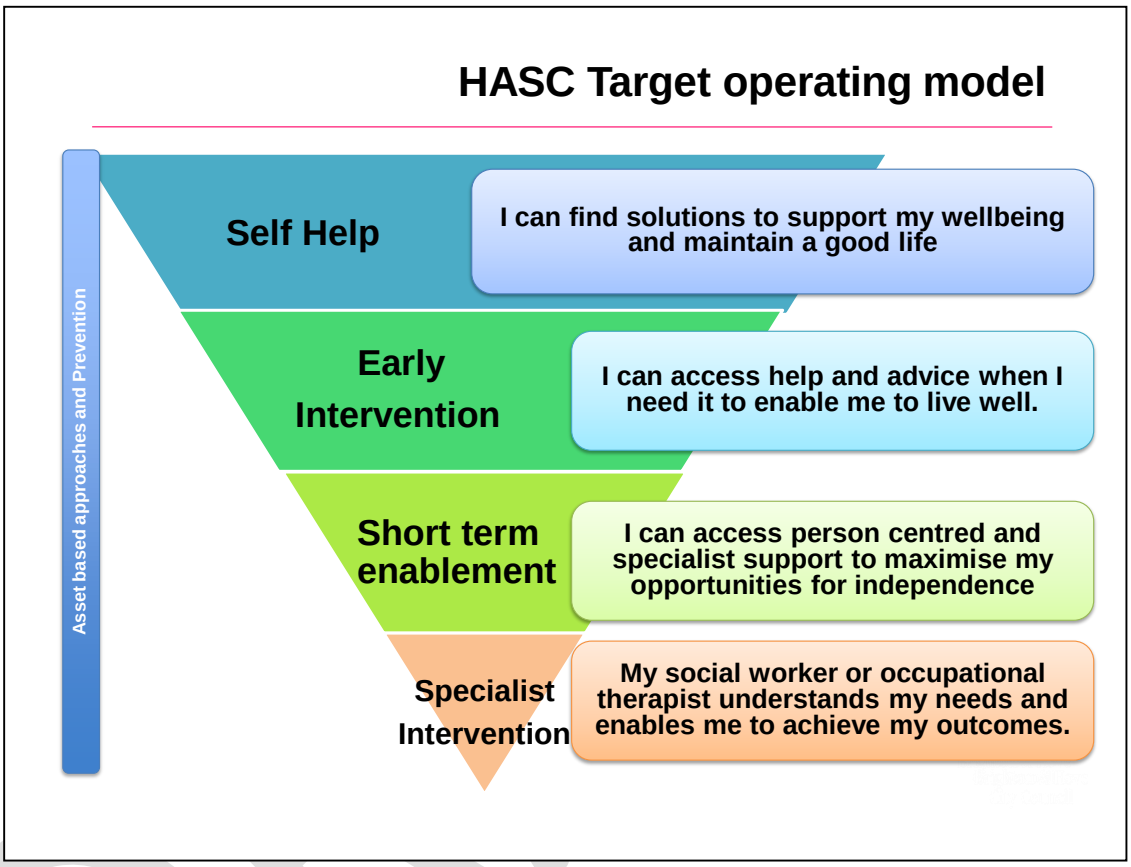
***Spend (£) on Commissioned Services***




In 2019 the HASC directorate embarked upon a major service transformation programme, Better Lives, Stronger Communities (BLSC). This programme which is being implemented now and for the next three years and should be seen as our 'business as usual' across the directorate but predominantly for adult social care adopts a strength and asset-based approach to delivery with a specific focus upon:

- redesigning the front door service to improve access to advice and information and signpost to preventative community interventions that maximise independence and wellbeing,
- improves the offer of short-term services such as community reablement to help positively turn peoples' lives from dependency where this is beneficial to the persons best interest, and
- reduce our current dependence upon long term placements into residential and nursing home centres except where this is the only safe and appropriate option for the person with eligible social care needs.

***Better Lives Stronger Communities Operating Model***




BLSC will underpin how we work differently now and looking forward and will require a significant cultural shift both in terms of our practice and that of our providers and partners. We will do this by focusing on what people can do, not what they can't do, building on their individual strengths, networks and utilising community assets before we look to put in place more traditional services.

We will focus upon commissioning the right services to support this new way of working. To enable us to do this we will continue to work collaboratively and effectively with other Council Directorates, the NHS, the Police, care providers, community, voluntary and social enterprises, and other partners. The strategic principles that underpin BLSC transformation programme are:

- Universal focus on supporting the wellbeing and independence of adults with care and support needs and their carers.
- Enabling our local community to help itself and support vulnerable residents.
- Developing 'First Contact' to resolve enquiries and meet need at the earliest possible point.
- Streamlining care and support journeys to improve outcomes and efficiency.

- Opportunities for automation, improved decision-making and new ways of working arising from the Council's investment in Eclipse.
- Efficient management of data to enable data driven decision making.
- Maximise opportunities for more joint working with other directorates and citywide community partners.

This will mean working closely with the Voluntary and Community Sector to ensure that services are in place to support people within their communities, focussing on prevention and ensuring that people are able to support themselves wherever possible.

To know where we want to go in the future we need to understand the position now. The HASC directorate provides a range of different services from preventative services to those where we are required to fulfil a statutory duty. Whilst recognising that the majority of commissioning activity sits within adult social care under our duties outlined in the Care Act, this does not account for the total sum of commissioning activity in the directorate which importantly commissions services across public health and also supported accommodation services for single homeless and rough sleeping. The groups of vulnerable adults for whom we commission services will generally fall into one or more of the following categories:

- Older people
- Adults with a Learning Disability and/or Autism
- Adults with a Mental Health condition
- Adults living with a Physical Disability or Sensory Impairment
- Adult Carers
- Single Homeless and Rough Sleeping

In providing services to these groups of vulnerable adults our main area of commissioned spend both in terms of volume and cost, is directed toward:

- Care home placements; both nursing and residential
- Homecare
- Alcohol and Substance Misuse
- Supported accommodation

The rising cost of services and the cost pressures experienced by many of our providers mean that ensuring we have the right services at a sustainable price is becoming increasingly challenging. As referenced earlier, the increasing demand and complexity of people's needs requiring social care support is adding to these pressures.

Despite the financial pressures in relation to higher levels of health needs, increasing demand and reducing resources we must continue to deliver our statutory responsibilities.

A snapshot of demand for adult social care in 2018/19 indicated the following activity:

- Over 4,500 new requests for social care support resulting in 1300 people being provided with long-term funded care services and a significant proportion of others receiving short term support

- Over 5,000 clients issued with equipment in their home to support their daily living and nearly 5,000 people registered to receive telecare primarily to support their safety and wellbeing;
- Over 1,000 Clients received a short-term service to maximise independence;
- Nearly 2,000 informal carers supported to maintain their caring role and lead a life outside of their caring responsibilities;
- Nearly 1,000 Safeguarding enquiries were carried out;
- Nearly 2,000 Mental Health Act assessments referrals.

During this period, we provided long term funded care services for 3,500 adults. This support was provided in the following ways:

- 1,700 Adults received domiciliary care in the community,
- 1,350 Adults received residential or nursing support (720 nursing care placements and 613 residential care placements);
- Approximately 450 adults receiving their care funded via a Direct Payment.

The objectives of the directorate's delivery of public health delivery are to:

- Improve health and wellbeing across the life course (Starting, living, ageing and dying well)
- Provide leadership and expert advice to improve population health, including publishing the Joint Strategic Needs Assessment, a comprehensive summary of the health and wellbeing needs of the population that underpins the commissioning and provision of health and care services,.
- Protect the health of the population by delivering the local public health role.
- Provide robust, quality assured intelligence and research about Brighton & Hove's their needs population

The Directorate provides and commissions a range of services to meet these objectives. The functions mandated by the conditions of the public health grant provided by central Government include;

- the national child measurement programme;
- NHS health check assessments
- sexual health services
- healthcare public health advice to NHS commissioners
- protecting the health of the local population.
- health visitor reviews for pregnant women and young children

Local authorities must also have regard to the need to improve the take up of, and outcomes from, drug and alcohol services.

Our largest contracts include 0-19 children's and young people's services, sexual health services and substance misuse services. Other services commissioned from the public health budget include weight management, Ageing Well, suicide prevention and stop smoking services. Our commissioned providers include NHS primary care, NHS Trusts and the community and voluntary sector. The directorate is also a provider of services to improve the health of our residents, for example the Healthy Lifestyles service.

To ensure the successful delivery of the above services Public Health works in partnership with the NHS, other council directorates and a wide range of providers.

This section has outlined the societal challenges of demography and growing complexity of adult social care and public health set against the challenging background of increasing costs and rising demand. Additional to this landscape are further contextual factors which this commissioning strategy will factor for:

**Workforce:** The adult social care workforce is growing, although the sector continues to face considerable recruitment and retention challenges. If the workforce grows proportionally to the projected number of people aged 65 and over then the number of adult social care jobs in the South East region will increase by more than 40% over the next 10 years.

Staff turnover in Brighton and Hove is estimated at 26%, which although lower than the region average of 30% and lower than England at 31% is still significant. We estimate also that in Brighton and Hove at any one time approximately 8% of roles in adult social care were vacant, this equates to around 550 vacancies at any one time.

This challenge of recruiting and retaining a social care workforce is also impacted by the UK's departure from the European Union as the proportion of EU workers in both the NHS and the social care sector has grown over time, suggesting that both sectors have become increasingly reliant on EU migrants. This Commissioning Strategy will need to respond to workforce challenges across the sector as the situation continues to unfold with respect to future migrant worker arrangements.

**Service Quality:** Overall provision of regulated services in the city is of a high standard. At present just over 90% of Care Quality Commission regulated services in the city are rated 'good' or 'outstanding' which is significantly higher than the national average of 83**%.**

Brighton and Hove City Council, the Clinical Commissioning Group (**CCG**), and Care Quality Commission (**CQC**) work in partnership to gather intelligence to prioritise intervention following any significant concerns about services provided to vulnerable adults living in the City.

We will continue to support this quality of service through our ongoing approach to quality and contract management (part of the commissioning cycle) to ensure the delivery of services commissioned is in accordance with the specifications for services and the quality expected. This will be explored further in the care group specific commissioning plans and the Market Position Statement.

The council currently provide several in-house services, including hostels, discharge to assess and respite care beds and a reablement service delivered in people's homes. As stated in our principles earlier the Council will source the most effective way to provide future services of good, sustainable quality and will assess on a case by case basis the potential for these delivered through an in-house option as well as exploring external commissioning.

## 4) Commissioning Priorities and Plans

This Commissioning Strategy for the next 4 years will be supported by commissioning plans detailing the specific priorities that need to be addressed within their individual area of focus. Whilst these plans will contain greater detail of the demand and supply for specific services there are some key priorities of a scale that merit mention here.

To deliver in practice the policy drivers referred to earlier in this strategy the following priorities will underpin our commissioning:

### Promote Prevention and Empowerment

As stated in the health and Wellbeing Strategy we will continue to ensure that communities are supported to develop networks and local solutions that lessen social isolation and improve wellbeing which in turn will reduce the need for more specialist services. We will do this in collaboration with our vibrant voluntary and community sector who are well placed to support in this area.

### Support Carers

An unpaid carer provides support to a partner, child, relative or friend who couldn't manage to live independently or whose health or well-being would deteriorate without this help. This could be due to frailty, disability or serious health conditions, mental ill health, or substance misuse. There are over 23,000 unpaid carers in Brighton and Hove and in 2016 their estimated economic value to the city was over £430 million per annum.

We will continue to invest and develop our support services for Carers to ensure that those providing informal care are supported in their roles. This includes the Carers Hub that was jointly commissioned by the Council and CCG and brings together local organisations with council staff to provide a single point of access for unpaid carers to get access to information and support in a timely way.

### Reprofile the Residential and Nursing Care Home market

We currently place significantly more people into residential and nursing care than our comparators. Over 1,000 people in the city live in Council funded residential and nursing care, representing 67% of overall Community Care budget spend. Rates of admission to long-term care in Brighton & Hove are much higher than rates across England and these are increasing, whilst rates across England are decreasing, as shown in the table below

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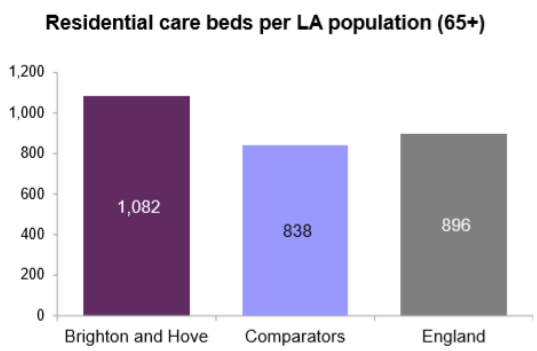


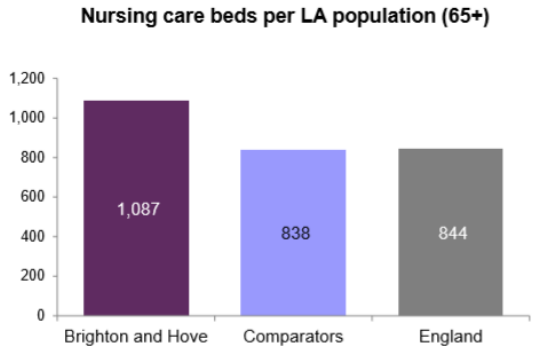


A priority for the council will be to ensure a local market is in place that optimises support for people living at home to optimise their outcome potential and reduce our current level of placement particularly in residential care.

Whilst the need to reprofile the number of residential and nursing beds in the city is recognised we also appreciate the importance and often difficulty in developing alterative accommodation options. We will work collaboratively with existing care home providers in managing this priority and explore opportunities for providers to diversify where appropriate. Population projections come with an associated rise in the number of people living with complex long-term conditions, including mental health conditions; whilst dementia rates are predicted to increase sharply in the next decade. So, whilst the overall number of beds will reduce, there is a need for increased specialist residential and nursing care provision that can meet this growing complexity of care needs.

Development of Supported Living/Accommodation Provision

We will work with providers to develop the market around supported living services to ensure that services are in place to meet the growing demand and reduce the reliance on residential and nursing provision.

This will involve collaboration with a broad range of providers and partners, including other directorates within the Council to ensure that accommodation and development opportunities are maximised. This provision will need to be developed to support vulnerable adults across all the commissioning plans.

Increase access to Community Reablement

We believe that everyone has reablement potential and to support this we will develop a community reablement service to ensure that people are provided with the opportunity to improve their independence before moving to a package of care or residential placement. This will ensure that peoples reablement opportunities are maximised and ongoing support reduced as much as possible.

Recommission Home Care services

Alongside reviewing and developing our community reablement offer we will prioritise recommissioning our current Home Care services framework arrangements. We recognise the increasing demand and changing nature of these services, for example in response to growing pressures on NHS services including the priority to discharge from hospital in a timely manner and understand the importance of homecare in enabling people to remain at home with the necessary support and reducing the need to enter residential care. To do this successfully we need to ensure that the homecare we commission can manage increasing complexity and has the appropriate workforce to deliver this. By addressing this we will be able to support people to live well in the community and prevent people with significant health or care needs from having to use emergency services or being admitted to hospital inappropriately. Home Care plays a significant role in supporting the overall health and care system in the city and ensuring that we have a sustainable homecare market and associated workforce in the city is a high priority.

Promote Direct Payments

A direct payment is when a personal budget is paid directly to an individual to buy their own care and support in line with their assessed needs and they manage their care also, with support available if required. It allows those in receipt of a direct payment to have more choice and control over their lives by enabling them to make decisions about how their care is delivered.

We will look to grow our direct payment offer to support personalisation, choice and independence across both adult and children's services.

We will look to develop our Personal Assistant (PA) market to ensure that those people wishing to employ a PA are able to access them and receive the relevant support in a timely way. We also see this as an important way to support the growing demands and pressures on the homecare market

Expand Shared Lives

Shared Lives is a CQC regulated service where individuals and families provide care and support to people who live with them in their family home. People using the service have the opportunity to be part of the carer's family and social network.

The provision of Shared Lives reflects the drive for more preventative, personalised, community-based care and support to reduce the reliance on more traditional services e.g. residential and nursing.

The Council currently operates an in-house shared lives service and also commissions an independent provider both of which are predominantly focussed on people with a learning disability. While we wish to continue to expand this area we will also conduct a review of the existing provision across both Children's and Adults with a view to an enhanced shared lives offer to support a greater range of people who are able to live more independently and move away from more traditional residential settings.

Increase use of assistive/personalised technology

Whilst there is consideration in how assistive technology (primarily care link) can support people when they make contact with the council there is far more that can be explored in this area. The range of assistive technology available is increasing every year. We will look to develop a greater understanding of this technology and how this be used to support people to increase their independence.

Explore Outcome focused commissioning

We will look to implement more outcome-based commissioning / contracting to promote the achievement of outcomes rather than outputs with a view to driving and promoting a focus on independence and reablement.

Contracting methods already mentioned above such as Individual Service Funds can support this approach but will require providers and the Council to think more creatively about contracting and the associated risks etc. when moving to these more flexible approaches.

Explore the potential to use Individual Service Funds

We will look for opportunities to pilot different approaches to the traditional models of contracting and evaluate the possible benefits of Individual Service Funds. This contracting for flexible support can improve outcomes for individuals while enabling service providers to provide flexible support and can help build greater partnerships and trust between councils and providers while realising efficiencies.
We have already identified services within learning disabilities and an acquired brain Injury service both of which provide support living service and where we feel this approach may be of benefit.

Adopt a Council and City-Wide Approach

To support our transformational programme BLSC within Health and Adult Social Care, commissioners will need to work closely with other directorates within the Council and stakeholders across the City.

We will work in collaboration with the voluntary and community sector to support our focus on prevention and enabling and empowering people to take responsibility for their health wellbeing. We will look to maximise community assets and support people to take early action to help people to live well for longer and to remain independent.

This will include ensuring we have clearly developed accommodation pathways focused on reducing admissions to residential care and supporting step down through a progressive and enabling approach.

**Commissioning Plans**

Commissioning plans for the areas highlighted in this strategy are being developed and will be published through 2020 with a timetable presented to Health and Wellbeing Board for agreement in June 2020. This will be alongside a refreshed Market Position Statement that will also be presented to the Health and Wellbeing Board in June 2020 and will support providers in understanding service provision development opportunities and how the Council will support them to tackle the challenges that we face as a sector.

**Appendix 2 – Commissioning / Procurement Forward Plan**

| Contract Name | Service Area | New Contract Start Target Date | Supplier |
|---|---|---|---|
| Learning Disability Accommodation Based Services - Supported Living Schemes - Part of wider SL project | ASC | 01/07/2023 | Grace Eyre |
| Mental Health Discharge to Assess ('D2A') Residential Care | ASC | 01/04/2022 | Southdown and Venture People |
| Mental Health Pathway | ASC | 01/09/2022 | Brighton Housing Trust & Sanctuary Housing |
| Hub and Spoke Large LD Service | ASC | 01/10/2022 | New Service |
| Residential Care Homes | ASC | 01/10/2022 | Multiple |
| Direct Payments and Supported Bank Accounts | ASC | 01/04/2023 | People Plus |
| Shared Lives | ASC | 01/04/2023 | Grace Eyre |
| Home Care | ASC | 01/07/2023 | Multiple |
| Housing First | ASC | 03/01/2029 | St Mungos |
| Bennett House | ASC | TBC | Brighton YMCA |
| Carer's Hub | ASC | TBC | The Carers Centre for Brighton and Hove |
| Community Equipment Service | ASC | TBC | NRS |
| Knoll House Supported Living | ASC | TBC | New Service |
| Poet's Corner PD Service | ASC | TBC | Disabilities Trust |
| Supported Living and Community Support Framework (LD/PD/MH) | ASC | TBC | Multiple |
| Vernon Gardens Extra Care | ASC | TBC | Voyage Care |
| Translation and Interpreting Services | HASC & FCL | 01/03/2022 | Multiple |
| Cancer Awareness | PH | 01/02/2022 | Albion in the Community |
| Public Health and Wellbeing Resources Service | PH | 01/12/2021 | University Hospitals Sussex NHS Foundation Trust |
| Home Safety Equipment Scheme | PH | 01/04/2022 | Safety Net |
| Integrated Sexual Health Service | PH | 01/04/2022 | University Hospitals Sussex |
| Oral Health Promotion Service and Epidemiology Surveys | PH | 01/04/2022 | Sussex Community NHS Foundation Trust |

| Contract Name | Service Area | New Contract Start Target Date | Supplier |
|---|---|---|---|
| Public Health Library and Knowledge Service | PH | 01/04/2022 | University Hospitals Sussex NHS Foundation Trust |
| Residential Rehabilitation | PH | 01/04/2022 | Multiple |
| Sexual Health Promotion and HIV Prevention and Living Well Service | PH | 01/04/2022 | Terrence Higgins Trust |
| Sexual Health Promotion and Support for Trans Children and Young People | PH | 01/04/2022 | Allsorts |
| Sustrans Bike It Project | PH | 01/04/2022 | Sustrans |
| Community Nursing | PH | 01/04/2023 | Sussex Community NHS Foundation Trust |
| Locally Commissioned Services | PH | 01/04/2023 | Multiple |
| Warmth for Wellbeing (variation) | PH | n/a | Citizens Advice Brighton - Moneyworks |
| Health Improvement Project | PH | Retrospective | Friends, Families and Travellers |
| Sex Workers Outreach Project | PH | TBC | Oasis Project |
| Stop Smoking Service | PH | TBC | Brighton and Sussex University Hospital Trust |
| Substance Misuse | PH | TBC | Change, Grow, Live |
| Weight Management | PH | TBC | BeeZee Bodies |

| ADULT SOCIAL CARE & PUBLIC HEALTH SUB COMMITTEE | Agenda Item 41<br><br>Brighton & Hove City Council |
|---|---|

| | | |
|---|---|---|
| **Subject:** | | **Care Home / Nursing Home Prior Information Notice** |
| **Date of Meeting:** | | **11th January 2022** |
| **Report of:** | | **Executive Director, Health & Adult Social Care** |
| **Contact Officer:** | **Name:** | **Alex Saunders** **Tel: 07824 867035** |
| | **Email:** | **Alex.Saunders@brighton-hove.gov.uk** |
| **Ward(s) affected:** | | **All** |

**FOR GENERAL RELEASE**

## 1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 Brighton & Hove City Council (BHCC or 'the Council') is facing enormous difficulties in securing residential nursing and complex needs care home provision at competitive and sustainable rates. To help address this, Commissioners are seeking approval to block contract beds where it is deemed in the best interests of the Council and the Clinical Commissioning Group (CCG). The high demand for placements in the city has driven up costs; nursing beds are often only available at weekly rates in excess of £1,000 per week, which is substantially higher than the current set rate at £787.60 (which includes £187.60 Further Nursing Care funded by the CCG).

1.2 By entering into block contracts arrangements capacity can be secured at more competitive rates, whilst maintaining good quality provision. Commissioners intend to issue a Prior Information Notice (PIN) to seek expressions of interest from providers.

1.3 The Council is seeking to award multiple block contracts for a maximum of 100 units of residential and nursing care beds, within the boundaries of Brighton and Hove. Providers will be required to respond to the prior information notice as a call for competition detailing the number of units they are offering and the weekly rate. Further competition may be required depending on the response to the PIN.

## 2. RECOMMENDATIONS:

2.1 That the Adult Social Care & Public Health (ASCPH) Sub-Committee grant delegated authority to the Executive Director of Health & Adult Social Care to issue a Prior Information Notice to seek expression of interest from providers interested in entering into block contract arrangements for residential and nursing care beds.

2.2 That the ASCPH Sub-Committee grant delegated authority to the Executive Director of Health & Adult Social Care to procure and award block contracts for residential and nursing beds following the publication of the Prior Information Notice.

## 3. CONTEXT/ BACKGROUND INFORMATION

3.1 Adult social care is facing a perfect storm, comprised of an ageing population, rising demand, increasing public expectations but with a reduction in government funding. And these pressures are growing. Current population and dependency trends suggest a 25% increase in demand for residential/nursing placements in the city by 2035.

3.2 Population projections come with an associated rise in the number of people living with complex long-term conditions; a combination of physical frailty, disability and mental health conditions. Not only is there increased demand for beds, there is also pressure on homes to deal with people with more complex needs.

3.3 There are not enough nursing beds, or specialist placement beds in the city. High demand for general and specialist nursing placements inflate prices, which are negotiated on a spot purchase basis i.e. bed by bed as demand arises.

3.4 The current contract operates as an approved list from which the Council can spot purchase individual placements as and when they are required. Generally, this arrangement has met the demand and quality requirements for care home beds in the city although there are drawbacks to this method of sourcing. In recent years, costs have spiralled as demand has outstripped supply. The number of beds we have been able to purchase at our 'set rates' has steadily declined, from 66% in 2017-18 to less than 30% now.

3.5 Whilst the Covid-19 pandemic has undoubtedly suppressed demand for residential care, this has not translated into a meaningful drop in spot-purchase prices. Indeed, in some instances care homes have increased prices in order to offset the impact of reduced resident numbers and recent cost increases (minimum wage rises, huge insurance premiums due to the pandemic, additional cleaning costs, PPE and so on). Soft intelligence from our Care Matching Team says that from April 2021 there are hardly any dementia residential or nursing homes or mental health residential or nursing homes in the city that will accept our set rates.

3.6 This position is unsustainable. Block contracts can help manage costs and provide sustainability to the market through long term planning. Block contracts are contracts which pre-book a certain number of placements (beds) at an agreed rate for a sustained period of time. They remove the need for continued negotiation, thereby supporting budget management and long-term financial planning as well as locking in supply. Block contracts are usually viewed favourably by providers for the same reasons, as well as giving providers certainty on prices and a guaranteed income.

3.7 We are in the process of conducting a widescale recommissioning of the care home contract, which Members are already aware of. The existing contract expires in March 2022 but will be extended for a further 12 to 18 months to allow the recommission to be completed successfully. The recommission gives us an opportunity to work with providers keen to secure their long-term future in an

uncertain market post-pandemic. The new commissioning model is based on an increase in block contracts with willing partners.

3.8 Agreeing one or more short term block contracts with a set number of providers ahead of the recommission will allow the Council to take advantage of opportunities occurring in the market right now, and to gain influence and achieve much needed security in an over-heated market in the short term.

3.9 Placements made under these block contract arrangements are for Brighton and Hove residents only.

## 4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Block contracts commit the Council to paying for the beds even if they are not filled. The three homes where we currently have block contracts have been closed due to Covid19 outbreaks during the pandemic, which has meant paying for beds we can't use. However, we have been able to negotiate reduced rates in the event of voids after a set number of days to reduce this cost. Irrespective of this, the benefits of having guaranteed provision far outweigh the potential additional costs in the unlikely event of empty beds.

4.2 Do nothing. There are opportunities in the market right now that we can benefit from in terms of favourable pricing and locking in demand that might not be available in a year / 18 month's-time when the recommission is completed.

## 5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 We are undertaking extensive consultation with a range of internal and external stakeholders as part of the recommission, including but not restricted to: care home residents, Healthwatch, BSUH, CCG, LGBTQI Switchboard, Age Concern, Registered Care Association, Hospital Discharge Team and Public Health.

## 6. CONCLUSION

6.1 Block contracts can help manage costs and provide sustainability to the market through long term planning. They remove the need for continued negotiation, thereby supporting budget management and long-term financial planning as well as locking in supply. Block contracts are usually viewed favourably by providers for the same reasons.

6.2 Agreeing one or more short term block contracts with a set number of providers ahead of the recommission will allow the Council to take advantage of opportunities occurring in the market right now, and to gain influence and achieve much needed security in an over-heated market in the short term.

## 7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 As outlined in the report, it is becoming increasingly difficult to procure placements at the set rate which is consequently causing significant cost pressures. The pricing for any future block contracts will need to provide value for money, considering that a proportion of placements are still being made at the set rate. Block contracts will also need to make allowance for additional costs that are expected to be incurred for voids, and this will need to be considered in any future contract.

*Finance Officer Consulted: Sophie Warburton Date: 08/12/2021*

Legal Implications:

7.2 The Council must comply with the Public Contracts Regulations 2015 in relation to the procurement and award of contracts above the relevant financial threshold. The services outlined in this report fall within Schedule 3 of the Public Contracts Regulations 2015 and exceed the relevant financial threshold for light touch regime services (£663,540). The procurement process for the light touch regime is not unduly prescribed but must accord with the fundamental principles of transparency and equal treatment of economic operators. A Prior Information Notice must set out the broad parameters of the services required and the process by which it is intended to award the contracts. Legal Services will work closely with officers to ensure that the process followed is compliant with the Regulations.

Lawyer Consulted: Sara Zadeh Date: 15/12/21

Equalities Implications:

7.3 An Equalities Impact Assessment (EIA) was agreed and signed off in November 2018, and we are currently undertaking an extensive new EIA as part of the care home contract recommission. Using block contracts instead of spot purchasing arrangements relates to how we finance care, and as such has no direct impact on the quality of care a person receives. There are some potential benefits however, explained below:

7.3.1 Block contracts can help people to stay locally, by guaranteeing that beds are available. For example, people with mental health challenges are often placed out of the city, because there is no capacity locally to meet their needs. This ‘out of city’ placement can be detrimental for the individual concerned, as they might be separated from friends and family, and from communities they are familiar with.

7.3.2 The same principle applies to people unable to secure a community placement (bed) from hospital because of a lack of capacity. There is a wealth of research that highlights the adverse effects of a prolonged stay in hospital on older people’s mobility, independence and confidence. If we are able to guarantee provision in the market through block contract agreements, we can reduce the negative impact of prolonged hospital stays for some older people at least.

Sustainability Implications:

None

Brexit Implications:

Brexit has had a further impact on workforce pressures across Social Care and as such this will need to be considered when entering into any contracts as a result of this process.

Crime & Disorder Implications:

None.

Risk and Opportunity Management Implications:

None

Public Health Implications:

None.

Corporate / Citywide Implications:

| ADULT SOCIAL CARE & PUBLIC HEALTH SUB-COMMITTEE | Agenda Item 42<br><br>Brighton & Hove City Council |
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| | | |
|---|---|---|
| **Subject:** | | **Residential Rehabilitation Services** |
| **Date of Meeting:** | | **11 January 2022** |
| **Report of:** | | **Executive Director, Health & Adult Social Care** |
| **Contact Officer:** | **Name:** | **Stephen Nicholson** **Tel: 01273 296554** |
| | **Email:** | **Stephen.nicholson@brighton-hove.gov.uk** |
| **Ward(s) affected:** | | **All** |

## 1. PURPOSE OF THE REPORT AND POLICY CONTEXT

1.1 The purpose of this report is to describe the residential rehabilitation provision for drugs and alcohol in Brighton and Hove and to seek approval from the Adult Social Care and Public Health Sub-Committee to undertake a procurement process for the ongoing provision of residential rehabilitation services at the end of the current contracts.

## 2. RECOMMENDATIONS

2.1 That the Sub-Committee agrees to advertise the provision of residential rehabilitation services via a Prior Information Notice (PIN) as a call for competition for contract periods of three years with the possibility of two-year extensions.

2.2 In the event that multiple expressions of interest are received, and an open competition is required, that the Sub-Committee grants delegated authority to the Executive Director of Health & Adult Social Care to extend the current contracts for as short a period as possible to facilitate a competitive process.

2.3 That the Sub-Committee grants delegated authority to the Executive Director of Health and Adult Social Care to undertake a procurement process and award the subsequent contracts.

## 3. CONTEXT AND BACKGROUND INFORMATION

3.1 Brighton and Hove has the 8th highest rate of deaths related to substance misuse and the 12th highest rate of alcohol specific related mortality in the Country.

3.2 Brighton and Hove has a large population with substance misuse issues and a large population with multiple complex needs; in particular, a significant proportion of people in treatment have substance misuse, mental health needs and other support needs.

3.3 There is a strong evidence base for the effectiveness of residential rehabilitation, especially for those with additional needs. An evidence review undertaken by the Helena Kennedy Centre for International Justice in 2017 concluded that "*an effective and recovery-oriented treatment system must include ready access to*

*residential treatment for alcohol and drug users both to manage the needs of more complex populations and for those who are committed to an abstinence - based recovery journey".*

3.4 Residential rehabilitation programmes provide intensive psychosocial support and a structured programme of daily activities which residents are required to engage with to support them to support them to attain a drug and alcohol-free lifestyle and be reintegrated into society.

3.5 Adult (18+) residential rehabilitation services are commissioned by the Council to support drugs and alcohol recovery in the City. The services are primarily targeted at those who are homeless or insecurely housed with the most complex needs and offer longer-term accommodation-based interventions. The services include detoxification support and preparation, a recovery programme and finally a move-on re-settlement programme to support positive reintegration with society.

3.6 The services are currently provided by Brighton Housing Trust (BHT) and Change, Grow, Live (CGL). The key difference between the two services is that one offers a predominantly fellowship-based 12-step model of recovery and the other operates a cognitive behavioural therapy (CBT) model. It is recognised that no one model will meet the needs of all clients and the offer of two models maximises the utility of the services.

3.7 The existing services provide good value for money compared to like services and demonstrate positive outcomes. Approximately 70% of clients successfully complete the residential rehabilitation programme and move on in a planned way. Approximately 70% of clients who leave the programme in a planned way maintain their abstinence and do not re-present to services within 12 months

3.9 Officers are requesting Sub-Committee approval to advertise a PIN as a call for competition for two new rehabilitation service contracts lots for a contract period of three years with the possibility of a two year extension and are asking for permission to undertake a procurement process and award the subsequent contracts. The total cost of these services would be up to £2,684,750. The timeline available now means that if multiple expressions of interest are received there will not be sufficient time to run a competitive tender process within the duration of the current contracts so officers are requesting permission to extend the current contracts for as short as period as possible to facilitate this process taking place.

## 4. ANALYSIS AND CONSIDERATION OF ALTERNATIVE OPTIONS

4.1 Local authorities have a statutory duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.

4.2 There is a condition under the Public Health ringfenced grant for local authorities to have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment and recovery system.

4.3 A treatment and recovery system with a full range of interventions would include rehabilitation services.

4.4 The possibility of providing these services in-house is considered unlikely because provision of therapeutic residential rehab services is reliant on the availability of significant longer-term accommodation resource – in excess of 60 units. The accommodation needs to be segregated by treatment phase of the integrated care pathway. Residential rehabilitation is not a substitute for supported accommodation and access to the service is prioritised to clients who are motivated to change, are high risk, and have complex needs.

4.5 The services require significant specialist infrastructure, expertise and staffing establishment that is unlikely to be available within the Council existing direct service provision.

4.6 The services fall within the ambit of the 'light touch regime' of the Public Contracts Regulations 2015. The total contract value is in excess of the relevant threshold of £633,540. Given this, the services must be advertised to the market. Direct award to the existing providers is not recommended as it carries a high risk of challenge.

4.7 It is understood that the market for the services is relatively limited and as such, if services are advertised via an open procedure the only responses may be from the incumbent providers. Advertising the services via a Prior Information Notice as a call for competition may, in the event that offers are only received from the incumbent providers, negate the requirement for a full competition, and will instead allow the Council to negotiate directly.

4.8 A Prior Information Notice as a call for competition is significantly less resource intensive for the Council and providers and, given the limited benefits of running an open procedure, is the recommended route to market.

4.9 If multiple offers are received, the Council will be required to extend the existing contracts to enable such a competition to take place

## 5. COMMUNITY ENGAGEMENT AND CONSULTATION

5.1 The preferred option will provide the necessary timeframe to conduct stakeholder engagement and an Equality Impact Assessment of any proposed changes to the service model.

## 6. CONCLUSION

6.1 Brighton and Hove has very high need for an effective drug and alcohol treatment system. Residential rehabilitation is an integral, cost effective element of that system, especially for those with multiple needs. The current services demonstrate good outcomes and arrangements need to be made for provision of the services at the end of the current contracts. The response to a PIN will demonstrate the market for these services and inform the subsequent procurement process.

## 7. FINANCIAL IMPLICATIONS:

7.1 The existing residential rehabilitation contracts, currently provided by Brighton Housing Trust and Change, Grow, Live as part of the Substance Misuse Programme, sit within the ring-fenced Public Health grant (Health & Adult Social Care directorate).

7.2 The net budget is £0.537m in 2021/22 and has been assumed as ongoing. 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 2025.

Name of finance officer consulted: Sophie Warburton Date consulted: 15/12/2021

## 8. LEGAL IMPLICATIONS

8.1 The Council must comply with the Public Contracts Regulations 2015 in relation to the procurement and award of contracts above the relevant financial threshold. The services outlined in this report fall within Schedule 3 of the Public Contracts Regulations 2015 and exceed the relevant financial threshold for light touch regime services (£663,540). The procurement process for the light touch regime is not unduly prescribed but must accord with the fundamental principles of transparency and equal treatment of economic operators. A Prior Information Notice must set out the broad parameters of the services required and the process by which it is intended to award the contracts.

8.2 If an extension is necessary to facilitate a competitive process, an extension will be necessary. The risk of legal challenge to that extension is very low. Nevertheless, the extension should be for the shortest period possible.

Name of lawyer consulted: Sara Zadeh Date consulted: 17/12/21

## 9. EQUALITIES IMPLICATIONS

9.1 The service contracts will include 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 status, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or any other non-medical characteristic.

9.2 The services 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.

9.3 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.

## 10. SUSTAINABILITY IMPLICATIONS

10.1 Full consideration will be given to BHCC Sustainable Procurement Policy. Bidders will be required to demonstrate consideration of the social, ethical, environmental, and economic impacts of their proposals. Bidders will also be required to evidence a commitment to ongoing improvements in these areas

## 11. OTHER IMPLICATIONS

### Social Value and procurement implications

11.1 Social value will be a requirement of the specification for the contract and will be measured by key performance indicators.

11.2 Should multiple expressions of interested be received, and further competition be required, specific evaluation questions following the guidance of the Brighton and Hove Social Value Framework will be included

11.3 Specific areas will include support into long term accommodation and access to training and employment opportunities

### Crime & disorder implications

11.4 The illicit drugs market in the UK is worth almost £10 billion a year, with 3 million users and a supply chain that has become increasingly violent and exploitative. Drug deaths are at an all-time high and drug addiction fuels many costly social problems, including homelessness and rising demands on children's social care. The drugs market is driving most of the nation's crimes: half of all homicides and half of acquisitive crimes are linked to drugs. People with serious drug addiction occupy 1 in 3 prison places

11.5 Access to good quality residential rehabilitation services will help to reduce crime and disorder in the City.

### Public health implications

11.6 Improving public health is directly addressed by the public health services to which this paper refers

## 12. SUPPORTING DOCUMENTATION

### Appendices

1. Appendix 1: Additional information on residential rehabilitation in Brighton and Hove

**APPENDIX 1**

**TITLE: Additional information on residential rehabilitation services in Brighton and Hove**
**AUTHOR: Stephen Nicholson, Public Health Programme Manager**

## 1. Aim of paper

To describe residential rehabilitation provision in Brighton and Hove, including service users and outcomes.

## 2. Context

There is a range of treatment options for people with alcohol and/or drug misuse, with increasing intensity dependent on need. For those with the most intense and complex needs, residential rehabilitation is an effective evidence-based approach to recovery.

Residential rehabilitation for residents in the city is provided both within Brighton and Hove and out of area. Within Brighton and Hove, there are two providers together offering 48 detox support and recovery places plus up to 32 move-on places. Providers receive an additional contribution from residents' housing benefit or their accommodation costs can be self-funded. The average length of stay through detox and recovery is around 9 – 12 months with an optional 18 months to two years at the move-on, reintegration stage.

**Number of people who received treatment for drugs/alcohol during 2020-21 (Nebula)**

| | Number | male | female |
|---|---|---|---|
| **Community** | **2587^** | **1665** | **903** |
| **Inpatient detox** | **35** | **26** | **9** |
| **Res rehab in-city** | **110*** | **81** | **28** |
| **Res rehab out of area** | **tbc** | **tbc** | **tbc** |

^ Includes 15 unspecified genders and 4 not known
* Includes 1 unspecified gender

The clients using the in-city services are predominantly male (~70%) although there is women only provision; white British; older (35+); with complex needs including homelessness, engagement with criminal justice, mental health issues and previous unsuccessful attempts to achieve and maintain abstinence in the community.

## 3. Population need and evidence of effectiveness

Brighton and Hove has the 8th highest rate of deaths related to substance misuse and the 12th highest rate of alcohol specific related mortality in the country (*fingertips.phe.org.uk)*.

Brighton and Hove has very high need. It has a large population with substance misuse issues and a large population with multiple complex needs in particular a significant proportion of people in treatment have both substance misuse and mental health issues. The Joint Strategic Needs Assessment (JSNA) of adults with multiple long-term conditions in Brighton and Hove (Nov 2018) reported that:

- In the year ending March 2019, 2,597 residents used the Brighton and Hove substance misuse service.

- Of these, three quarters (74%, 1,909 people) had at least one additional support need that placed them within the definition of having multiple complex needs (MCN). Of these, 70% (1,336 people) had a mental health need

- Two out of five clients (41%, 1,072 people) had two support needs, over a fifth (22%, 583 people) had three support needs, nearly one in ten (9%, 223 people) had four support needs and less than 1% (31 people) had all five support needs.

- Thirty-eight per cent (729 people) were homeless and among those clients who had three or more support needs, more than two out of five (41%, 352 people) had support needs for substance misuse, mental health and homelessness.

There is a strong evidence base for the effectiveness of residential rehabilitation.

- An evidence review undertaken by the Helena Kennedy Centre for International Justice (HKCIJ) at the Sheffield Hallam University (2017) concluded that *an effective and recovery-oriented treatment system must include ready access to residential treatment for alcohol and drug users both to manage the needs of more complex populations and for those who are committed to an abstinence-based recovery journey*.

- Residential rehabilitation programmes provide intensive psychosocial support and a structured programme of daily activities which residents are required to engage with to support them to attain a drug and alcohol-free lifestyle and be reintegrated into society.

- There is a strong and consistent evidence base supportive of the benefits of residential treatment that derives both from treatment outcome studies and randomised controlled trials.

- The HKCIJ evidence review finds that the areas of benefit focus primarily on reductions in substance misuse and offending behaviour, but some studies also show benefits in areas including physical and mental health, housing stability and employment.

- Service outcomes are better when mental health issues are specifically addressed as part of the rehabilitation process.

- Although more expensive (than community treatment), there is evidence that the initial costs of residential treatment are to a large extent offset by reductions in subsequent health care and criminal justice costs.

- There are different models and durations of stay. A minimum effective dose is often argued to be 28 days for detoxification and 90 days for residential rehabilitation. There is a clear dose effect for residential treatment with longer duration of treatment and treatment completion both being strong predictors of better outcomes.

- There is a strong supportive evidence base around continuity of care, whether this is recovery housing or ongoing involvement in mutual aid groups.

- There is almost no evidence for appropriate selection and preparation of clients for residential treatment and this is a major gap in the literature.

- There is a much stronger evidence base around attaining employment, stable housing, and ongoing support and aftercare as predictors of success.

## 4. Brighton and Hove in-City residential rehabilitation services

- Adult (18+) services are commissioned by BHCC to support drug and alcohol recovery in the City.

- The services are primary targeted at those who are homeless or insecurely housed with the most complex needs.

- The two services in the City offer the same pathway and approximate length of stay. The services include detoxification support and preparation through a recovery programme and then a move-on resettlement programme to support positive re-integration with society.

- The key difference between the two services is that one offers a predominantly Fellowship based 12-step model of recovery and the other operates a cognitive behavioural therapy (CBT) model. It is recognised that no one model will meet the needs of all clients and the offer of these two models will maximise the utility of the services.

- It is also recognised that lapse can be a feature of recovery from substance misuse and that there are different approaches to its management.

- Approximately 4% of the in-treatment population access local residential rehabilitation for any substance (Nebula). This compares to 6% of alcohol clients in West Sussex and 3% nationally; and 4% of drug clients in West Sussex, and 2% nationally (West Sussex Substance Misuse Needs Assessment, WSCC, 2021).

- There is no local provision for residential rehabilitation in East or West Sussex, so all referrals are out of area.

## 5. Strengths of the current services

- Service costs in the UK vary significantly and can start from approximately £1,000 per week/£4,000 per 28-day programme. Some private clinics charge in the region of £10,000 per week. Some providers offer four weeks including detox for £5,500 then £895 per week after. Other providers offer 28-day programmes from £3,000 upwards.

- The Brighton and Hove model which is longer term and funded jointly by BHCC and clients' housing benefit (or self-funding) is considered to provide good value for money at a cost to BHCC of approximately £9,000 per bed per year or £4,900 per place in 2020/21.

- Occupancy rate across the services averages approximately 90% (contract monitoring reports).

- Approximately 70% of clients successfully complete the res rehab programme and move on in a planned way (contract monitoring reports).

- Approximately 70% of clients who leave the service in a planned way maintain their abstinence and do not represent to services within 12-months (contract monitoring reports).

## 6. Social Value

- The current service providers are established voluntary and community sector organisations providing housing and substance misuse services in the City and across Sussex. This allows the services to be flexible in the provision of accommodation and avoiding bottle necks in the system. Both providers bring extensive social value offering training and employment opportunities to clients moving on.

- One of the providers also offers an intern employability training programme with flexible work placements (with 14 organisations across the City) available to clients post rehabilitation. The programme works with clients who have complex support issues and approximately 70% of annual referrals are for people who have accessed drug and alcohol treatment services.

- The services actively seek service users' views using a range of methods and service user representatives often attend meetings. Service user feedback is consistently positive.

## 7. Service development

- A large proportion of clients starting at residential rehabilitation have diagnosed mental health needs. The majority of these clients receive treatment from their GP. Some clients are open to the community mental health team. For those clients who are not receiving treatment or are yet to receive a diagnosis, access to mental health support is actively facilitated by the services. Client mental health is closely monitored and supported by staff.

- A service development action underway is to work with NHS commissioners and providers to strengthen links between substance misuse and mental health services at all stages of the treatment pathway.

| ADULT SOCIAL CARE & PUBLIC HEALTH COMMITTEE | Agenda Item 43<br><br>Brighton & Hove City Council |
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|---|---|---|
| **Subject:** | | **Integrated Community Equipment Services** |
| **Date of Meeting:** | | **11th January 2022** |
| **Report of:** | | **Executive Director of Health & Adult Social Care** |
| **Contact Officer:** | **Name:** | **Anne Richardson-Locke Tel: 01273 290000** |
| | **Email:** | **anne.richardson-locke@brighton-hove.gov.uk** |
| **Ward(s) affected:** | | **All** |

**FOR GENERAL RELEASE**

## 1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The report sets out the proposed approach to the re-commissioning of the integrated Community Equipment Service (CES) and seeks agreement to proceed with a tender process.

1.2 The current service has run successfully under a five-year contract that has been extended for two years. It is a good example of an integrated health and social care service but the model and specification would benefit from a refresh to ensure best value and that sustainability and innovation are maximised.

## 2. RECOMMENDATIONS:

It is requested:

2.1 that the Sub-Committee approves the joint reprocurement of the Integrated Community Equipment Service Contract in collaboration with the Brighton and Hove Clinical Commissioning Group (BHCCG);

2.2 that the Sub-Committee delegates authority to the Executive Director of Health & Adult Social Care to award the contract to the successful bidder for an initial term of five years with the option to extend the contract for a further period of up to two years, subject to satisfactory delivery and performance.

## 3. CONTEXT/ BACKGROUND INFORMATION

3.1 The CES supplies equipment to Brighton & Hove residents and those out of the city who are registered with a Brighton & Hove based GP. The equipment, that includes a range of health and social care items, such as beds, hoists, bath lifts and small adaptations such as rails and ramps, are provided on a loan basis. The service is available to children and adults and equipment is 'prescribed' by 675 health and social care professionals who work for the Council and Health Trusts in a number of different roles such as occupational therapists, nurses, physiotherapists and social care staff.

3.2 The CES service is jointly commissioned under a Section 75 agreement between the Council, as the lead authority, and the CCG, and funded via the Better Care Fund (BCF). Local Authorities take the lead on contracting for equipment services as they can recover all of the VAT on the equipment purchased. The service meets both social care and health requirements under the Care Act 2014 and the NHS Act 2006 and supports people to live independently at home and improves outcomes as well as enables discharge from hospital, admission prevention and reduction in health inequalities. The service also meets the requirements of the Government's white paper, 'Integration and innovation: working together to improve health and social care for all' (Feb 2021) that sets out the need for place level commissioning as well as the importance of bringing together systems to support integration.

3.3 The current service is provided by Nottingham Rehab Limited which is the trading name for NRS Healthcare Limited who were awarded a seven year (five + two) contract following a West Sussex County Council led procurement. The actual spend on the contract since October 2015 until March 2021 was £14.756m (excluding VAT). Current forecasts indicate the spend on the contract, which has been extended to March 2023 will total £20.206m (excluding VAT).

3.4 This is a demand led service and as more people are supported at home more equipment is prescribed and consequently the cost of the service increases proportionately. Therefore, increased utilisation is seen as positive as it relieves other pressures in the system. Financial pressures, however, mean that efficient service delivery and high rates of recycling are essential to reduce unit costs accordingly.

3.5 During the 2020/21 financial year 8,750 individuals received community equipment, 45% more than the 6,000 people supported when the service transferred. Despite lower than average units of equipment prescribed in 2020/21 due to the pandemic the numbers have still increased significantly since 2016/17 to 47,909 (48% increase). Yet, the spend has only grown by an average of approximately 2% per year over the period 2016-2021. The number of people over 65 in the city however is projected to increase by 19% between 2020 and 2030. By 2030 15% of people will be 65 or over and this group of people use 72% of equipment prescribed through the CES.

3.6 Commissioners from Health & Adult Social Care (HASC) and B&HCCG alongside legal, finance and procurement representatives have formed a Commissioning Board to oversee the re-commission. This Board has also co-ordinated a review of the specification and contract model, the Equalities and Health Impact Assessment (EHIA) and the engagement work. All of which will feed into the new specification and tender documents and are described in more detail below.

3.7 A report was submitted to the 29th November Procurement Advisory Board (PAB) and the Board recommended that the Council and CCG proceed to reprocure the CES for an initial term of five years with the option to extend for a further period of up to two years, subject to satisfactory performance. As the spend for this service is in excess of the threshold for light touch services the commissioners are required to follow a compliant process as set out by the regulations.

3.8 An open tender route was approved by PAB as it will drive competition between providers, deliver the highest quality service at the most economically advantageous price and encourage providers to propose improvements and added value in the service within areas such as innovation and sustainability, thereby driving efficiencies within the service. An emphasis on this will be placed within the tender. Members at PAB were also supportive of the proposal to evaluate the tender on the basis of a 60% quality / 40% cost split.

3.9 The CCG commissioners have already presented a Contract Activity Registration form regarding the jointly commissioned and Procurement of ICES at their Procurement Steering Group (PSG) meeting where permission was granted to proceed to complete their Procurement Strategy Document (PSD) and present it at the PSG meeting scheduled on 17 December 2021. Following this they will need to present the PSD at the Leadership Management Team meeting in January 2022 to provide an update and gain authorisation to proceed to ITT stage. The CCG will also be presenting at the Better Care Fund Steering Group on a date to be agreed.

3.10 There is a small market of CES providers who provide a number of different commercial models. The Commissioning Board has considered fully all of the different models and also engaged with the market to gain further insight. The Board were particularly interested in any outcome-based models that would benefit the client and reduce their health inequalities and benefit the service which in turn would relieve pressures in the system, as well as examples of how financial benefits could be shared.

3.11 The current service operates well and is popular with both prescribers and service-users. It is not proposed that any significant changes are made but there are a few areas that would benefit from some further development:

- Greater use of technology to enable service-users to book and amend deliveries, collections, repairs and maintenance;
- Greater emphasis on the loan element of the service with increased tracking and retrieval of equipment to enable more recycling;
- Improved communication and technical support for prescribers.

3.12 In order to help manage the spend on equipment, reduce the risk of harm, and support prescribers and commissioners it is proposed that an Occupational Therapist is recruited. They will be responsible for reviewing equipment to ensure the catalogue meets people's needs, reviewing and retrieving equipment from the community and providing support and advice on equipment to customers and prescribers.

3.13 The current service includes the 'Safe and Well' offer: https://www.safeandwell.co.uk/brighton-hove. This enables people to complete a self-assessment, speak to an occupational therapist or pay for a visit from an occupational therapist to help identify equipment that they need and where to find it. It includes local suppliers as well as the option to buy from NRS or online retailers. It is essential that a similar offer is provided in the future to complement the statutory service and is used by people who are willing and able to pay for their equipment and would like greater choice.

3.14 Officers are seeking authority to jointly procure and award a five-year contract with the option of a two-year extension subject to satisfactory delivery and performance with an estimated five year contract value of £13.175m, with the Council contribution to the contract being up to £1.045m.

3.15 If authorised, the tender will be advertised in April 2022, with evaluations taking place in July and then contract award in August. Following contract signatures this will allow for around six months of implementation time.

## 4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

The following options were considered:

**Option 1 – Open Procurement Procedure (recommended)**

4.1 As the spend for this service is in excess of the threshold for light touch services the commissioners are required to follow a compliant process as set out by the regulations.

**Option 2 – Transfer the service In house**

4.2 Prior to 2015 the Community Equipment Service was provided by Sussex Community (Foundation) Trust (SCFT) with a small number of Brighton & Hove City Council staff. The Trust gave notice that they would no longer provide the service as it did not fit with their core business. The decision was made to source provision of the service via competitive tender with the view that the CCG and Council would gain from the expertise and efficiency associated with specialist equipment providers.

4.3 Consideration has been given to the business case for directly providing this service in house and it would be possible for the Council to rent warehouse space and purchase or lease the necessary fleet but the cost of transferring the staff would be greater due to higher infrastructure, overhead and service on-costs within the Council. The service would also have to purchase its own stock and it is unlikely that it would have the same buying power that the specialist providers have. Also as joint funder the CCG is fully committed to appointing the best provider possible via an open and competitive procurement exercise.

4.4 It is the view of the Council and CCG that a specialist provider is best placed to respond to volatility in the marketplace and has the infrastructure and capacity to refine/relocate freight routes and equipment quantities in response to issues such as Brexit and the Pandemic. With a seven year (five + two) year contract term the successful provider will be able to invest and work with manufacturers and providers in the most flexible way and make the most of technology to provide a high-quality service. Those with longer term/multiple contracts also benefit from economies of scale and the ability to share equipment and warehousing facilities according to fluctuations in demand across other areas.

**Option 3 – Direct award**

4.5 A direct award is not a valid option under the Public Contracts Regulations 2015 and it carries an unacceptably high risk of challenge given the interest shown by the market.

## 5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 Healthwatch Brighton & Hove were commissioned to carry out service-user and prescriber engagement. Previous engagement by Healthwatch in 2017 had indicated high levels of satisfaction with the service so it was hoped to gain feedback on the outcomes of the service, identify any improvements and explore how people feel about using technology.

5.2 Of the 343 service-users who responded to the survey, most were generally satisfied with the support they received regarding their equipment and minor adaptations. The majority did not have any problems when waiting for their equipment; most were contacted by the Community Equipment Service (CES) when arranging equipment delivery; delivery and fitting occurred mostly on the agreed day and time expected and was to a good standard; and the equipment had ultimately helped most people stay at home rather than having to be in a care environment.

5.3 However, there are areas for development with 15% of people reporting that they had equipment they no longer require, and 17% unaware how to report a fault or return equipment. Over half had already purchased additional small items of equipment or technology to improve their daily living activities, such as grabbers, jar openers, or a chair raiser. This indicates a willingness and could be expanded to include other small, low cost items that are still being provided via the CES. 67% had 'access to the smart phone, tablet or computer', but only 35% were happy to use this technology to 'assist with their equipment deliveries and collections'. Further encouragement, advice and support would be needed for this to be a viable option.

5.4 The 92 Prescribers who responded were highly satisfied in most areas, including communication from the CES, the ordering and process of orders, access to online information regarding catalogue items and non-standard equipment, and the level of equipment choice including spare parts. However, there were also some areas for development with prescribers wanting more technical information and advice, greater access given to the 'Hand it Back' postcards to be able to hand out, or the time to review equipment once it is in situ, and the ability to use the online system remotely (only 6% use the NRS app).

## 6. CONCLUSION

6.1 Officers recommend Option 1, to reprocure the service via the open route as:

6.1.1 It will drive competition between providers within the market which in turn will deliver the highest quality service at the most economically advantageous price.

6.1.2 It will encourage providers to propose improvements and added value in the service within areas such as innovation and sustainability, thereby driving

efficiencies within the service. An emphasis on this will be placed within the tender documentation.

6.2 Officers recommend that following the completion of the open competitive tender the successful supplier be awarded a seven year contract, five year initial term with the option to extend for up to two years

## 7. FINANCIAL & OTHER IMPLICATIONS:

**Financial Implications**:

7.1 The Community Equipment Service is within the Better Care Fund pooled budget Section 75 agreement between the Council and Brighton & Hove CCG, and the budget is agreed on an annual basis by the Health & Wellbeing Board.

7.2 The annual provisional pooled budget for April 2021 to March 2022 is £2.635m (excluding VAT), with Brighton & Hove CCG contributing £2.426m and the Council contributing £0.209m. However, the Better Care Fund budget for financial year 2021/22 is still to be finalised.

7.3 The estimated budget for the next 5 years is £13.175m excluding inflation and VAT, based on the 2021/22 provisional budget. The annual funding is subject to government financial settlements which can impact on the availability of funding.

7.4 There is currently a 50/50 risk share of any year end variance in the Better Care Fund pooled Budget between Brighton & Hove CCG and the Council.

Finance Officer consulted: Sophie Warburton Date: 09/11/2021

**Legal Implications**:

Standard legal implications for procurement of a contract subject to Schedule 3 PCR 2015 (Light Touch)

7.5 The services required fall with Schedule 3 of the Public Contract Regulations 2015 and are therefore subject to the "light touch regime". This means that there is flexibility as to the design of the procurement process providing that safeguards around equal treatment and transparency are observed and the process is advertised in accordance with PCR and as required by reference to the threshold value. The threshold for the publication of light touch regime opportunities is currently £633,540.00.

Lawyer Consulted: Sara Zadeh Date: 09/12/2021

**Equalities Implications**:

7.6 An Equalities and Health Impact Assessment (EHIA) has been completed to identify any impact on people using the service with protected characteristics. Healthwatch B&H have carried out an engagement activity that will be reported on 30th December 2021. The engagement findings will seek to improve outcomes for local people by improving service delivery, performance, and efficiency. The outcomes will inform the specification and ensure the best quality service is procured.

7.7 The engagement was informed by the EHIA and included questions that relate to how people's equalities characteristics are responded to by the CES service. Upon completion of the engagement, the EHIA will be reviewed further to reflect new information as appropriate and inform the specification further. The equipment service is designed to support people and promote independence and is of particular benefit to older people, children and adults living with long term conditions and disabilities who are the primary beneficiaries of the service.

7.8 Many of these people will have more than one protected characteristic (intersectionality). There should be a positive impact on people who are members of more than one protected characteristic and/or health inequalities group. The EHIA has identified gaps in information about the equipment needs of the BAME communities, asylum seekers, gypsies, travellers, LGBTQ+ and those with sensory needs so it is important to build up trust and include these population groups in decisions about their health and social care.

7.9 Providers will be required to demonstrate both their awareness and policies in relation to equalities within the tender and evaluation processes which will then be monitored throughout the contract term.

**Sustainability Implications:**

7.10 The current contract encourages the reuse of equipment. Within the last 12 months 65.3% of the equipment budget was spent on reused stock. This represents an increase of 7% on the previous year. Equipment recycling is a key performance measure within this contract and providers will be expected to provide evidence of success in this area and how they will maximise recycling locally.

7.11 Brighton & Hove City Council is committed to taking responsibility for its own impact on the environment and recognises that purchasing equipment and associated services has an environmental impact. Sustainability considerations and benefits will form part of the evaluation of bids for the contract in line with the Council's Sustainable Procurement Policy and Climate Change Strategy, providing 10% of the total quality score.

7.12 The proposed Community Equipment Service and Provider will work in line with the Brighton and Hove's sustainability and climate change commitments. Consideration will be given to the economic, social, and environmental factors of the production, supply, delivering and cleaning of equipment and the impact on the broader city climate and economy goals.

7.13 Providers will need to demonstrate how they will achieve best practice, value for money, and adapt the circular economy principles through improvements and innovations so that the local area can benefit from and deliver the requirements specified by BHCC. This will include reducing energy consumption, minimising non – recyclable waste through smart design and packaging and products that can be easily disassembled and repurposed, promoting recycling and reducing vehicle emissions and water waste within the decontamination processes.

7.14 Commissioners will achieve this by ensuring that sustainability requirements are covered in the specification and include a sustainability performance indicator in the contract (CO2 and supply chain carbon reduction initiatives).

## Social Value and Community Wealth Building Considerations

7.15 The Council has a duty under the Public Services (Social Value) Act 2012 to consider how the service being procured might improve the economic, social, and environmental wellbeing of the area. Social value benefits will form part of the evaluation of bids and provide 10% of the total quality score and a specific Social Value performance indicator will be included in the contract.

7.16 Providers will need to demonstrate how they will achieve and exceed the social value requirements. This will Include promoting people's independence and choice, employing and training locally, paying a living wage, supporting the local economy, developing community partnerships and initiatives, and delivering environmental commitments.

7.17 Current users of the service and stakeholders, including carers and prescribers, have been consulted via the engagement to clearly define needs and design methods to meet these needs.

## Brexit Implications:

7.18 The impact of Brexit (and the Covid 19 pandemic) on equipment is still being quantified in terms of costs and market variances due to international shortages in raw materials, manufacturing and import delays. For example, the incumbent provider reported that during the early stages of the pandemic, the volume of shipping containers reduced which resulted in a 78% increase in the cost per container. The financial impact of events such as these will continue to cause volatility in the international market. It is our expectation that providers will seek to refine recycling systems and access locally manufactured equipment.

## Risk and Opportunity Management Implications:

7.19 A risk log has been completed to identify risks, potential consequences and the mitigating controls and actions. A summary of the highest scoring risks and mitigations are included below:

| ***Risk description*** | ***Potential consequences*** | ***Score*** | ***Mitigating controls and actions*** |
|---|---|---|---|
| Timeline isn't met and the new service doesn't start in April 2023 | Legal challenge from providers.<br>Further contract extension with associated costs. | 12 | Contract extended for 6 months to allow more time.<br>Monthly Project Board to keep track of deadlines.<br>Attend PAB & ASC&PH in Dec & Jan to allow plenty of time for tender & mobilisation. |
| Budget inadequate for the new service | Provider does not cover costs and requires further funding | 12 | BHCC & CCG accountants on the Board.<br>Analysis of any demographic changes<br>Alert BCF Board of expected growth in demand |
| Change of supplier leads to service disruption | People and prescribers do not have prompt access to equipment | 12 | Include minimum of 6 months for mobilisation<br>Scrutiny of bidders' timelines at tender stage to ensure realistic |

| | | | |
|---|---|---|---|
| Incorrect business model selected | Value for money not achieved.<br>Recycling not incentivised | 8 | Early market engagement<br>Financial modelling of each commercial model |
| New service doesn't reflect best practice. | Service is not as efficient or sustainable or value for money | 8 | Link with other commissioners.<br>Early market engagement<br>Seek advice from sustainability team |
| New service doesn't reflect the need & demand | Complaints from users, prescribers & health & social care. | 8 | Engagement with users & prescribers.<br>Equalities Health Impact Assessment |

**Public Health Implications:**

7.20 See section 7.6 – 7.8 for more details

**Corporate / Citywide Implications:**

7.21 The service meets the corporate priority of being a healthy and caring city and in particular the following objectives:

- Increase healthy life expectancy and reduce health inequalities
- Support people to live independently
- Support people in ageing well
- Support carers
- Ensure that health and care services meet the needs of all