

# Adult Social Care & Public Health Sub-Committee -Special Meeting

Date: **7 March 2023**

Time: **1.00pm**

Venue **Hove Town Hall - Council Chamber**

Members: **Councillors:** Nield (Chair), Shanks(Deputy Chair), Robins (Opposition Spokesperson), Barnett (Group Spokesperson) and Appich

Contact: **Penny Jennings**  
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# AGENDA

## 31 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.*

## 32 COMMUNITY SUPPORT AND SUPPORTED LIVING LIGHT TOUCH DYNAMIC PURCHASING SYSTEM (DPS) FOR PEOPLE WITH HEALTH AND ADULT SOCIAL CARE NEEDS

5 - 24

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

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### **FURTHER INFORMATION**

For further details and general enquiries about this meeting contact Giles Rossington, (01273 291065, email [penny.jenning@brighton-hove.gov.uk](mailto:penny.jenning@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

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# Brighton & Hove City Council

## Adult Social Care and Public Health Sub- Committee

## Agenda Item 32

**Subject:** Community Support and Supported Living Light Touch Dynamic Purchasing System (DPS) for people with Health & Adult Social Care needs

**Date of meeting:** 7<sup>th</sup> March 2023

**Report of:** Rob Persey, Executive Director of Health  
& Adult Social Care Relevant Executive Director

**Contact Officer:** Name: Anne Richardson-Locke

Email: Anne.Richardson-Locke@Brighton-hove.gov.uk

**Ward(s) affected:** All

**For general release**

### 1. Purpose of the report and policy context

1.1 The Brighton & Hove commissioning strategy is to reduce the number of people in residential care, placed out of the city and in long term services that do not meet their needs. Supported Living and Community Support are effective in meeting this goal but have been commissioned under a variety of arrangements and there are gaps in provision. The proposal is to commission a Dynamic Purchasing System (DPS) that will:

- Ensure that all providers on the DPS have met quality and value for money requirements and signed up to a new service specification that reflects the needs that people and their carers have identified.
- Attract new providers to the market and create a more diverse market that provides more choice for people.
- Ensure a more strengths-based approach that focus on outcomes for people who receive support.
- Enable the Council to meet the care and support needs of residents who have been assessed as having eligible social care needs in line with the Care Act 2014.

1.2 The proposal sets out the need for a light touch tender process to get existing and new providers on to the DPS. Others can join during the lifetime of the DPS and it will be used to identify suitably qualified providers to either direct award or compete for packages of care.

1.3 Existing contracts that are due to expire prior to the start of the DPS will be extended to ensure continuity of care and this report is also asking for delegated authority to extend one high value Supported Living contract.

## **2. Recommendations**

- 2.1 That the Sub-Committee delegates authority to the Executive Director of Health & Adult Social Care to establish a DPS for an initial term of five years with the option to extend the DPS for a further period of up to three years and then a further two years.
- 2.2 That the Sub-Committee delegates authority to the Executive Director of Health & Adult Social to award call-off contracts to providers who have been admitted to the DPS.
- 2.3 That the Sub-Committee agrees to extend the Supported Living contract with Grace Eyre Foundation for 9 months from 1<sup>st</sup> June 2023 to 31<sup>st</sup> March 2024.

## **3. Context and background information**

- 3.1 Under the Care Act 2014 Local Authorities have a statutory duty to meet the needs of people who have been assessed as having eligible care and support needs, which can include accommodation. The Act sets out the duty of authorities to shape the market and promote diversity and quality in the provision of efficient, effective, sustainable, services. Individual's wellbeing must be taken into account with choice provided into how support needs are met to enable as much control over day to day life as possible.
- 3.2 It is recognised that in Brighton & Hove too many people are placed in residential and nursing home placements - 55% more than our comparator authorities. In many cases this is due to the lack of suitable, accessible accommodation and support. There has been a strategic shift within social care and health towards prevention and early intervention. Supported Living, also known as 'Assisted Living' housing provides a preventative service by responding quickly to tenants' changing needs and can respond in emergencies as well as provide planned care. Supported Living comprises of self-contained homes or shared housing with support to enable self-care, more independent living and choice and control over meeting individual needs.
- 3.3 Community Support, also known as Outreach support is provided to people who have their own tenancy or accommodation or live with their family. The level of support can vary significantly with some people receiving 2 hours a week to help with housing related support and some people with learning disabilities receiving up to 70 hours per week for a wider range of tasks.
- 3.4 People who use Community Support and Supported Living services need support due to a learning disability, autism, physical disability, sensory need, acquired brain injury (ABI) or a mental health need.
- 3.5 Health and Adult Social Care currently spend a gross amount of £3m per year on Community Support to 308 people (22 providers) and £21m on Supported Living services per year to 291 people (115 providers). The average cost for Community Support is currently £184 per week per client, and the average

cost for Supported Living is £1,366 per week per client. The table below shows details of the spend, numbers of people using services and providers per area of need:

Area of need	Annual gross spend	Number of people	Number of providers
<b>Supported Living</b>			
Learning disabilities & autism	£18m	244	86 (5 organisations provide 50% of the market)
Mental health	£1.5m	23	14
Physical disability, sensory & ABI	£1.2m	24	15
<b>Totals</b>	<b>£20.7m</b>	<b>291</b>	<b>115</b>
<b>Community Support</b>			
Learning disabilities & autism	£1.7m	176	11
Mental health	£0.523m	50	3
Physical disability, sensory & ABI	£0.752m	82	8
<b>Totals</b>	<b>£2.975m</b>	<b>308</b>	<b>22</b>

- 3.6 Brighton & Hove has some excellent quality Community Support and Supported Living services that provide very good outcomes for people. They have however been commissioned under a variety of arrangements with different contracts, specifications and performance requirements, and these are in need of an update.
- 3.7 Commissioners for learning disability, mental health, autism, ABI and physical and sensory needs, alongside legal, finance and procurement representatives have formed a Commissioning Board to oversee the procurement. This Board has also coordinated a review of the service specification, the Equalities Impact Assessments (EIA), gap analysis and engagement work. All of which have fed into the new specification and tender documents and are described in more detail below in section 5 and Appendix 1.
- 3.8 As part of the needs assessment and market analysis work commissioners have identified gaps in the market for Community Support particularly for autistic people, people with mental health needs, substance misuse and people with acquired brain injuries. More Supported Living is required across the board for all need areas. Brighton & Hove also has a significant number of people who have multiple support needs, and they experience longer waiting times for service and are more likely to be placed in services outside of the city. Please see Appendix 1 for further details.
- 3.9 A report was submitted to the Procurement Advisory Board (PAB) on 13<sup>th</sup> February 2023 and the Board were positive about the proposal and supported the proposed procurement and contracting approach outlined in this report.
- 3.10 PAB Members asked about Social Value and queried whether 10% weighting is enough and asked for there to be more detail included about Community Wealth Building and encouraging charities and 3<sup>rd</sup> sector organisations to join

the DPS. As well as the specific Social Value question bidders will need to evidence how they facilitate social connections, ensure access to leisure, work and volunteering and link to local community and health services in other parts of the evaluation.

3.11 Dynamic Purchasing Systems are commonly used in other local authorities for commissioning this type of support as whilst they require a lot of resource in the initial stages they prevent the need to advertise and tender all new services. The rationale for moving to a new DPS will also enable the following:

3.11.1 Standardised terms and conditions for all providers.

3.11.2 There are currently gaps in the market and the DPS aims to attract more providers and therefore develop the market further.

3.11.3 It will help to reduce the number of spot placements achieving better value for money for the Authority.

3.12 New providers will be able to apply to join during the lifetime of the DPS and all new referrals will be processed via the DPS thereby incentivising existing providers to join as there will be no other route to secure BHCC contracts.

3.13 The new DPS will be divided into categories, as follows:

3.13.1 Lot 1: Community Support. Providers will need to meet the generic Community Support requirements and then apply to the following sub-lots according to their specialisms:

- Lot 1.1 Learning disabilities and autism
- Lot 1.2 Mental health needs
- Lot 1.3 Autism and neurodiversity
- Lot 1.4 Acquired brain injury
- Lot 1.5 Physical disability and sensory needs
- Lot 1.6 Substance misuse and Care Act eligible needs

3.13.2 Lot 2: Supported Living. Providers will need to meet the generic Supported Living requirements and then apply to the following sub-lots according to their specialisms:

- Lot 2.1 Learning disabilities and autism
- Lot 2.2 Mental health needs
- Lot 2.3 Autism and neurodiversity
- Lot 2.4 Acquired brain injury
- Lot 2.5 Physical disability and sensory needs
- Lot 2.6 Substance misuse and Care Act eligible needs

3.14 There may be cases where people have multiple compound needs and can only be supported by providers who are on more than one sub-lot.

3.15 Bidders will need to answer quality questions for each sub-lot and must meet the required registration, accreditation and experience requirements to be admitted to the DPS.



- 3.16 Once the DPS is in place, support packages can be called off either by directly awarding the individual contracts if there is only one provider admitted to the relevant sub-lot or by holding a mini competition where the providers in the relevant sub-lot submit price and quality information which is then evaluated.
- 3.17 The intention is to use a tiering system to categorise providers at the point they are admitted to the DPS as high cost (Tier 3), medium cost (Tier 2) and low cost (Tier 1) and then to initially only ask the Tier 1 providers to submit a bid during the mini competition. Further work with Legal and Procurement is required to develop this approach to ensure it is transparent and complies with the regulations but it is hoped that this system will drive value for money whilst ensuring quality of provision is maintained. If no Tier 1 providers in the relevant sub-lot submit express an interest in bidding for a contract, then the Tier 2 providers will be contacted.
- 3.18 The Supported Living and Community Support service specifications will emphasise the need for services to provide person-centred support that maximises people's independence. Specifications will require a strengths-based approach, as well as ensure consistency of workers who have the values needed to provide person-centred support. People must have opportunities to make social connections and participate in education / work / volunteering where possible and their health and wellbeing must be supported.
- 3.19 Providers will be required to collaborate with all key partners in the process of transition planning, for example for young people moving into adult services and people moving on to other services.
- 3.20 Services commissioned through the DPS, will be contract managed in line with the terms and conditions and the Key Performance Indicators and outcomes specified within the contract. Performance monitoring will take place in line with the Council's Contract Management Framework and commissioners will work closely with the Health & Adult Social Care Quality Monitoring Team should any concerns about quality arise. The majority of services will also be registered with the Care Quality Commission (CQC) and have to meet CQC standards.
- 3.21 Providers will be asked to identify if they are interested in being an Individual Service Fund (ISF) provider at admission stage. If the need for a ISF arrangement occurs, expressions of interest will be sought from admitted DPS providers and a Mini Competition will take place and price and quality information will be requested specific to the service required, then evaluated. Individual Service Funds are a middle ground between direct payments that are managed by the individual themselves and a package of care that is arranged by a local authority. The service provider receives the fund for each person but must work with them to identify how they want to use their personal budget to meet their needs. As needs change the overall fund can flex without having to reassess needs constantly and people can also 'bank' support hours to use flexibly.

- 3.22 There is one contract that was awarded via a tender on 1st July 2017 to Grace Eyre Foundation for the provision of 4 Supported Living services in the city to 23 people with learning disabilities. The contract has an annual value of £1.884m and runs until the 30th June 2023. It is recommended that an extension is agreed until 31st March 2024 to allow time for the provider to join the DPS. The value for the 9 months is £1.413m.

#### **4. Analysis and consideration of alternative options**

The following alternative options were considered:

- 4.1 Continuation of the existing arrangements. As many of these services are delivered pursuant to outdated contracts and specifications, they need to be reproced in accordance with the Council's Contract Standing Orders. In addition, the continuation of the current spot purchase arrangements does not always offer the best value for money or security for the people using the services.
- 4.2 Transfer of all services to an existing DPS. There is a DPS which has been used for Community Support for people with learning disabilities and some Supported Living packages but it is mainly used for Home Care and is not fit for purpose for commissioning Supported Living services. Work would need to take place to improve and expand this service and enter into a new contract. There would also still be a requirement for new providers to be evaluated to join this DPS.
- 4.3 Delivery of the services by the Council. The Council currently operates a small in-house Community Support service and 3 small Supported Living services for people with learning disabilities within Families, Children & Learning. Due to the required scale of the new DPS requirements across the city, the Council is not adequately resourced to expand these services across the different needs and provide the required staffing, training, legislative arrangements, logistics, management and transport or budget.

#### **5. Community engagement and consultation**

- 5.1 Engagement with people who use the services and their carers. Commissioners within HASC have engaged with people with a learning disability, physical disability, acquired brain injury, mental health needs or sensory needs and their carers. Feedback was received via user surveys, and from Possability People, the Carers' Centre, the Trust for Developing Communities, Healthwatch and the Learning Disability Partnership Board.
- 5.2 In summary, people identified the need for consistent support workers who are respectful and understand their background, culture and religious beliefs. They want to be independent and do the activities they value, have opportunities to go out in the community and maintain friendships and have support with physical health, including healthy food and exercise. For further details see Appendix 1.

- 5.3 Engagement with wider stakeholders. Commissioners also asked for feedback on the service specifications from professionals who refer to Community Support and Supported Living and organisations that represent the needs of people with learning disabilities and autism. Social care professionals highlighted the need for further support with substance misuse, self-neglect and hoarding and managing impulsive and high risk behaviours.
- 5.4 User and carer representatives for people with learning disabilities asked that the service specification highlight the importance of a person's control over their home and environment and wellbeing. They also wanted to stress that providers must proactively work with advocacy services and identify and support carers and asked that where possible users by experience are included in quality checking services. For further details see Appendix 1.
- 5.5 Engagement with the provider market. Commissioners have engaged with existing local providers and organisations that provide Community Support and Supported Living in other parts of the country. It has been a very useful process to get feedback from providers on issues such as fees, performance and outcomes and quality assurance. A summary of the feedback is set out in Appendix 2.

## **6. Conclusion**

- 6.1 The current contracting arrangements for Community Support and Supported Living are outdated and there is a need to attract more providers to the market to fill gaps in provision.
- 6.2 The new commission will introduce improved strengths-based service specifications and consistent quality and performance standards.
- 6.3 The new commission will also make it easier for social care professionals, commissioners and service users and carers to identify suitably qualified and experienced providers in each need area.

## **7. Financial implications**

- 7.1 The introduction of Dynamic Purchasing System for Community Support and Supported Living has no development cost implications and can be delivered through existing resource.
- 7.2 The gross value of the current Adult Social Care Community Support and Supported Living contracts total £24.2m per annum. It is critical that the Council achieves value for money on these contracts, with the aim to attract more providers and develop the market further, which should bring more competition for new contracts.

Name of finance officer consulted: Sophie Warburton Date consulted:  
15/2/23

## **8. Legal implications**

- 8.1 As outlined in the report, further work is required to develop an approach which complies with the regulations and legal officers will be closely involved if the recommendations in the report are agreed. These contracts are 'light touch' contracts which means that the rules set out in the Public Contracts Regulations 2015 are less prescriptive. However, the procurement must be carried out transparently and all bidders must be treated equally.

Name of lawyer consulted: Alice Rowland Date consulted: 22/2/23

## **9. Equalities implications**

- 9.1 Equalities Impact Assessments (EIA) have been completed to identify any impacts and gaps in services for people with protected characteristics. In summary:
- 9.1.1 More support is needed for people with mental health and substance misuse needs and for people with mental health and autism.
  - 9.1.2 The population of adults with learning disabilities in the city is increasing, with an increasing level of complexity. A greater number of quality supported living and Community Support services are needed that have the skills and specialism to meet a range of needs.
  - 9.1.3 All services need to show awareness and understanding of LGBTQ issues and the cultural, behavioural and attitudinal differences across black and racially minoritised communities.
  - 9.1.4 There is a lack of choice of Community Support providers for people with acquired brain injury or deaf and hearing-impaired people, and no specialist Community Support provider for people with sight loss.
  - 9.1.5 There are no specialist Community Support services for autistic people.

## **10. Sustainability implications**

- 10.1 As part of the tender, bidders will be assessed and scored on their proposals regarding transport, including Active Travel and their approach to managing/minimizing waste, including PPE, and they will be asked for their Carbon Reduction Plan.
- 10.2 Bidders will also be evaluated on how they will ensure a sustainable workforce and asked to demonstrate how they ensure staff are supported in their roles and how the organisation retains staff, including their approach to ongoing training and staff development.
- 10.3 Sustainability considerations will form 10% of the quality score.

## **11. Other Implications**

### **Social Value implications**

- 11.1 Social value benefits will form part of the evaluation of bids for the contract in line with the council's Social Value Framework, providing 10% of the total quality score.
- 11.2 At all stages of the commissioning process Brighton and Hove City Council will work in line with The Social Value Act 2012 and consider the economic, social, and environmental improvements from which the local area can benefit. Providers will need to demonstrate how they will achieve or exceed the requirements specified by Brighton and Hove City Council.
- 11.3 Bidders will be asked to provide evidence of how the service will maximise social value and impact on local priorities and will include:
  - 11.3.1. Opportunities for people who use the services to be involved in the delivery, decision making and governance of services.
  - 11.3.2. The promotion of independence and self-management of health issues and signposting to information and advice.
  - 11.3.3. Support and promotion of digital inclusion.
  - 11.3.4. Collaboration with the community and voluntary sector to improve outcomes for the individuals in the services.
  - 11.3.5. Employment, conditions and opportunities for the care staff, the vast majority of whom will be Brighton & Hove residents.

**Crime & disorder implications:**

- 11.4 There have been no crime and disorder implications identified.

**Public health implications:**

- 11.5 The DPS specification supports Public Health priorities by:
  - Requiring support workers to be trained and skilled in trauma informed practice in all services for all client groups.
  - Requiring all support workers to be trained in mental health awareness in all services for all client groups.
  - A requirement for support workers working with people with mental health support needs to have suicide prevention and self-harm training.
  - Specifying support to be provided in relation to health and wellbeing across all services, including those for people with a learning disability. This includes accessing health and preventative services, health screening and health checks; developing Hospital Passports and Health Action Plans; registering with a GP and dentist; and supporting people to have a healthy diet and regular physical activity.
  - Requiring all services to work in partnership to support people with substance misuse.

## **Supporting Documentation**

### **1. Appendices**

- 1. Appendix 1 Summary of engagement and Equalities Impact Assessments**
- 2. Appendix 2 Summary of Market Engagement**

## Appendix 1

### Community Support and Supported Living Light Touch Dynamic Purchasing System (DPS) for people with Health & Adult Social Care needs

#### Summary of the engagement with people who use services and carers.

<b>Feedback/recommendation</b>	<b>Action</b>
<p>People with ABI receiving community support want consistency and to work with someone they know and get on with well. They also want face-to-face support as well as or instead of telephone/virtual support. Carers generally view paid carers as efficient, courteous, respectful and friendly.</p> <p><i>Feedback to ASC Operations Manager from clients of ABI community support service and their carers (2020)</i></p>	<p>Staff cover to provide consistent service included in draft specification.</p> <p>To include the positive characteristics/values in key principles section of spec.</p>
<p>Mental health community support service is good at giving time to explain any difficulties, listening to any requests and making plans, with the support good at respecting background, culture, and religious beliefs.</p> <p><i>Mental Health Services in Brighton and Hove – experiences of service users and professionals, Healthwatch (2022) [Individual case study]</i></p>	<p>Specification to emphasise importance of person-centred support.</p>
<p>I would like support to get out and about to connect with the community.</p> <p><i>User Survey 2022</i></p>	<p>Links to community services section in draft specification.</p>
<p>I would like opportunities to work or volunteer.</p> <p><i>User Survey 2022</i></p>	<p>Activities, life skills, education and work section in draft specification.</p>
<p>It's important to have company &amp; activities in care settings.</p> <p><i>User Survey 2022</i></p>	<p>Social contact and activities to be considered/reviewed by commissioners when specifications are developed for new contracts. Review the requirements to provide activities in care settings and to support people to participate &amp; engage.</p>
<p>I would like support to maintain friendships &amp; relationships.</p> <p><i>User Survey 2022</i></p>	<p>Social connections section included in draft specification.</p>
<p>I would like support maintain autonomy and independence.</p> <p><i>User Survey 2022</i></p>	<p>Draft specification includes maximising and enhancing independence and control.</p>
<p>I would like support to take part in physical exercise.</p> <p><i>User Survey 2022</i></p>	<p>Reference to physical activity in health and wellbeing section of spec.</p>

<p>Quality of food is important to people – Having access to healthy food makes a big difference to my wellbeing.</p> <p><i>User Survey 2022</i></p>	<p>Reference to healthy food noted in health and wellbeing section of draft specification.</p>
<p>Services need to be more proactive checking in and also not giving up and leaving the person alone when there is a lack of social engagement.</p> <p><i>Carers' Centre engagement feedback 2020</i></p>	<p>Make it clear in the specification the requirements when someone is not engaging.</p>
<p>Carers and social workers have highlighted difficulties when not being able to contact a community support provider.</p> <p><i>Feedback to ASC Operations Manager from carers of community support service clients (2020) and feedback to HASC Commissioning directly from social workers.</i></p>	<p>Communication section of draft specification includes service users and carers being clear on how to contact the service.</p>
<p>With a community support service, the person's carer wanted more communication between the two support workers supporting their relative and also highlighted the impact of the support workers' lack of organisation with their relative's appointments, leisure activities, shopping and food.</p> <p><i>Feedback to ASC Operations Manager from carer of a community support service client (2020)</i></p>	<p>Staff cover to provide consistent service included in draft specification.</p>
<p>Another carer raised an issue with a community support provider not providing housing-related support their relative needed.</p> <p><i>Feedback to ASC Operations Manager from carer of ABI community support service client (2020)</i></p>	<p>Ensure the specification refers to tenancy related support.</p>
<p>Recommendation for mandatory training for staff to ensure that the disabled person is recognised as the expert in their own care.</p> <p><i>Care Assessment for Physical, Sensory or Neurological Impairment Report, The Carers Centre for Brighton and Hove (January 2020)</i></p>	<p>Specification refers to person-centred and strengths-based approaches, and 'lots' will have specific training requirements.</p>
<p>Recommendations have been made for:</p> <ul style="list-style-type: none"> <li>• Mandatory training around culture, race, sexuality, gender and lifestyle for all care agency and council employees.</li> <li>• Social workers and care workers to continue to develop their understanding of the cultural differences between ethnic minority groups and communities, through peer-to-peer exchanges and platforms and supplemented by relevant race awareness training.</li> </ul> <p><i>Adult Care Assessment, Consultation with Black, Asian &amp; Minority Ethnic (BAME) Adult Care Service Users, Trust for Developing Communities, May 2020</i></p>	<p>The specification includes:</p> <p>The Service Provider will be personalised ensuring that individual needs are met, and that staff are skilled in supporting cultural needs and the needs of all communities of interest.</p> <p>Also to include how this is monitored.</p>
<p>Carers frequently describe having to research information themselves and find information on services</p>	<p>Providers fed back that they are unlikely to share the specification with those using services or their</p>



<p>hard to find. Information should not just be online but also be available in multiple formats and easy to locate.</p> <p><i>Care Assessment for Physical, Sensory or Neurological Impairment Report, The Carers Centre for Brighton and Hove (January 2020)</i></p>	<p>carers so have included providing service information for service users and carers in appropriate format and not just online.</p>
<p>“Sourcing small packages of social care community outreach support for people, to enable them to live independently and maintain a tenancy, is virtually impossible.”</p> <p><i>Mental Health Services in Brighton and Hove – experiences of service users and professionals, Healthwatch (2022) [Quote from professional]</i></p>	<p>Goal of framework is to increase the number of providers that could provide outreach support.</p>
<p>Adults with learning disabilities tell us they want:</p> <ul style="list-style-type: none"> <li>• To be respected and listened to</li> <li>• To have support to talk about mental health, and to access services</li> <li>• To develop and maintain friendships, and support to talk about relationships, sexuality and personal safety</li> <li>• Information and support to access activities in the community, including work and volunteering opportunities</li> <li>• Support to stay physically healthy</li> <li>• To develop their independence and life skills</li> <li>• Support to access the internet and technology</li> <li>• Support with life changes/ transitions</li> <li>• Choice about where to live and who with</li> <li>• Have good, reliable and consistent staff support</li> <li>• Have enough staff support to help to be independent</li> </ul> <p>Families and advocates tell us that their key priorities are:</p> <ul style="list-style-type: none"> <li>• Employment, Education, Training and Volunteering opportunities</li> <li>• Access to financial and benefit support</li> <li>• Improved access and support from wellbeing and mental health services</li> <li>• Improved relationships with GP services and access to quality healthcare</li> <li>• Information on services, what’s available and how to access them</li> <li>• Increased availability of easy read documents</li> <li>• Availability of a range of activities and support to access them</li> <li>• Training for staff to be able to communicate with people with learning disabilities and Autism and awareness of disabilities</li> <li>• More information on planning for transitions, support and housing options</li> <li>• Consistent support of a good standard</li> <li>• Greater support for parents with a learning disability</li> </ul>	<p>The specification will include this (many of these have also been highlighted by other groups here and underline the importance for all services).</p>

Brighton & Hove Adult Learning Disability Strategy: The Big Plan 2021-2026 ( <a href="https://www.brighton-hove.gov.uk/brighton-and-hove-adult-learning-disability-strategy-big-plan-2021-2026">https://www.brighton-hove.gov.uk/brighton-and-hove-adult-learning-disability-strategy-big-plan-2021-2026</a> )	
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### Summary of the engagement with stakeholders

<b>Session with Assessment Team 08/02/23</b>	
<b>Feedback/recommendation</b>	<b>Action</b>
There is a gap in services for autistic men in their 40s who struggle to engage with services and people.	Specification includes expectations of providers when people don't engage with services.
There is a gap in provision for hoarders who are provided with cleaning services but no specialist support around what has led to the hoarding and how to prevent it.	Consider how we provide and fund specialist support to fill this gap.
All staff need a basic awareness of communicating with hard of hearing people (including while not wearing a hearing aid). Also need to consider people with dual sensory impairment.	Largely included in specification but will add more.
Only 1 provider for BSL users so no choice. The specification needs to be clear on the level of BSL.	To add to physical disability and sensory needs appendix in the specification.
ABI: need support with: <ul style="list-style-type: none"> <li>• impulsive behaviours</li> <li>• understanding anger and the strategies for working with anger</li> <li>• people who self-medicate using substances</li> <li>• self-neglect that can also lead to hoarding</li> <li>• people who choose high risk behaviours</li> <li>• With engaging with services</li> </ul> Signposting is needed for support with money and finances	Include in the ABI appendix in specification.
Gaps in support for people with substance misuse over and above the Changing Futures criteria.  Lack of services for people who are still using particularly around their environment and behaviours eg providers won't enter somewhere with needles or other paraphernalia  Issue with services not accepting people with active substance misuse.	Add sub-lots for substance misuse.

Gaps for small packages of community support and in areas like Saltdean and Rottingdean	The DPS will help to identify clusters of support to make them more attractive to providers.
Need for providers to carry out specialist health tasks eg PEG feeding as well as support other needs. Diabetes also raised specifically and need for blood tests and insulin injections.	Consider adding to the Physical Disability appendix to the specification and discuss with Home Care Commissioner.
<b>Session with user and carer representatives 08/02/23</b>	
<b>Feedback/recommendation</b>	<b>Action</b>
Ensure the specification includes information about the person's home and environment and that person has the right to have choice over their environment.	Add to the specification.
Ensure wellbeing is listed as distinct from health.	Add to the specification.
Include the requirement for providers to work positively with independent advocates/ support people's right to advocacy in the specification.  And also ensure that is included in the home care and care home specifications.	Advocacy already included in spec but added to (section 4.1)  Check with commissioners of home care and care homes.
Check if there is anything in the Terms & Conditions regarding pandemics/lockdowns	Discuss with Legal.
Ensure that carers and their needs are featured and that referrals for carer support take place.	Add to specification about supporting carers with referrals to carer support and also have specific carer information in specification (now section 4.11)
Quality assurance – is there any reference to quality checking and particularly independent quality checking by experts by experience (and highlighted the value of external, independent experts by experience rather than just those engaged directly by a service)	Discuss with Quality Monitoring colleagues.
Ensure due diligence and conflicts of interest are included.	This is checked at the qualification stage.
Would like to know the outcome of the feedback given at session.	This information will be shared with contributors.

### **Summary of gap and needs analysis and Equalities Impact Assessments**

#### **1. Mental Health needs**

- 1.1 Brighton & Hove City Council currently has no framework in place for procuring community support and support living placements for individuals with mental health

support needs. Placements are currently being made via the learning disability framework. Recent analysis of mental health placements has identified the need for more supporting living placements within the city, 9% of those currently placed in residential care would be better placed in a supported living service if one was available. Of those currently placed in supported living services 44% have been placed out of area with the average waiting time for a placement being 2 to 3 months.

- 1.2 There is a need to increase the provision of Community Support in the city following the departure of provider from the market, the majority of current Community Support placements in the city are with one support provider and we would be looking to create a wider market of providers via the DPS to make the costs for support packages more competitive and ensure the best outcomes for service users.
- 1.3 An EIA for mental health identified both gaps in data and feedback in relation to individuals with mental health needs and certain protected characteristics. Consultation has taken place with users of mental health services, their families and carers around access to services and gaps in provision. This consultation was carried out by Healthwatch and feedback from this and other consultation exercises is being fed into the development of the service specification. This includes the need for provision for those with mental health and substance misuse needs, mental health and autism and the need to ensure that services are sensitive to the needs of individuals with protected characteristics.

## **2. Learning disabilities**

- 2.1 There are currently 9 community support providers in the city for adults with learning disabilities. Due to cost pressures and recruitment and retention issues the market is struggling to meet the current demand. One provider served notice on their community support contract at the beginning of 2022 requiring a tender process to be completed at pace to source support for 56 individuals (across FCL and HASC). One provider has made the strategic decision not to expand their provision and others are unable to take on additional packages of support due to lack of staff. The result is delays in support needs being met often with an increased pressure on families and very expensive specialist agencies being used by providers with the local authority picking up the additional cost. In addition full time placements are also being considered as an alternative, again at increased cost and resulting in the over provision of care.
- 2.2 There are currently 15 packages out on the current DPS system waiting for responses from community support providers. A recent market engagement event was undertaken and prior information notice published to try to stimulate the community support market. We have been successful in signing up one additional provider onto DPS, but this in no way meets the current/future demand.

## **3. Acquired brain injury (ABI).**

- 3.1 There is currently only 1 Community Support provider for people with Acquired Brain Injuries (ABI) and they have not been able to take on new cases for the past year. This has led to a blockage in the move-on from, and an increase in the need for, the 10

supported living placements that are in the city. Consequently more people need to be placed in residential care as there are no vacancies in supported living. The average cost of ABI residential care is £1,657 per week, compared to £735 for supported living and £86 for community support so there are considerable savings to be made by increasing provision of community support and supported living.

#### **4. Physical disability and sensory need**

- 4.1 People with physical disabilities, acquired brain injury or other conditions under 65 are significantly impacted by the lack of appropriate supported living options in the city, leading to people being placed out-of-area or in inappropriate residential placements. There are no specific supported living options for younger people under 25. The lack of effective transitions planning could mean young people's care and support is delayed.
- 4.2 There is a lack of choice of community support providers for people with acquired brain injury or d/Deaf people, and no specialist community support provider for people with sight loss.
- 4.3 Care and support services, from home care through to nursing care that are not specialist for people with sight and/or hearing loss, may not be adequately equipped to support people with a sensory loss. Services also need to show awareness and understanding of LGBTQ issues and the cultural, behavioural and attitudinal differences across ethnic minority communities.

#### **5. Autism and neurodiversity**

- 5.1 There is a large cohort of autistic, and otherwise neurodivergent, adults who do not have a learning disability but have adult social care needs. However, there are currently no specialist service providers within the city. In particular, there is significant demand for community support and this is currently met by learning disability or mental health providers who often do not have capacity to support new service users.

#### **6. Multiple compound need**

- 6.1 Brighton & Hove has a significant number of people who have multiple support needs, these support needs can include mental health, learning disability, substance misuse, homelessness, physical health needs and offending behaviour. The city ranks 61 out of 151 in terms of highest numbers of adults engaged with substance misuse, homelessness and offending services. 20 in every thousand people in Brighton & Hove are estimated to have needs in three or more support areas.
- 6.2 There is no framework for Community Support or Supporting Living for individuals with multiple and compound need and various pieces of work including the Mental Health and Housing Plan 2021 have identified significant gaps in services within the city for people with mental health combined with other needs including substance misuse. People with multiple needs experience longer waiting times for placements and are more likely to be placed in services outside of the city.



# Community Support and Supported Living Light Touch Dynamic Purchasing System (DPS) for people with Health & Adult Social Care needs

## Appendix 2

### Market Engagement

- 1.1 In January 2022 the national Contracts Finder website was used to contact support providers to ask for their feedback on commissioning and support arrangements for Supported Living and Community Support provision to the following range of client groups:
  - Adults with learning disabilities
  - Adults with physical disabilities
  - Adults with sensory needs
  - Adults with acquired brain injuries
  - Adults who experience mental ill health
  - Neurodiverse adults, including autism
  - Adults with multiple and compound need
  - Adults with substance misuse and Care Act eligible needs
  - Young people who are due to transition between children and adults services in the above areas.
- 1.2 As part of this process, the Council sought the views and opinions of both existing providers and those who do not currently contract with the Council. 17 providers responded, 10 of whom are currently providing services locally and 7 who provide services in other local authorities.
- 1.3 Some providers offer both Supported Living and Community Support and were positive about 'core and cluster' models where Community Support is clustered near an accommodation-based service, that could be either Supported Living or Residential Care. There was no particular preference for spot or block contracts and providers could see strengths in each approach. Providers were willing to support with small packages but asked that they are clustered geographically and that travel costs are included.
- 1.4 With regard to fees, Individual Service Funds were viewed positively, and providers expressed their views on how to make these work successfully. Providers were generally positive about set rates but were clear that there needs to be different rates that reflect higher needs and complexity.
- 1.5 Further market engagement was held through Teams meetings with the sessions listed below:
  - Introduction to the new procurement – May 2022
  - Outcomes and KPIs – June 2022

- Service Specifications – July 2022
- Quality Assurance – August 2022
- Fees – Jan 2023

1.6 Commissioners presented information and provided opportunities for small group work and feedback on the topics with notes and presentations circulated after the meetings. Overall, the market has been positive about the idea of a DPS and the feedback from the Teams sessions has directly influenced the development of the Service Specifications, KPIs, outcomes and quality assurance.