





**Brighton & Hove
City Council**

Cabinet Member Meeting

Title:	Adult Social Care & Health Cabinet Member Meeting
Date:	16 June 2008
Time:	4.00pm
Venue	Committee Room 1, Hove Town Hall
Members:	Councillors: K Norman (Cabinet Member)
Contact:	Caroline De Marco 01273 291063 caroline.demarco@brighton-hove.gov.uk

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ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

AGENDA

1. PROCEDURAL BUSINESS

- (a) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct
- (b) 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 2 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.

2. TERMS OF REFERENCE.

1 - 2

Report of Director of Strategy & Governance (copy attached).

Contact Officer: *Caroline De Marco,* Tel: 01273 291063
Democratic Services
Officer

Ward Affected: *All Wards*

3. MINUTES OF THE PREVIOUS MEETING

3 - 8

Minutes of the meeting of the Adult Social Care & Health Committee held on 31 March 2008 (copy attached for information).

4. CABINET MEMBER'S COMMUNICATIONS

5. ITEMS RESERVED FOR DISCUSSION

- (a) Items reserved by the Cabinet Member
- (b) Items reserved by the Opposition Spokesperson
- (c) Items reserved by Members, with the agreement of the Cabinet

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Member.

6. PUBLIC QUESTIONS

No public questions have been received.

7. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

8. PETITIONS

No petitions have been received.

9. DEPUTATIONS

No deputations have been received.

10. LETTERS FROM COUNCILLORS

No letters have been received.

11. NOTICES OF MOTIONS REFERRED FROM COUNCIL

No Notices of Motion have been received.

12. MATTERS REFERRED FOR RECONSIDERATION

No matters have been referred.

13. REPORTS FROM OVERVIEW & SCRUTINY COMMITTEES

No reports have been received.

14. RE-TENDERING HOME CARE CONTRACTS

9 - 22

*Contact Officer: Lynn Mounfield, Tel: 01273 296201
Contracts Manager, Adult*

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Social Care

Ward Affected: All Wards

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For further details and general enquiries about this meeting contact Caroline De Marco, (01273 291063, email caroline.demarco@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Friday, 6 June 2008

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 2
Brighton & Hove City Council

Subject:	Terms of Reference		
Date of Meeting:	16 June 2008		
Report of:	Director of Strategy and Governance		
Contact Officer:	Name:	Caroline De Marco	Tel: 29-1063
	E-mail:	Caroline.demarco@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE:

1. SUMMARY:

1.1 This report is just to inform the Adult Social Care & Health Cabinet Member Meeting of the delegations to the Cabinet Member for Adult Social Care & Health.

2. RECOMMENDATIONS:

- (1) To Note the Terms of Reference for the Cabinet Member for Adult Social Care and Health.

Cabinet Member for Adult Social Care & Health

Explanatory Note

The Cabinet Member for Adult Social Care & Health is responsible for adult social services and joint delivery of a number of social care and health services with the Health Service - see Part 5.2 of the Constitution for details of the Joint Commissioning Board which oversees these arrangements.

Delegated Functions

1. Adult Social Services

- (a) To exercise the social services functions of the Council in respect of adults;
- (b) To exercise all of the powers of the Council in relation to the issue of certificates to blind people; the issue of badges for motor vehicles for disabled people and the grant of assistance to voluntary organisations exercising functions within its area of delegation;
- (c) To exercise the functions of the Council in relation to the removal to suitable premises of persons in need of care and attention.

2. Partnership with the Health Service

To exercise the Council's functions under or in connection with the adult services partnership arrangements made with health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreement").

Note

All the above functions shall be exercised subject to any requirements in the Section 75 Agreement. The Adult Social Services functions, in so far as they relate to Learning Disability, shall be exercisable by the Cabinet Member for Housing, not the Cabinet Member for Adult Social Care, providing that the Leader may issue such guidance and instruction as to the separate or joint exercise of the function by the two Cabinet Members at the Joint Commissioning Board.

Agenda Item 3

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HEALTH COMMITTEE

5.00PM, MONDAY 31 MARCH 2008

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Councillor K Norman (Chairman), Cobb, Fallon-Khan, Fryer, Lepper, Meadows (OS), A Norman (DC), Simson, Taylor and Wakefield-Jarrett

PART ONE

ACTION

50 PROCEDURAL BUSINESS

50A Declarations of Substitutes

50.1 Councillor Simson declared that she was attending as a substitute member for Councillor Caulfield.

50B Declarations of Interest

50.2 There were none.

50C Exclusion of Press and Public

50.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

50.4 **RESOLVED** - That the press and public be not excluded from the meeting.

51 MINUTES

- 51.1 **RESOLVED** – That the minutes of the meeting held on 31 March 2008 be approved and signed by the Chairman subject to the following amendments.

Paragraph 44.5 – should read “Councillor Lepper asked if Members agreed 2.3 of the recommendations, whether *it meant that* Vernon Gardens will be sold.”

A sentence should be inserted after paragraph 44.11 stating that the Chairman was asked if Vernon Gardens would be sold if paragraph 2.3 was agreed and the answer was no”

52 CALLOVER

- 52.1 **RESOLVED** – That all the items on the agenda be reserved for discussion.

53 CHAIRMAN'S COMMUNICATIONS

- 53.1 The Chairman welcomed Joy Hollister, who was recently appointed as Director of Adult Social Care and Housing.
- 53.2 The Chairman noted that this would be the last meeting of the Adult Social Care and Health Committee. New Cabinet arrangements would be put in place from May 2008. Members of the Committee had therefore been asked to participate in a photograph before the start of the meeting.

54 PUBLIC QUESTIONS

- 54.1 There were none.

55 ARRANGEMENTS FOR THE MOVE TO A NEW CONSTITUTION

- 55.1 The Committee considered a report of the Director of Strategy and Governance, which confirmed that subject to Council approval on 24 April 2008, this would be the last meeting of the Adult Social Care and Health Committee. The report set out the arrangements for the work of the Committee under the Council's new constitution (for copy see minute book).

- 55.2 The following proposal was put to the Committee.

“That the Adult Social Care and Health Committee supports the resolution Housing Committee of March 27, 2008 in recommending that there should be separate scrutiny committees monitoring each of the functions of Adult Social Care & Health and (separately) Housing.”

- 55.3 The proposal was voted on and was not agreed. During a full

discussion before the vote the Director of Adult Social Care and Housing advised Members that there would be financial and staffing implications for agreeing an additional scrutiny committee. It was also stressed that under the new proposals the overview and scrutiny of Adult Social Care and Health issues would be undertaken by the Adult Social Care & Housing Scrutiny Committee and the Health Overview and Scrutiny Committee.

55.4 **RESOLVED** – 1) That the requirements of the Local Government and Public Involvement in Health Act 2007 (the Act) requiring Brighton & Hove City Council to move to new constitutional arrangements, be noted.

2) That it be noted how the work of the current Committee will be discharged under the proposed new arrangements.

3) That the proposal to prepare a book to commemorate the life of this Committee be noted. (Members had participated in a photograph before the start of the meeting).

[Note: Councillors Fryer, Taylor and Wakefield-Jarrett requested that their names be recorded as having voted against the above resolutions.]

56 VALUE FOR MONEY REVIEW OF DAY SERVICES FOR OLDER PEOPLE

56.1 The Committee considered a report of the Director of Adult Social Care and Housing which provided an update of progress and findings of the review of day services for older people (for copy see minute book).

56.2 The report explained that Older People's Day Services provided support to Older people and older people with mental health needs from several establishments across the City. Paragraph 4 of the report set out the review findings. Paragraph 6 of the report set out the new service model.

56.3 Concerns were raised over a lack of financial detail. The General Manager, Provider Services stressed that this was the first report of the Value for Money Review of Day Services. More detail would be provided in a later report.

56.4 It was stressed that the system of direct payment should be carefully monitored to protect the interests of service users. The Director of Adult Social Care and Housing assured Members that officers took this issue very seriously and that they would carefully monitor the situation as people moved to more individual care.

- 56.5 **RESOLVED** – (1) That the overall direction of travel for the service be approved. Sam Smith
Marnie
Naylor
- (2) That progress to date and next steps be noted.

57 VERNON GARDENS RESOURCE CENTRE

- 57.1 The Committee considered a report of the Director of Adult Social Care and Housing which provided an update on the re-provision of residential services at Vernon Gardens, the development at Craven Vale to provide additional short term care beds and the future provision of day services at Vernon Gardens (for copy see minutes book).
- 57.2 The General Manager - Provider Services informed the Committee that in relation to paragraph 5.3 of the report, people eligible for financial support from the Local Authority would continue to have their places funded by the local authority, if the placement was relevant to their needs.
- 57.3 The Director of Adult Social Care and Housing expressed thanks to the staff of Vernon Gardens for the way they were supporting services users in moving out of Vernon Gardens and into their new homes. The Chairman also expressed appreciation to the staff on behalf of the Committee, for the way staff had treated services users with care and respect.
- 57.4 **RESOLVED** - 1) That the re-provision of day services at Vernon Gardens be approved. Anne Hagan
Laura Scott
Smith
Andy Batchelor
- 2) That following the re-provision of services at Vernon Gardens, it is agreed to further explore the option of refurbishing the building to develop extra care housing for younger people with physical disability.
- 3) That the further exploration of other options for the future of the Vernon Gardens building be supported and agreed.
- 4) That the development of 8 additional short term care beds at Craven Vale be approved.

58 FAIRER CONTRACTING

- 58.1 The Committee considered a report of the Director of Adult Social Care and Housing and Lead Commissioner for Older People, PCT which set out a resume of the Project Initiation Document on Fairer Contracting Care Homes for Older People and Older People with Mental Health needs. A similar report was presented to the Joint Commissioning Board on 3 March 2008

(for copy see minutes book).

58.2 With regard to the environmental performance of care homes, it was requested that contracts should request more recycling and sustainable energy.

58.3 **RESOLVED** – That Brighton & Hove City Council and the Brighton & Hove Primary Care Trust undertake joint work to produce an Options paper which will be presented to a future Cabinet Member Meeting for Adult Social Care and Health subject to the full Council approving the proposals for the new constitution on 24 April 2008.

Jane MacDonald

59 BRAMBLE RISE – FEEDBACK ON CONSULTATION

59.1 The Committee considered a report of the Director of Adult Social Care and Housing which detailed the outcome of the consultation process regarding 90 Bramble Rise, a Registered Care Home for people with learning disabilities, and outlined the options for the future of the service (for copy see minute book).

59.2 Concerns were raised about the proposal for the Council to continue working with Kelsey Housing Association to develop another service. It was stressed that there was a long history of their homes not being maintained and being no longer fit for purpose.

59.3 The Head of Single Homelessness & Social Inclusion concurred with the comments about the lack of maintenance in homes run by Kelsey Housing Association. He informed Members that Kelsey Housing Association was considering merging with another registered State landlord. It was important that the Council carefully considered all possible options. Meanwhile, the Director of Adult Social Care and Housing stressed that Bramble Rise was not fit for the current service users.

59.4 **RESOLVED** – 1) That the termination of the lease with Kelsey Housing Association in respect of 90 Bramble Rise and the transfer of current service users to more appropriate local services that can better meet their individual needs, be approved.

Tracy Mair

2) That officers be instructed to continue to work with Kelsey Housing Association and/or other Registered State Landlord (RSL) partners to ensure the existing asset or any capital receipt realised from it is utilised to meet city wide strategic housing / commissioning needs.

60 ITEMS TO GO FORWARD TO COUNCIL

60.1 **RESOLVED** - No items were referred to Council.

CHAIRMAN'S THANKS

The Chairman thanked all Members of the Committee for their involvement and lively debate over the last year. He also extended his thanks to The Director of Adult Social Care and Housing and other officers involved with the work of the Committee.

The meeting concluded at 7.05pm

Signed

Chairman

Dated this

day of

2008

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 14
Brighton & Hove City Council

Subject: Re-tendering Home Care Contracts
Date of Meeting: 16 June 2008
Report of: Director of Housing and Adult Social Care
Contact Officer: Name: Lynn Mounfield Tel: 29-6201
E-mail: lynn.mounfield@brighton-hove.gov.uk
Key Decision: Yes Forward Plan No. ASC 0007
Wards Affected: All

FOR GENERAL RELEASE

This report is for general release and is on the forward plan reference no: ACS 0007

1. SUMMARY AND POLICY CONTEXT:

1.1 To secure the agreement in principle of the Cabinet Member to proposals for re-tendering contracts for home care services.

1.2 Home care services are essential services that support an increasing number of vulnerable people safely in their own homes with dignity and respect. The council will work in partnership with Service Users and Service Providers, to move toward a personalised approach to the purchase of home care services and the contractual arrangements will reflect that direction of travel.

This is in line with the White Paper, 'Our Health, Our Care, Our Say,' and the standards through which the national regulator, the Commission for Social Care Inspection (CSCI), will be inspecting the home care providers.

2. RECOMMENDATIONS:

(1) To re-tender, during the financial year 2008-09 the district contracts for home care services for the subsequent three years.

(2) To agree that the re-tender will be for new cases arising during the contract period only and these will be subject to the new contract. The expectation is that existing work will come under the terms and conditions of the new contracts with each successful provider (as agreed in the previous two tendering processes).

(3) To include a service user representative on the Tender Evaluation Panel.

(4) To authorise the Director of Adult Social Care & Housing to approve the recommendations of the tender evaluation panel, after consultation with the Cabinet Member for Adult Social Care and Health, and the letting of contracts.

- (5) To authorise the Director of Adult Social Care and Housing to approve any other matters in connection with the tendering and contract award exercise, including any necessary adjustments to the procedures outlined in this report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Current arrangements for day-time home care provision in the independent sector are that there are framework contracts (which set the service specification and price paid by the Council) with 10 approved providers. Following a tendering exercise, contracts were awarded to these providers for three years from April 2005 to March 2008, with the option to extend contracts by up to 18 months. Providers were awarded contracts aligned to geographical districts based on post code sectors. For details of current contract awards, see **Appendix One**.
- 3.2 The current contractual arrangements have worked successfully for the council and have received positive commendation from independent sources. This is evidenced in the Commission for Social Care Inspection (CSCI), The State of Social Care In England 2005-06, see **Appendix Two**. The current system is generally robust and effective, and has delivered increasing volumes of home care in response to increasing demand, and overall quality of provision is above the national average as CSCI scores are generally higher than other Authorities.
- 3.3 The current and new framework contracts do not tie the council into paying a particular amount each month to each contract. The council only pays for the actual amount of work carried out by the home care provider, on behalf of the council.
- 3.4 Brighton & Hove City Council set standard prices for care for all providers, with different elements for the length of the call, its complexity, and whether it is weekday or weekend. The value of the contract is approximately £13,448,288 per annum (2007-8). Current pricing structure is attached for information, see **Appendix Three**.
- 3.5 The unit cost for an hour of care in Brighton and Hove is £14.80 and when benchmarking against our Nearest Neighbour comparator group the range of costs are from £9.70 per hour (North Tyneside) to £15.10 per hour (Plymouth).
- 3.6 We propose to set the rate for service provision at a level the council considers viable for appropriate quality of provision, rather than have providers tender their own prices.
This system has been successful in the previous two tendering processes and will continue to have the important effect of confirming levels of budgetary expenditure for planned levels of service provision. Providers will effectively compete on quality of service provision and their ability to recruit and retain staff. This approach will leave potential tenderers to make their decision about whether they want to pursue working with the council on these set terms. Built into the service specification will be transparency over the levels of wage payment made to home care workers by home care providers. The Council can then set a minimum expectation of wage rates that will encourage staff recruitment and retention.
- 3.7 The role and complexity of home care is changing and therefore a well trained workforce is crucial to the delivery of a high quality service and the training requirements will be built into the contract.

- 3.8 Consistency and continuity from care workers is a key aspect of service quality according to the people who use home care services. The key workforce issues both nationally and locally are recruitment and retention of staff. **Please see Appendix Four.**
- 3.9 The price will need to be seen as being a fair balance between being sufficient for good commercial operation and not so high that it allows any excessive profit whilst ensuring a high level of quality is sustained. The price paid will need to be reviewed at least annually.
- 3.10 The service specification draws heavily on the national minimum standards for domiciliary care agencies, and identifies where Brighton & Hove City Council specifications are more detailed or higher than the minimum standards. This provides for excellent monitoring arrangements. **Please see Appendix Five.**
- 3.11 A key element of the evaluation criteria for the tender will be linked to CSCI ratings of the service providers. See **Appendix Six** the full range of provisional evaluation criteria.
- 3.12 It is proposed that the evaluation panel will consist of: a corporate Procurement Officer, a service user, a Contracts Manager and a Contracts Officer.
- 3.13 It was agreed at the January 08 Adult Social Care and Health Committee to extend the current contracts by 12 months (which is covered under the existing contracts). The tendering process (from call for expressions of interest to award and start of new contracts) has in the past taken at least six months. The next tendering process could start immediately in June 2008, then allowing for contingencies, the new contracts could start in June 2009.

4. CONSULTATION

- 4.1 The key stakeholders have been consulted; these include the primary care trust, service users, home care providers and assessment staff.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

The value of home care contracts with independent providers was approximately £13.5 million in 2007/08. The new contracts will cover three years and commence during 2009/10

The prices for care for providers are set annually in a separate process to the tendering exercise. Successful providers will also be entitled to an incentive payment linked to quality of provision; the basis for payment will form an element of the tender specification.

The actual costs of home care provision are benchmarked against other local authorities on an annual basis these will be monitored alongside other Value for Money indicators.

5.1 Legal Implications:

The contracts referred to in this report are 'Part B' service for the purpose of EU procurement law and UK procurement regulations, and therefore not subject to the full application of either. The Council is nevertheless required to ensure that it obtains best value in a non-discriminatory and transparent way. The proposed method for seeking tenders complies with this requirement, although the approach to pricing is innovative and must be capable of withstanding Best Value/Value for Money analysis. The value of the contracts is in excess of £50,000 so they must be in a form approved by the Head of Law. The Council must take the Human Rights Act into account in respect of its actions but it is not considered that any individual's Human Rights Act rights would be adversely affected by the recommendations in this report.

Lawyer Alison Leitch Date: 25 March 2008

5.2 Equalities Implications:

The tender process and documentation will ensure that all those seeking a contract have full and effective equalities policies in place.

The Contracts Unit monitors all independent service providers to ensure there is effective implementation of their equalities policy that is linked to equalities legislation and National Minimum Care Standards

5.3 Sustainability Implications: Geographically focused provision

It is a key element of the contracting arrangement that contracts are based on small geographical areas (postcode sectors/districts). These make more efficient use of travel time for care workers; and give providers more scope to develop closer links with key local services e.g. GP and community nurses. As demonstrated in appendix two.

5.4 Crime & Disorder Implications: *No implications*

5.5 Risk and Opportunity Management Implications:

The risk involved in allowing tenders to compete on price is that the quality of service will be compromised, as wages and workers terms and conditions will be insufficient to recruit and retain good calibre staff. Therefore the Council is seeking to set a fair price in order to encourage the providers to concentrate and compete on quality.

5.6 Corporate / Citywide Implications:

The current home care providers have generally worked effectively in partnership with the Council. There are issues about the optimum number of providers that would be best for the city. There is some trade-off between a smaller number of providers that would generate an economy of scale and efficiencies, whilst a larger number of providers would generate more choice and diversity of provision.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 To avoid unnecessary disruption to the arrangements for existing service users, the district contracts will be for new cases only, leaving existing service users with their existing provider. This is for three major reasons:

- i) If service users were to have a change of provider this could be very disruptive for them. Continuity of carer is frequently cited as the issue that service users most care about. To move vulnerable users would not be good practice.
- ii) Logistically moving potentially well over a thousand users would be complex and time consuming for the Council to manage.
- iv) There is the likelihood that such a move would de-stabilise what has been a fragile market.

6.2 If a current provider is not awarded a district contract for new work, their existing work may need to be reviewed. There are two options open to the Council. (This is a similar system to that which was agreed in the previous re tenders).

OPTION ONE

If the provider is unsuccessful because the quality of the care they provide is not of sufficient standard, then their existing cases could be re allocated to other providers, over a period of three months.

OPTION TWO

If the provider is unsuccessful for reasons other than quality the Council could agree for them to be a back up provider enabling spot purchase care on an individual basis. This arrangement would then be subject to regular review.

6.3 The proposed approach to tendering and contractual arrangements for 2009-2012 draws on the experience of tendering for home care services in 2000-01 and in 2004-05, and consolidates the well-documented strengths of the current arrangements. It will ensure value for money for the council and effective partnership working with independent providers. Key features are commented on throughout this report and summarised in the **Appendix Seven**.

The current number of providers is 10. There are currently no compelling reasons to increase the total number of providers, as there is already sufficient choice of provider (3 or 4) in each district, and service users feel more strongly about choosing between the individual care workers who attend them than choice about the company managing the care. At the same time there are risks attached to making the number of providers too small, as this may allow monopoly positions to develop. There is also an inherent unpredictability around potential buy-outs of small providers by larger organisations. Therefore to maintain the number of providers at 10 at this time appears to be reasonable.

6.4 No single provider will be allowed to secure more than 25% of the total value of all the contracts.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The reasons for the recommendations to be approved are discussed in detail throughout this report with special attention to: 3.1 to 3.10, 5.3, 5.6, 5.7 and 6.1 to 6.5. This is an essential service which is key to supporting the national and local agenda of Personalisation in social care. The tendering process needs to support this agenda, ensure quality and value for money and comply with the relevant tendering legislation.

SUPPORTING DOCUMENTATION

Appendices:

1. Appendix One: 2005-08 Contract awards

District [post code sectors]	District Provider	1st back- up	2nd back- up	3rd back- up
BN1 1, 1 2,	Plan Personnel	Care UK 14	Agincare	Carewatch

1 3, 1 4, 3 1				
BN1 6, 1 7	Hallifax Care	Prime Care	Plan Personnel	Care UK
BN1 8, 1 9	Community Careline	Care UK	Plan Personnel	Carewatch
BN2 0, 2 2, 2 9	Carewatch	Care UK	Community Careline	Prime Care
BN2 1	Agincare	Community Careline	Plan Personnel	Prime Care
BN2 3, 2 4	Prime Care	Community Careline	Care UK	Carewatch
BN2 5	Care UK	Agincare	Community Careline	Prime Care
BN2 6, 2 7, 2 8	Community Careline	Prime Care	Agincare	[no award]
BN3 2, 3 3, 3 6, 1 5	Carewatch	Sussex Home Care	ILO	Care UK
BN3 4, 3 5	Sussex Home Care	Allied Healthcare	ILO	Carewatch
BN3 7, 3 8	Allied Healthcare	Sussex Home Care	Carewatch	ILO
BN41 1, 41 2	Allied Healthcare	Sussex Home Care	Carewatch	ILO

Within each zone there is a hierarchy of providers: the District Provider who gets first refusal on new care packages in their district, and then a first backup provider who is next offered the care package if the District provider is unable to take on the care package promptly; and second and third backup providers if that provider cannot take on the care package.

2. Appendix Two

The State of Social Care In England 2005-06

The Commission for Social Care Inspection (CSCI) published their national report on the State of Social Care In England 2005-06 on 10 January 2007.

Brighton & Hove City Council received a specific commendation within this report in the chapter on the state of commissioning (paragraph 6.52). This was in the section on 'understanding and developing local care markets' where the work of the Adult Social Care Contracts Unit was cited as good practice in working in

collaboration with independent sector service providers and having positive working relationships with this sector.

Features of this relationship include:

- a well-conceived regime for contract setting and compliance
- evidence that measures taken to analyse and develop the market were yielding very good results
- a 'fair rate' strategy agreed with providers had been in place for two years
- an independent provider forum established which is supported by a full-time post
- contracts and service specifications developed collaboratively with the private sector
- incentive payments made on top of agreed fees to improve quality of service in home care services
- robust monitoring regime which was 'fair and helpful'

The work of the Contract Unit has been supported by the Independent Providers Forum (IPF), which has been part-funded by Brighton & Hove PCT; and also supported by the Learning and Development Officer (Independent Sector) post.

The full report is available on the CSCI website

http://www.csci.org.uk/about_csci/publications/the_state_of_social_care_in.aspx

3. Appendix Three

Home care rates

	2007-08	2008-09
weekday standard care		
60 mins	£11.84	£12.47
45 mins	£9.90	£10.35

30 mins	£7.97	£8.10
15 mins	£6.04	£6.00
weekday special care		
60 mins	£13.38	£14.10
45 mins	£11.19	£11.61
30 mins	£9.01	£9.10
15 mins	£6.82	£6.72
weekend standard care		
60 mins	£15.51	£16.38
45 mins	£12.96	£13.56
30 mins	£10.44	£10.61
15 mins	£7.91	£7.81
weekend special care		
60 mins	£16.81	£17.74
45 mins	£14.07	£14.70
30 mins	£11.32	£11.49
15 mins	£8.57	£8.47

4. Appendix Four

The workforce for Brighton and Hove is large: over 700 home care workers in any given week, and given staff turnover, over 1,000 workers over the course of a year. The key workforce issues affecting recruitment and retention:

- Low rates of pay
- Unsocial hours (evenings and weekends) for a significant proportion of the carers

To overcome these obstacles having a set price allows the council to include in the contract that there is transparency₁ over the levels of wage payment made to

home care workers by home care providers. The Council can then set a minimum expectation of wage rates that will encourage staff recruitment and retention and this will encourage a higher quality of service.

The price has been set in this way for in the last two tendering processes and this has encouraged a more stable workforce. However this is area of significant concern both nationally and locally, as it can compromise providers' ability to deliver continuity of carer, and it puts high demands on recruitment and training expenditure.

5. Appendix Five

Home care contracts are currently monitored through the Contracts Unit. Officers undertake annual audits and contract reviews, and there is the home care forum where quality is a standing item. Monitoring includes service user views are obtained through the Sixty Plus Action group, service user questionnaires and other feedback. Complaints, safeguarding adults' investigations and other information are also consistently monitored. Details on home care performance are presented bi annually to Elected Members.

The incentive payment will be further developed to reflect emphasis on staff turnover, continuity of care, commitment and success with NVQ (National Vocational Qualification) training and ability to take up complex cases.

6. Appendix Six

Evaluation criteria (provisional)

Note the price is set prior to tender

Issue	Weighting	Detail	Weighting
CSCI evaluation	50%	Most recent evaluation	30%
		Average of previous evaluations	20%
Staff turnover	15%	Management turnover	7.5%

		Home care worker turnover	7.5%
Commitment to training	15%	Level of NVQ training in workforce	7.5%
		Level of investment in training	7.5%
Level of intensive/ complex cases	7.5%	Size of average care package	2.5%
		% of all cases which are >20 visits or 20 hours weekly	5%
Level of carer continuity to service users	7.5%		7.5%
Evidence of partnership working	5%		5%
Total	100%		100%

7. Appendix Seven

Key Features of re-tender

Issue	Preference	Rationale
Volume of work being tendered	New work only, with existing service users remaining with their existing providers	Preserves continuity of provision to existing service users, and appropriately values good existing providers
Pricing arrangement	Set prices for work consistent for all providers	Providers compete on quality and ability to recruit and retain staff. There needs to be recognition that quality will be rewarded and a price that is fair to everyone agreed.

Basis for contract division	Zoned districts, based on postcode sectors	Focussing providers' work into geographical districts rather than dispersed across the city gives clear efficiency benefits in reducing care worker travel time, and facilitates providers developing links with local GP surgeries etc
Approach to quality	Incentive payments for quality	More positive to reward good quality than simply penalising poor quality
Allocation of work to providers	Managed through brokerage team (Care Matching Team) with Backup arrangements	Straightforward administration
Avoiding dominance of a single provider	Maximum award to any single provider is 25% of total contract awards	Preserving competition
Approach to existing providers and new entrants	Value the majority of existing providers, at the same time as inject an element of additional competition from a new provider	Past tendering and post-tendering experience in home care has reinforced that the most consistently responsive and good quality provision has been from locally owned and managed services. This relates to higher levels of continuity of management and a greater responsiveness to local expectations (as a higher proportion of their total business is directly with BHCC)

Documents In Members' Rooms

1. There are none.

Background Documents

1. The White Paper, 'Our Health, Our Care, Our Say,
2. The Commission for Social Care Inspection (CSCI), The State of Social Care In England 2005-06.

