

# Adult Social Care & Public Health Sub-Committee

Date: **13 June 2023**

Time: **4.00pm**

Venue **Hove Town Hall - Council Chamber**

Members: Burden (Chair), Galvin, Miller, West and Winder

Contact: **Giles Rossington**  
Senior Policy, Partnerships & Scrutiny Officer  
01273 291065  
penny.jenning@brighton-hove.gov.uk

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# AGENDA

## 1 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.*

## 2 MINUTES

7 - 16

To consider the minutes of the meeting held on 10 January 2023.

## 3 CHAIR'S COMMUNICATIONS

## 4 CALL-OVER

- (a) Items (8 – 12) will be read out at the meeting and Members invited to reserve the items for consideration.
- (b) Those items not reserved will be taken as having been received and

the reports' recommendations agreed.

## 5 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 30 May 2023 (10 working days);
- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 7 June 2023.
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 7 June 2023.

## 6 ITEMS REFERRED FROM COUNCIL

To consider the following item(s) referred from the Council meeting held on the 25 May 2023.

## 7 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.

## 8 HASC DELIVERY STRATEGY

17 - 40

Contact Officer: Kat Brett  
Ward Affected: All Wards

## 9 HOMECARE AND LEARNING DISABILITIES DYNAMIC PURCHASING SYSTEM (DPS)

41 - 48

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

## 10 HOMECARE RECOMMISSION: UPDATE ON AWARD

49 - 54

Contact Officer: Claire Rowland, Sophie Warburton, Wendy McRae-Smith Tel: 01273 295745, Tel: 01273 292709, Tel: 01273 296153  
Ward Affected: All Wards

**11 PUBLIC HEALTH COMMUNITY NURSING CONTRACTS OPTIONS 55 - 64**  
**PAPER**

*Contact Officer: Sarah Colombo*  
*Ward Affected: All Wards*

*Tel: 01273 294218*

**12 INTEGRATED SEXUAL HEALTH SERVICES CONTRACT EXTENSION 65 - 70**

*Contact Officer: Caroline Vass*  
*Ward Affected: All Wards*

**13 ITEMS REFERRED FOR COUNCIL**

To consider items to be submitted to the 21 July 2023 Council meeting for information.

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

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

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### **FURTHER INFORMATION**

For further details and general enquiries about this meeting contact 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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Therefore, by entering the meeting room and using the seats in the chamber you are deemed to be consenting to being filmed and to the possible use of those images and sound recordings for the purpose of web casting and/or Member training. If members of the public do not wish to have their image captured, they should sit in the public gallery area.

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- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and
- Do not re-enter the building until told that it is safe to do so.



**Brighton & Hove City Council**  
**Adult Social Care & Public Health Sub-Committee**

**4.00pm 10 January 2023**

**Hove Town Hall - Council Chamber**

**Minutes**

**Present:** Councillor Nield (Chair) Shanks, Robins (Opposition Spokesperson) and Appich

**Part One**

**16 PROCEDURAL BUSINESS**

**16 (a) Declaration of Substitutes**

16.1 Councillor Barnett gave her apologies.

**16 (b) Declarations of Interests**

16.2 There were none.

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

16.3 In accordance with Section 100A of the Local Government Act 1972 ("The Act"), the Adult Social Care & Public Health Sub Committee 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 of them of confidential information as defined in Section 100A (3) of the Act.

16.4 **RESOLVED** – That the public be not excluded during consideration of any item of business on the agenda.

**17 MINUTES**

**17 (a) Minutes, 14 June 2022**

17.1 **RESOLVED** – That the minutes of the meeting held on 14 June 2022 be agreed as a correct record.

**17 (b) Minutes, Special Meeting, 18 November 2022**

- 17.2 **RESOLVED** – That the minutes of the special meeting held on 8 November 2022 be agreed as a correct record.

**18 CHAIR'S COMMUNICATIONS**

- 18.1 The Chair gave the following communications:

**Critical Incident Status**

- 18.2 Last week's critical incident status across health services has been stepped down. However, all services remain extremely busy and people must continue to use health services appropriately. NHS services in Sussex will remain in business continuity with additional measures in place and people may continue to experience disruption over the coming weeks. In addition, industrial action is expected to take place across local ambulance services on 11 January and for nursing staff on 18 and 19 January.
- 18.3 Please think carefully about the best service for your needs. Only use 999 and A&E departments for serious or life-threatening emergencies. Remember you can get expert clinical advice about minor health concerns from a pharmacist without the need for an appointment, and that NHS111 provides support 24 hours a day online or over the phone and will direct you to the most appropriate service for your need. Please stay at home if you have symptoms of Covid or flu and get your vaccines if you're eligible. With Covid and flu circulating at high levels, staying protected is important this winter. If you're aged 50+, pregnant or have certain health conditions, you are at higher risk of serious illness from these viruses. It's not too late to have your vaccines to protect yourself and others. Flu and Covid vaccine appointments are available at many pharmacies in the city, and walk-in Covid vaccination sessions remain available at Hove Tesco, Hove Polyclinic and St Peter's Church each week throughout January. Find out more or make a booking at [www.nhs.uk/wintervaccinations](http://www.nhs.uk/wintervaccinations).

**Adult Social Care Charging Reforms**

- 18.4 "As announced in November Budget Statement that ASC Charging Reforms have been postponed by 2 years, until October 2025. Our preparation for the introduction of the legislation created an officer led project group that was looking at all of the changes required to meet the dates as set by DHSC. The group had anticipated the postponement, but it is a significant change that will affect us along with other Local Authorities. The project Group will continue having identified some key areas of service improvement.

**Care Quality Commission - Adult Social Care Inspection**

- 18.5 The Care Quality Commission was due to inspect Local Authorities on their delivery of Adult Social Care Services from 1<sup>st</sup> April 2023. Just before the Christmas break we have had confirmed that they have released a revised timetable, meaning that Inspections are likely to start towards the end of 2023. The additional time presents an opportunity for Brighton & Hove Council to be even more prepared for Inspectors arrival."



18.6 **RESOLVED** – That the contents of the Chair’s Communications be received and noted.

**19 CALL-OVER**

19.1 The following items were not called for discussion and the report recommendations were therefore agreed without debate:

24. Car Quality Commission Assessment of Adult Social Care  
(this item was withdrawn and would form the subject of a detailed presentation to a future meeting;

25. Locally Commissioned GP & Pharmacy Services PIN;

27. Brighton & Hove City Council Strategic Risk Focus Report SR13 & SR 37;

29. Annual Adult Social Care Fees report 2023 - 24

**20 PUBLIC INVOLVEMENT**

20. There were no public involvement items.

**21 MEMBER INVOLVEMENT**

21.1 There were no Member involvement items.

**22 ITEMS REFERRED FROM OR FOR COUNCIL**

22.1 No items had been referred from Full Council for consideration.

**23 CARE HOMES CONTRACT EXTENSION**

23.1 **RESOLVED** – That the Sub Committee delegates authority to the Executive Director, Health and Adult Social Care to extend the current Care Homes Contract for a period of nine months.

**24 CARE QUALITY COMMISSION ASSESSMENT OF ADULT SOCIAL CARE**

24.1 It was noted that this item had been withdrawn and would form the subject of a detailed presentation to a future meeting of the Sub-Committee.

**25 LOCALLY COMMISSIONED GP AND PHARMACY SERVICES PIN**

25.1 The report recommendation was agreed without discussion.

25.2 **RESOLVED** – That the Sub Committee delegates authority to the Executive Director, Health and Adult Social Care to procure and award a contract for Locally Commissioned Services via a Prior Information Notice (PIN) as a call for competition for an initial period of three (3) years with two (2) optional extension periods of a further three (3) years each (Three (3) Years + Three (3) Years +

Three (3) Years in Total) and delegates authority to the Executive Director, Health and Adult Social Care to grant those extensions, subject to satisfactory performance.

## 26 WEIGHT MANAGEMENT SERVICES CONTRACT

- 26.1 The Sub Committee considered a report of the Executive Director, Health and Social Care the purpose of which was to describe the provision of Tier 2 Weigh Management Services and to seek approval of the Sub Committee to undertake a procurement process for the ongoing delivery of the Service at the end of the current Contract.
- 26.2 It was noted that Tier 2 services were delivered by local community weight management services which provided a free community based diet, nutrition, lifestyle and behaviour change advice, normally in a group setting environment. The numbers of those in the city who were not of a healthy weight had increased due to a number of factors, thus increasing the risk of cardiovascular disease and cancer amongst other conditions by assisting individuals to a healthy weight that risk was significantly reduced.
- 26.3 The rationale as to how the service operated in practice was explained in answer to questions. Referrals could be made from a number of sources. GP's referrals were important in providing and could be made on line. Intervention for children could come through the weight management arrangements in place in schools and family referrals could also be made.
- 26.4 **RESOLVED** - That the Adult Social Care and Public Health Sub-Committee delegates authority to the Executive Director, Health and Adult Social Care to procure and award a contract for Tier 2 Weight Management Services for a term of three (3) years with the optional extension of a further two (2) years and delegates authority to the Executive Director Health and Adult Social Care to grant that extension subject to satisfactory performance.

## 27 BRIGHTON & HOVE CITY COUNCIL STRATEGIC RISK REGISTER: HEALTH & ADULT SOCIAL CARE RISKS

- 27.1 The report recommendations were agreed without discussion.
- 27.2 **RESOLVED** - That the Adult Social Care and Public Health Sub Committee:
- (1) Appendix 1 with details of the two SRs and mitigating controls and actions;
  - (2) Note Appendix 2 which provides:
    - i.a guide on the risk management process;
    - ii.guidance on how Members might want to ask questions of Risk Owners, or officers connected to the strategic risks; and
    - iii.details of opportunities for Members, or officers, to input on Strategic Risks at various points and levels; and
  - (3) Make recommendations for further action(s) to the Risk Owner.

**28 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2023-24**

- 28.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care in respect of Adult Social Care Charging Policy 2023.2024.
- 28.2 The Care Act 2014 provided councils with the power to charge care and support services subject to a means test set down in government regulations with prescribed limitations, currently people with funds over £23, 250 must pay the full cost or maximum charge for care services and those eligible for adult social care services were means tested to establish whether they must contribute towards the cost. Most care services, funded by this council were provided by private organisations and the maximum charge depended upon the fees charged. Most charges were subject to a financial assessment to determine individual affordability, but the charging policy also included several, low cost, fixed rate charges and additional one-off fees.
- 28.3 An increase in the current maximum charges of 10% was recommended for all services except Carelink which was a vital preventive service. Carelink saved a significant drain on other services for example when vulnerable people had a fall and it was likely that people would cancel this service if the charges were to increase significantly. Therefore the proposal was for Carelink to increase set fees by 6%.
- 28.4 It was noted that the following amendment had been received from the Labour Group:

## Recommendations:

- 2.1 That Committee agrees 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 That Committee agrees to a 10% increase (rounded) on the following maximum charges from 10th April 2023 (when state benefits increase):
- 2.3 That Committee agrees that the changes to in-house residential care charges take effect from 13 February 2023, thus providing 1 month's notice.

<b>Maximum Charges</b>	<b>2022-2023</b>	<b>2023-2024</b>
<b>Means Tested Charges</b>	<b>Maximum</b>	<b>Proposed Maximum</b>
In-house home care/support	£28 per hour	£31 per hour
In-house day care	£42 per day	£46 per day
In-House Residential Care	£133 per night (£931 per week)	£146 per night (£1022 per week)
<b>Fixed Rate Charges</b>		
Fixed Rate Transport	£4.30 return	£4.70 return

- 2.4 That Committee agrees to an increase for miscellaneous fees at 10% as follows:

2022-23

**2023-24**

Deferred Payment set up fee (see 2.13)	£561 single charge	£617 one off charge
Initial fee for contracting non-residential care for self-funders	£296 single charge	£325 one off charge
Ongoing fee for contracting for non-residential care for self-funders	£92 per year	£101 per year

- 2.5 That Committee agrees to increase Carelink Service fees by 10%, subject to a report to P&R on 9 February, as follows:

	2022-23	2023-24
Standard Carelink Plus	£20.30 per month	£22.30
Enhanced Carelink Service	£24.30 per month	£26.70
Exclusive Mobile Phone	£26.30 per month	£28.90

- 2.6 That Committee agrees to continue with the existing policy not to charge carers for any direct provision of support to carers.
- 28.5 Councillor Appich had proposed the amendment and it had been seconded by Councillor Robins. Both Councillors were invited to speak to their proposed amendments.
- 28.6 Councillor Appich explained that their group amendment was simply intended to pick up on what was already set out in the body of the report (paragraph 4.11), but did not appear to have carried over into the recommendations. As Councillor Appich understood it, it was suggested that that charges to residential in-house care could be implemented in the current financial year and she wanted to see whether it was implement other charges in the same time frame. In view of the council's current financial situation, Policy and Resources Committee was due to consider the budget at its meeting on 9 February, she considered that the council needed to maximise its income whilst maintaining its level of care. Councillor Robins concurred with all that had been said and formally seconded the motion.
- 28.7 Councillor Shanks, sought confirmation regarding the timeframe to go to Policy and Resources Committee and stated that she supported the motion. It was clear that no one wanted to raise fees and charges, but the current situation through due to no fault by the council was messy and difficult. Monies promised by central government had not been forthcoming and the authority was placed in a difficult position.
- 28.8 Councillor Nield, the Chair concurred, stating that she was in agreement with all that had been said.

- 28.9 There was discussion regarding the best way forward and it was agreed that the most appropriate course of action would be for a separate report to be prepared for consideration by the Policy and Resources Committee which would set out the implications of these changes. The Executive Director, Health and Adult Social Care stated that it was important to do this to ensure that there were no unintended consequences. Members of the Sub Committee agreed to that.
- 28.10 Following discussion and debate the following Labour Group amendment was therefore agreed unanimously:

**28.11 RESOLVED - Report Recommendations agreed as amended:**

- 2.1 That Committee agrees 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 That Committee agrees to a 10% increase (rounded) on the following maximum charges from 10th April 2023 (when state benefits increase):
- 2.3 That Committee agrees that the changes to in-house residential care charges take effect from 13 February 2023, thus providing 1 month's notice.

<b>Maximum Charges</b>	<b>2022-2023</b>	<b>2023-2024</b>
<b>Means Tested Charges</b>	<b>Maximum</b>	<b>Proposed Maximum</b>
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<b>Fixed Rate Charges</b>		
Fixed Rate Transport	£4.30 return	£4.70 return

- 2.4 That Committee agrees to an increase for miscellaneous fees at 10% as follows:

	<b>2022-23</b>	<b>2023-24</b>
Deferred Payment set up fee (see 2.13)	£561 single charge	£617 one off charge
Initial fee for contracting non-residential care for self-funders	£296 single charge	£325 one off charge
Ongoing fee for contracting for non-residential care for self-funders	£92 per year	£101 per year

- 2.5 That Committee agrees to increase Carelink Service fees by 10%, subject to a report to P&R on 9 February, as follows:

2022-23

2023-24

Standard Carelink Plus	£20.30 per month	£22.30
Enhanced Carelink Service	£24.30 per month	£26.70
Exclusive Mobile Phone	£26.30 per month	£28.90

- 2.6 That Committee agrees to continue with the existing policy not to charge carers for any direct provision of support to carers.

**Note:** It was noted that the amended recommendations would form the subject of a separate report for consideration by the Policy and Resources Committee setting out the revised financial implications arising from them.

## 29 ANNUAL ADULT SOCIAL CARE FEES REPORT 2023-24

- 29.1 The report recommendation was agreed without discussion.
- 29.2 **RESOLVED** - That the Adult Social Care and Public Health Sub Committee agrees to the recommended fee increases as outlined in Appendix 1 to the report. The underpinning background to this proposed fee change is contained in the main body of the report. The proposed fee increases are within the council funding allocated for uplifts for 2023-24.

## 30 RECOMMISSIONING HOMECARE AND EXTRA CARE

- 30.1 The Sub Committee considered report of the Executive Director, Health and Adult Social Care which set out the proposed approach to the recommissioning of both Home Care and Extra Care and sought Member agreement to proceed with a tender process.
- 30.2 It was noted that a Labour Group amendment had been received as set out below:

“That the Sub-Committee:

- 2.1 requests a briefing is sent to the Procurement Advisory Board before the specification and award criteria are finalised to enable members to comment on the proposed approach; and
- 2.2 delegates authority to the Executive Director of Health & Adult Social Care to award the contracts to the successful bidders for an initial term of five years with the option to extend the contracts for a further period of up to three years subject to satisfactory delivery and performance; and
- 2.3 delegates authority to the Executive Director of Health & Adult Social Care to-administer future award of contracts, in accordance with relevant procurement specification, in order to address provider performance issues or provider failure to ensure continuity of service and meet statutory requirements under the Care Act 2014; and

- 2.4 requests a report is brought to the June ASCPH Sub-Committee meeting with an update on the award and progress of contracts, with a further report to come before committee one year from commencement of contracts with information on how the contracts are working and on the effectiveness of the new service(s) in relation to the previous arrangements.”

The amendment was proposed by Councillor Appich and seconded by Councillor Robins and they were invited to speak in support of their amendment.

- 30.3 Following debate and decision and legal advice given at the meeting the Labour Group amendments set out below were agreed. This resolution also incorporates the legal advice given.

- 30.-- **RESOLVED** – That the Recommendations agreed as amended, are:

That the Sub-Committee:

(1) Requests a briefing is sent to the Procurement Advisory Board Members before the specification and award criteria are finalised to enable members to comment on the proposed approach; delegates authority to the Executive Director of Health and Adult Social Care to procure contracts for both Home Care and Extra Care as proposed in this report;

(2) delegates authority to the Executive Director of Health & Adult Social Care to award the contracts to the successful bidders for an initial term of five years with the option to extend the contracts for a further period of up to three years subject to satisfactory delivery and performance;

(3) delegates authority to the Executive Director of Health & Adult Social Care to terminate the above contracts in accordance with their terms if there are performance issues or provider failure and to reproduce those contracts to ensure continuity of service and meet statutory requirements under the Care Act 2014; and

(4) *requests a report is brought to the June ASCPH Sub-Committee meeting with an update on the award and progress of contracts, with a further report to come before committee one year from commencement of contracts with information on how the contracts are working and on the effectiveness of the new service(s) in relation to the previous arrangements.*

The meeting concluded at 5.45pm

Signed

Chair

Dated this

day of



# Brighton & Hove City Council

## Adult Social Care and Public Health Sub- Committee

## Agenda Item 8

**Subject:** Health and Adult Social Care Delivery Strategy

**Date of meeting:** 13<sup>th</sup> June 2023

**Report of:** Executive Director, Health and Adult Social Care

**Contact Officer:** Name: Kat Brett, Business Manager  
Email: kat.brett@brighton-hove.gov.uk

**Ward(s) affected:** All

**For general release**

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

1.1 This report contains the Health and Adult Social Care Delivery Strategy for 2023-2027. The delivery strategy sets out seven ambitions with underlying principles and enablers in order to meet the vision and mission of the directorate.

### **2. Recommendations**

2.1 That Committee notes the Health and Adult Social Care Delivery Strategy for 2023-2027 (Appendix 1).

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

3.1 Health and Adult Social Care has seen much change in recent years with more change on the horizon. The Covid-19 pandemic, the UK leaving the EU, the cost of living crisis and government legislative reforms have had a profound impact across the system and we are yet to fully understand the full effects to health and care services, the market, the workforce and those people who require their use.

3.2 Health and Adult Social Care (HASC) Directorate Management Team (DMT) undertook analysis of key areas of strengths, weaknesses, opportunities and threats to develop seven ambitions for the next four years. They used feedback from local people and communities as well as insight from population and performance data. The ambitions are underpinned by enabling strategies and plans that will support our delivery of the ambitions. The principles will guide the way that we work.

3.3 The wider management team within HASC met to review the ambitions and began to identify priority actions required in order to deliver them.

3.4 The delivery strategy provides an overarching framework with seven ambitions indicating where we want to get to over the next four years. This

provides a structure for actions on the Directorate Plan and service plans and supports the movement towards the Target Operating Model.

- 3.5 The delivery strategy is a tool to communicate the key priorities across Public Health and Adult Social Care and keep work aligned to the mission of the directorate.
- 3.6 The enablers are a wide range of strategies and plans that are critical to the delivery and continuous improvement of our services. Some of these are in place and others will be developed over the next year.
- 3.7 The actions underpinning the aims within the delivery strategy will continue to evolve in order to support the priorities within the new Corporate Plan 2023-2027.

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

- 4.1 Through review of council priorities, linked strategies and plans and feedback, the delivery strategy is deemed to provide the direction of travel required for the directorate.

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

- 5.1 Feedback from engagement with people has been used to inform the delivery strategy, whether that be from recent surveys or specific focused engagement, and community engagement has been and will be critical to the enabling strategies and plans. Community engagement is also a key part of ambition 3 and our engagement plan is a key enabler to the delivery strategy.

#### **6. Conclusion**

- 6.1 The Health and Adult Social Care Delivery Strategy sets out the direction of travel that the directorate must take and key priorities for the council with regards to Adult Social Care and Public Health.

#### **7. Financial implications**

- 7.1 The appended Health and Adult Social Care Delivery Strategy outlines key priorities for the directorate for 2023-2027. The four-year ambitions include ensuring the best use of resources to meet statutory responsibilities. This will be achieved by:
  - Ensuring timely and effective budget management
  - Implementing improvements for operational financial processes
  - Maximising income generation through modernised service delivery

Name of finance officer consulted: Sophie Warburton

Date consulted: 17/05/2023

## **8. Legal implications**

- 8.1 As described in the report and appended Health and Adult Social Care Delivery Strategy, the strategy provides key priorities for the council with regards to Adult Social Care and Public Health in meeting its statutory duties.

Name of lawyer consulted: Sandra O'Brien

Date consulted: 17/05/2023

## **9. Equalities implications**

- 9.1 'Fair and inclusive' is not only a principle of the delivery strategy but also is a core part of ambitions 3 and 5, through the delivery of the directorate Fair and Inclusive Action Plan, which focuses on both our communities and workforce. A key part of our mission is to reduce health inequalities and the strategy prioritises accessibility of information and services.

## **10. Sustainability implications**

- 10.1 Sustainability is considered throughout our work in the directorate, as well as our influence in the city and with the external provider market. There are challenges to be overcome with regards to practicalities, efficiency, cost and sustainability and these will be considered through each piece of work linked to the delivery strategy.

## **11. Other Implications**

### **Social Value and procurement implications**

- 11.1 For all commissioning and procurement matters, the social value guidance and sustainable procurement policy will be consulted.

### **Public health implications:**

- 11.2 Our vision is for everyone in Brighton & Hove to have the best opportunity to live a healthy, happy and fulfilling life, by ensuring that they are starting well, living well, ageing well and dying well. Our mission is to promote and improve health and wellbeing, reduce health inequalities, and supporting people to live independent and fulfilling lives. Health and wellbeing is everyone's business and a core part of this delivery strategy is to support the wider council and the whole city to address the broader determinants of health.

## **Supporting Documentation**

### **1. Appendices**

1. Health and Adult Social Care Delivery Strategy 2023-2027





**Brighton & Hove  
City Council**

# **Health and Adult Social Care Delivery Strategy**

**2023-2027**

# How the strategy was developed

- Health and Adult Social Care has seen much change in recent years with more change on the horizon. The Covid-19 pandemic, the UK leaving the EU, the cost of living crisis and government legislative reforms have had a profound impact across the system and we are yet to fully understand the full effects to health and care services, the market, the workforce and those people who require their use.
- HASC DMT undertook analysis of key areas of strengths, weaknesses, opportunities and threats to develop seven ambitions for the next four years. They used feedback from local people and communities as well as insight from population and performance data. The ambitions are underpinned by enabling strategies and plans that will support our delivery of the ambitions. The principles will guide the way that we work.
- The wider management team within HASC met to review the ambitions and began to identify priority actions required in order to deliver them.

# How the strategy will be used

- The delivery strategy provides an overarching framework with seven ambitions indicating where we want to get to over the next four years. This provides a structure for actions on the Directorate Plan and service plans and supports the movement towards the Target Operating Model.
- The delivery strategy is a tool to communicate the key priorities across Public Health and Adult Social Care and keep work aligned to the mission of the directorate.
- The enablers are a wide range of strategies and plans that are critical to the delivery and continuous improvement of our services. Some of these are in place and others will be developed over the next year.
- The actions underpinning the aims within the delivery strategy will continue to evolve in order to support the priorities within the new Corporate Plan 2023-2027.

# Vision and mission



Our vision is for everyone in Brighton & Hove to have the best opportunity to live a healthy, happy and fulfilling life, by ensuring that they are starting well, living well, ageing well and dying well.



Our mission is to promote and improve health and wellbeing, reduce health inequalities, and supporting people to live independent and fulfilling lives.



We believe in enabling people to live a life, not just experience a service. We 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. This is what we mean by strengths and asset based approaches.



We need Brighton & Hove to be a city where health is everyone's business, so we work with partners to influence the social, economic and environmental factors that create our health and wellbeing, as well working with communities.



We work effectively in partnership with other Council Directorates, partners throughout the Sussex Health and Care Partnership including the NHS, the Police, care providers, community, voluntary and social enterprises, and the UK Health Security Agency. We are delivering our responsibilities within a context of high levels of health needs, high demand and increasing pressure on resources.



# Directorate responsibilities

The Directorate's primary responsibilities include:

- improving health, preventing ill health, reducing health inequalities and protecting the health of our residents
- providing information, advice and advocacy
- carrying out individual care needs assessments
- commissioning, providing and/or arranging services to promote independence and improve health and wellbeing, including for adults with eligible care and support needs and their carers
- producing the Joint Strategic Needs Assessment and providing public health advice to the NHS and its partners
- safeguarding adults at risk of abuse or neglect
- registration of births, deaths, marriages and civil partnerships and supporting a range of celebratory services
- crematoriums and cemeteries, coroner investigations and inquests, post-mortems and deaths storage.

# In Brighton & Hove

**276,300**  
residents\*



The city's **age profile is different** to England



Life expectancy is

**79.3**  
years



**83.2**  
years

for men

for women

However, people are living more years in ill health (2018-20)

The difference in healthy life expectancy in our most and least disadvantaged areas (2018-20)

**14 years**  
for men

**12.5 years**  
for women



**2,304** births and  
**2,285** deaths  
(in 2021)



**20,804** people  
informally caring for someone



**51,797**

people are disabled under the Equality Act (where day to day activities are limited)



**1 in 5 adults**

have a common mental health condition (1 in 6 in England) (2014)



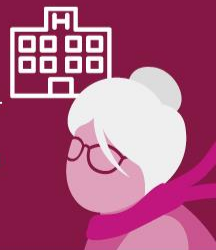
Cancer, musculoskeletal, health, neurological & mental health conditions have the **greatest burden** on our health (2017)



Only **4 in 5** 4-5 year olds and **2 in 3** 10-11 years olds are a healthy weight (2021/22)



More than **1,000** people aged 65+ are admitted to hospital due to a fall (worse than nationally)



  
Brighton & Hove  
City Council

# Health & Adult Social Care services (in 2021/22)

**3,131** people received a long term adult social care service



**3,282** new requests for support



**802** safeguarding enquiries undertaken



Worked with over **400** independent providers



**29,199**

items of daily living equipment issued



More than **3,300** residents supported by the Healthy Lifestyles team



Over **28,000** sexual health appointments provided



More than **2,700** people engaged with drug or alcohol treatment



More than **10,700** older people supported to access advice or activities



**11,386** mothers and babies supported through health visiting service



**1,046** new citizens



**1,311** marriages or civil partnerships



**8** cemeteries with **172** acres of land



**1,693** cremations and **269** burials



**36,337** 5-19 year olds provided with a school nurse service



# HASC Delivery Strategy 2023-2027

## Four year ambitions

1 We will work with Council services, the NHS, voluntary sector, other City partners and local communities to enable residents to have the best opportunity to live a healthy, happy and fulfilling life.

2 We will work together in neighbourhood teams to have accessible joined up services in order to maintain independence and prevent, reduce or delay needs for health and care services.

3 We will ensure people have access to information, advice and the services that they need in order to achieve the best outcomes.

4 We will ensure our practices are safe and effective in order to deliver high quality health and wellbeing outcomes.

5 We will invest in our workforce and ensure that we have sustainable and quality health and care provision in the city.

6 We will use digital, data and technology to improve the efficiency of how we work and the service we provide and increase the independence of customers through technology enabled care.

7 We will ensure the best use of financial resources to meet our statutory responsibilities.

## Enablers

Health & Wellbeing Strategy

Sussex Integrated Care Strategy & Place Based Plan

Workforce Strategy

Commissioning Strategy

Carers, LD & Autism Strategies

Equalities & Engagement Plans

Digital & Data Plans

Modernisation work

Operational Delivery & Practice Plans

Safeguarding Adults Board Strategic Plan

Budget Strategy

Governance & compliance activities

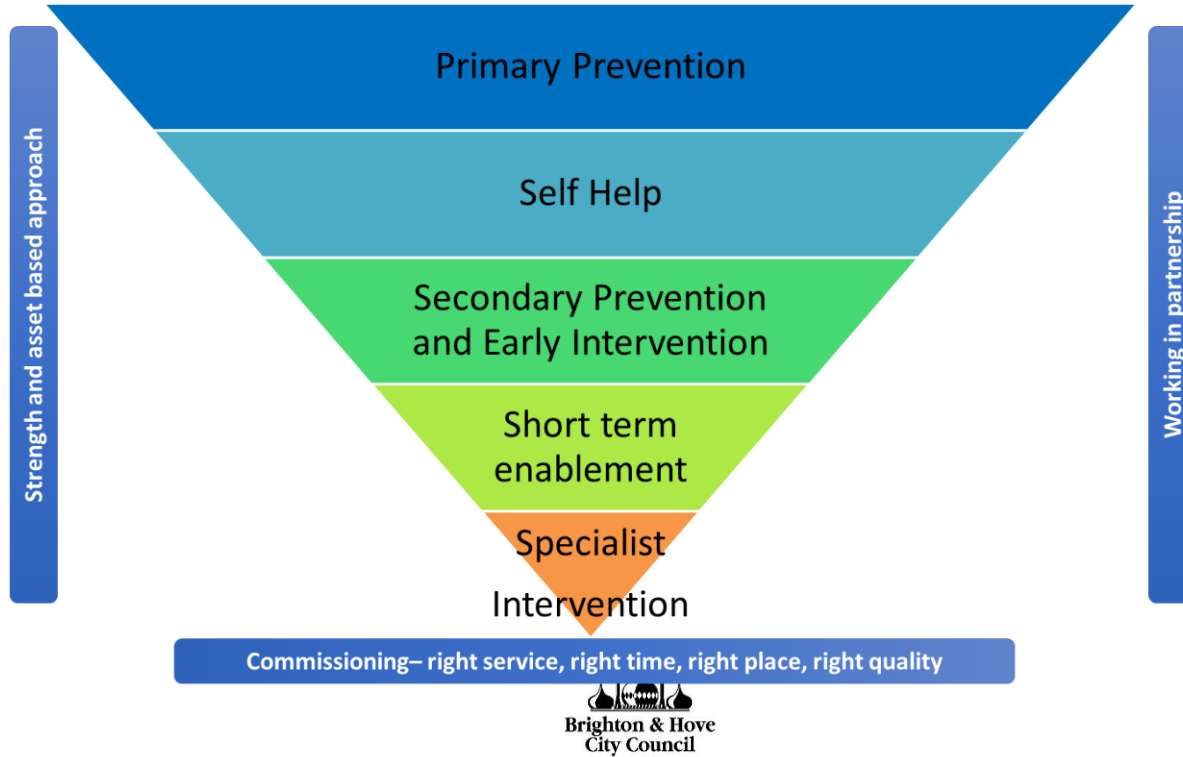
## Principles

- Person-centred
- Fair and inclusive
- Partnership and collaboration
- Local and place based
- Evidence based
- Continuous improvement

# Linked strategies and plans

- [Brighton and Hove Corporate Plan \(new plan to be written in 2023\)](#)
- [Brighton & Hove Joint Health and Wellbeing Strategy 2019-2030](#)
- [Sussex Integrated Care Strategy](#)
- [Brighton & Hove Safeguarding Adults Board Strategic Plan 2022-2025](#)
- [Brighton and Hove Adult Learning Disability Strategy: The Big Plan 2021-2026](#)
- [Health and Adult Social Care Directorate Plan 2020 to 2024](#)

# Target Operating Model



# Directorate Plan 2023-24

- The following slides show how the directorate plan actions for 2023-24 work towards the ambitions in this strategy alongside the linked enabling strategies and plans.

1

We will work with Council services, the NHS, voluntary sector, other City partners and local communities to enable residents to have the best opportunity to live a healthy, happy and fulfilling life.

1.1 Deliver the health and wellbeing strategy: **Starting Well**

1.2 Deliver the health and wellbeing strategy: **Living Well**, including **Mental Health**

1.3 Deliver the health and wellbeing strategy: **Ageing Well** and **Dying Well**

1.4 Support the Council to deliver the Health and Wellbeing Strategy to address the **broader determinants of health**

1.5 Provide a **health intelligence** function to support B&H commissioning population health

1.6 Provide assurance and support for all areas of **health protection** ensuring robust prevention and response systems are in place

## Health & Wellbeing Strategy & Plans

[Brighton & Hove Joint Health & Wellbeing Strategy 2019-2030](#)



2

**We will work together in neighbourhood teams to have accessible joined up services in order to maintain independence and prevent, reduce or delay needs for health and care services.**

2.1 Develop and deliver Brighton and Hove's  
'Improving Lives Together' **Place Based Plan**

**Sussex Integrated Care  
Strategy & Place Based Plan**

['Improving Lives Together'  
Sussex Integrated Care Strategy](#)

3

We will ensure people have access to information, advice and the services that they need in order to receive the best outcomes.

3.1 Deliver the **Adult Social Care Operating Model Programme**

3.2 Ensure that the **voice of people with lived experience** is heard and that it informs service improvement and commissioning activity

3.3 Work proactively to understand, engage with and respond effectively to the **city's diverse communities** and its changing demographic.

**Adult Social Care Operating Model**

**Engagement Plan**

**Fair & Inclusive Action Plan**

4

We will ensure our practices are safe and effective in order to deliver high quality health and wellbeing outcomes.

4.1 Improve performance and quality assurance in relation to **statutory duties**, including the Care Act

4.2 Ensure that **transition** services are in place to support young people moving into adult services and that they are integrated

4.3 Support the delivery of the **Safeguarding Adults Board Strategic Plan**

4.4 Support families to enable **Adults with LD** to be independent and resilient, including driving the Move On project to increase the number of service users living independently with appropriate support

**Operational Delivery Plan**

**Practice Improvement Plan**

**Safeguarding Adults Board Strategic Plan**

[Brighton & Hove Safeguarding Adults Board Strategic Plan 2022-2025](#)

**Learning Disability Strategy**

[Brighton & Hove Adult Learning Disability Strategy: The Big Plan 2021-2026](#)

5

We will invest in our workforce and ensure that we have sustainable and quality health and care provision in the city.

5.1 Develop and deliver priorities within the **Workforce Strategy**

5.2 Lead initiatives to deliver the corporate aim of a **diverse workforce** at all levels and work actively to achieve the council's commitment to being a **fair and inclusive** place to work

5.3 Develop the Health & Adult Social Care **Commissioning Strategy** and Market Position Statements

5.4 **Commission services** to ensure that people and their carers have the support they need

**Workforce Strategy**

**Fair & Inclusive Action Plan**

**Commissioning Strategy**

**Carers Strategy**

**Learning Disability Strategy**

**Autism Strategy**

# 6

We will use digital, data and technology to improve the efficiency of how we work and the service we provide and increase the independence of customers through technology enabled care.

6.1 Develop the **technology enabled care offer**

6.2 Review service **systems and processes** to identify opportunities for modernisation, mitigate risks found in audits and ensure compliance with GDPR

**Technology enabled care project**

**Digital Plan**

**Data Plan**

7

We will ensure the best use of financial resources to meet our statutory responsibilities.

7.1 Ensure timely and effective **budget management**

7.2 Implement improvements for **operational financial processes** for Adult Social Care clients

7.3 Maximise **income generation** through modernised service delivery across all areas of **Life Events**

**Budget Strategy**

**Life Events Modernisation**

**Governance, Quality & Compliance activities**

# Health & Adult Social Care ambitions for the next 4 years



## Health is everyone's business

Work with council services, the NHS, voluntary sector, other city partners and local communities to enable residents to have the best opportunity to live a healthy, happy and fulfilling life



## Joined up services

Work together in neighbourhood teams to have accessible joined up services in order to maintain independence and prevent, reduce or delay needs for health and care services



## Access to services

Ensure people have access to information, advice and the services that they need in order to achieve the best outcomes



## Safe & effective practices

Ensure our practices are safe and effective in order to deliver high quality health and wellbeing outcomes



## Investment in workforce

Invest in our workforce and ensure that we have sustainable and quality health and care provision in the city



## Data & technology

Use digital, data and technology to improve the efficiency of how we work and the service we provide and increase the independence of customers through technology enabled care



## Best use of resources

Ensure the best use of financial resources to meet our statutory responsibilities







# ADULT SOCIAL CARE & PUBLIC HEALTH SUB COMMITTEE

## Agenda Item 9

Brighton & Hove City Council

Subject: **Home Care and Learning Disabilities Dynamic Purchasing System (DPS) extension**

Date of Meeting: **13<sup>th</sup> June 2023**

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

Contact Officer: Andy Witham, Judith Cooper

Email: [andy.witham@brighton-hove.gov.uk](mailto:andy.witham@brighton-hove.gov.uk) [Judith.cooper@brighton-hove.gov.uk](mailto:Judith.cooper@brighton-hove.gov.uk)

Ward(s) affected: All

### FOR GENERAL RELEASE

#### 1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of the Adult Social Care Home Care and Learning Disabilities Dynamic Purchasing System (DPS) report is to recommend the continuation of the existing Council's DPS for care services so that it aligns with the newly commissioned Home Care and Extra Care service.
- 1.2 The rationale for the continuation reflects attempts to balance the pressure on public finances with the need to manage and sustain the provider market to support the increasing complexity and demands for care while also complying 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.

#### 2. RECOMMENDATIONS

- 2.2. That Committee grants delegated authority to the Executive Director of Health and Adult Social Care to extend and vary the Home Care DPS for 2 years to 2026.
- 2.3. That Committee grants delegated authority to the Executive Director of Health and Adult Social Care to further extend the Home Care DPS to 2028.

- 2.4. That Committee grants delegated authority to the Executive Director of Health and Adult Social Care to extend the Learning and Disabilities DPS for a period of 2 months to April 2024.

### **3. CONTEXT/BACKGROUND INFORMATION**

- 3.1 Home Care, also called Domiciliary Care, is the provision of services that support individuals in their own home, the majority of which is delivered by third-party contractors in Brighton & Hove.
- 3.2 Tasks delivered by these contractors are tailored to meet the needs of individuals and range from giving medication, to personal care support with activities such as bathing or dressing and the provision of meals.
- 3.3 Adults with learning disabilities: Supported Living, Community Support and Day Activities are all part of the existing DPS; 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. 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 with others receiving up to 70 hours per week for a wider range of tasks. Day Activities offer the chance for people to meet others who have a learning disability and build community opportunities and support as part of their ordinary daily lives.
- 3.4 Home Care and services for Adults with learning disabilities have been commissioned under a variety of arrangements:
  - 3.4.1 The current Council contracts for Home Care and Extra Care were let in 2016. These contracts are currently being re-commissioned under a new Home Care contract for the provision of home care services with an intended contract start date of 3<sup>rd</sup> July 2023 for a five year period with option to extend for an additional three years. They are being commissioned under a lead and back-up provider model operating in each of the four City geographically zoned localities.
  - 3.4.2 The above contracts are supplemented by the DPS which acts as a safety net for the main Home Care contracts, in the event that the lead and back-up providers are unable to pick up care packages.
  - 3.4.3. Learning disability services use the DPS as the contractual route to market. Providers sign up to DPS to be able to provide services in the city and sign up to the contract and specification on the DPS. Placements are spot purchased with providers at varying rates, agreed per provider. There are some contracts in place that are additional/outside of the DPS with different Terms and Conditions and specifications. The DPS is currently the primary route for Learning

Disability contracts until the Community Support and Supported Living DPS is established in late 2023.

- 3.5 The DPS is run and managed through the platform Adam (now called Access Adam Care Commissioning). Adam provide administrative support including; initial due diligence and compliance checks for DPS accreditation (including business viability and facilitating financial checks), and maintain ongoing communications with enrolled DPS providers when they require support. Packages of care are put onto the platform for enrolled providers to bid for via the DPS. Each Package of Care includes a summary of a person's needs and any specific requirements (such as two carer visits).
- 3.6 The current Home Care and Learning Disabilities Dynamic Purchasing System (DPS) was established in 2020 for a period of 2 years with an optional extension for a further 2+2 years to 13 February 2026 with the aim of ensuring there is a safety net in the event of capacity issues with the Home Care providers and to provide potential access to Council contracts for smaller agencies with the aim of increasing capacity in the home care and adults with learning disabilities market. Both the Home Care DPS and the Learning Disabilities DPS are due to expire on 13 February 2024.
- 3.7 The Council's Home Care demand has decreased by 2% from September 2016 to November 2022 in terms of number of Home Care hours being purchased. For the number of clients being supported, this has reduced by 5%. These figures refer to existing packages of care and do not reflect the unmet need in the system or increasing complexity of packages of care.
- 3.8 Learning disability services are considered under the new commissions for Community Support, Supported Living due to commence January 2024. The contractual position for Day Services post April 2024 is being reviewed. The proposal is to extend the Learning Disabilities DPS services for a period of two months to April 2024 to ensure continuity of service.
- 3.9 The proposal is to extend the Home Care DPS for a period of 2 years to 13 February 2026 and a further period of 29 months to July 2028 and to modify the Homecare DPS to include a number of changes to the delivery of home care to ensure alignment of terms and conditions with the new Home Care commission including:
- Alignment of payment based on providers' weekly staffing rosters or— 'planned hours' of care. This aims to improve staff retention and recruitment in the industry which has been suffering from recruitment issues since the pandemic, not least because it ensures that carers will know their pay levels for their shifts. This will not affect the agreed budget for the service.
  - Moving away from time and task prescription towards a weekly allocation of hours. This promotes a person-centred approach, whereby call times are agreed between the provider and the service user (and any representatives), rather than being prescribed by the Council. This will not affect the agreed budget for the service.

- Amendment of the geographical areas from ten zones to four. This will align the geographical areas to the new Home Care and Extra Care commission.
- Consistency of collection of client contributions towards their care by providers.
- Removing the NHS Sussex Integrated Care Board (formerly known as NHS Brighton and Hove Clinical Commissioning Group) as a party to the Home Care DPS. The NHS ceased to use the Home Care DPS in May 2022 as they developed pan-Sussex approaches as part of the new Integrated Care Board.

3.10 It is further proposed that the Learning and Disabilities DPS is extended for a period of 2 months to April 2024 to allow for continuity of care whilst a new Community Support and Supported Living DPS is established and separate arrangements are made for Day Services.

## **4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

### **4.1 Delivery of the services in-house**

The Council currently operates a small in-house home care operation, in the form of Independence at Home. This service has a reablement focus and supports individuals with their discharge from hospital back to their own home. The service is also tasked with piloting a community-based reablement offer to prevent hospital admission and to help maximise a person's independence. This service can sometimes pick up traditional home care although this is not their primary purpose (usually in times of emergency where other care is not available or has failed). Due to the scale of the Home Care requirement across the city, the council is not resourced to expand this operation and provide the required staffing, training, legislative arrangements, logistics management and transport, or budget. This is therefore not an option.

The design, build and delivery of an internal DPS has been explored within the last 18 months with various internal IT leads. However, this has since been ruled out as an option due to the resourcing requirement for ongoing system developments and maintenance, and the management of the interface between internal Council departments, private providers and the system administrators. IT leads consulted have been positive about the design, security and support offered through the existing arrangements.

### **4.2 Procure a new DPS arrangement**

The Council currently has a successful DPS in place for Home Care provision which offers a safety net to cover capacity that cannot be met through the current contracted Homecare providers. As there are further extension options included within the current DPS, these can be utilised ahead of a new arrangement being sought. The variations are deemed to not materially change the scope of the DPS and can therefore be modified.

### **4.3 End the current DPS**

Home Care is currently being recommissioned with a new contract due to start in July 2023. Services for adults with learning disabilities are currently being

recommissioned under new DPS arrangements, due to be established in December 2023. If the current Home Care DPS were to end, this would mean that the Council would be reliant on the capacity of the new providers to deliver all required services. It is not recommended to discontinue the current DPS which acts as a safety net for capacity and provides potential access to council contracts for smaller agencies with the aim of increasing capacity in the home care market. The new DPS for adults with learning disabilities will not start until December 2023 so there would be the potential for gaps in services if that part of the contract was not extended.

#### 4.4 Collaboration with another local authority

Due to the requirement to deliver the service within service users' homes, providers are required to have local care staff and operational bases within a distance that allows them to support these staff. Each local authority has their own specific challenges, approach, and provider market in relation to Home Care. As a result, contractual collaboration has been discounted as an option. However, extensive engagement, discussion and information sharing has taken place with a number of local authorities, and this has helped inform the proposed model.

## 5 COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The Council is committed to co-production. Regular Care Home Forums and Home Care Stand-up meetings are held where provider organisations can raise issues. Similarly Learning Disability Providers Forums are held to discuss issues of relevance.
- 5.2 The annual Social Care and Support Services survey for clients has resumed this year and the responses from it are always considered by the Council's Adult Social Care Commissioning & Contracts Team. People are given the opportunity to comment freely on their services.
- 5.3 Healthwatch are engaged to undertake client reviews for people who use home care services, focused on a different provider agency each month. Responses are collated and reported back to the Adult Social Care Commissioning & Contracts Team.
- 5.4 Extensive engagement has taken place with stakeholders, clients and carers regarding the re-commissioning of the Home Care/Extra Care contract and similar processes are underway regarding the recommissioning of the Learning Disability services.

## 6. CONCLUSION

- 6.1 The proposed extensions and modification will ensure that there is continuity in service provision for both Home Care and Learning Disability services.

- 6.2 Continuation of the Home Care DPS will supplement the recommissioning arrangements for Home Care allowing for further capacity within the supply base and provides potential access to Council contracts for smaller agencies.

## 7. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 7.1 The current DPS arrangements have two costs associated. These are the system costs related to licences, managing the online platform and administrative support, and the Council's expenditure on ongoing care services commissioned using the DPS process.
- 7.2 The budgeted annual cost for system is £0.074m per annum, however some costs are variable based on the DPS activity data.
- 7.3 The spend for ongoing care services are demand led. The majority of the care spend relates to home care packages commissioned via DPS. The 2023/24 forecast home care spend resulting from commissioning from DPS totals approximately £6.6m. The care spend is contained and monitored within the overall Community Care budget.

*Finance Officer Consulted: Sophie Warburton Date: 18/05/2023*

### Legal Implications

- 7.4 Regulation 72 (1)(e) of the Public Contracts Regulations 2015 ('PCR') permits contracts to be modified without a new procurement procedure where the modification is not substantial within the meaning given to the term substantial set out in Regulation 72 (8) of the PCR. A modification is substantial if it renders the contract materially different in character from the original contract, changes the economic balance in favour of the contractor in a manner not provided for in the original contract, extends the scope of the contract considerably or if it introduces conditions that had they been part of the initial award procedure, would have changed who bid or won the contract. These modifications are not considered substantial and the risk of legal challenge is low.

*Lawyer Consulted: Manjinder Nagra Date 05/06/2023*

### Equalities Implications:

- 7.5 This funding will have an impact in ensuring that some of the most vulnerable members of our community in the City 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.

- 7.6 Equalities Impact Assessments are currently being conducted as part of the recommissioning process for both the Care Home and the Home Care contracts and will take place for any other re-commissioning.

**Sustainability Implications:**

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

**Brexit Implications:**

- 7.9 Recruitment has become more challenging as a result of Brexit and the government's requirements regarding entry to the UK to work which are restrictive in terms of cost to providers and that many carers would not satisfy the Skilled Visa requirements. In February 2022 the government placed Carers on the Shortage Occupation List but carers will need to earn £10.50 per hour and work a 48 hour week to satisfy the salary requirements.

**Any Other Significant Implications:** None

**Crime & Disorder Implications:**

- 7.10 There are no Crime & Disorder implications.

**Risk and Opportunity Management Implications:**

- 7.11 Existing Home Care providers will be required to sign up to new terms & conditions of contract which are aimed to reflect the new main Council Home Care contract so far as possible. For providers that have been sole DPS providers these will be mainly familiar but for any providers that have been on the current main Council Home Care contract there will be significant differences. If providers do not wish to sign up to the new DPS terms & conditions then existing people will receive services under the expiring terms and conditions (as has happened in the past with previous home care contracts) but the providers will not be eligible for new work.
- 7.12 The Learning Disability services are due to end by end March 2024 due to re-procurement of the services; it is a risk if the re-procurement does not take place in the required timescales.





# Brighton & Hove City Council

## Adult Social Care and Public Health Sub- Committee

## Agenda Item 10

**Subject:** Home Care Recommission: update on award

**Date of meeting:** 13<sup>th</sup> June 2023

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

**Contact Officer:** Claire Rowland  
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**Ward(s) affected:** All

**For general release**

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

- 1.1 In January 2023 the Health and Adult Social Care Sub-Committee agreed with the proposed procurement and commissioning approach in relation to the provision of Home Care across the city and Extra Care at three establishments: Brooke Mead, Patching Lodge and New Larchwood/Library Court. Authority to award contracts following the procurement process was delegated to the Executive Director of Health and Adult Social Care.
- 1.2 The report provides Members with an update on the procurement process undertaken and the subsequent award of the 5-year (plus potential extension of up to an additional 3 years) contracts to the winning bidders.

### **2. Recommendations**

That the Sub-committee:

- 2.1 notes the contents of the report.
- 2.2 notes that a further report will be presented to Committee one year from commencement of contracts with information on how the contracts are working and the effectiveness of the new service(s) in relation to the previous arrangements.

### 3. Context and background information

3.1 The procurement documents were issued via the Council's e-tendering platform on 24<sup>th</sup> January 2023. Completed tender responses were submitted on 24<sup>th</sup> February 2023. Thirty-two tender responses were received.

3.2 Each tender submission comprised of:

#### 3.2.1 Lot 1: Home Care

Quality Responses (100%)

Each tenderer was required to submit a written statement for eight quality related questions covering their approach to:

1) Mobilisation and Means of Delivery
2) Maintaining and Building Capacity
3) Delivering a Person-Centred Service
4) Supporting People with Multiple or Challenging Needs
5) Social Value: A Supported and Sustainable Workforce
6) Social Value: Going Beyond Personal Care
7) Quality Monitoring, Systems and Tracking
8) Sustainability

#### **Price (0%)**

Price for Lot 1 was based on a set hourly rate which is agreed by Members as part of the annual Fees Report.

Bidders were required to provide a completed Pricing Schedule detailing how the hourly rate would be used, which included payment to care workers of the Brighton Living Wage as minimum.

#### 3.2.2 Lot 2, 3 and 4: Extra Care

Quality Responses (50%)

Each tenderer was required to submit a written statement for eight quality related questions covering their approach to:

1) Mobilisation and Means of Delivery
2) Maintaining and Building Capacity
3) Delivering a Person-Centred Service
4) Supporting People with Multiple or Challenging Needs
5) Social Value: A Supported and Sustainable Workforce
6) Social Value: Going Beyond Personal Care
7) Quality Monitoring, Systems and Tracking
8) Sustainability

#### **Price (50%)**

Bidders were required to submit a completed Pricing Schedule, with Price broken down into two elements:

“A: Hourly rate for provision of scheduled daytime care” and;  
“B: Annual on-call service costs and TUPE costs”

- 3.3 The following bidders are awarded preferred bidder status, based on the award criteria listed in the tender documents:

**Area 1: Brighton East**

**LEAD:** Carepoint Services Ltd

**BACK-UP:** The successful provider withdrew

**Area 2: Brighton Hove Central**

**LEAD:** Lauriem Complete Care

**BACK-UP:** Allied Healthcare

**Area 3: Brighton Hove North**

**LEAD:** Not awarded

**BACK-UP:** The successful provider withdrew

**Area 4: Hove West**

**LEAD:** Care Outlook Ltd

**BACK-UP:** Allied Healthcare

- 3.4 Following evaluation of bids and consideration of the quality aspects required for delivery of the services, Officers deemed the tenders received for Area 3: Lead to not be of sufficient quality to proceed to contract award. Officers therefore intend to re-run the procurement to award a contract for the Lead provider in this Area.
- 3.5 Subsequent to the award notice, the successful provider declined the offer of both Back-Up Brighton East Area 1 and Back-Up Brighton and Hove North Area 3 as these awards alone would not have yielded the volume of referrals to provide stability as a new provider in the city. The procurement to award a contract for Back-Up providers in Areas 1 and 3 will be re-run together with Area 3 Lead. Whilst these Areas are being procured, referrals will be placed via the Dynamic Purchasing System (DPS)

3.6 The highest scoring bids for the Extra Care Lots (2-4) are as follows:

**LOT 2: Brooke Mead Extra Care**

Highest scoring bidder: Lauriem Complete Care

**LOT 3: Patching Lodge Extra Care**

Highest scoring bidder: Lauriem Complete Care

**LOT 4: New Larchwood Extra Care**

Highest scoring bidder: Care Outlook Ltd

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

4.1 This section was addressed in the "Re-commissioning Home Care and Extra Care" report presented to Adult Social Care & Public Health Sub-Committee on 10<sup>th</sup> January 2023.

**5. Community engagement and consultation**

5.1 This section was addressed in the "Re-commissioning Home Care and Extra Care" report presented to Adult Social Care & Public Health Sub-Committee on 10<sup>th</sup> January 2023.

**6. Conclusion**

6.1 The model of the recommission is strengths-based and is in line with social care strategy and best practice; proposals were welcome by all stakeholders.

6.2 The new commission will draw on improved partnership working between the successful bidders, assessment colleagues and commissioning representatives.

6.3 The recommission will benefit those people using the services through having a focused place-based approach to care delivery and a renewed emphasis on enabling approaches to delivering care. Extra Care establishments will restore focus on social value both within their premises and with their interactions with, and their offers to, the residents in the wider community. To this end, the recommissioned Extra Care model includes block hours for each establishment which are to be used flexibly to deliver additional value. Providers were evaluated on their proposed use of the block hours, as example, their proposals to work with the community and voluntary sector to improve outcomes for residents. Care staff will be paid as they are rostered and will receive the Living Wage as minimum, making recruitment more attractive and thereby improving retention. Additionally, providers can anticipate and plan for the volume of work and therefore flex their capacity to meet variances in demand and/or need. Providers will be able to access BHCC's training programme to up-skill their workforce as required.

- 6.4 Contract management will be a key feature of the commission especially in terms of supporting individuals to receive the right care at the right time with an increased focus on provider performance and adherence to the contractual requirements.

## **7. Financial implications**

- 7.1 The additional costs associated with this recommissioning include paying providers based on rostered hours rather than actual hours delivered. This has been funded via the investment and service pressures allocations (totaling £1.7m) included within the 2023/24 Council budget as part of the medium-term financial plan. The proposals were agreed by Budget Council in February 2023 as part of the annual budget setting process.

Name of finance officer consulted: Sophie Warburton  
Date consulted: 24/04/2023

## **8. Legal implications**

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

Name of lawyer consulted: Wendy McRae-Smith  
Date consulted: 26/04/2023

## **9. Equalities implications**

- 9.1 Officers have discussed the recommission with the council's Equality leads and an Equalities Impact Assessment has been compiled to support the recommission. As with best practice, an action plan has subsequently followed.
- 9.2 The action plan is a live document, and it will determine any necessary activity to ensure that those with protected characteristics are in receipt of inclusive and affirmative services. Providers will be monitored on specific equality issues as per BHCC Quality Monitoring Standards, and as needed outside of this process.

## **10. Sustainability implications**

- 10.1 Officers have discussed the recommission with the council's Sustainability lead and as part of the tender, bidders were assessed and scored on their proposals regarding transport, including Active Travel and their approach to managing and minimising waste, including PPE. Bidders were also asked for their Carbon Reduction Plan and 'green' space initiatives.

## **11. Other Implications**

### **Social Value and procurement implications**

- 11.1 Officers had discussed the recommission with the council's Social Value lead. Bidders were assessed and scored on their proposals regarding adding social value as part of their service delivery.
- 11.2 Areas of social value that bidders proposed included linking with voluntary sector organisations and the provision and/or signposting of information and advice. Digital inclusion and innovation and the creation of place-based support hubs were also considered.
- 11.3 A key social value factor for the recommission was the employment and conditions of care staff, the vast majority of whom will be Brighton & Hove residents. Bidders were assessed in this area as part of a separate quality question.
- 11.4 Securing additional social value was a particularly strong focus for the Extra Care Lot of the procurement. Bidders were asked to detail their proposals for increasing activities and community engagement within the schemes, outside of the core requirement of delivering care. Both Patching Lodge and New Larchwood have a restaurant and activities; they are busy sites and are also open to the wider community to access.

## **12 Crime & disorder implications:**

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

## **13 Public health implications:**

- 13.1 Engagement with relevant Public Health colleagues had taken place to help inform the direction of travel for both Home Care and Extra Care in terms of preventive approaches to contractual delivery.
- 13.2 There are plans to work with Public Health colleagues throughout the life of the contract in terms of sharing information regarding best practice and relevant updates from Public Health England to maintain consistent standards across settings.

# Brighton & Hove City Council

## Health & Adult Social Care Sub Committee

## Agenda Item 11

**Subject:** Public Health Community Nursing Contract Extension

**Date of meeting:** Adult Social Care and Health Sub Committee 13<sup>th</sup> June  
2023

**Report of:** Rob Persey

**Contact Officer:** Name: Sarah Colombo  
Tel: 07827233577  
Email: sarah.colombo@brighton-hove.gov.uk

**Wards affected:** All

### For general release

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

- 1.1 The report asks for agreement to extend the current Public Health Community Nursing (PHCN) contract for one year to March 31<sup>st</sup> 2025
- 1.2 The PHCN contract comprises the city's health visiting and school nursing services. This report details the rationale for an extension of the current contract in order to provide continuity of service.

#### 2. Recommendations

- 2.1 That the Committee agrees to extend the current Public Health Community Nursing Contract to March 2025 as detailed at paragraph 4.1

#### 3. Context and background information

- 3.1 The PHCN contract is currently delivered by Sussex Community Foundation Trust (SCFT). Health Visiting teams are based in the City's Children's Centres/Family Hubs alongside Community Midwifery teams.
- 3.2 The Health Visiting service provides a three tier intervention model comprising a universal offer to all mothers, babies and their partners, early help for those that require some extra support and targeted support for vulnerable families with multiple and complex issues.
- 3.3 The School Nurse Team is based at Seaside View and provides health and wellbeing support to pupils in early years, primary, secondary and sixth form

settings and delivery of vision and hearing screening in primary schools alongside the National Child Measurement Programme.

### **Procurement history and contract value**

- 3.4 This contract was advertised by way of a PIN notice in 2016, with a contract value of between £20,000,000 - £22,500,000. There were initially three interested parties in the contract but two organisations dropped out of the process and the contract was awarded to SCFT.
- 3.5 The initial contract with SCFT was a 3 + 2-year contract which started on the 1st April 2017. The contract was further extended by 1 year plus a further optional 1 year, based on satisfactory performance by SCFT from 2022 to 2024 as recommended by the Procurement Advisory Board and agreed by the Adult Social Care and Health Sub-committee. The terms of the extension include a contract variation which requires the Trust to use any underspend on salary costs to expand services or to repay such spend to the Council to be used to improve outcomes for babies, mothers and families supported by the Health Visiting and School Nursing services outside the Contract.
- 3.6 As the contract had been awarded as a Public Services Contract, in accordance with competition requirements, a PIN notice was issued in October 2022 to test the market and expressions of interest were received.
- 3.7 The current annual contract value is £4,860,945

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

### **Option 1 Recommended**

A contract extension of 1 year to March 31<sup>st</sup> 2025.

- 4.1 It may be the case that an extension will allow for recommissioning to fall under the forthcoming [NHS Provider Selection Regime](#) procurement regulations as part of the [Health and Care Act 2022](#). There is no definitive timetable in place for the implementation of such a regime and regulations and proposals are likely to change. However, there is an expectation that the Selection Regime will provide a new procurement option that enables the continuation of a contract with an incumbent provider subject to performance, value for money and local decision making.
- 4.2 A direct award to a local NHS Trust would provide stability and continuity for the workforce, partner agencies such as the Family Hubs and children young people and families in the city. Any award would be subject to assurance around quality of delivery and performance.
- 4.3 A further extension to the current contract (as varied) may be permissible without competition if it is considered that the contract falls within the



derogation detailed in Regulation 12(7), as set out in the legal implications at section 8.

- 4.4 This option carries a potential risk of challenge from a market competitor because they will have anticipated the opportunity to bid for a new contract starting on the 1<sup>st</sup> April 2024 however, Legal has recommended mitigations to reduce the risk detailed at paragraph 8.4.
- 4.5 The provider has consistently performed significantly higher than the England average across the key performance indicators. (See Appendix 1)

## **Option 2**

An open market tender under the current procurement regulations

- 4.6 This option removes the risk of legal challenge on the basis of a contract extension outside the original total contract value.
- 4.7 This option carries a significant risk to workforce recruitment and retention. A procurement process will create uncertainty for the NHS provider and is very likely to make recruitment and retention of the workforce much more challenging. There is a national crisis in recruitment to Health Visitor and School Nurse roles and this service has worked successfully to stabilise retention and successfully recruit. Any reduction in the qualified workforce would impact on the capacity and quality of the service.
- 4.8 The tender process will require considerable capacity from Public Health Commissioning, the Provider, Procurement and Legal.

## **Option 3**

Develop a Section 75 agreement with the Provider to cover the activities set out in the current contract.

- 4.9 A Section 75 agreement as set out in the [National Health Service Act 2006](#) provides a mechanism for an NHS body and a Local Authority to enter into an agreement for the provision of a health service.
- 4.10 This will require a new Governance structure to be created along with a detailed agreement covering all aspects of the delivery and performance monitoring of the services.
- 4.11 The Legal mitigations detailed in paragraph 8.4 would also apply for this option.
- 4.12 This option provides for an integrated model of delivery in which performance and monitoring is through a shared governance structure as opposed to the commissioner/provider model.

- 4.13 This option would require additional capacity from Public Health commissioning, the Provider and Legal to enact and it is currently unclear how future legislation will impact on such arrangements.

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

- 5.1 A Joint Strategic Needs Assessment will shortly be completed covering the population needs for the services in this contract and the links to wider family services and specialist health services.  
A multi-agency JSNA steering group has guided the assessment and includes representatives from the Maternity Voices Partnership, Amaze and the Parent Carer Forum Friends Families and Travellers and service stakeholders.
- 5.2 As part of the that assessment parent and partner surveys were undertaken in the December – January 2023. Over 1000 parents responded to the health visiting survey and over 60 parents to the school nursing survey. The report of the survey returns will inform a refreshed specification at the point of re-contracting.
- 5.3 In 2022 Public Health teams across Sussex commissioned research into the needs of fathers in the early years using semi-structured interviews of over 50 fathers. This work continues to inform service delivery to parents.
- 5.4 The Public Health [Safe & Well at School Survey](#) is completed every two years by over 17,000 pupils and students from primary to sixth form college in the city. The last survey was conducted in November 2021 and analysis of the response to a wide range of questions inform understanding of the needs of school and college age children and young people and how the School Nursing service can support those needs

## **6. Conclusion**

- 6.1 Officers recommend Option 1 as providing the best value for money and continuity of a quality service for families in the city.

## **7. Financial implications**

- 7.1 The Public Health Community Nursing contract, which includes the delivery of health visiting and school nursing services, is funded within the ring-fenced Public Health grant (Health & Adult Social Care directorate).
- 7.2 The net budget for this contract in 2023/24 is £4.861m, which is in line with the current contract value. The Public Health grant allocation has not been confirmed for the financial year 2024/25 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:  
17/05/2023

## **8. Legal implications**

- 8.1 The Public Contracts Regulations 2015 apply to the procurement and award of contracts above the relevant financial thresholds for services, supplies and works. However, there is an exemption from competition requirements under Regulation 12(7) where the contract establishes or implements a co-operation between contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives that they have in common (subject to certain conditions), known as the 'Hamburg Waste' exemption.
- 8.2 Counsel's advice has confirmed that the current contract, as varied will *probably* fall within this exemption and that, as a result, any further extension to 2025 would be allowed under the procurement regulations.
- 8.3 Moreover, should the Council decide to proceed with a s75 Agreement (Option 3), then Counsel is confident that this arrangement *will* fall within the Regulation 12(7) exemption.
- 8.4 However, in view of the additional expression of interest in response to the PIN notice, Counsel has advised that any decision not to proceed with a procurement process will likely lead to a risk of challenge. To reduce the risk of a potential challenge and of any such challenge being successful, Counsel recommends the publication of a VEAT (Voluntary Ex-Ante Transparency) Notice and the provision of information to the potential rival bidder, relating to the grounds for the decision not to proceed with a procurement process, in accordance with Regulation 55 of the PCR 2015.

Name of lawyer consulted: Pamela Milford Date consulted: 22/05/2023

## **9. Equalities implications**

- 9.1 An Equalities Impact Assessment (EIA) has not been undertaken as the preferred option provides for continuity of service for the provider and for patients and their families. An EIA will be undertaken to inform the specification for the contract regardless of the procurement option chosen and will draw on the findings of the Healthy Child Programme JSNA completed for this contract. The JSNA includes a survey of parents and partners
- 9.2 The provider is working to the contract specification and will be expected to continue to deliver the three tier intervention approach in line with the national Healthy Child Programme.

## **10. Sustainability implications**

- 10.1 Continuation of provider ensures that existing staff and buildings remain in their current locations within Brighton and Hove.

Over the life of the current contract, service delivery has maximised the benefits of co-location with Children's Centres/Family Hubs and community midwifery services. This ensures travel, for both staff and people using the service, is reduced and focused on community based delivery of appointments and groups.

### **Social Value and procurement implications**

- 11.1 The contract provider is a locally based NHS trust delivering high quality care with qualified practitioners delivered in local communities alongside the Council's Family Hubs programme and in the city's schools and colleges.
- 11.2 The Health Visiting and School Nursing teams have many years of experience working the city and excellent relationships with partners in the Community & Voluntary Sector, specialist health services, the Maternity Voices Partnership and the Council.

### **Crime & disorder implications:**

- 11.3 The Health Visiting service provides a connecting point for children and families in providing a universal offer. The Health Visiting teams have the skills and expertise to recognise when a child and/or parents and carers are struggling. This a critical safeguarding aspect of their role.
- 11.4 The School Nursing service in supporting pupil and student wellbeing contributes to more children and young people staying in school and college which is a protective factor in relation to criminal and sexual exploitation of children and young people.
- 11.5 Both services provide health input to safeguarding children and young people processes such as Child Protection conferences and social work Strategy Meetings.

### **Public health implications:**

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

## **Supporting Documentation**

### **Appendices**

#### **Appendix 1 Outline of Health Visiting and School Nursing Service delivery and Performance**

# Appendix 1

Public Health Community Nursing Contract Options Paper

Adult Social Care and Health Sub-Committee June 2023

## 1. Health Visiting and School Nursing

The PHCN contract encompasses the delivery of Health Visiting and School Nursing services in the city and is delivered by Sussex Community Foundation Trust (SCFT).

Health Visiting and School Nursing offer three levels of service;

- Universal provided to all families
- Universal Partnership for those families who require some additional support
- Universal Partnership Plus for those families with complex needs working closely with Children's Social Work.

## 2. Health Visiting

All families receive the 5 checks and reviews recommended by the national [Healthy Child Programme](#) comprising;

- Antenatal
- New Birth visit
- 6-8 week
- 1 Year Review
- 2 Year Review

The service provides advice and support across a wide range of 0-5 yrs child and parent needs including mental health, infant feeding, weaning, sleep issues and signposting and referral to specialist health services.

In addition the Healthy Futures team provides enhanced support for parents and families with additional vulnerabilities such as younger parents, refugee and asylum seeker families and communities experiencing marginalization.

The service employs a specialist health visitor leads for maternal and infant mental health and for infant feeding and is has reached Stage 1 of the UNICEF Baby Friendly standards for breast and infant feeding.

### 3. School Nursing

The School Nurse team provides health and wellbeing support to pupils in school and college and to parents and carers including advice and support on mental health, sleep, sexual health, routine illnesses and signposting and referral to specialist health services. The team also provides a combined programme of Vision and Hearing Screening and Child Measurement Programme at Reception and Year 6 of Primary School.

The team works closely with education providers, the Council's PSHE advisory team, the Dug Alcohol and Sexual Health (DASH) team with Ru-OK?, the Public Health Schools programme, the Sexual Health and Contraception (SHAC) and the team providing in school immunisations.

SCFT contracts with youth providers to deliver a referral route for one to one youth support from the School Nursing service.

### 4. Contract Performance

The NHS provider has consistently met or exceeded the core KPIs for both services throughout the period of the contract with the only dip in some areas of delivery experienced during the COVID 19 pandemic. The service responded to the NHS call for staff to be redeployed. Almost 45% of the Health Visitor team was redeployed for approximately 4 months which impacted on capacity to deliver the pre-pandemic offer. The service has however recovered well from pandemic and rapidly returned to face to face delivery alongside an enhanced digital offer. Parents have greater choice to request a virtual appointment but the service prioritises face to face delivery of reviews and checks with an emphasis on safeguarding whilst offering post pandemic virtual meeting options where appropriate.

### 5. Some key performance figures

#### Comparative figures against the Key Performance Indicators for quarter 2 of 2022/23<sup>i</sup>

Indicator	B&H	England
% of all infants due for a 6-8 week check 6-8 wk review who are partially/totally breastfed	59.7%	49.1%
% of face-to-face New Birth Visit by 14 days from birth	89.8% Q4 22/23 94.8%	80%
% of infants receiving 6-8 week review by 8 weeks	89.3% Q4 22/23 90%	79.6%
% of infants receiving a 1 Year review by 15 months	91.8%	81.5%

	Q4 22/23	89.8%	
% of infants receiving a 2-2.5 yr review		79.8%	74%
	Q4 22/23	82.1%	

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i

[Child and maternal health statistics - GOV.UK \(www.gov.uk\)](http://www.gov.uk)





# Brighton & Hove City Council

## Adult Social Care and Public Health Sub Committee

## Agenda Item 12

**Subject:** Integrated Sexual Health Services Contract Extension

**Date of meeting:** 13 June 2023

**Report of:** Rob Persey

**Contact Officer:** Name: Caroline Vass / Stephen Nicholson  
Tel: 01273 296554

**Email:** [Stephen.Nicholson@brighton-hove.gov.uk](mailto:Stephen.Nicholson@brighton-hove.gov.uk)  
[Caroline.vass@brighton-hove.gov.uk](mailto:Caroline.vass@brighton-hove.gov.uk)

**Ward(s) affected:** All

**For general release**

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

- 1.1 This report seeks agreement to extend the current contract with University Hospitals Sussex NHS Foundation Trust for Integrated Sexual Health Services for one year to 31 March 2025 with the option of a further one year extension to 1 March 2026.
- 1.2 The report explains the rationale for the contract extension request in the context of the national commissioning direction for health services, and to support some critical business interdependencies.

### **2. Recommendations**

- 2.1 That Committee agrees to the extension of the contract for Integrated Sexual Health Services for one year with the option of a further one year extension and grants delegated authority to the Executive Director Health & Adult Social Care to extend the contract subject to satisfactory performance.

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

- 3.1 There is a high burden of poor sexual health in Brighton and Hove: the City has a rate of sexually transmitted infections of 1,054 per 100,000 population (2021), higher than the England average and the highest rate in the South East region.
- 3.2 Brighton and Hove has the 8<sup>th</sup> highest prevalence of diagnosed HIV in England and the highest outside of London. In 2021 the prevalence was 6.97/1,000 aged 15-59 compared to 2.34/1,000 in England

- 3.3 The Contract for Integrated Sexual Health Services is currently delivered in Brighton and Hove by University Hospitals Sussex NHS Foundation Trust. The Contract has been in place since 2015 and was extended in 2018 and 2020. A new contract with the same provider was awarded in 2022 following a report to the Adult Social Care & Public Health Sub Committee in September 2021.
- 3.4 NHS England has a separate contract with the same provider to fulfill their responsibilities in respect of HIV. Both services are provided on the same site and there is overlap in terms of staff. The services under the two contracts with the provider are intertwined with business critical dependencies: they are delivered by the same provider, the same clinicians working in the specialty of sexual health, and from the same site.
- 3.5 The value of the contract is £3,446,760.00 for the financial year 2023/24 and is assumed to be ongoing for 2024/25 and 2025/26. The contract is funded through the Public Health grant.
- 3.6 Current contract performance is good. University Hospitals Sussex has generally met the core KPIs for the delivery of the services throughout the period of the contract.
- 3.7 The best option for BHCC regarding the immediate future of the service beyond March 2024 is to extend the current contract by one year with the option to extend by a further year (a 1 + 1 extension) i.e: Option one presented below. The reasons informing this are outlined below, as is an alternative option.

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

##### **4.1 Option 1 – Recommended: Extension by 1 + 1 years of the current contract with the incumbent provider.**

- 4.2 It may be the case that an extension will allow for recommissioning to fall under the forthcoming NHS Provider Selection Regime procurement regulations as part of the Health and Social Care Act 2022 ([NHS commissioning](https://www.nhs.uk/commisioning) » [NHS Provider Selection Regime \(england.nhs.uk\)](https://www.nhs.uk/provider-selection-regime)<sup>1</sup>). There is no definitive timetable in place for the implementation of such a regime, however there is an expectation that the Selection Regime will provide a new procurement option that enables the continuation of a contract with an incumbent provider subject to performance, value for money and local decision making.
- 4.3 Acknowledging the current good performance of the provider, extending the contract will provide stability and further opportunities to focus on collaboration and delivering outcomes for residents and people who use the services. It would also reduce the risks to staff stability and the risks associated with a hurried re-procurement process.

4.4 There are multiple and complex operational and strategic links and interdependencies between the Integrated Sexual Health Service contract commissioned by the Council and the HIV treatment service commissioned by NHS England. Many critical staff, at all levels, divide their time between the two services. A contract extension would facilitate the ongoing smooth provision of services.

**4.5 Option 2: proceed with a full market tender for a new contract in time for April 2024**

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

4.7 Given the current contract ends March 2024 the tender process would require considerable capacity from Public Health Commissioning, the Provider, Procurement, and Legal services. It is unlikely that there is adequate time to complete the appropriate procurement process and a shortened process would limit the range and depth of stakeholder activity and needs assessment. Running a procurement process in this way would be a high risk option for the Council

**5. Community engagement and consultation**

5.1 Preferred Option 1 will provide the necessary timeframe to conduct all elements of a stakeholder engagement and a population health needs assessment to inform any revised specification which might inform the service beyond the extended contract period.

5.2 Option 2 will not provide an adequate timeframe for stakeholder consultation or a needs assessment to inform a procurement process to be completed by April 2024

**6. Conclusion**

6.1 The best option for BHCC regarding the immediate future of the Integrated Sexual Health Service beyond March 2024 is to extend the current contract by 1 year to 31 March 2025, with the option to extend by a further year to 31 March 2026, under Regulation 12(7) of the Public Contract Regulations 2015. This is considered to provide the best value for money and continuity of a quality service for residents and others in the City.

**7. Financial implications**

7.1 The existing Integrated Sexual Health Services contract is funded by the ringfenced Public Health grant (Health & Adult Social Care directorate).

7.2 The net budget is £3.447m for financial year 2023/24 and is assumed as ongoing for 2024/25 and 2025/26. However, the Public Health grant allocation

has not been confirmed beyond financial year 2023/24 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 2026.

Name of finance officer consulted: Sophie Warburton Date consulted (dd/mm/yy): 30/05/2023

## **8. Legal implications**

- 8.1 Regulation 12(7) of the Public Contracts Regulations 2015 relates to contracts which establish or implement co-operation between contracting authorities. These contracts fall outside the scope of the public procurement regime and do not therefore need to be the subject of a compliant procurement. In order to rely on Reg 12(7) the implementation or the co-operation must be governed solely by considerations relating to the public interest and the co-operation must be with the aim of ensuring that public services the two contracting authorities have to perform are provided with a view to achieving objectives they have “in common”. Counsel has previously advised on the application of Reg 12(7) to these services and confirmed that it can be relied on.

Name of lawyer consulted: Alice Rowland Date consulted (dd/mm/yy): 6/6/23

## **9. Equalities implications**

- 9.1 The contract includes specific requirement that the service provider must not discriminate between or against Service Users, on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other non-medical characteristics.
- 9.2 The Integrated sexual health service will be provided with full regard to The Equality Act (2010) and the Public Sector Equality Duty (2011) in ensuring services are appropriate and accessible to all. The provider will participate in equality impact assessments annually and as required.
- 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 Extension of the existing service ensures the continuation of existing staff and estates within Brighton and Hove. Over the life of the current contract, service delivery has maximised the benefits of co-location with the HIV service, pathology, and pharmacy functions. This ensures travel, for both staff and people using the service, is reduced and focused on community-based delivery of appointments and groups.

## **11. Other Implications**

### **Social Value and procurement implications**

- 11.1 The provider is a locally based NHS trust delivering high quality care in a joined up way to meet the sexual health service need in Brighton & Hove
- 11.2 There are multiple and complex operational and strategic links and interdependencies between the Integrated Sexual Health Service contract commissioned by the Council and the HIV treatment service commissioned by NHS England, these go beyond the simple delivery of 2 services, in terms of organisation collaboration to deliver an enhanced service to meet the needs of the population.
- 11.3 The social value extends beyond the delivery of a service: the service benefits from and is informed by the confidence of the community and relationships formed within this community.

### **Public health implications:**

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

## **Supporting Documentation**

- 1. **Background documents**
- 1. [NHS commissioning » NHS Provider Selection Regime \(england.nhs.uk\)](https://www.england.nhs.uk/commissioning/)

