



# **HEALTH & WELLBEING BOARD ADDENDUM**

**4.00PM, TUESDAY, 28 JANUARY 2020**

**COUNCIL CHAMBER, HOVE TOWN HALL**





## ADDENDUM

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### **PART TWO**

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|      | Report of the Executive Director for Health and Adult Social Care (circulated to Members of the Board only).                      |         |



1.1 Five Public Questions have been received in the following terms:

**5G Technology**

(i) **Thorston Manderlay:**

“Who is going to be held accountable for any future health issues in either individuals or groups of people related to 5G?”

Is it not true that the person or persons held responsible will be the one (or ones) whose signature (or signatures) appear on the permits?”

**(ii) Supplementary**

“In your‘ response to petition to halt the rollout of 5G‘ you state that you (and the government) take the advice from Public Health England. On their website PHE refer to research and studies regarding the safety of RF, including Non-Ionising Radiation. My question is, what are these researches and studies and, most importantly, who conducted them? Thousands of doctors and scientists the world over have drawn attention in hundreds, if not thousands, of peer reviewed papers to the total lack of INDEPENDENT studies about the long-term effects of Non-Ionising Radiation in humans (not to mention wildlife). If PHE claim that studies have been done, they need to state who did them and why as well as their lengths and specific remits. Shouldn‘t a decision which potentially affects the health and wellbeing of many generations to come be based on thorough, independent research and studies?”

(ii) **Silvia Cabrera Hidalgo**

“If 5G is so safe, how come that leading insurers the world over, including Lloyds of London (!), refuse to insure in their policies against any negative health effects caused by wi-fi technologies including 5G?”

**(ii) Supplementary**

“What about the increasing number of people already sensitive to EMF? I know someone who is and their life has exponentially got worse ever since the launch of 3 and 4G.Nausea, headaches, dizziness & nerve pain on a daily basis. With 5G on top of this life will become intolerable to these people. And, as I said, their numbers are increasing.“

(iii) **Irina Blossie**

“The European Commission’s Scientific Committee on Health, Environmental and Emerging Risks (SCHEER) assessed potential effects on wildlife from increases in electromagnetic radiation. 5G technology was classified as an ‘emerging issue’ and given the highest ranking as an environmental hazard. It highlighted the concern that since health and safety issues remain unknown, it leaves the possibility of unintended biological consequences to the environment. The EKLIPSE report “The Impacts of EMR on Wildlife” confirms harm from EMR on wildlife. Bees are at a greater risk and in decline. What is HWB planning to do to protect wildlife in the city?”

(iv) **Emma Gomez**

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Existing concerns regarding potential negative health effects from electromagnetic fields (EMF) are only likely to increase. An uptick in liability claims could be a potential long-term consequence.<https://es-ireland.com/2019/06/17/may-2019-swiss-re-classifies-5g-as-high-impact-emerging-risk-in-white-paper/>

Therefore, if an insurance company will not take the risk then why would Brighton and Hove risk the health and lives of the residents of Brighton and Hove. Who is taking responsible for damages caused by forcing me to be tortured by 5G pollution against my will?

**Improvement in Health**

(v) **Mr Kapp**

“Why isn’t improvement in health included in the Council’s 3 year plan (published in the Argus on 18.1.20) when £454million of public money is devolved from central government to our Clinical Commissioning Group this year, which together with £126mpa makes £580mpa for health and social care, which will probably rise next year to £600mpa, the dispersion of which should be decided by all councillors at the budget meeting on 27.2.20?”

We had information given to the July board about social prescribing but not the detailed funding as to how this works. I have had similar emails from people who run various things like Nordic walking wanting to know how they

can get involved (which could be short hand for how can they get funding to run such services).

However, the Board is not the funding controller for social prescribing nor is the CCG – this comes from the national pocket.

Will the HWB agree to take a paper raising the question of ‘whether or not licenced social prescribing providers should be paid as pharmacists are paid for drugs?’





## **Member Question(s)**

- 1.1 One Member Question has been received from Councillor Nield in the following terms:

Councillor Sarah Nield

“I have been contacted, as I think all Members have, by a resident who wants to know why as a transgender man he is having to wait for years to access hormone treatment in Brighton and Hove. His mental health is suffering as he waits.

He says:

“Brighton is a beacon of hope for transgender people across the UK in terms of social acceptance, but this doesn't appear to be reflected in the NHS services provided. We need hormone treatment provided in a reasonable timescale. “

I was very interested to see this same issue raised in the Local Response to the NHS Long Term Plan:

### **4.2.6 Local priorities: trans locally commissioned service in primary care**

Responding to issues raised by our population there is a recognised gap and level of need in services for supporting our transgender population. An audit of local GP practices showed there were significant difficulties for transgender and non-binary patients such as long waits to receive prescribed hormone treatment. Brighton & Hove CCG are developing initial service costing and plans to initiate a three-year pilot service to fill this gap and improve the services for this population cohort. If we succeed, we would be proud to be the first CCG to do this in the country.

I would very much like to know more about these plans: particularly how soon we can expect this pilot to begin, and what will be its scale and scope?”





Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

|                         |   |                          |
|-------------------------|---|--------------------------|
| <i>Title:</i>           | <b>Commissioning of Supported Living Service for People with Cognitive Impairment (Acquired Brain Injury)</b> |                          |
| <i>Date of Meeting:</i> | <b>28<sup>th</sup> January 2020</b>   |                          |
| <i>Report of:</i>       | <b>Rob Persey, Executive Director of Health &amp; Social Care</b>   |                          |
| <i>Contact:</i>         | <b>Anne Richardson-Locke</b>  | <b>Tel: 01273 290379</b> |
| <i>Email:</i>           | <a href="mailto:anne.richardson-locke@brighton-hove.gov.uk">anne.richardson-locke@brighton-hove.gov.uk</a>    |                          |
| <i>Wards Affected:</i>  | <b>ALL</b>  |                          |

**FOR GENERAL RELEASE**

By reason of the special circumstances, and in accordance with section 100B(4)(b) of the 1972 Act, the Chair of the meeting has been consulted and is of the opinion that this item should be considered at the meeting as a matter of urgency for the following reason that; a decision to award the contract was required.

Note: The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (as amended), (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) were that the end of the procurement exercise could not be completed prior to the deadline for publication of the agenda.

## ***Executive Summary***

The report provides an update on the procurement of a supported living service for adults with cognitive impairments in Brighton & Hove and makes a recommendation that an external provider is procured due to the specialist nature of the requirement.

There is a Part Two confidential report that has more detailed information of the preferred bid and the directly provided service which has been circulated to members of the Board.

## ***Glossary of Terms***

*FCL* - *Families Children and Learning*

*HASC* - *Health & Adult Social Care*

*MEAT* - *Most economically advantageous tender is the tender which is best overall taking into consideration both price and quality over the lifetime of the contract.*

*PCR* - *Public Contracts Regulations*

*PIN* - *Prior Information Notice*

## **1. Decisions, recommendations and any options**

It is recommended that the Board agree:

- 1.1 To award a three-year contract to the Service Provider that has been evaluated as providing the most economically advantageous tender.
- 1.2 To grant delegated authority to the Executive Director of Health & Adult Social Care (HASC) to extend the contract at the end of the three-year term for a further period or periods of up to two years in total subject to satisfactory performance and available budget.

## **2. Relevant information**

### **Background**

- 2.1. The 12th November Health & Wellbeing Board gave permission to Health & Adult Social Care to procure a support service for 4 people with cognitive impairments placed by the Council in 4 flats in Poets Corner.
- 2.2. The Board agreed that:

- 2.2.1. Commissioners would seek expressions of interest from external providers and if there was interest from more than one, a competitive tender process would take place, and;
- 2.2.2. Commissioners would quantify the cost of the Council directly providing the required services.
- 2.3. The Board requested on the conclusion of these processes that a further report be prepared setting out the alternative options.
- 2.4. The current provider of the service, Southdown Housing Association, gave notice to the Council in July 2019 terminating their contract to provide a Supported Living Service. Colleagues in Families, Children & Learning (FCL) have made alternative arrangements for 3 of the tenants and no longer have a need for the accommodation. FCL offered the opportunity to make use of the accommodation to Health & Adult Social Care (HASC). HASC have a significant shortage of supported living options for adults with cognitive impairments and these flats will help to prevent people from moving into residential care or provide a step down from higher support services for those who would benefit.
- 2.5. FCL Assessment Services have not been able to find alternative accommodation for one resident who continues to live there successfully, and Southdown Housing Association have agreed to continue to support that individual until an alternative support provider has been procured. FCL have confirmed they will continue to fund the support costs for the current resident.
- 2.6. The Health & Wellbeing Board agreed to accept this paper as a late report as the period between the end of the procurement exercise and the date of the nearest Board meeting did not allow for the usual pre-Board timescales. This was agreed in order to ensure delays in starting the service are kept to a minimum as the service is urgently needed and there is a financial cost to any delays as the Council are paying for voids in the flats according to the Nominations Agreement with the accommodation provider.

### **Proposed Service and Tender**

- 2.7. The Supported Living service will provide 24-hour support to 4 people with cognitive impairments that include learning disabilities, autism and cognitive impairments due to brain injury or other neurological conditions. It is intended that support services will be shared across all four flats. The procurement exercise was designed to enable officers to select from the providers submitting tender proposals the tender which provides the best service option overall in terms of both quality and price (MEAT).
- 2.8. As there were 8 expressions of interest to the Prior Information Notice (PIN) Call for Competition that was issued in the Official Journal of the European Union, all 8 were invited to tender.

- 2.9. Bids were evaluated by an evaluation panel made up of the Commissioning & Contracts Manager for Physical Disabilities & ABI, the Commissioning & Contracts Manager for Learning Disabilities, the Commissioning Support Officer and an experienced Social Worker.
- 2.10. Bids were evaluated with a weighting of 80% Quality and 20% Price, with Social Value making up 15% of the Quality mark. In view of the nature of the service commissioners considered it important to prioritise quality.
- 2.11. The preferred bidder's offer is still subject to award and the required standstill period of 10 working days in which the unsuccessful bidders have an opportunity to challenge the Authority's decision making.
- 2.12. The tendering process is confidential until completed and the Award letters dispatched to the bidders therefore Members are referred to the confidential part two report for further information relating to the outcome of the evaluation process

### **3. Reason for the recommendation**

- 3.1. The provision of the support directly by the Council at this time would strain available resources as additional staff, training, managerial expertise and specialist behaviour support would be necessary.
- 3.2. Whilst the Council directly provides high quality support to people with learning disabilities, the provision of additional management and specialist support for people with other cognitive impairments would be required and could delay the start of the provision of the service. This in turn would incur additional costs as the potential tenants would remain in higher cost services and would put considerable pressure on the current provider who has specified they can no longer provide the service to the existing tenant beyond April 2020.
- 3.3. The significant forecast savings presented within the preferred bid would not be achieved if the directly provided option is pursued.
- 3.4. It is therefore recommended that authority be given to let a service contract to the provider judged to provide the most economically advantageous tender following the detailed evaluation of the submissions received.
- 3.5. During the mobilisation period the new provider, Housing Association, the Commissioner and the Lead Member for Health & Adult Social Care would meet with the immediate neighbours to inform them of the changes.

## 4. Important considerations and implications

### Legal implications:

- 4.1. The Council's Contract Standing Orders require that authority to enter into a contract valued at £500,000 or more be obtained from the relevant committee which in this case is the Health and Wellbeing Board.
- 4.2. A tender process has been conducted in compliance with the provisions of the Public Contract Regulations 2015 as authorised by the Board on 12 November 2019. The most economically advantageous tender has been identified. Authority to let a contract following that tender process was not given by the Board on 12 November and is now required if the contract is to be let to the Provider submitting that tender. There is no obligation on the Council to award a Contract to the successful Provider and the service could be provided in-house if the Board considered this appropriate.

Lawyer consulted: Judith Fisher

Date: 20.01.2020

### Financial implications:

- 4.3. There is significant increasing demand within this client cohort and securing this provision will result in financial savings when compared to the costs of residential care.
- 4.4. If the service is directly provided by the Council, it is estimated that no savings will be achieved for Adult Social Care, but savings would be realised through the preferred bidder's offer.
- 4.5. There is potential financial risk if there are any voids within the service due to the high rental costs.

Finance Officer consulted: Sophie Warburton Date: 23/01/2020

### Equalities implications:

- 4.6. An EIA is underway to support the commissioning intentions for people under 65 requiring physical and social support. This has identified equalities issues that include younger people being placed in older people's care homes, people being placed out of city away from their families and networks and a need for specialist supported living for people with autism, cognitive impairments, physical disabilities and complex needs locally.
- 4.7. This service will have a significant impact on the above equalities issues by offering supported living locally to people who may otherwise have been placed in residential care with older people or placed out of city. The preferred Service Provider gave evidence that they provide inclusive services to people

with cognitive impairments that include volunteering opportunities, routes to employment and involvement in the recruitment of staff.

**Sustainability implications:**

- 4.8. Procurement processes take into account the sustainability of potential providers in the City and the principles of social value in order to achieve best value for money and sustainability of services. The preferred Service Provider gave evidence of their aims to reduce wastage, limit energy consumption and procure materials from sustainable sources.

**Supporting documents and information**

None



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