

Brighton & Hove City Council

Adult Social Care and Public Health Sub- Committee

Agenda Item 32

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

Date of meeting: 7th March 2023

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

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Ward(s) affected: All

For general release

1. Purpose of the report and policy context

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

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

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

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

2. Recommendations

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

3. Context and background information

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

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

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

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

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

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

3.11.1 Standardised terms and conditions for all providers.

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

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

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

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

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

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

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

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

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

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

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

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

4. Analysis and consideration of alternative options

The following alternative options were considered:

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

5. Community engagement and consultation

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

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

6. Conclusion

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

7. Financial implications

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

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

8. Legal implications

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

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

9. Equalities implications

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

10. Sustainability implications

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

11. Other Implications

Social Value implications

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

Crime & disorder implications:

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

Public health implications:

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

Supporting Documentation

1. Appendices

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