

## **Report to Cabinet Member for Adults and Health**

**December 2020**

### **Public Health Prevention Services - Commissioning Social Support Services for Older People**

#### **Report by Interim Director of Public Health**

**Electoral division(s): All**

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#### **Summary**

West Sussex County Council is keen to ensure that older people in West Sussex can access the support they need to maintain and improve their health, wellbeing and independence in later life.

The overall purpose of re-commissioning Social Support Services is to ensure that older people in West Sussex are socially connected, can access the information and advice that enables them to maintain their independence and receive the support they need to return home after being in hospital.

#### **Recommendations**

The Cabinet Member for Adults and Health is asked to:

- (1) Agree the procurement of five Social Support Service areas through an open tender process for Social Isolation, Take Home and Settle from Hospital, Support at Home After Hospital, Information & Advice, Prevention and Assessment- VCS Support (PAT), with new contracts to commence on 1<sup>st</sup> July 2021
  - (2) Approve the proposed contracts expenditure detailed in the report
  - (3) Delegate to the Director of Public Health authority to make contract awards to successful bidders for a 5 year initial period with optional extension of periods up to 2 years and PAT for a 2 year initial period with optional extension of periods up to 5 years
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#### **Proposal**

##### **1 Background and context**

- 1.1 The commissioning approach Public Health wishes to take is one of collaboration with local providers in the County, aiming to deliver services that ensure all older people, in both urban and rural communities, have access to the support they

need to lead happy, healthy independent lives. Social Support Services are discretionary services for older people with low needs and should be designed to delay the requirement for higher need 'eligible' care packages that are provided by Adult Social Care. New contracts will be commissioned ensuring services will compliment and support local voluntary groups, especially those who are already working and providing support to older people in their local communities.'

1.2 The new general Service Specification has an outcomes framework based on Public Health prevention outcomes, the Joint Strategic Needs Assessment Profile of Older People in West Sussex, priorities taken from the public health 'Ageing Well' survey and intelligence from service providers and service users about priorities during the COVID 19 pandemic.

1.3 The outcomes the services are required to deliver are:

- Older people have as much control over their lives as possible and can spend time doing things they enjoy or value
- Older people develop and maintain their social networks and have as much contact as they would like with others
- Older people are able to access universal services e.g. Primary Care, Sport and Leisure, Cultural Services and events
- Older people, and their family carers, have access to information about services and support, and access to targeted advice
- Older people and their family carers, are motivated to contribute to their local neighbourhood/community with opportunities available for them to use their skills, knowledge and experience
- Older people can look after themselves and maintain independence in their homes and are supported to access other services
- Older people avoid being admitted to hospital and are supported to return home and to increase their ability to recover, cope and be more confident at home
- Socially excluded or disadvantaged older people are supported to be empowered as equal and active members of their community in achieving the above outcomes
- People maintain and maximise their physical and mental well-being
- Family and friend carers are supported at the point of hospital discharge to enable them to adjust to their new/enhanced role and prevent unnecessary re-admission to hospital or the need for a residential placement, due to carer breakdown.

1.4 Using an outcomes framework, rather than detailed service descriptions, offers the market the opportunity to demonstrate how priority outcomes can be met in a variety of creative, flexible and collaborative ways. During the first year of the contracts there is an intention to offer the opportunity to providers to co-produce an Outcomes Monitoring Framework which will enable us to demonstrate:

- The positive impacts social support services have on older people's lives and local communities
- The demand reduction and cost avoidance on other parts of the health and care system, particularly Adult Social Care

- Specific positive impacts on the mental, physical health and well-being of older people

## **2 Proposal details**

- 2.1 It is proposed to reduce the current number of existing contracts and commission 5 distinct service areas: (1) Tackling Social Isolation (2) Take Home and Settle from Hospital (3) Support at Home after Hospital (4) Information & Advice including Carewise and (5) Community Support within Prevention Assessment Teams (PAT).
- 2.2 Home from Hospital is currently separately commissioned by Carers Commissioning as a countywide service with British Red Cross which is confusing for referrers; it is proposed to jointly commission both services using £110,000 funding from the Carers Commissioning budget with one entry point and this will reduce costs and help to deliver savings targets.
- 2.3 Take Home and Settle from Hospital, Support at Home after Hospital and Community Support within PAT will be re-commissioned as countywide services with a lead provider and partnership working with an expectation of partnership working with other providers to deliver place-based services utilising local community knowledge.
- 2.4 It is intended to continue developing all services and monitoring in partnership with providers after contract award, particularly in light of the changing situation with Covid19 which has majorly affected the lives of older vulnerable people living in the county.

## **3 Other re-commissioning options considered (and reasons for not proposing)**

- 3.1 Grant Funding for services: this is more appropriate for one-off projects or pieces of work; as funding is awarded on an annual basis this does not provide organisations with much financial stability or opportunity to recruit, develop, innovate.
- 3.2 A direct award to a Lead Provider and sub-contractor organisations for sub-OJEU threshold tenders; this can work well if there is a desire to maintain funding to a range of smaller organisations that may not have the capacity to enter into a full tendering process.

## **4 Consultation, engagement and advice**

- 4.1 Market engagement was undertaken prior to reviewing the service specifications and market feedback has been incorporated into the service design which should make the new services more attractive to bidders.
- 4.2 Service design reflects the experience, abilities and expectations of the provider market in West Sussex who have been given the opportunity to comment on commissioning outcomes.
- 4.3 A Health and Social Care (HASC) Scrutiny Task and Finish Group considered the draft commissioning intentions and approved the proposals with the recommendation that new contracts will be commissioned ensuring services will compliment and support local voluntary groups, especially those who are already working and providing support to older people in their local communities.

- 4.4 The impact of COVID 19 on older, vulnerable people is significant and life-limiting in many ways. The response from VCS support organisations, to adapt, collaborate, create networks for practical and social support has been vital. This is something that will need to continue and VCS organisations continue to be an important source of intelligence and advice for shaping new services.
- 4.5 It is hoped that the new service specification reflects the learning and insight VCS organisations have been regularly sharing with the Council about the challenges facing their service users during the pandemic and the concerns they have for the future.

## 5 Finance

### 5.1 Revenue consequences

	Current Year 2020/21 £m	Year 2 2021/22 £m	Year 3 2022/23 £m	Year 4 2023/24 £m
Revenue budget	1.75	1.75	1.48	1.38
Cost of Proposal	1.75	1.48	1.38	1.33
Savings	0.00	0.27	0.10	0.05

### 5.2 The effect of the proposal:

#### (a) **How the cost represents good value**

Volunteering contributions in 2018/2019 social support contracts demonstrates the value for money that is achieved by the operating models employed by the contractors. The financial added value is calculated on the minimum wage hourly rate and is a low estimate as there will be volunteer hours of more skilled activities that could be calculated at a higher rate. The total annual value of volunteer contribution across all contracts is approximately £620,000. This represents an additional 36% of the total annual budget and 75,624 hours work which in effect the Council does not fund.

#### (b) **Future savings/efficiencies being delivered**

The social support services are designed to prevent and/or delay older people from requiring packages of care and admittance to hospital. For example, last year 2540 older people have been regularly attending Day Activities across the county at an average cost of £186 per person per annum. The average cost of non-residential care packages for older people is £269.64 per week. Prevention services are key to supporting Adult Social Care in managing demand.

Costs of services have reduced overall by using median unit costs rather than separate variable rates across the County. In addition, two similar services for Hospital Relative Support have been merged to reduce cost and improve customer experience.

### (c) **Human Resources, IT and Assets Impact**

TUPE information is being requested to ensure staff of current service providers have opportunities to transfer if appropriate.

There is no impact on IT or Assets.

## **6 Risk implications and mitigations**

<b>Risk</b>	<b>Mitigating Action (in place or planned)</b>
The current pandemic restrictions may impact on provider ability to bid for these services.	The original publication date was pushed back by six months to ensure publication is after what is hoped to be the worst of the lockdown. Additional time for provider responses is being allowed and market engagement is being undertaken to prepare the market and give them time to consider their responses. Requests for additional time received during the tender process will be carefully considered to assess viability within the current timeline although it is hoped this will not be necessary
There is a risk that sufficient quality bids will not be received	There is a viable, established and active market for delivery of social support services although significant redesign of services and current lockdown arrangements may impact on the number of bids received. There may further be a reluctance amongst existing providers to offer new models of service delivery. As explained above, however, it is felt this risk is small and has been managed as effectively as possible
Time to mobilise	The current timetable allows three months to mobilise, transfer existing staff and recruit new staff. Bidders will be given clear information regarding the timescales and mobilisation plans will be required as part of the tender. It is felt this is sufficient time but has the potential to be a risk should any issues arise.

## **7 Policy alignment and compliance**

7.1 The general service specification and outcomes draw on market engagement, local and national guidance, good practice, and information including:

- Care Act 2014
- Reducing social isolation across the life course (Public Health Outcomes 2015)
- West Sussex Health and Wellbeing Strategy – priorities for older people
- JSNA demographic data for older people in West Sussex
- The West Sussex Ageing Well Survey 2019

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**Appendices: None**

**Background Papers: None**