



# NOTICE OF MEETING

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**CABINET MEMBER FOR HEALTH, WELLBEING & SOCIAL CARE**

**TUESDAY, 5 JULY 2022 AT 4.00 PM**

**THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL,  
PORTSMOUTH**

Telephone enquiries to Anna Martyn 023 9283 4870  
Email: [Anna.Martyn@portsmouthcc.gov.uk](mailto:Anna.Martyn@portsmouthcc.gov.uk)

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

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## **Membership**

**Cabinet Member for Health, Wellbeing & Social Care**  
Councillor Matthew Winnington (Cabinet Member)

## **Group Spokespersons**

Councillor Brian Madgwick  
Councillor Yinka Adeniran  
Councillor Lewis Gosling

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

**Deputations by members of the public may be made on any item where a decision is going to be taken. The request should be made in writing to the contact officer (above) by 12 noon of the working day before the meeting, and must include the purpose of the deputation (for example, for or against the recommendations). Email requests are accepted.**

## **AGENDA**

- 1 Apologies for absence**
- 2 Declarations of interest**

**3 Portsmouth Health & Care - Discharge to Assess Model**

Report to follow

**4 Market Sustainability and Fair Cost of Care Fund (Pages 3 - 8)**

Purpose

To provide Members with an update on the steps being taken by the Council in response of the publication of the '*Market sustainability and fair cost of care fund 2022 to 2023*' guidance.

**5 Meals Delivery Service (Pages 9 - 14)**

Purpose

To update the Cabinet Member and HWSC spokespeople with a learning review of the meal delivery service after April 2022 and the plans for a new service from June 2022.

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# Agenda Item 4



## **THIS ITEM IS FOR INFORMATION ONLY**

**(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)**

<b>Title of meeting:</b>	Health, Wellbeing & Social Care
<b>Subject:</b>	Market sustainability and fair cost of care fund
<b>Date of meeting:</b>	05 July 2022
<b>Report by:</b>	Richard Webb, Finance Manager
<b>Wards affected:</b>	All

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### **1. Requested by**

- 1.1. This report was requested by the Cabinet Member for Health, Wellbeing & Social Care.

### **2. Purpose**

- 2.1. The purpose of this report is to provide Members with an update on the steps being taken by the Council in response of the publication of the *'Market sustainability and fair cost of care fund 2022 to 2023'* guidance.

### **3. Information Requested**

- 3.1. On the 24 March 2022, the government published the *'Market sustainability and fair cost of care fund 2022 to 2023'* guidance. This publication forms part of the wider reforms announced by the government in the *'People at the Heart of Care'* white paper.

- 3.2. The primary purpose of the fund is stated as being:

*'...to support local authorities to prepare their markets for reform, including the further commencement of Section 18(3) of the Care Act 2014 in October 2023, and to support local authorities to move towards paying providers a fair cost of care.'*

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- 3.3. The intended purpose of this fund also aligns with Section 5 of the Care Act 2014<sup>1</sup>, which places a duty on local authorities to promote the efficient and effective operation of a market in services for meeting care and support needs, with a view to ensuring services are diverse, sustainable and high quality for the local population, including those who pay for their own care. In addition, it also aligns with the requirements of the Care and Support Statutory Guidance<sup>2</sup>, (section 4.31) which places an expectation on local authorities to ensure that the fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care.
- 3.4. Where average fee rates are below the fair cost of care, local authorities are expected to use this fund to increase fee rates paid to providers (in respect of residential and nursing care for those aged 65 and over, and domiciliary care for those aged 18 and over) beyond the level required to cover increases in core costs such as inflation, National Living Wage, etc.
- 3.5. The government has allocated £1.36bn to support the implementation of this element of the reforms. Of this fund, £162m has been allocated to Local Authorities in 2022-23 based on the Adult Social Care relative needs formula. The Portsmouth share of this allocation is c.£600k. A further £600m will be allocated to Local Authorities in 2023-24 and 2024-25. The methodology for allocation in the latter years has not been confirmed and therefore the future funding available to the City Council is unknown.
- 3.6. Of the amount allocated to local authorities in 2022-23, at least 75% of this funding must be used to increase the fee rates paid to providers. Up to 25% may be used to fund implementation activities associated with meeting the fund purpose.

### Local Authority Requirements

- 3.7. As a condition of receiving the funding in 2022-23 and to be eligible to receive further funding in financial years 2023-24 and 2024-25, local authorities must submit the following information to the Department for Health & Social Care (DHSC) by 14 October 2022:
  - Cost of care exercises for residential and nursing care for those aged 65 and over, as well domiciliary care for those aged 18 and over.

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<sup>1</sup> <https://www.legislation.gov.uk/ukpga/2014/23/section/5>

<sup>2</sup> <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

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- A provisional market sustainability plan, using the cost of care exercise as a key input to identify risks in the local market. A final plan will be submitted in February 2023.
  - A spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the funds stated purpose.
- 3.8. As part of this process, the government expects local authorities to start making genuine progress towards more sustainable fee rates, where not already doing so, and that the allocations from this fund will be used by local authorities to increase fee rates where required.

### Cost of Care Exercises

- 3.9. It is expected that the cost of care exercises will be completed through engagement between local authorities, commissioners, and care providers to facilitate the data collection process. This is intended to enable local authorities and care providers to arrive at a shared understanding of the local cost of providing care. The exercise will identify the lower quartile, median and upper quartile costs.
- 3.10. To ensure consistency of approach to data collection, tools meeting the DHSC's suggested functionality will be published by the Local Government Association / Association of Directors of Adult Social Services (LGA/ADASS). The sections below provide details on the tools being utilised by the City Council and the approach to engagement with providers.

### *Domiciliary Care*

- 3.11. For domiciliary care, a costing model has been co-developed by the Care and Health Improvement Programme (CHIP) with ARCC-HR Ltd and is being recommended for use by the LGA<sup>3</sup> for the cost of care exercise.
- 3.12. The City Council will be using this tool and would like feedback from as many Portsmouth providers as possible. It is recognised that this is a voluntary process for providers. Therefore, to assist them in submitting information, we have decided to ask providers to submit information via an online form rather than completing and submitting the detailed costing model spreadsheet. This form is similar to that used by providers to submit information relating to the COVID grants over the past couple of years. The Council will then use the information

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<sup>3</sup> <https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/commissioning-and-market-shaping/cost-of-care-toolkit>

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submitted to complete the costing model and consolidate the results from all submissions.

3.13. The engagement process with Domiciliary Care providers includes:

- Attending and presenting to the Hampshire Care Association Spring Conference
- Briefing to providers via the regular interlock meetings with Adult Social Care and Finance
- Correspondence being sent to all care providers to encourage them to submit information
- Volunteers were sought from care providers to help test and provide feedback on the online form. Seven providers have now volunteered to assist.

*Residential & Nursing Care*

3.14. For residential and nursing care providers, CHIP (delivered by ADASS and the LGA) commissioned iESE to deliver the Care Home Cost of Care Tool<sup>4</sup> and this is being recommended for use in the cost of care exercise.

3.15. The City Council will be using this tool and once again would like feedback from as many Portsmouth providers as possible. The iESE Cost of Care Tool is an online tool available to all providers (which avoids the need for a separate survey to be produced by the City Council). We will be encouraging providers to register for the tool and to submit data to us.

3.16. The engagement process with Residential and Nursing providers includes:

- Attending and presenting to the Hampshire Care Association Spring Conference
- Briefings to providers via the regular provider interlock meetings with Adult Social Care and Finance
- Correspondence being sent to all care providers to encourage them to submit information via the online tool

Market Sustainability Plans

3.17. Alongside the cost of care exercise, local authorities will be required to develop and submit a provisional market sustainability plan in October 2022, followed by a final plan when the local government budgets for 2023-24 have been confirmed. Local Authorities are required to publish their final plans (with commercially

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<sup>4</sup> <https://iese.org.uk/cost-of-care-tool>

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sensitive information redacted) once these are finalised and following notification from DHSC that the review process is complete.

- 3.18. The purpose of these plans is for local authorities to assess and demonstrate how they will ensure local care markets are sustainable, as they move towards implementing reform.
- 3.19. For the purposes of this process, a sustainable care market is defined as one which operates in an efficient and effective way, indicated by:
- sufficient supply of services to ensure continuity of care with minimal disruption in the event of providers exiting from the market
  - there being a range of high-quality services for people to choose from
  - sufficient investment in its workforce to enable the attraction and retention of high-quality care staff
  - evidence of innovation and service diversity in order to evolve and meet changing user needs
  - being attractive to new market entrants and able to manage and offset the impact of future market changes
- 3.20. The plan has three main sections:
- Section 1 – Assessment of the current sustainability of the 65+ care home market and the 18+ domiciliary care market.
  - Section 2 – Assessment of (including quantification of) the expected impact of market changes over the next three years, including changes due to the further commencement of section 18(3) of the Care Act 2014, for each of the service markets.
  - Section 3 - Plans for each sub-market to address the sustainability issues identified, including:
    - how the fund will be used to move towards a fair cost of care and help address the sustainability issues identified over the next 1 to 3 years
    - any further actions the local authority plans to take to support market sustainability (for example, improvement support to tackle quality issues or strategic planning for changes in types of provision in response to local need, taking into consideration the role of alternative models of care such as extra care)
    - how the plan complements other strategic documents or plans, such as, but not limited to Market Position Statements (for example, reference to wider plans to invest in alternative models of care)
    - how the local authority has engaged providers in the development of these plans

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Next steps

- 3.21. Over the next couple of months, the ASC Contracts and Finance teams will be engaging with care providers to encourage them to submit information for the cost of care exercise. The teams will also be available to assist providers should they have any difficulties or queries.
- 3.22. Residential & Nursing care providers are already able to submit their data via the iESE tool. For Domiciliary Care providers, the online survey form will be available to submit data for at least 4 weeks. Analysis of results will commence in August following the submission of data from care providers enabling further engagement to constructively utilise the outputs.
- 3.23. Preparation of the draft market sustainability assessment is expected to be complete by the end of September to enable compliance with the 14 October submission deadline.
- 3.24. Evaluation of the financial impact over the following 3 years will be included as part of the submission and managed through the ASC Medium Term Financial Strategy.
- 3.25. Further update reports will be provided to Members as this cost of care exercise progresses.

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Signed by (Director)

**Appendices:** None

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Market Sustainability and fair cost of care fund 2022 to 2023	<a href="https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance">https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance</a>



# Agenda Item 5



## **THIS ITEM IS FOR INFORMATION ONLY**

**(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)**

**Title of meeting:** Health, Wellbeing & Social Care Decision meeting

**Subject:** Meals Delivery Service

**Date of meeting:** 5 July 2022

**Report by:** Mark Stables, presented by Andy Biddle

**Wards affected:** All

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### **1. Requested by**

Cllr Matthew Winnington, Cabinet Member, Health, Wellbeing & Social Care.

### **2. Purpose**

To update the Cabinet Member and HWSC spokespeople with a learning review of the meal delivery service after April 2022 and the plans for a new service from June 2022.

This review will focus on what happened, why it happened, what was learned and next steps.

### **3. Information Requested**

- An outline of the learning following unanticipated change in provider in April 2022 and the interruption of the meal delivery service.
- Details of the arrangements, from June 2022 to ensure continuity and development of the service.

### **4. Background and Context**

The traditional 'Meals on Wheels' service in Portsmouth was provided by a national supplier until 31<sup>st</sup> March 2022. The meal cost was funded entirely by residents with the Council contributing the Value Added Tax costs, which the Council then reclaimed. With the expiry of the previous contract, the existing supplier informed the Council that the price would increase from £5.50 to £8.00 per meal. Given the cost of living challenges and the limited income of many of our residents in Portsmouth, Council officers felt that this would be unaffordable to local residents. The service was tendered, however no other provider expressed an interest in providing the service.

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The Council's Adult Social Care service explored local options and considered a service that could be provided in a way that better supports the clear direction of the ASC Strategy and the wider priorities of the Council.

Specifically

- Using the strengths of community and creating greater local resilience
- The Council acting as a facilitator in partnership with provision
- Moving beyond limited eligibility criteria to develop low level preventative supports that reduce crisis
- Supporting the local economy and protecting the local environment

As a result, there was positive discussion with 3 prospective Portsmouth based providers focussing on:

- Providing nutritious meals
- Addressing social isolation and loneliness
- Provision of welfare checks

The aims of the service included:

- Expanding nutrition/isolation support beyond the current customer group
- Allocating more time to visits to carry out 'guided conversations' and connect local residents with any other support they might need, directly or through ASC or voluntary support
- Considering innovative approaches for example creating 'virtual dining rooms' so that people do not have to eat alone
- Post pandemic confidence-building leading where possible to people accessing lunch clubs
- Where there is existing social care provision, (e.g., Domiciliary Care) for residents, the meals provision will integrate with this service
- Ingredients to be sourced locally
- Managing the price below the £2.50 increase that had been anticipated
- It would be a service provided for the people of Portsmouth, by the people of Portsmouth

This approach to service provision conformed with the aims of the ASC strategy:

- Building capacity in our communities with a range of solutions
- Commission from outcomes and output measures
- Deliver safe and good quality services through a sustainable market
- Commission responsive care, personalised to individual need
- Work collaboratively with communities and individuals allowing them to exercise choice and control in all aspects of service design and delivery

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### **5. What happened**

One of the three providers informed us that they would require more time, a second provider became uncontactable very late on in the process. We had to agree with the remaining provider to cover the city in the short term.

When this became apparent, council officers contacted residents around meal choices, it became clear that the written customer information passed across by the previous provider had a number of gaps including days of delivery, methods of access and dietary preferences. Whilst information had been provided by the previous provider, it became apparent that, when changes in information had occurred, these may have been learned by the driver, but not updated on the written record held by the previous provider. The council team therefore asked the existing provider to work with the city provider and gather correct information.

Two days before the service started the provider had identified one driver but had no other volunteers. Council officers contracted a local care agency to provide drivers and a council officer based themselves at the provider to support with billing customers.

On the day the service started, there were a significant number of calls, linked to the provider declining to provide meals where payment had not yet been taken and meals being delivered late or not at all. Council officers were mobilised and supported with deliveries and contacting residents and their families.

Council officers continued to work over the weekend and help with deliveries but the accuracy of the information from the previous provider meant that the service was not delivering to all customers. There continued to be a high level of calls from customers.

On the 4<sup>th</sup> day, council officers became aware that the provider had been placed on an improvement plan for a range of issues including food storage and their hygiene rating was not acceptable. Officers began to verify food temperature and found these were not maintained at appropriate levels. Food was therefore returned to the provider and a sandwich meal was purchased and delivered to customers. The provider and the Council mutually agreed to end the service.

After day 4, council officers reviewed their options and agreed an immediate action plan as a combination of domiciliary care agencies to provide food as part of their service where residents had domiciliary care. Somerstown Hub agreed to take over food provision for those who were not in receipt of domiciliary care. All customers therefore received hot meals, though some received a cold meal for one weekend, with hot meals being fully restored at weekends after that point. Council officers contacted every customer and/or their family to explain the change and inform them that the council would fund temporary arrangements.

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Temporary arrangements will remain in place for some residents until a new provider incrementally takes over all postcode areas, commencing in June 2022.

### **6. Why it happened**

The combination of trying to make the price as affordable for customers as possible and trying to move away from pre-prepared food, heated in a way that was environmentally harmful, to a local provider who could provide increased company for people who are isolated introduced complexity to arrangements.

The new provider was not prepared due to a combination of circumstances and had not appreciated the level of vulnerability of the residents and how long deliveries would take. This was not comparable to the delivery service they had developed during the pandemic.

The new provider had also originally anticipated covering 1/3 of the city and had agreed to try and cover the whole city when others were not able to provide. The impact of the inaccuracies in the written information received from the existing provider was significant, previous drivers knew routes and access methods through memory. Any change to a long-established service will usually experience initial problems, but not on this scale.

This was one of many competing pieces of work demanding attention and the emergence of multiple issues meant that other work was paused in addressing the lack of accurate information to pass across to the provider. There was also delay in getting additional capacity to work with providers, partly due to getting a post evaluated. The service became dependent on one provider, with very limited notice.

### **7. What was learned**

In moving to the new service, council officers used the learning and worked with the new provider through

- Dedicated project support time up to and post-commencement, including contingency planning
- Familiarisation of delivery drivers with residents, processes and routes via shadowing Resilience in driver recruitment and support from voluntary drivers
- The new provider has appointed a Co-ordinator and Catering Manager
- Current food safety arrangements will be maintained through the new provider and equipment is in place
- The new service will commence incrementally enabling learning and adaptation
- Communication is in place for the new service with residents and their families

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**8. Next steps**

The new service will incrementally cover all areas of the city, phasing in three postcode areas from June 2022, one at the beginning and one at the end of July 2022 and one in August 2022.

**9. Conclusion**

The intention to turn the disadvantage of a price increase and lack of established providers into an improvement, that would provide a better interaction with our residents (many of whom are socially isolated) was the right one. The desire to be able to signpost our residents to other support that could help prevent isolation and promote well-being was also the right intention. The Council's climate priorities meant that not transporting frozen food over a distance and heating food in vans with the associated environmental impact was also the right intention.

There were clearly lessons in this process and as the Director of Adult Social Care I apologise unreservedly to our residents that our service to them was not to the standard that it should have been. I also apologise unreservedly for the disruption and concern our residents experienced.

I would also commend to elected members and residents the efforts of council officers who responded to this adversity and worked throughout evenings and weekends in addition to their regular duties to ensure people were fed and had information. I hope this paper demonstrates the lessons learned and reinforces the service that we want to enable for our Portsmouth residents with care and support needs.

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Signed by (Director)

**Appendices:**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

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