

Public Document Pack

Sefton Council



MEETING: CABINET

DATE: Thursday 4th April, 2024

TIME: 10.00 a.m.

VENUE: Birkdale Room, Town Hall, Southport

DECISION MAKER: **CABINET**

Councillor Atkinson (Chair)
Councillor Cummins
Councillor Doyle
Councillor Fairclough
Councillor Howard
Councillor Lappin
Councillor Moncur
Councillor Roscoe
Councillor Veidman

COMMITTEE OFFICER: Debbie Campbell
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The Cabinet is responsible for making what are known as Key Decisions, which will be notified on the Forward Plan. Items marked with an * on the agenda involve Key Decisions

A key decision, as defined in the Council's Constitution, is: -

- any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater
- any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

We endeavour to provide a reasonable number of full agendas, including reports at the meeting. If you wish to ensure that you have a copy to refer to at the meeting, please can you print off your own copy of the agenda pack prior to the meeting.

A G E N D A

Items marked with an * involve key decisions

<u>Item No.</u>	<u>Subject/Author(s)</u>	<u>Wards Affected</u>
1	Apologies for Absence	
2	Declarations of Interest Members are requested at a meeting where a disclosable pecuniary interest or personal interest arises, which is not already included in their Register of Members' Interests, to declare any interests that relate to an item on the agenda. Where a Member discloses a Disclosable Pecuniary Interest, he/she must withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest, except where he/she is permitted to remain as a result of a grant of a dispensation. Where a Member discloses a personal interest he/she must seek advice from the Monitoring Officer or staff member representing the Monitoring Officer to determine whether the Member should withdraw from the meeting room, including from the public gallery, during the whole consideration of any item of business in which he/she has an interest or whether the Member can remain in the meeting or remain in the meeting and vote on the relevant decision.	
3	Minutes of the Previous Meeting Minutes of the meeting held on 7 March 2024	(Pages 5 - 16)
* 4	Adult Social Care Fees 2024/25 Joint report of the Executive Director of Adult Social Care and Health and the Executive Director of Corporate Resources and Customer Services A petition has been submitted by Mr. Jonathan Cunningham, a Care Home Provider containing 25 signatures which states:	All Wards (Pages 17 - 170)

We the undersigned believe, “the proposed Sefton social care fees increase of 8.02% is inadequate to cover the true cost of care and request that Sefton Council reconsider and increase this fee.”

Prior to the Cabinet’s consideration of the report, Mr. Cunningham will be allowed to address the Cabinet on the content of the petition for a period of 5 minutes.

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|-----|---|---|-------------------|
| * 5 | Healthy Advertising | All Wards | (Pages 171 - 186) |
| | Report of the Director of Public Health | | |
| * 6 | Approval of Legal Documentation for Academy Conversions | Birkdale; Church; Harington; Kew; Linacre; Litherland; Manor; Netherton and Orrell; Norwood; Ravenmeols; St. Oswald | (Pages 187 - 198) |
| | Report of the Assistant Director of Children’s Services (Education Excellence) | | |
| * 7 | Extension of Highway Maintenance Contracts | All Wards | (Pages 199 - 202) |
| | Report of the Assistant Director of Place (Highways and Public Protection) | | |
| * 8 | Homelessness and Rough Sleeping Strategy 2024 - 2029 | All Wards | (Pages 203 - 230) |
| | Report of the Assistant Director of Place (Economic Growth and Housing) | | |
| * 9 | Council Housing Governance and Management Arrangements | All Wards | (Pages 231 - 240) |
| | Report of the Assistant Director of Place (Economic Growth and Housing) | | |
| 10 | Exclusion of Press and Public | | |
| | To comply with Regulation 5(2) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, notice has been published regarding the intention to consider the following matter(s) in private for the reasons set out below. | | |

The Cabinet is recommended to pass the following resolution:

That, under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the press and public be excluded from the meeting for the following item on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972. The Public Interest Test has been applied and favours exclusion of the information from the Press and Public.

- 11 **Acquisition of Magdalen House, 30 Trinity Road, Bootle - Exempt Appendices** (To Follow)

Exempt appendices of the Executive Director of Corporate Resources and Customer Services

- 12 **Re-admittance of the Public**

The Cabinet meeting will now move back into open session to consider the following agenda item

- * 13 **Acquisition of Magdalen House, 30 Trinity Road, Bootle** Derby (To Follow)

Report of the Executive Director of Corporate Resources and Customer Services

THE "CALL IN" PERIOD FOR THIS SET OF MINUTES ENDS AT 12 NOON ON WEDNESDAY 20 MARCH 2024.

CABINET

MEETING HELD AT THE COMMITTEE ROOM, TOWN HALL, BOOTLE ON THURSDAY 7 MARCH 2024

PRESENT: Councillor Atkinson (in the Chair)

Councillors Cummins, Doyle, Fairclough, Howard,
Lappin, Moncur, Roscoe and Veidman

134. TRISH HARDY

The Leader referred to former Councillor Trish Hardy's decision to step down from her role as a Councillor, and she paid tribute to Trish Hardy, wishing her well for the future.

135. APOLOGIES FOR ABSENCE

No apologies for absence were received.

136. DECLARATIONS OF INTEREST

No declarations of any disclosable pecuniary interests or personal interests were received.

137. MINUTES OF THE PREVIOUS MEETING

Decision Made:

That the Minutes of the meeting held on 8 February 2024 be confirmed as a correct record.

138. PROCUREMENT OF COMMUNITY INFECTION PREVENTION AND CONTROL SERVICE

The Cabinet considered the report of the Director of Public Health seeking approval to:

- undertake a Direct Award under Process C of the Health Care Services Provider Selection Regime (PSR) 2023, including publication of a notice to make an award to the existing provider (as set out in schedule 3 PSR 2023) to Mersey Care NHS Trust to provide community infection prevention and control services from the 1 September 2024 for a core period of 3 years with the option to extend (subject to satisfactory on-going performance) for a further 2 X 1-year periods.

Agenda Item 3

CABINET - THURSDAY 7TH MARCH, 2024

- grant delegated authority for the Director of Public Health in consultation with the Cabinet Member - Health and Wellbeing, to authorise and execute extensions to the contract within the terms of the Direct Award.

An Equality Analysis Report - Sefton Community Infection, Prevention and Control Service 2024 was attached to the report as an appendix.

Reference was made to key criteria for assessing provider eligibility and for meeting social value in particular. Additional information could be obtained.

Decisions Made:

That the Director of Public Health, in conjunction with the Cabinet Member - Health and Wellbeing, be authorised to:

- (1) make a Direct Award to Mersey Care NHS Trust from 1 September 2024 for the provision of community infection prevention and control services under Process C of the provider selection process; and
- (2) exercise any extension options within the terms of the Direct Award.

Reasons for the Decisions:

1. The current contracts would expire on 31 August 2024.
2. The existing provider of services, Mersey Care NHS Trust, was satisfying the original contract and was likely to satisfy the proposed new contract meeting the selection criteria for Direct Award Process C.
3. Assurance of satisfactory performance was evidenced against the five key criteria for assessing provider eligibility under Direct Award Process C:
 - Value
 - Integration, collaboration, and service sustainability
 - Improving Access, reducing health inequalities, and facilitating choice
 - Social Value

Having determined through written confirmation that Mersey Care NHS Trust wished to continue to provide services under the conditions outlined in the current service specification, officers assessed and evaluated the above key criteria using an agreed set of service specific quality and performance questions and Sefton Council's outline for meeting social value as set out in the PSR Process C guidance.

CABINET - THURSDAY 7TH MARCH, 2024

Scores were compared and moderated. All scores reached satisfactory or above outcomes with all five assessed areas achieving a pass score of 3 or above.

Alternative Options Considered and Rejected:

- 1) **Direct Award Process A** – while the service required highly specialist trained staff limiting the number of providers able to provide the required services, the Council did not consider the existing provider to be the only capable provider and the Council was not concluding a framework agreement. Therefore, Direct Award Process A was not appropriate.
- 2) **Direct Award Process B** – this service provided specialist and technical assurance to the local authority on infection, prevention and control standards and safety measures relating a number of commissioned health and social care settings and environments. It was not a service where people had a choice of providers or where the number of providers was restricted by the authority. Therefore, Direct Award Process B was not appropriate.
- 3) **Most suitable provider process** – where the relevant authority was able to identify the most suitable provider this option could be considered without running a competitive process. This process was not required as the existing provider met the criteria for Direct award process C. Therefore, most suitable provider process was not appropriate.
- 4) **Competitive Process** – previous competitive commissioning exercises resulted in very little interest in this service contract. The local authority only received one bid for consideration within the last competitive tendering exercise.

In line with the PSR criteria for Direct Award Process C, Services were not changing considerably. Public health officers had recently (within the previous three months) reviewed the service specification in conjunction with the existing service provider, to ensure that it was 'fit for purpose' and up to date in view of changes to Covid-19 guidance and regulations. The Council did not anticipate further changes to the specification being required. Any changes to the financial value of the contract would reflect annual inflationary uplifts and would remain within 25% of the overall contract value.

The Council therefore concluded that the most appropriate option was to pursue Direct Award Process C. There was an existing provider for the service and that existing provider is satisfying the original contract and would likely satisfy the proposed new contract, and the services did not meet the considerable change threshold as defined in the Health Care Services (Provider Selection Regime) Regulations 2023.

139. APPROVAL OF LEGAL DOCUMENTATION FOR ACADEMY CONVERSIONS - SPONSORED AND VOLUNTARY CONVERSIONS

Agenda Item 3

CABINET - THURSDAY 7TH MARCH, 2024

The Cabinet considered the report of the Assistant Director of Children's Services (Education Excellence) advising of the decision by the following Governing Bodies to voluntarily convert to Academy Status:

- Waterloo Primary School, Valewood Primary School, Forefield Infant School, Forefield Junior School and Rowan Park School to convert to Mersey View Learning Trust
- Thomas Gray Primary School to become part of the Northern Schools Trust
- Ainsdale St Johns CE Primary School to become part of the Liverpool Diocesan Schools Academy Trust (LDST)

In accordance with statutory requirements the report sought authorisation for officers to sign the documentation required by the academy conversion process. The Education Skills Funding Agency (ESFA) had indicated that the date of conversion would be 1 April 2024. The report also advised the Cabinet of the decision by the Secretary of State for Education to convert the Impact Pupil Referral Unit, to the Peoples Learning Multi Academy Trust in accordance with statutory requirements and sought authorisation for officers to sign the documentation required by the academy conversion process. The ESFA had indicated that the date of conversion would be 1 April 2024

Reference was made to the revenue costs and the implications of reductions in Traded Services. Further detailed information would be provided to Cabinet Members in due course.

Reference was also made to the consistency of the report template and this would be addressed.

Decisions Made:

That

- (1) the statutory requirements regarding academy conversions be noted;
- (2) the financial implications to the Council of the academy conversions be noted; and
- (3) authority be delegated to the Executive Director of Corporate Resources and Customer Services, in conjunction with the Executive Director of Children's Social Care and Education, in consultation with the Cabinet Member – Education, to complete the necessary agreements required as part of the academy conversion process as outlined in the report.

Reasons for the Decisions:

The Cabinet needed to authorise appropriate officers to enter into the agreements required as part of the academy conversion process.

CABINET - THURSDAY 7TH MARCH, 2024

Alternative Options Considered and Rejected:

None – this was a statutory process following the exercise of the educational establishments' discretion to choose to convert to academy status under the Academies Act 2010.

The Secretary of State had the powers to direct that the academy conversion process could continue if the agreements were not signed.

140. DETERMINATION OF PROPOSAL TO ESTABLISH SEND RESOURCE PROVISION AT WATERLOO PRIMARY SCHOOL

The Cabinet considered the report of the Executive Director of Children's Social Care and Education seeking a determination on the proposal to establish SEND Resourced Provision.

The following appendix was attached to the report:

Appendix A - Public Notices and Proposal for the Establishing SEND Resource Bases.

Decision Made:

That the proposal as detailed in the statutory notice to establish a SEND Resourced Provision with effect from 1 September 2024, be approved.

Reasons for the Decision:

The local authority had the power to consider all options including expanding a school following the statutory process detailed in the report.

The proposal would build on the good standards for teaching and learning already in place at the schools. The development would provide places for children and young people with SEND within the Resourced Provision. Waterloo Primary School had been judged by Ofsted to be providing good quality education.

This development would not have any negative impact on other schools, academies, and educational institutions in the area.

The proposed resource base would not replace existing provision but would supplement and improve provision across the borough.

The addition of the Specialist Resource Base to the school would not have a direct impact on admissions or provision at other schools within the area.

Long-term value for money would be achieved by pupils having their needs met within appropriate mainstream provision with specialist support rather than in special school provision. This would free special school

Agenda Item 3

CABINET - THURSDAY 7TH MARCH, 2024

places for pupils with the highest level of needs and provide the opportunity to place high need pupils within the borough, rather than in out-of-borough provision.

Alternative Options Considered and Rejected:

Failure to provide sufficient places for children with Special Education Needs and Disability (SEND) in the borough would result in additional costs for the Council through more expensive specialist placements.

141. THE STRAND SHOPPING CENTRE, BOOTLE - TRANSFORMATION PROGRAMME PHASE 1 CONTRACTOR APPOINTMENT

Further to Minute No. 98 of the meeting of the Cabinet held on 7 December 2023, the Cabinet considered the report of the Executive Director (Place) setting out the results of the procurement process conducted during the period December 2023 to February 2024 to appoint a contractor for works on Phase 1 of the Strand Transformation Programme. The report recommended that the contractor identified as providing the Most Economically Advantageous Tender should now be appointed and that the Executive Director of Place be delegated the authority, in consultation with the Portfolio Cabinet Members, to sign the contracts when they were complete. The report followed a report approved by Cabinet in December 2023, which set out the case for proceeding with delivery of Phase 1 of the planned Bootle Strand Transformation Programme and the new five-year Business Plan for the fiscal years 2023/24 to 2027/28 for the Strand Shopping Centre, reflecting the impacts on operations of proceeding with the programme works. The report approved in December 2023 included the recommendation that the Executive Director - Place be delegated authority, in consultation with Portfolio Cabinet Members, to proceed with the procurement. That procurement had now been completed under the supervision of the Council's Procurement and Legal Services and with the support of the Programme's appointed Project and Cost Managers, the Development Manager and the specialist construction legal advisers retained to provide legal advice to the Council in relation to all aspects of the Programme.

Decisions Made:

That

- (1) the appointment of Vinci Construction UK Limited as contractor for the Strand Transformation Programme Phase 1 demolition works and a Pre-construction Services Agreement to develop detailed requirements for the remainder of the approved Phase 1 works, be approved; and
- (2) the Executive Director for Place, in consultation with the Portfolio Cabinet Members, be authorised to sign the contracts.

Reasons for the Decisions:

The procurement had been carried out in full compliance with the Public Contracts Regulations and the Council's financial procedures and provided a clear and evidenced result in favour of Vinci as the Most Economically Advantageous Tender. The timely appointment of the contractor, and commencement of the works, was critical to realising the objectives and outcomes of Phase 1 of the Strand Transformation Programme, which were approved by the Cabinet in December 2023.

Alternative Options Considered and Rejected:

Not proceeding with Phase 1 of the Transformation Programme had been considered but discounted as the deterioration to the financial sustainability of the Strand would continue unchecked, which would inevitably lead to it no longer being viable. This would also fail to realise any of the regeneration objectives the Programme was designed to provide as well as require the return of the £20m grant funding award that the Council has secured from central government for Phase 1 of the Programme.

142. APPOINTMENT OF REPRESENTATIVES ON OUTSIDE BODIES

The Cabinet considered the report of the Chief Legal and Democratic Officer on the appointment of the Council's representatives to serve on the Outside Bodies named in the report for the remainder of 2023/24.

Decisions Made:

That the proposed appointments to the Outside Bodies indicated below, for the remainder of 2023/24, be approved:

Local Government Association General Assembly

Councillor Atkinson to replace Councillor Ian Maher

Mersey Port Health Committee

Councillor Chris Page to replace Councillor Howard

Peterhouse School, Southport – Governance Committee

Councillor Harrison Kelly to replace Councillor Lunn-Bates

Sefton Hospitality Operations Ltd. Board

Councillor Spring to replace Councillor Howard, as a member

Reasons for the Decisions:

Agenda Item 3

CABINET - THURSDAY 7TH MARCH, 2024

The Cabinet had delegated powers set out in Chapter 5, Paragraph 40 of the Constitution to appoint the Council's representatives to serve on Outside Bodies.

Alternative Options Considered and Rejected:

None

143. ICT MANAGED SERVICE CONTRACT

The Cabinet considered the report of the Executive Director of Corporate Resources and Customer Services setting out the background for the Council's current ICT provision, delivered by an external provider, which briefly comprised of Core Operational services, Ad hoc Services; including (but not limited to) Project Management, major upgrade support and Data Security Services, as well as the provision of School ICT Services. The report summarised the performance of the current contract and proposes the procurement of a supplier to continue service provision, in line with the requirements of the authority, once the existing contract ended in 2025. The report recommended the use of the Crown Commercial Service Framework CSS Technology Services 3 Lot 3b Operational Management, to source a service provider for a period of a three years, plus a further optional two years (which was the maximum contract term allowed).

Decision Made:

That the Executive Director of Corporate Resources and Customer Services be authorised to conduct a procurement compliant exercise for the provision of ICT Managed Services to the Council, the resulting recommendation to be submitted to the Cabinet for an award decision.

Reasons for the Decision:

To ensure that critical ICT Services continued to be provided and that support was in place for all staff across the authority as well as ensuring that robust Cyber security defences remained in place to reduce the threat of a Cyber-attack.

Alternative Options Considered and Rejected:

To conduct an open competition for a new provider - rejected as the CCS framework proposed provided a route to market in line with public procurement regulations, reduces the complexity of the process and included over 100 potential suppliers.

144. FINANCIAL MANAGEMENT 2023/24 TO 2026/27 - REVENUE AND CAPITAL BUDGET UPDATE 2023/24 – MARCH UPDATE

The Cabinet considered the report of the Executive Director of Corporate Resources and Customer Services informing the Cabinet of:

CABINET - THURSDAY 7TH MARCH, 2024

- 1) The current position relating to the 2023/24 revenue budget.
- 2) The current forecast on Council Tax and Business Rates collection for 2023/24.
- 3) The monitoring position of the Council's capital programme to the end of January 2024:
 - The forecast expenditure to year end.
 - Variations against the approved budgets and an explanation of those variations for consideration by Members.
 - Updates to spending profiles and proposed amendments to capital budgets necessary to ensure the efficient delivery of capital projects.
- 4) The latest prudential indicator, performance and risk management information for 2023/24.

The following appendices were attached to the report:

Appendix A – Capital Programme 2023/24 to 2025/26

Appendix B – Summary Performance Report 2023/24 – Quarter 3

Appendix C – Corporate Risk Register – February 2024

Decisions Made:

That

Revenue Budget

- (1) the current position relating to the 2023/24 revenue budget be noted;
- (2) the actions being taken to refine forecasts and identify mitigating efficiencies to ensure each service achieves a balanced position, be noted;
- (3) the financial risks associated with the delivery of the 2023/24 revenue budget be recognised and it be acknowledged that the forecast outturn position will continue to be reviewed, and remedial actions put in place, to ensure that a balanced forecast outturn position and financial sustainability can be achieved.

Capital Programme

- (4) the spending profiles across financial years for the approved capital programme, as set out at paragraph 7.1 of the report, be noted;
- (5) **the Council be recommended to approve** a supplementary capital estimate for £2.644m for the Food Waste Collection grant externally funded by Defra, as set out at paragraphs 7.3-7.4 of the report;

Agenda Item 3

CABINET - THURSDAY 7TH MARCH, 2024

- (6) it be noted the latest capital expenditure position as at 31 January 2024 of £26.793m, as set out at paragraph 7.5 of the report and the latest full year forecast is £46.241m, as set out at paragraph 7.6 of the report;
- (7) it be noted that capital resources will be managed by the Executive Director of Corporate Resources and Customer Services to ensure the capital programme remains fully funded and that capital funding arrangements secure the maximum financial benefit to the Council, as set out at paragraphs 7.9-7.11 of the report;

Prudential Indicators

- (8) the forecasts for the Prudential Indicators relating to capital expenditure and financing as at 30th December 2023 be noted; and

Performance

- (9) the latest position relating to key performance measures be noted;

Risk Management

- (10) the latest position relating to key risk management areas be noted.

Reasons for the Decisions:

To ensure the Cabinet was informed of the current position in relation to the 2023/24 revenue budget.

To provide an updated forecast of the outturn position with regard to the collection of Council Tax and Business Rates.

To keep Members informed of the progress of the Capital Programme against the profiled budget for 2023/24 and agreed allocations for future years.

To progress any changes that were required in order to maintain a relevant and accurate budget profile necessary for effective monitoring of the Capital Programme.

To approve any updates to funding resources in order that they could be applied to capital schemes in the delivery of the Council's overall capital strategy.

To ensure the Cabinet was informed of prudential indicators, key performance information and key risk management areas.

Alternative Options Considered and Rejected:

Not applicable.

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Agenda Item 4

Report to:	Cabinet	Date of Meeting:	Thursday 4 April 2024
Subject:	Adult Social Care Fees 2024/25		
Report of:	Executive Director of Adult Social Care and Health & Executive Director Corporate Resources and Customer Services	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member - Adult Social Care		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

The purpose of this report is to set out the fees payable for Sefton Adult Social Care services for the financial period 2024/2025. The fees proposed include a range of care and support services to adults, including Direct Payment Recipients.

Recommendation(s):

Cabinet is recommended to note the contents of the report and having given full consideration to the options outlined in the body of the report, which includes the associated Appendices, the responses to the consultation from a wide range of care and support Providers, the Equality Impact Assessments undertaken as part of the work and to authorise the implementation of the following fee increases (from 1st April 2024), which for some sectors are higher than those originally consulted upon, having taken into account a range of factors including the response from Providers, national context, risks raised in relation to additional costs and other information available at the time of the consultation and the availability of financial resources, approve the following:

(1) Residential & Nursing Care – Implement the following rates:

	Residential Care	Residential Dementia	Nursing	Nursing Dementia
2024/25 Fee	£701.81	£794.04	£721.67	£802.06
<i>2023/24 Fee</i>	£649.70	£735.09	£668.09	£742.51
Weekly Increase	£52.11	£58.95	£53.58	£59.55
% Increase	8.02%	8.02%	8.02%	8.02%

(2) Note that for Residential & Nursing care services, any existing placements which are costed based on an individual Service User assessment, are increased based on the

Agenda Item 4

same percentage uplifts detailed in the table above, unless where it is identified that the fee rate is sufficient for the placement. Cabinet is also asked to note that the above fee rates are not the sole funding route to agree a fee rate with care homes as there can be negotiated additional payments to reflect the complexity of care to support individuals when they are placed in a care home setting, which is directly negotiated as part of placement and Care Act assessment activities.

- (3) **Domiciliary Care** – Implement the following rates for contracted / Pseudo Dynamic Purchasing System (PDPS) Providers:

Duration / Service Element*	2024/25 Rate	<i>2023/24 Rate</i>
1 Hour	£23.42	£21.56
45 Minutes	£17.57	£16.17
30 Minutes	£11.71	£10.78
Sleep-in (8 Hour Night)	£105.25	£95.86
Waking Night (8 Hour Night)	£187.36	£172.48

*Any call duration outside of this framework will also be uplifted. It is worth noting that the consultation letter sent to Providers highlighted the Council’s ongoing commitment to not commissioning 15-minute visit durations.

- (4) **Community Support Services**

Duration / Service Element	2024/25 Rate	<i>2023/24 Rates</i>
1 Hour	£22.55	£21.56

- (5) **Direct Payment recipients who access a CQC Agency for Community Support** - that the above Community Support hourly rate is implemented:

Duration / Service Element	2024/25 Proposed Rate	<i>2023/24 Rates</i>
1 Hour	£22.55	£21.56

- (6) **Direct Payment recipients who access a CQC Agency for Domiciliary Care** - that the above Domiciliary Care hourly rate is implemented and that rates for night services are increased to the following:

Duration / Service Element	2024/25 Rate	<i>2023/24 Rate</i>
1 Hour (Domiciliary Care & Community Support)	£23.42	£21.56

Agenda Item 4

Sleep-in (10 Hour Night)	£131.56	£119.83
Waking Night (10 Hour Night)	£234.20	£215.60

(7) **Direct Payment Recipients who utilise a Personal Assistant for Domiciliary Care or Community Support:**

Duration / Service Element	2024/25	2023/24
1 Hour	£15.84	£14.55
Sleep-in (10 Hour Night)	£131.56	£119.83
Waking Night (10 Hour Night)	£158.40	£145.50

(8) **Direct Payment Recipients who utilise Day Care / Day Opportunity Services:**

Dependency Level	2024/25 Proposed Rate	2023/24 Rates
Low	£40	£37
Medium	£61	£56
High	£121	£112

(9) **Supported Living** – Implement the following rates which are higher than those originally proposed at the commencement of the consultation exercise (apart from the sleep-in rates):

Duration / Service Element	2024/25 Rate	Originally Proposed 2024/25 Rate	2023/24 Rates
Hourly Rate	£20.64	£20.53	£18.91
Sleep-in (9 Hours)	£118.40	£118.40	£107.85
Sleep-in (10 Hours)	£131.56	£131.56	£119.83
Waking Night (9 Hours)	£185.76	£184.77	£170.19
Waking Night (10 Hours)	£206.40	£205.30	£189.10

(10) **Extra Care Housing Services** - Implement the following rates which are higher than the rate originally proposed at the commencement of the consultation exercise:

Duration / Service Element	2024/25 Rate	Originally Proposed 2024/25 Rate	2023/24 Rate
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Agenda Item 4

Hourly Rate	£20.64	<i>£20.53</i>	<i>£18.91</i>
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- (11) **Individual Service Funds** – Implement the following rates which are higher than those originally proposed at the commencement of the consultation exercise (apart from the sleep-in rate):

Duration / Service Element	2024/25 Rate	<i>Originally Proposed 2024/25 Rates</i>	<i>2023/24 Rates</i>
1 Hour	£21.66	<i>£21.54</i>	<i>£19.84</i>
Sleep-in (9 Hour Night)	£118.40	<i>£118.40</i>	<i>£107.85</i>
Waking Night (9 Hour Night)	£194.94	<i>£193.86</i>	<i>£178.56</i>

- (12) **Day Care** – rates are increased by **9.15%** (original proposal consulted on was for a 8.57% increase)
- (13) **Shared Lives** – rates are increased by **9.15%**
- (14) That based on the average inflationary increases awarded to Providers and/or calculated required increases to existing agreements/contracts, that inflationary increases are also awarded to Voluntary, Community and Faith (VCF) grants, contracts for the delivery of Carers services and contracts with Partner Providers.
- (15) That the method applied to the calculation and payment of sleep-in services are maintained under the current Domiciliary Care, Direct Payment, Supported Living and Individual Service Fund contractual and policy guidelines which is based on the expectation that Providers / Direct Payment recipients pay staff the hourly rate calculated within these rates. If this is evidenced that this is not the case, Council Officers are authorised to review current contractual, Direct Payment and pilot project arrangements and adjust payments if appropriate.
- (16) That should recommendation 3 be approved relating to the Domiciliary Care rate, then this rate is used to formulate a rate to be implemented as a ‘guide price’ / hourly rate for any additional 1:1 care commissioned for individual care home placements to support people to remain safe and achieve their assessed needs, and as part of a policy and process relating to the provision of 1:1 care. The ‘guide price’ / hourly rate will be formulated by using elements of the Domiciliary Care rate and it is further recommended that decisions on the ‘guide price’ / hourly rate formulated are delegated to the Executive Director of Adult Social Care and Health in consultation with the Cabinet Member – Adult Social Care and the Executive Director of Corporate Resources and Customer Services.
- (17) That Cabinet is asked to note that fee rates will also be reviewed as part of future commissioning / procurement work for certain sectors. Final decisions on any such revised fee rates will be agreed as part of the associated procurement exercise decision-making processes and subject to their assessed affordability. It is

recommended that such decisions are delegated to the Executive Director of Adult Social Care and Health in consultation with the Cabinet Member – Adult Social Care and the Executive Director of Corporate Resources and Customer Services.

- (18) Cabinet is asked to note the ongoing fee modelling approaches outlined in this report, particularly with respect to the Real Living Wage.
- (19) Cabinet is also asked to note that with respect to the Residential & Nursing sector the above work will link into the wider market work taking place, such as the development of a new commissioning framework for which a separate report will be submitted to Cabinet on this matter at a future date, and work taking place to update Sefton's Market Position Statement and Market Sustainability Plan.

Reasons for the Recommendation(s):

To enable the Council to set the fees payable for services, during the financial year period 2024/25.

Alternative Options Considered and Rejected: (including any Risk Implications)

1. **Not awarding increases** – this option was rejected in relation to all service areas as there is a requirement to ensure that fee levels are increased to consider the outcome of consultation and in relation to increases to Provider's costs.
2. **Awarding originally proposed fee increases for some sectors** – this option was considered and rejected following an evaluation of the consultation responses and wider market analysis work, which resulted in the revised proposals being recommended in this report.

What will it cost and how will it be financed?

(A) Revenue Costs

There are additional estimated gross revenue costs of £12.116m associated with the recommendation relating to the proposed uplift for Adult Social Care fees for 2024/25.

The costs associated with the proposed 2024/25 uplift for all service areas will be met from £7.500m within identified and existing permanent provision allocated within the Council's approved revenue budget for 2024/25 and £3.250m from estimated additional income associated with the increase in Adult Social Care fees which includes the annual uplift in contributions from clients as well as additional contributions from health bodies to offset a proportion of the costs of the uplift for jointly funded care packages. The residual £1.366m additional cost will need to be met from the from the existing Adult Social Care budget and the market management and transformation work outlined in this report.

(B) Capital Costs

None

Agenda Item 4

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets): The impact of the uplift will be met from the Adult Social Care budget set for 2024/25.								
Legal Implications: Care Act 2014 Care and Support Statutory Guidance The Care and Support and After-Care (Choice of Accommodation Regulations) 2014								
Equality Implications: The Equality Implications have been identified and mitigated.								
Impact on Children and Young People: No								
Climate Emergency Implications: The recommendations within this report will <table border="1"><tr><td>Have a positive impact</td><td>No</td></tr><tr><td>Have a neutral impact</td><td>Yes</td></tr><tr><td>Have a negative impact</td><td>No</td></tr><tr><td>The Author has undertaken the Climate Emergency training for report authors</td><td>Yes</td></tr></table> It is not anticipated that there will be any positive or negative impacts relating to the recommendations proposed in this report.	Have a positive impact	No	Have a neutral impact	Yes	Have a negative impact	No	The Author has undertaken the Climate Emergency training for report authors	Yes
Have a positive impact	No							
Have a neutral impact	Yes							
Have a negative impact	No							
The Author has undertaken the Climate Emergency training for report authors	Yes							

Contribution to the Council's Core Purpose:

Protect the most vulnerable: By setting fees at the proposed level, Providers will receive additional funding to deliver services, thus ensuring that these services continue to operate and provide valuable care and support services.
Facilitate confident and resilient communities:
Commission, broker and provide core services: By setting fees, the Council will maintain a contractual relationship with Providers and will ensure the services continue to be delivered to vulnerable people.
Place – leadership and influencer:
Drivers of change and reform:

<p>The drivers are:</p> <ul style="list-style-type: none">• Integration - national context and local linked to the recent White Paper• Market Sustainability and Improvement national programme – and associated Sefton Market Sustainability Plan• Market Position Statement for Sefton• Adult Social Care Vision and Strategy
<p>Facilitate sustainable economic prosperity:</p> <p>In setting fees at the level proposed the Council has taken account of the need for the sustainability of the local care and support markets.</p>
<p>Greater income for social investment:</p>
<p>Cleaner Greener</p>

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD7610/24) and the Chief Legal and Democratic Officer (LD5710/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

A robust consultation was conducted with Providers. The consultation process commenced on 23rd February 2024 and ended on 8th March 2024. Letters were sent to Provider and Direct Payment Recipients and these letters detailed calculations on how the proposals had been formulated.

In addition, the following meetings were held where the fee proposals were discussed with Providers and responses made both in relation to the specific questions.

1. 4th March 2024 - consultation meeting with community services Providers.
2. 4th March 2024 – consultation meeting with care home Providers.

The consultation was overseen by an internal Project Group consisting of representatives from strategic commissioning, legal, finance, communications and adult social care which considered risks identified throughout the consultation and recommended mitigation of such risks as reflected in the proposed rates.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting.

Agenda Item 4

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Appendices:

The following appendices are attached to this report:

- Appendix A – 2024/25 Fee Increase consultation letters.
- Appendix B – Provider Responses to the consultations.
- Appendix C – Notes from the consultation events held with Providers.
- Appendix D – Care Home Initial Equality Impact Assessment.
- Appendix E – Domiciliary Care Initial Equality Impact Assessment.
- Appendix F – Supported Living Initial Equality Impact Assessment.
- Appendix G – Extra Care Housing Initial Equality Impact Assessment.
- Appendix H – Community Support Initial Equality Impact Assessment.
- Appendix I – Day Care Initial Equality Impact Assessment.

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1. The Council is obliged each year to set and publish the fees it expects to pay when commissioning services and placing people in residential or nursing care settings (Care Homes). In setting these fees the process the Council follows, and the matters it seeks to take into account reflect relevant legal requirements, statutory and other guidance and case law.
- 1.2. In setting such fee rates the Council to have due regard to factors such as the actual costs of providing that care, other local factors; and the Best Value requirements set out in Local Government Act 1999.
- 1.3. In addition, the consultation process underpinning recommendations in this report has outlined Care Act 2014 statutory guidance published in March 2016.
- 1.4. As a result, the process the Council follows and the matters it seeks to take into account reflect the above relevant legal requirements, statutory and other guidance and case law.

2. The Sefton Regulated Provider Market

- 2.1. In summary the Sefton Provider market consists of the following:
 - 122 CQC registered Adults Residential & Nursing care homes – of which 88 of these typically support Older People

- 31 contracted Domiciliary Care Providers currently delivering care packages (including some Community Support packages)
- 24 Supported Living / Community Support Providers
- 2 Extra Care housing schemes / Providers
- 4 Individual Service Fund (ISF) Providers
- 12 Day Care Service Providers.

2.2. There are also people that utilise a Direct Payment and either commission a CQC Registered Agency, employ a Personal Assistant to support them with their assessed needs or utilise a Direct Payment to access Day Opportunities.

2.3. In recent years, and at the present time, the main changes to the markets and agreed strategic priorities have encompassed:

- Ongoing strategic aim of supporting less people in care homes and supporting people to remain living in their own homes for longer.
- High acuity levels of people placed in care homes.
- Increased requests for additional 1:1 / enhanced observations support for individual care home placements.
- Increased demand for Domiciliary Care services – linked to strategic aims on supporting people to remain in their own home for longer and reduced demand for some types of care home placements.
- Increased demand for Community Support packages.
- Strategic aim of expanding the delivery of Reablement services so that as many people as possible receive a period of support to regain their independence, thus seeking to reduce the requirement for, or level of longer-term care.
- Increased demand for Supported Living placements – including those which encompass a lower level of support, and also a growing impetus for the implementation Technology Enabled Care Solutions within services to support independence.
- Recognition of need to expand the Extra Care sector.
- Overall Staffing issues across sectors – principally with respect to recruitment and retention of Care Staff and the need to recognise the vital role that such Staff play in the wider Health and Social care sector.
- Work to further develop the Adult Social Care Vision of seeing a greater focus on early intervention and prevention and a move away from over reliance on high-cost care delivered at point of crisis.

3. The Development of the Proposed 2024/25 Fee Rates and the Consultation Approach

3.1. In line with established processes, the proposed fee rates outlined to Providers in the consultation letters (Appendix A) were formulated by taking into account increases to the National Living Wage (NLW), Real Living Wage (RLW) and the Consumer Price Index (CPI) and adjusting these to take into account the percentages of staffing costs and other costs that equate to typical total costs for Providers.

Agenda Item 4

- 3.2. For Community Support rates, these have historically been aligned to the Domiciliary Care rate, however the proposals encompassed revisions to the calculations to take into account that Community Support includes the commissioning of less individual visits than Domiciliary Care and longer visit durations.
- 3.3. The consultation approach reinforced to Providers that all feedback was welcomed; and that the Council was particularly interested in gaining feedback on:
1. Whether the proposed fees would cover the cost of meeting assessed care needs / delivering services for the period from 1st April 2024 to 31st March 2025; and
 2. If they did not agree with the proposed rates, then they were requested to outline why and provide any supporting information that they felt may be pertinent.
- 3.4. Consultation meetings were held remotely with Providers during the consultation period which enabled Providers to raise questions to Senior Officers within the Council and also provided a further opportunity to state their general views about the market and the challenges faced. On these meetings Providers were encouraged to formally respond to the consultations.
- 3.5. As part of these meetings the Council re-iterated the fee proposals, highlighted that Providers could submit responses in any formats they wished, and also outlined to Providers the Council's future intentions in terms of commissioning activity, changes in demand, further integrated working with Health and wider nationally driven work relating to market sustainability including cost of care exercises.
- 3.6. The consultation was overseen by an internal Project Group consisting of strategic commissioning, finance, legal, communications and adult social care.

4. Responses to the Consultation and Analysis of the Consultation Responses

- 4.1. Attendance on the remote meetings was significant with Providers encouraged to attend. The level of written response to the consultations was as follows:

Sector	Number of Provider / Care Home Responses (either as one individual response by them or more than one response from them)
Residential & Nursing Care Homes (122 care homes in Sefton)	24 NB: Includes a response from the North & South Sefton Care Home Group
Domiciliary Care (31 contracted Providers)	1

Agenda Item 4

Supported Living (24 contracted Providers)	11
Extra Care (2 Providers / services in Sefton)	1
Individual Service Funds (4 contracted Providers)	1
Day Care (12 contracted Providers)	4
Direct Payment Recipients	3
Community Support (typically delivered by Supported Living and Domiciliary Care Providers)	1

- 4.2. It is important to reiterate that for the **Residential & Nursing Care** home responses, the above figures also include a response from the North & South Sefton Care Home Group which is chaired by a Sefton care home owner and it was stated that they were responding on behalf of / representing a number of other care homes, but that such care homes would also be submitting their own individual responses.
- 4.3. The Chair of this group also requested to be able to make presentations to Cabinet when this report was timetabled to be considered by them. Council Officers advised the Chair of the Group on the procedure to be followed for the submission of a petition.
- 4.4. All of the responses to the separate consultations have been analysed and are included in Appendix B of this report. Where appropriate, information identifying the individual Providers submitting the response has been removed, in order to anonymise responses.
- 4.5. In summary, responses from Providers (both written responses and verbal responses during the consultation events) encompassed the following points:

Sector	Key Consultation Response Points / Comments
Residential & Nursing	<ul style="list-style-type: none"> • Points were raised regarding the 2022 National Fair Cost of Care and the remaining gap to meet this. • Concern was expressed that the national minimum wage increase of 9.8% will be difficult to meet along with operating insurance, utilities, cost of food, amongst other cost of living crisis. • Concern around gross fees not being paid as standard. Sefton is an outlier when it comes to the payment of gross fees. After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. • Concern expressed with the link between funding and quality and the national trend in a reduction in quality. • The market would like to see more impact from the ICB model implementation including consistency of commissioning and more timely and accurate payments from a health perspective. • Providers feel unable to make a profit on the basis of current fees

Agenda Item 4

and may reduce the capacity available as a result.

- Council should consider an increase nearer to 10%.
- Budget challenges were outlined however providers did not recognise the link between allocated council budget and their own request for higher fee rates.
- The risk of retaining staff was raised and an ask to consider higher fee rates to support paying higher rates. This should include a specific allocation to meet the Real Living Wage.
- Please re-evaluate these proposed fees and present a more appropriate fee increase before irreversible damage is done to your Sefton Social Care sector.
- Whilst the Council has budgetary issues, would the Council not be better going bankrupt – and tell the Government. The Council should pay the fees that Providers are entitled to, and go bust.
- It is not for the Council to set fees, it is up to Providers to set the fees. Providers need to collectively agree to state that they are not prepared to deliver at Council rates.
- 8.02% does not cover wage increases – even if care homes are full.
- Staff are leaving to work in sectors such as retail as they can get more money.
- No reasonable profit in Council fees – you cannot fill vacancies on these rates.
- Providers may think it better to reduce their bedspaces.
- We have had ten years of different Governments stating that they will deal with Social Care.
- The consultation process this year has been rushed – meeting today should have been used by Providers to then submit responses.
- We are businesses and we are here to make a profit.
- We take on additional burdens such as due to Sefton not paying gross.
- We are not getting enough money and we are being set up to fail.
- By setting settings its fees so low it is giving the impression that Providers are just trying to get more money and they are not, as they have to levy a top-up.
- To be sustainable we require at least a 10.1% uplift.
- It is hoped that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time.
- The well-documented inflationary pressures on care homes and the crisis in retention and recruitment are creating unprecedented pressures on us. These must be reflected in the fees you pay and in the fee uplifts due to take place from 1st April 2024.
- The Statutory Guidance issued in connection with the Care Act 2014 helpfully elaborates on the Council's obligation to ensure sustainability.
- The Council has also decided that for the second year running care provision within community services sector should be paid at the

	<p>RLW rate whilst maintaining that care in residential should only be paid at the minimum wage rate. The acceptance of the need for a RLW to be paid in some care services shows the councils recognition that the labour market needs to be competitive, but failing to apply the same rate to all forms of care provision could be seen as managing the market to suit the councils preferred route for care provision.</p> <ul style="list-style-type: none"> • A significant shortfall has developed between the actual costs of providing the service and the fees payable which is no longer sustainable. • Not currently meeting the Fair Cost of Care rate means that it is necessary for the charging of a top up for the difference between the Local Authority rate and the actual cost of care for our services. • Providers cannot compete with what other companies are paying.
<p>Domiciliary Care</p>	<ul style="list-style-type: none"> • Proposed uplift is significantly less than the increase in the cost of services. • Sustainability of service is affected by the hours commissioned by the Council. • The indicative £12 per hour for Staff pay falls well short of what is required to recruit Staff. • Sefton rates are below UK Homecare Association calculated rates. • Sefton needs to recognise the Care Act 2014 Wellbeing principles and not just focus on meeting people's physical needs. • Failing to keep pace with increased costs threatens Provider ability to meet provisions of the Care Act 2014. • Last year a lot of progress was made to meet actual cost of care exercise findings. Concern is that proposed uplift does not match increase in costs.
<p>Supported Living</p>	<ul style="list-style-type: none"> • No increase to non-Staff cost element of the rate is an issue. • Sleep-in provision challenge and how this is costed for providers was discussed. • Clarity of position on the Real Living Wage and contractual requirement requested. • Previous year's level of fee increase went a long way to address historical issues but there was disappointment expressed that this has not been continued. • Providers cited that there are regional examples where the fees paid are higher and requested continued bench marking. • The impact of Non staff costs, National Insurance and digitalisation were all discussed as additional cost pressures. • There are recruitment issues – as we are competing with care homes and domiciliary care. • There are increases to training and recruitment costs which the council should seek to meet in other ways. • Providers asked for improved engagement with the sector throughout the year to better understand the financial picture for both the council and providers. • An uplift increase of 8.57% unfortunately falls short of meeting the necessary costs associated with services.

Agenda Item 4

- Providers cited that the rate is not able to absorb a 9.8% surge in NLW mandates commensurate adjustments in our fee rates / The fiscal drag resulting from frozen National Insurance thresholds further compounds our operational costs / CPI of 8.3% (2023).
- Request that an enhanced rate (flexible) for people with very complex support needs be considered.
- Sefton Models – we would like to see explanation of how the models have been built as opposed to just the £ per category. This would allow providers to compare to their own models.
- Provider Engagement – it would be welcomed to have provider engagement on fee setting much earlier to allow for measured input and considered feedback. We work with other Local Authorities from the November prior to uplifts taking effect in April, to allow for time to do this before presentations need to be made to Cabinet for final sign off.
- The Sefton proposal is a rate of £20.53 however for one provider current actual costs are £22.62.
- Recruitment and retention remain an issue as the care sector is still competing for a limited pool of workers against other support providers and competing industries and or companies able to offer a variety of additional benefits and superior wages.
- Due to NHS support rates being low providing a jointly commissioned care package is currently unsustainable.
- If the proposed fee uplift goes ahead then many providers are going to struggle to keep afloat.
- The consultation period has not been of a reasonable enough timeframe for it be meaningful.
- ARC England has carried out a review by local authority of the fee uplifts and is calling for a minimum uplift of 12% to cover additional costs associated with the 2023 autumn budget. Research carried out suggests a minimum fee of £21.93 to meet the requirements of the 24/25 national living wage. However, even if this rate were achieved it would not address the significant underfunding that has been received over the last 10 years.
- As a company we have seen increases across the board for all other costs, without exception. This includes gas / electric / subscriptions / business insurance and consumables.
- Providers are struggling to recruit to vacancies and are having to turn to the goodwill of existing staff to fill gaps (via overtime at enhanced rates) and agency staff. Agency rates have increased in the past twelve months and are likely to increase again in the next financial year.
- A rate of £22.63 is required in order to pay Staff the RLW and to meet all costs.
- Providers may need to hand-back services that are financially unsustainable.
- Sefton commissioned services have performed poorly from a

Agenda Item 4

	financial perspective, largely due to the low hourly rate.
Extra Care	<ul style="list-style-type: none"> • Disappointing to hear some community providers are prepared to take an uplift based on paying the RLW but not prepared to pay this to their staff. As a RLW employer we are more than happy to accept an uplift based on this for all of our staff, not only those working in community settings. Rewarding providers to pay differential rates does nothing for the workforce challenges faced by providers and will not lead to market sustainability.
Direct Payments	<ul style="list-style-type: none"> • Are we to pay the PAs £15.84 p/hr as it seems that is to be the new national minimum wage or are we to pay them £12.50 p/hr maximum as it seems to be that sum quoted in the letter as being advised by Sefton. • From an PA employer point of view, I just need to know which figure to pay the PA and trust that all the other info/charts in graphs contained in the letter is understood and dealt with by the organisation. • The amount being proposed doesn't cover my/our situation, and that should be considered.
Day Care	<ul style="list-style-type: none"> • With regards to the recent email about the proposed uplift for April 2024, we are happy to accept this. • Concerned that this year's increases are lower than last year – we are still some way behind actual costs. National Living Wage is going up more than the proposal. Our costs are increasing more, and this will be provided in a more detailed response. • Day Care is unique in some ways as it has had 4/5 years where there was no increase – so has in some ways fallen behind. • Disappointing to hear some community providers are prepared to take an uplift based on paying the RLW but not prepared to pay this to their staff. As a RLW employer we are more than happy to accept an uplift based on this for all of our staff, not only those working in community settings. Rewarding providers to pay differential rates does nothing for the workforce challenges faced by providers and will not lead to market sustainability. • The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8% & this is before the additional cost pressures we are experiencing. • The rates currently paid by Sefton for Day services do not cover our costs and despite presenting our detailed cost information last year we are still not receiving full cost recovery, this level of uplift will make our financial position even worse. • Whilst we accept that the local authority is struggling with demand and would accept the proposed uplift, so long as it is across the 3 rates at 8.57%. • Providers continue to experience workforce pressures. • Our cost model to support with paying Staff the RLW calculates a rate of £22.49. • Sefton's current 2022/23 ranks 7th out of 10 against comparator commissioners and £0.97 below our expected rate, resulting in a shortfall. • There needs to be more partnership working and Provider

Agenda Item 4

	<p>engagement in Sefton.</p> <ul style="list-style-type: none"> Proposed rate is not acceptable.
ISF's	<ul style="list-style-type: none"> The 2023/24 initial uplift offer included an uplift on this element based on the September 2022 CPI rate of 10.1%. This year this element has not received an uplift. There are other items of expenditure that we have to incur – such as digitisation, insurance and PPE. There are general increase in costs due to high inflation, driven by energy cost, supply chain issues. Rate does not cover the true cost of training. Recruitment and retention remain an issue as the care sector is still competing for a limited pool of workers against other support providers and competing industries and or companies able to offer a variety of additional benefits and superior wages. Due to NHS support rates being low providing a jointly commissioned care package is currently unsustainable.
Community Support	<ul style="list-style-type: none"> A meeting is required to discuss funding shortfalls.

5. Fee Proposals Following the Consultation Exercises and Initial Benchmarking Analysis

- 5.1. The responses to the consultation exercise and the views of Providers conveyed during the consultation meetings have been helpful in understanding the Sefton marketplace, and have been taken into account in the preparation of this report.
- 5.2. Council Officers have reviewed the responses, conducted further analysis of cost of care exercises, conducted research into rates that may be awarded by comparator Local Authorities in the region and also reviewed national information in order to arrive at the recommended fee increase proposals.
- 5.3. These recommended fee proposals encompass increases higher than originally consulted on for Day Care, Shared Lives, Supported Living, Extra Care and ISF services. Extra Care and ISF rates have historically been aligned and calculated based on any set Supported Living rate and increases awarded for Day Care and Shared Lives have been based on the percentage uplift awarded to other community services such as Supported Living. The following table details the changes made to the Supported Living rate calculation, which leads to an increase of 9.15%. The consultation proposed a 8.57% increase, and this newly calculated 9.15% increase has then been applied to Day Care, Extra Care, ISF and Shared Lives. Sleep-in rates have not been amended following the consultation.

Type of Cost	2023/24 Fee Rate	Originally Proposed 2024/25	Originally Proposed Calculation Details	2024/25	Revised Calculation Details
Carer Basic Rate	£10.90	£12.00	10.09% RLW Increase	£12.00	10.09% RLW Increase

Agenda Item 4

Management	£0.76	£0.84	10.09% RLW Increase	£0.84	10.09% RLW Increase
Administration	£0.56	£0.62	10.09% RLW Increase	£0.62	10.09% RLW Increase
Annual Leave	£1.51	£1.66	10.09% RLW Increase	£1.66	10.09% RLW Increase
Training	£0.35	£0.39	10.09% RLW Increase	£0.39	10.09% RLW Increase
Sickness	£0.27	£0.30	10.09% RLW Increase	£0.30	10.09% RLW Increase
NI	£0.79	£0.87	10.09% RLW Increase	£0.87	10.09% RLW Increase
Pension	£0.42	£0.46	10.09% RLW Increase	£0.46	10.09% RLW Increase
Other costs	£2.80	£2.80	Not Increased	£2.91	3.9% CPI
Profit	£0.55	£0.60	3% on £19.93	£0.60	3% on £20.04
Hourly Fee	£18.91	£20.53	8.57% increase	£20.64	9.15% increase

- 5.4. As outlined in section 2.3 of this report there have been increased requests for additional 1:1 / enhanced observation support relating to individual care home placements and as a result the policy and process included as Appendix J of this report is being implemented and as outlined in recommendation 15 of this report, it is proposed that the 'guide price' / hourly rate to be paid under this policy and process will be formulated based on the Domiciliary Care rate, should that rate be approved by Cabinet. The policy and process is being introduced to ensure that there are more robust arrangements in place to assess and review the requirements for any such additional support people may require in a care home placement, including taking into account human rights issues.
- 5.5. At the time of submission of this report, full benchmarking of Sefton's proposed 2024/25 rates analysed against other regional Local Authorities confirmed or proposed 2024/25 rates has not been able to be undertaken as other Local Authority rates are either still being formulated or are currently subject to Provider consultation. Some initial analysis has taken place, which is summarised in the following table, with the table also detailing Sefton's 'ranking' for each care category. As the table shows the proposed Sefton Domiciliary Care rate will be the highest and for care homes, Sefton's rates are not the lowest rates. However, it is important to highlight that the figures below are subject to confirmation. Ongoing benchmarking analysis will take place to compare Sefton's 2024/25 rates (subject to their ratification), against other comparator Local Authority rates, as part of continued market management and risk assessment work:

Local Authority Ref	Care Home Residential	Care Home Dementia Residential	Care Home Nursing	Care Home Dementia Nursing	Domiciliary Care
A	£685.37	£791.90	£718.57	£830.23	£21.92
B	£690.23	£835.07	£746.09	£836.77	

Agenda Item 4

C	£676.00	£755.00	£733.00	£779.00	£22.50
Sefton	£701.81	£794.04	£721.67	£802.06	£23.42
Sefton Ranking (1 being the highest rate)	1	2	3	3	1

6. Transformation and Market Management Work / Real Living Wage Matters

6.1. For the Domiciliary Care, Community Support, Extra Care, Supported Living and Individual Service Fund sectors, if the proposed rates are approved then this should result in Providers being able to pay their Staff the current Real Living Wage. Providers will be written to setting out obligations to ensure increases are passed to those delivering care and the commissioning team will regularly engage with providers to understand how this is working for providers and care staff.

6.2. The Council remains committed to the implementation of the Real Living Wage, and will be conducting further work on a sector-by-sector basis on this, however there are still some areas where there are significant cost and affordability implications associated with implementation across all sectors, which will need to be taken into account and continued partnership working on this is needed.

6.3. The above work will take place as part of wider market transformation and procurement work. This work will encompass delivery of the strategic aims outlined in section 2.3 of this report and the following:

- **Residential & Nursing** care market management – including:
 - Assessment on the most strategically relevant homes is needed and a managed process of supporting the most relevant providers is required. Sefton has more residential and nursing beds per head of older population than anywhere else nationally (90 beds per 1000 people aged over 75) and we have only experienced a 1% reduction in the last decade.
 - Seeking to ensure a decrease of 10 beds per 1000 people aged over 75 to bring us in line with the North West average, and by 19 beds per 1000 people aged over 75 to bring us into line with the UK average. This should be achieved with the market through strategic, relevant support and delivery of the Market Position Statement over the next 3 years at a steady rate to ensure stability of the market.
 - Further integrated work with Health – such as with respect to Intermediate Care services and Discharge to Assess models.
 - New commissioning arrangements – this is subject to a separate report being submitted to Cabinet.
- **Extra Care Housing** – which will markedly reduce demand for residential care, however this won't take effect until 2026/27, making this a year 3 deliverable to further reduce the Care Home market to below average rates of beds per head over 75.
- Further expansion of **Domiciliary Care and Reablement** provision – including to seek to achieve a period of Reablement for all before long-term care and

support is engaged. This will help support the desired increase in long-term Domiciliary Care and a decrease in the reliance on Care Homes.

- The recommissioning and remodelling of our **Supported Living** offer is significant, and has progressed since it was reported to Cabinet in 2022. There has been significant work to look at the best model for Sefton. The Local Government Association is currently supporting the Council's Commissioning Team to define a new way for working, which we will bring further reports to Cabinet on. This work will allow the Council to achieve the maximum outcomes for individuals who have a range / different level of need, and so that the Council is assured that there is a best use of resources to support such individuals.

7. Financial Implications

- 7.1. There are additional estimated gross revenue costs of £12.116m associated with the recommendation relating to the proposed uplift for Adult Social Care fees for 2024/25. The costs associated with the proposed 2024/25 uplift for all service areas will be met from £7.500m within identified and existing permanent provision allocated within the Council's approved revenue budget for 2024/25 and £3.250m from estimated additional income associated with the increase in Adult Social Care fees which includes the annual uplift in contributions from clients as well as additional contributions from health bodies to offset a proportion of the costs of the uplift for jointly funded care packages. The residual £1.366m additional cost will need to be met from the from the existing Adult Social Care budget and the market management and transformation work outlined in this report. The measures to meet this expenditure will be funded through the delivery of the workstreams outlined in sections 2.3 and 6.3 of this report.
- 7.2. For the proposed fee increases, the additional budgetary impact broken down by the service sectors is as follows;

Sector	£
Residential & Nursing	£5.165m
Domiciliary Care / Extra Care / Direct Payments (Agency) / Community Support	£2.618m
Direct Payments (Personal Assistants)	£0.466m
Supported Living	£2.744m
Day Care	£0.214m
Individual Service Funds	£0.172m
Shared Lives	£0.145m
VCF / Carers Contracts / Provider Partner contracts	£0.592m
Total	£12.116m

Agenda Item 4

8. Equality Impact Assessments and Risk Management Overview

- 8.1. The initial proposals for Adult Social Care fees for 2024/25 have been subject to consultation and engagement with Providers as part of the process of assessing the potential equality impact of the proposals.
- 8.2. Initial Equality Impact Assessments have been produced and are included as Appendices D-I of this report.
- 8.3. It is important to highlight that implementation of these fee proposals encompass the requirement to regularly review market risks, such as with regard to some Providers potentially facing difficulties in adapting their services to the new fee levels, if there is a gap in funding. This will be monitored closely through commissioning meetings, ongoing engagement with Providers and through transformation and market management work, including the updating of Sefton's Market Position Statement and Market Sustainability Plan. This work will also include ongoing benchmarking analysis, building on the initial work conducted to date, outlined in section 5.5 of this report.
- 8.4. The impact of the fee recommendations will continue to be monitored and if any impacts are identified then full Equality Impact Assessments will be completed.
- 8.5. It is also important to note that fee rates will also be reviewed as part of future commissioning / procurement work for certain sectors. Final decisions on any such revised fee rates will be agreed as part of the associated procurement exercises decision-making processes and subject to their assessed affordability. It is recommended that such decisions are delegated to the Executive Director of Adult Social Care and Health in consultation with the Cabinet Member – Adult Social Care and the Executive Director of Corporate Resources and Customer Services.

Appendix A

2024/25 Fee Increase Consultation Letters

Residential & Nursing Care Homes

Dear Sefton Care Home Provider

RE: Sefton Council Annual Consultation on Care Home Fees

I am writing to inform you that the Council period regarding proposed fees for the 2024/25 financial year will commence on 22nd February 2024 and end on 7th March 2024.

The Council are proposing an **8.02%** increase to fees resulting in the following rates being implemented (with effect from 1st April 2024).

This is applicable to the Council's contracted rate.

	Residential Care	EMI Residential	Nursing	EMI Nursing
2023/24 Fee	£649.70	£735.09	£668.09	£742.51
2024/25 Fee - 8.02% increase	£701.81	£794.04	£721.67	£802.06
Increase	£52.11	£58.95	£53.58	£59.55

The following table outlines how the increase has been calculated.

	Increase	% of Costs	% Increase Applied
Staffing (National Living Wage increase)	9.79%	0.7	6.85%
Other Costs - CPI	3.90%	0.3	1.17%
Total			8.02%

Please note the following.

- Nursing figures do not include Funded Nursing Care.
- Where a care home provider charges a rate above the Sefton contracted rate resulting in a Top-Up payment being paid by the Council, it is proposed that the uplift is applied to the contracted rate only.
- Any existing placements which are costed based on an individual Service User assessment may be increased based on the same percentage uplift detailed in the table above.
- Fees will be applicable from 1st April 2024.

As part of this consultation process the Council wishes to particularly receive and consider your feedback in relation to the following questions.

Agenda Item 4

1. Whether the level of proposed fees set out will cover the cost of meeting assessed care needs within an efficient residential/nursing home for the period from 1st April 2024 to 31st March 2025; and
2. If you do not agree with the above rates and if you consider that they will not cover the Care Act 2014, the cost of meeting assessed care needs within an efficient residential/nursing home, please outline why and provide any supporting information that you feel may be pertinent.

The following plan/timeline outlines the next steps of the Consultation and decision-making process.

Ref	Action	Target Date
1	Confirm Proposals and Process to All Providers (Letter to all providers to confirm proposals and consultation process)	23 rd February 2024
2	Period for Consultation Responses from Providers (Providers to supply comments, information and evidence on the matters consulted on)	23 rd February 2024 – 8 th March 2024
3	Consultation event with Providers	During above consultation period
4	Assessment and Analysis of Responses (Assessment and analysis of comments, information and evidence supplied by Providers together with other information available to the Authority) / Work on proposals and Cabinet report (including draft Cabinet report formulation and production of supporting documentation)	9th March 2024 - 24th March 2024
5	Letter to all Providers (signposting them to Cabinet report - published the week in advance of the meeting)	25th March 2024
6	Cabinet Decision	4th April 2024
7	2024/25 Fees Published (Following expiry of “call-in” period for Decision)	13th April 2024

The Consultation period will run until **Midnight on Friday 8th March 2024** so please ensure that all responses are returned by this time in order for them to be taken account of in our decision-making process.

Please return your comments by e-mail to Kate.Edgar@sefton.gov.uk

Once the consultation period has closed, we will give full consideration to any responses received before submitting a report to Cabinet for decision.

I would like to take the opportunity to thank you for taking the time to consider this matter and to respond to this consultation.

Yours Faithfully



Deborah Butcher

Executive Director Adult Social Care and Health (DASS) and Cheshire and Merseyside ICB Place Director Sefton

Community Support

Dear Provider

RE: Consultation on Sefton Community Support Rate – 2024/2025

I am writing in order to commence formal Sefton Council consultation with you on our proposed fees for the 2024/25 financial year.

The Council are proposing a **4.59%** increase to fees resulting in the following rates being implemented (with effect from 1st April 2024):

Table 1 - Proposed 2023/2024 Community Support Rate

Duration / Service Element	2024/25	2023/24
1 Hour	£22.55	£21.56

In the spirit of openness and transparency the table below details how the increase has been calculated.

Table 2 - Calculations for 2024/2025 Community Support Rate

	2023/24	2024/25 Fee	Details
Direct care	£10.90	£12.00	RLW Increase from £10.90
Travel time	£1.09	£0.60	Reduced figure to that within Domiciliary Care model due to less visits / travel costs incurred.
Mileage	£0.45	£0.24	Reduced figure to that within Domiciliary Care model due to less visits / travel costs incurred.
Training (staff time)	£0.23	£0.25	RLW Increase - 10.09%

Agenda Item 4

Holiday	£1.56	£1.72	RLW Increase - 10.09%
Additional noncontact pay costs	£0.00	£0.00	RLW Increase - 10.09%
Sickness/maternity and paternity pay	£0.33	£0.36	RLW Increase - 10.09%
Notice/suspension pay	£0.00	£0.00	RLW Increase - 10.09%
NI (direct care hours)	£0.97	£1.07	RLW Increase - 10.09%
Pension (direct care hours)	£0.42	£0.46	RLW Increase - 10.09%
Back office staff	£3.04	£3.16	CPI - 3.9%
Travel costs (parking/vehicle lease etc)	£0.00	£0.00	CPI - 3.9%
Rent/rates/utilities	£0.35	£0.36	CPI - 3.9%
Recruitment/DBS	£0.21	£0.22	CPI - 3.9%
Training (third party)	£0.04	£0.04	CPI - 3.9%
IT (hardware, software CRM, ECM)	£0.20	£0.21	CPI - 3.9%
Telephony	£0.08	£0.08	CPI - 3.9%
Stationery/postage	£0.06	£0.06	CPI - 3.9%
Insurance	£0.12	£0.12	CPI - 3.9%
Legal/finance/professional fees	£0.08	£0.09	CPI - 3.9%
Marketing	£0.03	£0.03	CPI - 3.9%
Audit and compliance	£0.00	£0.00	CPI - 3.9%
Uniforms and other consumables	£0.03	£0.03	CPI - 3.9%
Assistive technology	£0.00	£0.00	CPI - 3.9%
Central/head office recharges	£0.33	£0.35	CPI - 3.9%
Other overheads	£0.00	£0.00	CPI - 3.9%
CQC fees	£0.09	£0.09	CPI - 3.9%
Total Return on Operations	£0.95	£1.00	4.63% on £21.55
TOTAL	£21.56	£22.55	4.59%

Please note the following:

- Fees would be applicable from 1st April 2024.
- The figures in the table below are not a definitive guide on expenditure on each specific element as it is acknowledged that Providers will have their own specific business models and operating costs.
- The above rate would also be applicable to Direct Payment recipients who utilise a CQC registered Agency.

As part of this consultation process the Council wishes to particularly receive and consider your feedback in relation to the following questions:

1. Whether the level of proposed fees set out in the proposals and tables above will cover the cost of delivering Community Support services for the period from 1st April 2024 to 31st March 2025.
2. If you do not agree with the above rates, in particular if you consider that they will not cover the Care Act 2014, the cost of delivering Community Support services, please provide budgeted costings, together with evidence of actual expenditure and a breakdown of your hourly rate, in support of your comments.

The following plan/timeline outlines the next steps of the Consultation and decision-making process;

Ref	Action	Target Date
1	Confirm Proposals and Process to All Providers (Letter to all providers to confirm proposals and consultation process)	23rd February 2024
2	Period for Consultation Responses from Providers (Providers to supply comments, information and evidence on the matters consulted on)	23rd February 2024 – 8 th March 2024
3	Consultation event with Providers	During above consultation period
4	Assessment and Analysis of Responses (Assessment and analysis of comments, information and evidence supplied by Providers together with other information available to the Authority) / Work on proposals and Cabinet report (including draft Cabinet report formulation and production of supporting documentation)	9th March 2024 - 24th March 2024
5	Letter to all Providers (signposting them to Cabinet report - published the week in advance of the meeting)	25th March 2024
6	Cabinet Decision	4th April 2024
7	2024/25 Fees Published (Following expiry of “call-in” period for Decision)	13th April 2024

The Consultation period will run until **Midnight on Friday 8th March 2024** so please ensure that all responses are returned by this time in order for them to be taken account of in our decision-making process.

Please return your comments by e-mail to Jacqueline.Byrne@sefton.gov.uk

Once the consultation period has closed, we will give full consideration to any responses received before submitting a report to Cabinet for decision.

I would like to take the opportunity to thank you for taking the time to consider this

Agenda Item 4

matter and to respond to this consultation.

Yours faithfully,



Deborah Butcher

Executive Director Adult Social Care and Health (DASS) and NHS Director Sefton

Day Care

Dear Provider

RE: Sefton Council Annual Consultation on Day Care Fees

I am writing in order to commence formal Sefton Council consultation with you on our proposed fees for the 2024/25 financial year.

The Council are proposing a **8.57%** increase to fees – from 1st April 2024. This increase is proposed in line with other community-based services fee increase proposals.

As part of this consultation process the Council wishes to particularly receive and consider your feedback in relation to the following questions;

1. Whether the level of proposed fees set out will cover the cost of delivering Day Care services for the period from 1st April 2024 to 31st March 2025; and
2. If you do not agree with the above rates and in particular, if you consider that they will not cover the Care Act 2014, the cost of delivering Day Care services, please outline why and provide any supporting information that you feel may be pertinent.

The following plan/timeline outlines the next steps of the Consultation and decision-making process;

Ref	Action	Target Date
1	Confirm Proposals and Process to All Providers (Letter to all providers to confirm proposals and consultation process)	23rd February 2024
2	Period for Consultation Responses from Providers (Providers to supply comments, information and evidence on the matters consulted on)	23rd February 2024 – 8 th March 2024
3	Consultation event with Providers	During above consultation

		period
4	Assessment and Analysis of Responses (Assessment and analysis of comments, information and evidence supplied by Providers together with other information available to the Authority) / Work on proposals and Cabinet report (including draft Cabinet report formulation and production of supporting documentation)	9th March 2024 - 24th March 2024
5	Letter to all Providers (signposting them to Cabinet report - published the week in advance of the meeting)	25th March 2024
6	Cabinet Decision	4th April 2024
7	2024/25 Fees Published (Following expiry of “call-in” period for Decision)	13th April 2024

The Consultation period will run until **Midnight on Friday 8th March 2024** so please ensure that all responses are returned by this time in order for them to be taken account of in our decision-making process.

Please return your comments by e-mail to Rebecca.Bond@sefton.gov.uk

Once the consultation period has closed, we will give full consideration to any responses received before submitting a report to Cabinet for decision.

I would like to take the opportunity to thank you for taking the time to consider this matter and to respond to this consultation.

Yours Faithfully



Deborah Butcher

Executive Director Adult Social Care and Health (DASS) and NHS Director Sefton

Direct Payments

Dear Direct Payment Recipient

RE: Sefton Council Consultation on 2024/25 Direct Payment Rates

Agenda Item 4

I am writing to you as a Direct Payments Recipient as Sefton Council are commencing formal consultation on our proposed rates paid for the 2024/25 financial year (1st April 2024 to 31st March 2025).

The Council are proposing the following increases to rates:

Direct Payment Recipients who utilise a Personal Assistant

Duration / Service Element	2024/25	2023/24
1 Hour	£15.84	£14.55
Sleep-in (10 Hour Night)	£131.56	£119.83
Waking Night (10 Hour Night)	£158.40	£145.50

The proposed rate of **£15.84 per hour** will allow your Personal Assistants to be paid the National Minimum wage from 1st April 2024. Please also note that the Sleep-in rate above is based on the new National Living Wage of £11.44 plus 15% on costs (I.E. $(£11.44 + 15\%) \times 10$ hours).

The rate that you receive per hour from Sefton Council is higher than the rate that you pay your Personal Assistants. This is to ensure that you have sufficient monies to cover your **employers on costs**, which include:

- Additional support required when your Personal Assistant takes a holiday or is off sick.
- Double time for hours worked on an official bank holiday.
- Employer's contributions towards Workplace Pensions and National Insurance Contributions
- Annual Employers and Public Liability insurance payments

As a guide, we advise that you should pay your Personal Assistant a rate up to a maximum of **£12.50** per hour. Should you choose to pay your Personal Assistants a higher rate per hour than the maximum rate (£12.50 per hour), then any shortfall of monies in the Direct Payments account must be paid from personal funds, including redundancy costs should the direct payment end.

Direct Payment Recipients who utilise a CQC Registered Agency for Domiciliary Care (Home Care)

Duration / Service Element	2024/25 Proposed Rate	2023/24 Rates
1 Hour	£23.42	£21.56
Sleep-in (10 Hour Night)	£131.56	£119.83
Waking Night (10 Hour Night)	£234.20	£215.60

Direct Payment Recipients who utilise a CQC Registered Agency for Community Support

Duration / Service Element	2024/25 Proposed Rate	2023/24 Rates
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1 Hour	£22.55	£21.56
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Direct Payment Recipients who utilise Day Care / Day Opportunity Services

Dependency Level	2024/25 Proposed Rate	2023/24 Rates
Low	£40	£37
Medium	£61	£56
High	£121	£112

Consultation

As part of this consultation process the Council particularly wishes to receive and consider your feedback in relation to the following questions.

1. Do the proposed rates set out cover the costs you incur (for example the cost of employing a Personal Assistant), and meeting assessed care needs for the period from 1st April 2024 to 31st March 2025
2. If you do not think that the proposed rates will cover the cost of employing a Personal Assistant and meeting the Care Act 2014, assessed care needs, please outline why and provide any supporting information that you feel may be pertinent.

If you would like to respond to the consultation and the questions above, require a breakdown of how the rates have been calculated or should you have any comments you would like to make, then please e-mail selfdirectedsupport@sefton.gov.uk or write to *Consultations, Self-Directed Support team, 1st Floor, Magdalen House, Trinity Road, Bootle L20 3NJ.*

The Consultation period will run until **Midnight on Friday 8th March 2024** so please ensure that all responses are returned by this time in order for them to be taken account of in our decision-making process. The consultation and decision-making timeline is outlined at the end of this letter.

Once the consultation period has closed, we will give full consideration to any responses received before submitting a report to Cabinet for decision.

I would like to take the opportunity to thank you for taking the time to consider this matter and to respond to this consultation.

Yours sincerely



Deborah Butcher

Agenda Item 4

Executive Director Adult Social Care and Health (DASS) and NHS Director Sefton

Timeline for consultation

The following plan/timeline outlines the next steps of the Consultation and decision-making process.

Ref	Action	Target Date
1	Confirm Proposals and Process to Recipients (Letter to all providers to confirm proposals and consultation process)	23rd February 2024
2	Period for Consultation Responses from Recipients (Recipients to supply comments, information and evidence on the matters consulted on)	23rd February 2024 – 8 th March 2024
3	Assessment and Analysis of Responses (Assessment and analysis of comments, information and evidence supplied by Recipients together with other information available to the Authority) / Work on proposals and Cabinet report (including draft Cabinet report formulation and production of supporting documentation)	8th March 2024 - 24th March 2024
4	Letter to Recipients (signposting them to Cabinet report - published the week in advance of the meeting)	25th March 2024
5	Cabinet Decision	4th April 2024
6	2024/25 Fees Published (Following expiry of “call-in” period for Decision)	13th April 2024

Domiciliary Care

Dear Provider,

RE: Sefton Council Annual Consultation on Care at Home (Domiciliary Care) Fees – Sefton & Knowsley PDPS and Sefton Partnership PDPS Providers

I am writing in order to commence formal Sefton Council consultation with you on our proposed fees for the 2024/25 financial year.

The Council are proposing a **8.63%** increase to fees resulting in the following rates being implemented (with effect from 1st April 2024);

Table 1 - Proposed 2024/2025 Domiciliary Care Rate

Duration / Service Element	2024/25 Proposed Rate	2023/24 Originally Set Rates
1 Hour	£23.42	£21.56
45 Minutes	£17.57	£16.17
30 Minutes	£11.71	£10.78
Sleep-in (8 Hour Night)	£105.25	£95.86
Waking Night (8 Hour Night)	£187.36	£172.48

The following table outlines how the increase has been calculated;

Table 2 - Calculations for 2024/2025 Domiciliary Care Rate

	<i>2023/24 Calculations</i>	2024/25 Fee	Details
Direct care	£10.90	£12.00	RLW Increase from £10.90
Travel time	£1.09	£1.20	10% of £12.00
Mileage	£0.45	£0.47	CPI - 3.9%
Training (staff time)	£0.23	£0.25	RLW Increase - 10.09%
Holiday	£1.56	£1.72	RLW Increase - 10.09%
Additional noncontact pay costs	£0.00	£0.00	RLW Increase - 10.09%
Sickness/maternity and paternity pay	£0.33	£0.36	RLW Increase - 10.09%
Notice/suspension pay	£0.00	£0.00	RLW Increase - 10.09%
NI (direct care hours)	£0.97	£1.07	RLW Increase - 10.09%
Pension (direct care hours)	£0.42	£0.46	RLW Increase - 10.09%
Back office staff	£3.04	£3.16	CPI - 3.9%
Travel costs (parking/vehicle lease etc)	£0.00	£0.00	CPI - 3.9%
Rent/rates/utilities	£0.35	£0.36	CPI - 3.9%
Recruitment/DBS	£0.21	£0.22	CPI - 3.9%
Training (third party)	£0.04	£0.04	CPI - 3.9%
IT (hardware, software CRM, ECM)	£0.20	£0.21	CPI - 3.9%
Telephony	£0.08	£0.08	CPI - 3.9%
Stationery/postage	£0.06	£0.06	CPI - 3.9%
Insurance	£0.12	£0.12	CPI - 3.9%
Legal/finance/professional fees	£0.08	£0.09	CPI - 3.9%

Agenda Item 4

Marketing	£0.03	£0.03	CPI - 3.9%
Audit and compliance	£0.00	£0.00	CPI - 3.9%
Uniforms and other consumables	£0.03	£0.03	CPI - 3.9%
Assistive technology	£0.00	£0.00	CPI - 3.9%
Central/head office recharges	£0.33	£0.35	CPI - 3.9%
Other overheads	£0.00	£0.00	CPI - 3.9%
CQC fees	£0.09	£0.09	CPI - 3.9%
Total Return on Operations	£0.95	£1.04	4.63% on £22.38
TOTAL	£21.56	£23.42	8.63% Increase

Please note the following:

- Fees would be applicable from 1st April 2024.
- Any call durations outside of this framework will have been commissioned by request with Service Users will also be uplifted by the same proposed percentage increase.
- The Council continues to not seek to commission 15-minute visit durations.
- The figures in the table are not a definitive guide on expenditure on each specific element as it is acknowledged that Providers will have their own specific business models and operating costs.
- The Sleep-in rate above is based on the new National Living Wage of £11.44 plus 15% on costs (I.E. (£11.44 + 15%) x 8 hours).
- The above 'daytime' rates would also be applicable to Direct Payment recipients who utilise a CQC registered Agency.

As part of this consultation process the Council wishes to particularly receive and consider your feedback in relation to the following questions:

1. Whether the level of proposed fees set out will cover the cost of delivering Domiciliary Care the period from 1st April 2024 to 31st March 2025; and
2. If you do not agree with the above rates and in particular, if you consider that they will not cover the Care Act 2014, the cost delivering Domiciliary Care, please outline why and provide any supporting information that you feel may be pertinent.

The following plan/timeline outlines the next steps of the Consultation and decision-making process:

Ref	Action	Target Date
1	Confirm Proposals and Process to All Providers (Letter to all providers to confirm proposals and consultation process)	23rd February 2024
2	Period for Consultation Responses from Providers (Providers to supply comments, information and evidence)	23rd February 2024 – 8th

	on the matters consulted on)	March 2024
3	Consultation event with Providers	During above consultation period
4	Assessment and Analysis of Responses (Assessment and analysis of comments, information and evidence supplied by Providers together with other information available to the Authority) / Work on proposals and Cabinet report (including draft Cabinet report formulation and production of supporting documentation)	9th March 2024 - 24th March 2024
6	Letter to all Providers (signposting them to Cabinet report - published the week in advance of the meeting)	25th March 2024
7	Cabinet Decision	4th April 2024
8	2024/25 Fees Published (Following expiry of "call-in" period for Decision)	13th April 2024

The Consultation period will run until **Midnight on Friday 8th March 2024** so please ensure that all responses are returned by this time in order for them to be taken account of in our decision-making process.

Please return your comments by e-mail to Neil.Watson@sefton.gov.uk

Once the consultation period has closed, we will give full consideration to any responses received before submitting a report to Cabinet for decision.

I would like to take the opportunity to thank you for taking the time to consider this matter and to respond to this consultation.

Yours Faithfully



Deborah Butcher
Executive Director Adult Social Care and Health (DASS) and NHS Director Sefton

Extra Care

Dear Extra Care Providers

RE: Sefton Council Annual Consultation on Extra Care Fees

Agenda Item 4

I am writing in order to commence formal Sefton Council consultation with you on our proposed fees for the 2024/25 financial year.

The Council are proposing a **8.57%** increase to fees resulting in the following rate being implemented (with effect from 1st April 2024);

Duration / Service Element	2024/25	2023/24
Hourly Rate	£20.53	£18.91

The following table outlines how the increase has been calculated;

Type of Cost	Revised 2023/24 Fee Rate	2024/25	Details
Carer Basic Rate	£10.90	£12.00	10.09% RLW Increase
Management	£0.76	£0.84	10.09% RLW Increase
Administration	£0.56	£0.62	10.09% RLW Increase
Annual Leave	£1.51	£1.66	10.09% RLW Increase
Training	£0.35	£0.39	10.09% RLW Increase
Sickness	£0.27	£0.30	10.09% RLW Increase
NI	£0.79	£0.87	10.09% RLW Increase
Pension	£0.42	£0.46	10.09% RLW Increase
Other costs	£2.80	£2.80	Not Increased
Profit	£0.55	£0.60	3% on £19.93
Hourly Fee	£18.91	£20.53	8.57% increase

Please note the following;

- Fees will be applicable from 1st April 2024

As part of this consultation process the Council wishes to particularly receive and consider your feedback in relation to the following questions;

1. Whether the level of proposed fees set out will cover the cost of meeting assessed care needs within an efficient Extra Care Scheme for the period from 1st April 2024 to 31st March 2025; and
2. If you do not agree with the above rates and in particular, if you consider that they will not cover the Care Act 2014, the cost of meeting assessed care needs within an efficient Extra Care Scheme, please outline why and provide any supporting information that you feel may be pertinent.

The following plan/timeline outlines the next steps of the Consultation and decision-making process;

Ref	Action	Target Date
1	Confirm Proposals and Process to All Providers (Letter to all providers to confirm proposals and consultation process)	23rd February 2024
2	Period for Consultation Responses from Providers (Providers to supply comments, information and evidence on the matters consulted on)	23rd February 2024 – 8th March 2024
3	Consultation event with Providers	During above consultation period
4	Assessment and Analysis of Responses (Assessment and analysis of comments, information and evidence supplied by Providers together with other information available to the Authority) / Work on proposals and Cabinet report (including draft Cabinet report formulation and production of supporting documentation)	9th March 2024 - 24th March 2024
5	Letter to all Providers (signposting them to Cabinet report - published the week in advance of the meeting)	25th March 2024
6	Cabinet Decision	4th April 2024
7	2024/25 Fees Published (Following expiry of “call-in” period for Decision)	13th April 2024

The Consultation period will run until **Midnight on Friday 8th March 2024** so please ensure that all responses are returned by this time in order for them to be taken account of in our decision-making process.

Please return your comments by e-mail to jacqueline.byrne@sefton.gov.uk

Once the consultation period has closed, we will give full consideration to any responses received before submitting a report to Cabinet for decision.

I would like to take the opportunity to thank you for taking the time to consider this matter and to respond to this consultation.

Yours Faithfully



Deborah Butcher
Executive Director Adult Social Care and Health (DASS) and NHS Director Sefton

Agenda Item 4

Individual Service Funds

Dear Provider,

RE: Sefton Council Annual Consultation on ISF Rates

I am writing in order to commence formal Sefton Council consultation with you on our proposed fees for the 2024/25 financial year.

The Council are proposing a **8.57%** increase to fees resulting in the following rates being implemented (with effect from 1st April 2024);

Duration / Service Element	2024/25 Rates	2023/24 Rates
1 Hour	£21.54	£19.84
Sleep-in (9 Hour Night)	£118.40	£107.85
Waking Night (9 Hour Night)	£193.86	£178.56

Please note the following:

- Fees would be applicable from 1st April 2024.
- The Sleep-in rate above is based on the new National Living Wage of £11.44 plus 15% on costs (I.E. (£11.44 + 15%) x 9 hours).

As part of this consultation process the Council wishes to particularly receive and consider your feedback in relation to the following questions:

1. Whether the level of proposed fees set out will cover the cost of delivering ISF's in the period from 1st April 2024 to 31st March 2025; and
2. If you do not agree with the above rates and in particular, if you consider that they will not cover the Care Act 2014, the cost delivering ISF's, please outline why and provide any supporting information that you feel may be pertinent.

The following plan/timeline outlines the next steps of the Consultation and decision-making process:

Ref	Action	Target Date
1	Confirm Proposals and Process to All Providers (Letter to all providers to confirm proposals and consultation process)	23rd February 2024
2	Period for Consultation Responses from Providers (Providers to supply comments, information and evidence on the matters consulted on)	23rd February 2024 – 8 th March 2024
3	Consultation event with Providers	During above consultation period

4	Assessment and Analysis of Responses (Assessment and analysis of comments, information and evidence supplied by Providers together with other information available to the Authority) / Work on proposals and Cabinet report (including draft Cabinet report formulation and production of supporting documentation)	9th March 2024 - 24th March 2024
5	Letter to all Providers (signposting them to Cabinet report - published the week in advance of the meeting)	25th March 2024
6	Cabinet Decision	4th April 2024
7	2024/25 Fees Published (Following expiry of “call-in” period for Decision)	13th April 2024

The Consultation period will run until **Midnight on Friday 8th March 2024** so please ensure that all responses are returned by this time in order for them to be taken account of in our decision-making process.

Please return your comments by e-mail to Neil.Watson@sefton.gov.uk

Once the consultation period has closed, we will give full consideration to any responses received before submitting a report to Cabinet for decision.

I would like to take the opportunity to thank you for taking the time to consider this matter and to respond to this consultation.

Yours Faithfully



Deborah Butcher
Executive Director Adult Social Care and Health (DASS) and NHS Director Sefton

Supported Living

Dear Providers

RE: Sefton Council Annual Consultation on Supported Living Fees

I am writing to you in order to commence formal Sefton Council consultation with you on our proposed fees for the 2024/25 financial year.

The Council are proposing a **8.57%** increase to fees resulting in the following rates being implemented (with effect from 1st April 2024);

Agenda Item 4

Duration / Service Element	2024/25	2023/24
Hourly Rate	£20.53	£18.91
Sleep-in (9 Hours)	£118.40	£107.85
Sleep-in (10 Hours)	£131.56	£119.83
Waking Night (9 Hours)	£184.77	£170.19
Waking Night (10 Hours)	£205.30	£189.10

The following table outlines how the increase has been calculated;

Type of Cost	2023/24 Fee Rate	2024/25	Details
Carer Basic Rate	£10.90	£12.00	10.09% RLW Increase
Management	£0.76	£0.84	10.09% RLW Increase
Administration	£0.56	£0.62	10.09% RLW Increase
Annual Leave	£1.51	£1.66	10.09% RLW Increase
Training	£0.35	£0.39	10.09% RLW Increase
Sickness	£0.27	£0.30	10.09% RLW Increase
NI	£0.79	£0.87	10.09% RLW Increase
Pension	£0.42	£0.46	10.09% RLW Increase
Other costs	£2.80	£2.80	Not Increased
Profit	£0.55	£0.60	3% on £19.93
Hourly Fee	£18.91	£20.53	8.57% increase

Please note the following:

- Fees would be applicable from 1st April 2024.
- The figures in the table above are not a definitive guide on expenditure on each specific element as it is acknowledged that Providers will have their own specific business models and operating costs.
- The Sleep-in rate above is based on the new National Living Wage of £11.44 plus 15% on costs (for example, £11.44 + 15% x 9 hours).

As part of this consultation process the Council wishes to particularly receive and consider your feedback in relation to the following questions;

1. Whether the level of proposed fees set out will cover the cost of delivering Supported Living Services for the period from 1st April 2024 to 31st March 2025; and
2. If you do not agree with the above rates and in particular, if you consider that they will not cover the Care Act 2014, the cost of delivering Supported Living

Services, please outline why and provide any supporting information that you feel may be pertinent.

The following plan/timeline outlines the next steps of the Consultation and decision-making process;

Ref	Action	Target Date
1	Confirm Proposals and Process to All Providers (Letter to all providers to confirm proposals and consultation process)	23rd February 2024
2	Period for Consultation Responses from Providers (Providers to supply comments, information and evidence on the matters consulted on)	23rd February 2024 – 8th March 2024
3	Consultation event with Providers	During above consultation period
4	Assessment and Analysis of Responses (Assessment and analysis of comments, information and evidence supplied by Providers together with other information available to the Authority) / Work on proposals and Cabinet report (including draft Cabinet report formulation and production of supporting documentation)	9th March 2024 - 24th March 2024
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6	Cabinet Decision	4th April 2024
7	2024/25 Fees Published (Following expiry of “call-in” period for Decision)	13th April 2024

The Consultation period will run until **Midnight on Friday 8th March 2024** so please ensure that all responses are returned by this time in order for them to be taken account of in our decision-making process.

Please return your comments by e-mail to jacqueline.byrne@sefton.gov.uk

Once the consultation period has closed, we will give full consideration to any responses received before submitting a report to Cabinet for decision.

I would like to take the opportunity to thank you for taking the time to consider this matter and to respond to this consultation.

Yours Faithfully

Agenda Item 4

D Butcher

Deborah Butcher

Executive Director Adult Social Care and Health (DASS) and NHS Director Sefton

Appendix B

Provider Responses to the Consultation

Residential & Nursing Care Homes

Responses of the North & South Sefton Care Home Group

Hope you are well. Many thanks for your recent letter regarding the proposed Sefton fees. We fully understand the council pressures however we remain dissatisfied with the suggested amount of 8.02%.

Please find attached the letter from the North and South Sefton Care Home Group. I have asked care homes to individually send their own letters and emails to you too. Let me know what I need to do to speak at the committee meeting on the 4th April.

Letter

Commissioner
Sefton Council
Balliol House
L20 3NJ



Dear [REDACTED]

28th February 2024

Sefton Social Care 2024/25 Fees Proposal - NSSCHG Response

Many thanks for your recent letter dated 23rd February detailing the proposed fee increase of 8.02% for 2024/25. The purpose of this letter is to express our collective disapproval over the suggested fee.

The True Cost of Care

We are all aware that all Local Authorities are required to work towards the 2022 'Government Market Sustainability and Fair Cost of Care'. Sefton is in contrast to Lancashire who acknowledges that they remain committed to working towards to the 'Fair Cost of Care'. This is something that Sefton has yet to acknowledge.

Increasing Costs on Providers

The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in care home operations including cost of operating insurance now currently over 225% of the 2021 rate, utilities and costs of food. The list goes on.

Gross Payments

Sefton is an outlier when it comes to the payment of gross fees. It is not for the care provider to recover personal contributions but for the local authority. A pilot study involving several Sefton care homes has had little progress with no update to those involved. After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty.

National CQC Compliance

The national state of Provider CQC grading is deeply alarming. In a post COVID landscape with ongoing non-existent investment, lack of available staff and several high-profile care home failures, CQC compliance is a national catastrophe. January-February 2024, 40% graded Good, 36% graded Requires Improvement and a staggering 23% = Inadequate. The picture is getting worse not better. Funding has much to do with this and the social care sector requires more support not less at this precarious time.

Agenda Item 4

Integrated Care Boards

Across Sefton we are yet to see any tangible benefit or impact. The central government ICB fanfare of a new way of working is yet to materialise. To many small Providers this exercise is nothing more than a huge resource consuming project with little impact on the quality of care within their homes. Commissioning care services still remains highly inconsistent, many small providers have long standing fees issues with Sefton that are seldom acknowledged nor rectified on the Sefton fees portal. Many have staggering 'Health' fees that remain unpaid and that their only resolution is now legal action. Before we rejoice the ICBs *'Emperor's new clothes'* Sefton should seek to get the basics right. Commission the correct care services, on time, pay care providers what was agreed and seek to effectively communicate with providers when they have a genuine issue or concern. We remain a long way from this.

Conclusion

On behalf of our North and South Sefton care homes please re-evaluate these proposed fees and present a more appropriate fee increase before irreversible damage is done to your Sefton Social Care sector.

Finally, I would hope that you and Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time.


Please note we seek to make verbal presentation at the Cabinet meeting on the 4th April. Please could you facilitate this request with your democratic department and avoid the immense bureaucratic challenge we faced last year to do the same.

I await your considered response.

Thank you for sending this letter on Friday afternoon from Deborah Butcher.

I do not agree with the proposed fee uplift and I wanted to make Sefton aware of that. It doesn't even cover the minimum wage increase?

Other providers are again not happy. We need a meeting urgently to discuss this "proposed fee". It is very worrying that the Council do not see the financial impact of their proposed fee will have on the Care Homes in Sefton.



Sefton Social Care 2024/25 Fees Proposal

Many thanks for your recent letter dated 23rd February detailing the proposed fee increase of 8.02% for 2024/25. The purpose of this letter is to express our collective disapproval over the suggested fee.

Increasing Costs on Providers

The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

Gross Payments

I hope the Council will take some positive steps to help out with the recovery of personal contributions. My view is that the Council should pay the providers the gross payments and recover the fee from the residents.

Conclusion

I would hope that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time. Please review this proposal and increase the fees to allow for genuine social care operation.



Sefton Social Care 2024/25 Fees Proposal

Many thanks for your recent letter dated 23rd February detailing the proposed fee increase of 8.02% for 2024/25. The purpose of this letter is to express our collective disapproval over the suggested fee.

Increasing Costs on Providers

The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered., including excessive Gas & Electricity costs.


Gross Payments

It is not for the care provider to recover personal contributions but for the local authority. After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. Please establish gross payments to social care providers.

Conclusion

I would hope that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time. Please review this proposal and increase the fees to allow for genuine social care operation.

Agenda Item 4


Sefton Social Care 2024/25 Fees Proposal

Many thanks for your recent letter dated 23rd February detailing the proposed fee increase of 8.02% for 2024/25. The purpose of this letter is to express our collective disapproval over the suggested fee.

Increasing Costs on Providers


The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

Gross Payments

It is not for the care provider to recover personal contributions but for the local authority. After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. Please establish gross payments to social care providers.

Conclusion

I would hope that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time. Please review this proposal and increase the fees to allow for genuine social care operation.



Sefton Social Care 2024/25 Fees Proposal

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Increasing Costs on Providers


The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

Gross Payments

It is not for the care provider to recover personal contributions but for the local authority. After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. Please establish gross payments to social care providers.

Conclusion

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Sefton Social Care 2024/25 Fees Proposal

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The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

Gross Payments

It is not for the care provider to recover personal contributions but for the local authority. After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. Please establish gross payments to social care providers.

Conclusion

I would hope that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time. Please review this proposal and increase the fees to allow for genuine social care operation.



Sefton Social Care 2024/25 Fees Proposal

Many thanks for your recent letter dated 23rd February detailing the proposed fee increase of 8.02% for 2024/25. The purpose of this letter is to express our collective disapproval over the suggested fee.

Increasing Costs on Providers

The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures including a large increase in our Insurance policies, Food, Heating and Light just to mention a few.

Gross Payments

It is not for the care provider to recover personal contributions but for the local authority. After year's of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. Please establish gross payments to social care providers in line with other Local Authorities (Lancashire for example).

Conclusion

I would hope that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time. Please review this proposal and increase the fees to allow for genuine social care operation.

Agenda Item 4

[REDACTED]

I am reaching out to you as a CEO of a [REDACTED] who is extremely concerned about the pending national living wage uplift. Our organisation's model of care is to provide a service that is predominately funded by Local Authorities and the NHS. Sadly, with the cost-of-living crisis and securing a reliable workforce our costs have risen dramatically.

We will be increasing our self-funding fees so that they are fair and support residents to be self-funding for as long as possible without requiring state support.

Historically, some Local Authorities will notify us late in terms of what their annual uplift of fees will be. When this happens, it is not helpful as it is difficult to budget as an organisation as we have to uplift our staffing costs as of the 1st of April 2024.

Please can you factor in the 9.8% pending wage increase and what impact this [REDACTED]. We will where possible complete workbooks and engage in events as part of the continuation of the fair cost of care exercise. To be sustainable we require at least a 10.1% uplift in order that we can pay staff, cover costs, and invest in our care homes so that we may provide a wonderful experience for our residents.

May I kindly request as a matter of urgency that you inform us of what your intentions are in terms of the annual uplift of resident fees. We are a system partner and wish to be part of the solution to provide care outside of a hospital setting.

[REDACTED]

I am writing from [REDACTED] regarding the Sefton Social Care 2024/25 Fees Proposal, as outlined in your recent letter dated February 23rd, 2024.

Firstly, I would like to express my gratitude for your communication and the effort put forth in detailing the proposed fee increase of 8.02% for the upcoming year. However, it is with a sense of concern that I address our concerns over the suggested fee.



One primary issue we must address is that the proposed increase fails to adequately cover the substantial rise in the national minimum wage, currently standing at 9.8%. This is compounded by additional cost pressures within our care home operations, which must also be considered.

Care homes are an integral part of our local health and social care system here in Sefton. They provide essential support for the health and care needs of many individuals in our community, playing a crucial role in facilitating smooth hospital discharges and reducing unnecessary hospital admissions, which is particularly important for the NHS. It's always encouraging to see efforts to standardise fees for council-funded residents, but this must be done with the understanding that all care costs are fully covered, including fair profits.

This approach will enable our sector to adequately prepare for the significant growth of our ageing population in Sefton and to enhance the pay and career opportunities for our dedicated care staff.

Furthermore, the burden of recovering personal contributions should not fall upon care providers but rather on the local authority. It is imperative that this matter, which has been postponed for far too long, be addressed promptly. We are urging an implementation date of October 1st, 2024, to provide the sector with the necessary planning certainty. Establishing gross payments to social care providers is crucial in this regard.

In conclusion, I sincerely hope that Sefton Council will acknowledge the ongoing challenges faced by those of us entrusted with the care of society's most vulnerable individuals and I urge you to review the proposed fee increase and consider adjusting it to reflect the genuine needs of social care operations.


 – 2024/2025 fee proposal

Many thanks for your recent letter dated 23rd February detailing the proposed fee increase of 8.02% for 2024/25. The purpose of this letter is to express our disapproval over the suggested fee.

Increasing Costs on Providers

The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

Gross Payments

It is not for the care provider to recover personal contributions but for the local authority. After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. Please establish gross payments to social care providers.

Conclusion

I would hope that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time. Please review this proposal and increase the fees to allow for genuine social care operation.

Agenda Item 4

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The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

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Conclusion

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Sefton Social Care 2024/25 Fees Proposal

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Increasing Costs on Providers

The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

Gross Payments

It is not for the care provider to recover personal contributions but for the local authority. After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. Please establish gross payments to social care providers.

Conclusion

I would hope that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time. Please review this proposal and increase the fees to allow for genuine social care operation.

Sefton Social Care 2024/25 Fees Proposal

Thank you for your recent letter dated 23rd February detailing the proposed fee increase of 8.02% for 2024/25. The purpose of this letter is to express our disapproval over the suggested fee increase, following discussion with our finance team.

Increasing Costs on Providers

We would like to be able to uplift our minimum wage earners to the RLW, and the proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

Gross Payments

We have the additional financial burden of being responsible for recovery of personal contributions for residents who are funded through the LA; this is not for the care provider to recover personal contributions but for the local authority.

After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. Please establish gross payments to social care providers.

Conclusion

I would hope that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time.

Please review this proposal and increase the fees to allow for genuine social care operation.

Agenda Item 4

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Sefton Social Care 2024/25 Fees Proposal

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The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

Gross Payments

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Conclusion

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Agenda Item 4

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Please review this proposal and increase the fees to allow for genuine social care operation.



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Conclusion

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Please review this proposal and increase the fees to allow for genuine social care operation.

Hope you are well and receive this with enough time to factor in . There wasn't a lot of time to schedule into my busy work load and commitments hence the date and time sent .

Thank You for your letter and the proposed increased fee rates attached in Deborah's letter , which I believe you've asked providers to respond to yourself around the Sefton funding for 24/25 .

The fee levels proposed in the below remit do not cover the cost of care as I will detail further .

"1 Whether the level of PREPOSED FEE set out will cover the cost of meeting assessed care needs within an efficient residential/nursing home for the period from 1st April 2024 to 31st March 2025; and

2. If you do not agree with the above RATES and if you consider that they will not cover the Care Act 2014, the cost of meeting assessed care needs within an efficient residential/nursing home, please outline why and provide any supporting information. "

The fee rate is flawed, and the percentage increases should be higher. The care acts states councils should assure they have evidence the fee rates are appropriate

How have you done this ? The fair cost of care would have demonstrated Sefton paying inappropriate rates . These are also all very much outdated now and other costs and pressures needed reflected . Simply adding a percentage increase to a meaningless figure is not effective , fair commissioning or is it influencing, and driving a pace of change , consciously improving quality and choice and promoting wellbeing .

It is commissioning poor services by lack of funds for homes to invest in required support and needs of residents , staff and buildings , potentially causing neglect and harm , failings in regulatory requirements. However, these may take time to be fed into monitoring bodies and could be a ticking time bomb .

Domiciliary care are struggling with supporting the market and staffing is a huge issue in care support. Along with pressures on hospitals ,it should be remembered that care homes are a key service that should be supported as without a buoyant , viable care home market the pressures on the other services would be catastrophic .

At the preposed rates there is no reasonable profit afforded I imagine exits because of poor service -closures eventually, viability, lack of interest, retirement lor reduction in numbers in the medium and larger care homes to simply cater for private clients especially in residential where more capacity.

Agenda Item 4

To much at once could leave a shortfall in beds and I wonder if the council and health has contingency plans in play .

Relying on current over capacity to drive down costs is not a great model given complexities of the above.

I hoped that working towards the Fair cost of Care would be something Sefton would embrace/ commit to , this would be a great accolade for Seftons commitment to some of its most vulnerable population.

Providers have been dangled a carrot for the last 10 years , Government's giving hope around fees being more fairly addressed, , I think its really crunch time for providers with fees. There is too much pressure around balancing the books , costs are too high , expectations , workload , resident needs , investment and staffing , agency are too great general running cost increases ,

I don't feel I need to detail or breakdown because you have all the information from the fair cost , although outdated , it is a higher rate than proposed .

I don't feel there has been a meaningful consultation in this time frame Figure given by Sefton , is not consultation , then letters required in 26 onwards before meeting on 4th . So only a few working days to process , not great for responses and you have a consultation back on that info ? , we've not had discussions with you around fee settings which might of raised feed into council in letter . Possibly I missed a meeting ? Just all appears to be giving a lip service a tick box exercise

· Please note .

I agree with the points raised [REDACTED] representing the North and South Sefton Association .

We as a home strive to provide the best for our Residents and staff we are all dedicated and it is a lot of stress and hard work but rewarding , the caring home we provide to all our residents makes us proud , we reinvest , provide what's needed , We simply are just needing to be supported with the right funds to get on with the great job we're doing and to achieve a profit from those funds .

[REDACTED]

Sefton Social Care 2024/25 Fees Proposal

Thank you for your recent letter dated 23rd February detailing the proposed fee increase of 8.02% for 2024/25. The purpose of this letter is to express our disapproval over the suggested fee increase, following discussion with our finance team.

Increasing Costs on Providers

We would like to be able to uplift our minimum wage earners to the RLW, and the proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8%. This is before the additional cost pressures in our care home operations have been considered.

Gross Payments

We have the additional financial burden of being responsible for recovery of personal contributions for residents who are funded through the LA; this is not for the care provider to recover personal contributions but for the local authority.

After years of frustrated delay this important matter cannot be further postponed, and an implementation date of 1st October 2024 is requested to provide the sector with desperately required planning certainty. Please establish gross payments to social care providers.

Conclusion

I would hope that Sefton Council will genuinely recognise the ongoing social care challenge we face looking after societies' most vulnerable and make the ethical and moral right decision to value our people, their amazing contribution and sincerely support this fragile sector at this time.

Please review this proposal and increase the fees to allow for genuine social care operation.

Sefton Social Care 2024/25 Fees Proposal

Many thanks for your recent letter dated 23rd February detailing the proposed fee increase of 8.02% for 2024/25. The purpose of this letter is to express joint concerns across the sector as a follow up to the consultation on the 4th March 2024.

Minimum wage and payroll

It is becoming increasingly difficult to find staff and retain them across the care sector. Often wages are having to be paid above the minimum wage level to retain the services of quality staff. The knock-on effect of this is that staff use the minimum wage increases as a minimum expectation and as such demand increases above this amount set by the government. Staff are leaving the sector as they demand the living wage or higher, rather than minimum wage, which in itself leaves the homes facing payroll increases way in excess of the 9.8% set when also including national insurance and pension. The calculation set by Sefton suggests that all staff are happy to receive only the minimum wage increase.

Operating expenditure plus refurb costs

Recent years have led to less and less surplus monies for homes to inject back into improvements and refurbishments to the properties. This side by side with CQC's expectations for homes to be in immaculate condition is putting pressure on the homes to keep on top of any larger maintenance works required. Again, the Sefton calculation method seems to be based on 70% wages and 30% other costs however probably does not include the larger balance sheet maintenance projects required that have been deferred as long as possible.

Individual Service Users

At two of our homes, Burgess Manor and Blair House, in the Sefton district, we take a large number of special complex case residents costed based on individual service user assessments as other homes are not suitable for their needs.

Historically we have spent considerable time chasing uplifts for these residents as they were not automatically uplifted in line with Sefton's proposals. Some were re-referred to social workers prior to any decisions, causing further delays to any uplifts.

Agenda Item 4

I hope you're well. I'm emailing from my personal email as [REDACTED] email can be accessed by my staff, so please respond to me on this email.

I spoke to soon on Monday - after our zoom meeting I went into work that afternoon and one of my Key Seniors resigned. They work f/t 35-40 hours a week.

They are going to work in a call centre, Monday to Friday 8-5pm, weekends off, same money, no stress. No brainer really! This is what we are all trying to say, this is what we're dealing with, we cant compete with what other companies are paying. We're really struggling.

Currently I pay £11.60 for a Key Senior and I'm increasing this to £12.60 on the 1st April so its £1.16 above NMW and still I cant get staff.

From the 1st April, Carers will start at £11.90 per hour, we also have Senior Carers who will starting on £12.15 per hour and Key Seniors increasing up to £12.60 per hour. Plus my two managers are salaried so they will also have an uplift also plus myself, but I don't think I will be able to give myself a pay rise. I am on call as much as possible, usually 6 days a week sometimes 7 days to keep the wage bill down. I am on call when I'm on holiday aswell, to try and keep the costs down.

I will be honest with you all of the staff will be getting about a £1.00 or more pay rise, I have 24 staff and myself = 25.

[REDACTED] is a 20 bed home, we currently have 3 private and 12 Sefton Funded beds. Ive already increased the fees for the three private residents.

So if we had an increase of 17 Sefton beds £52.11 x 20 beds = £885.87 x 4 weeks = **£3543.48**

Currently we have 12 beds, so this would be 12 @ £52.11 x 4 weeks = **£2051.28**.

The last P32 was £7k, so approx 10% increase = £700.00

The last Pensions were (4weeks) £1832, so 10% = £180.00 approx

The last input on the capacity tracker was 2706 hours, this does not include holiday pay which was 338 hours (so at 10% £340.00) or maternity pay or the on call which I pay. This also does not include any staff training which I pay or Bonuses.

General/Typical 4 weeks example

Capacity tracker = approx 10% = £2700

P32 10% approx = £700.00

Pensions 10% = £180.00

Total = **£3580.00**

Holiday Pay (10% approx) = £340.00

= **£3920.00**

With Sefton increases on 17 beds this will not cover my example above.

Please note that I only have 12 beds funded by Sefton at present so the figures will be worse.

Social workers at the hospital are telling families that they cant choose what care home they go to, this has happened recently with the hospital. The family were told that the Social worker will choose where their relative goes. We advised the family that this should not be the case and tell the Social worker that you had chosen where you want your relative to go. They had chosen [REDACTED] as they had a previous relative stay with us so wanted their relative to come to us.

How can we compete with Social workers who are choosing beds for people and telling families they cant choose. I feel that this is very wrong, surely under the Health & Social Care Act they have a right to choose their care. I can only presume these are "cheaper beds".

- Social workers have to **STOP** trying to put residents in "cheaper" care homes and just tell families that they have the choice to choose where their relative wants to go and that each care home has different fees and explain this to them.
- Social workers need to **STOP** asking us to waive our "Top Up". Its our Fee we are running a Business
- Social workers need to **STOP** trying to place clients which are out of category.
- Sefton needs to **URGENTLY** review their proposed increase of **8.02%**, this does not even cover the NMW increase, not to mention any other costs of running a business which are all increasing. Care Homes will close, is this what Sefton wants as it does look like it?
- Sefton needs to **URGENTLY PAY Gross Fee**, I am tired and fed up of trying to sort the client contributions out when they change and constantly trying to sort this out. Sefton taking money off [REDACTED] when it should not be deducted. I should not have to "fight" to be paid what I am owed. I'm frustrated by this and it is causing me a lot of stress and taking up so much of my time. Is all of this worth it, my health should come first?

From yesterday I now have 5 beds available at [REDACTED] our capacity is 20 beds. I have three vacant staff posts.

I just don't think Sefton are listening to us. I have always been honest and expressed my thoughts.

I understand the Financial constraints Sefton are under but so are we. The way Social workers are handling the "top up" is incorrect, it is our Fee. Sefton cant set our fee, we are Independant businesses **not run by Sefton**. The dynamics of running a Care Home have changed so much and the demands from CQC are high.

There are lots of points which need looking at so I'm not sure what angle you wish to approach this but these matters need to be listened too.

Agenda Item 4

Response to proposed 2024-25 fee increase for Residential Care services at

The well-documented inflationary pressures on care homes and the crisis in retention and recruitment are creating unprecedented pressures on us. These must be reflected in the fees you pay and in the fee uplifts due to take place from 1st April 2024.

The expected increases in demand for care services generally will necessitate continuing investment in our services if they are to remain sustainable and meet the needs of resident. This requires us to receive an appropriate rate of return on the capital we invest and from our operations, as envisaged by Fair Cost of Care exercise you have recently undertaken.

The Statutory Guidance issued in connection with the Care Act 2014 helpfully elaborates on the Council's obligation to ensure sustainability; to highlight just a few examples:

Paragraph 4.33

*"Local authorities **must** work to develop markets for care and support that – whilst recognising that individual providers may exit the market from time to time – ensure the overall provision of services remains healthy in terms of the sufficiency of adequate provision of high quality care and support needed to meet expected needs. This will ensure that there are a range of appropriate and high quality providers and services for people to choose from."*

Paragraph 4.35

*"Local authorities **must not** undertake any actions which may threaten the sustainability of the market as a whole, that is, the pool of providers able to deliver services of an appropriate quality – for example, by setting fee levels below an amount which is not sustainable for providers in the long-term."*

Paragraph 4.69

*"Local authorities **must** understand local markets and develop knowledge of current and future needs for care and support services, and, insofar, as they are willing to share and discuss, understand providers' business models and plans."*

Paragraph 4.101

"Local authorities should ensure that where they arrange services, the assessed needs of a person with eligible care and support needs are translated into effective, appropriate commissioned services that are adequately resourced and meet the wellbeing principle of the Act."

Paragraph 11 of Annex A

*"In all cases the local authority **must** have regard to the actual cost of good quality care in deciding the personal budget to ensure that the amount is one that reflects local market conditions. This should also reflect other factors such as the person's circumstances and the availability of provision. In addition, the local authority **should not** set arbitrary amounts or ceilings for particular types of accommodation that do not reflect a fair cost of care."*

Our Costs

The Council will be well aware of the challenges in recruitment and the self-evident risk that our employees and candidates have access to alternative jobs at Real Living Wage levels which take them out of the care sector. We need to pay at least RLW rates to attract care workers; this means an hourly rate of £12.00 (plus all on-costs) to secure and retain staff sufficient to deliver the services you commission. Because of the access to alternative jobs at a higher rate of pay we are having to use more agency staff at premiums of 66% to 87% on a shift by shift basis. Agency costs are currently 8% of total costs which is not sustainable.

The Council has also decided that for the second year running care provision within community services sector should be paid at the RLW rate whilst maintaining that care in residential should only be paid at the minimum wage rate. The acceptance of the need for a RLW to be paid in some care services shows the councils recognition that the labour market needs to be competitive, but failing to apply the same rate to all forms of care provision could be seen as managing the market to suit the councils preferred route for care provision. This goes against market sustainability as it ensures care home providers cannot provide the same quality of care as home care providers.

Our contract with you specifies that the council will consider an increase in the fees each year from 1st April. The council is obliged to act fairly when exercising this discretion, but it is apparent that it has not done so on successive occasions over previous years. This has meant a significant shortfall has developed between the actual costs of providing the service and the fees payable which is no longer sustainable. We consider that the council is obliged to decide on the fees it pays us by reference to the actual costs required to meet the principles set out above and that it is failing to do so.

Please treat this letter as a request for a variation to the fees payable under the contract with immediate effect. The variation is requested because both the level of services required to meet the needs of the people we support have increased significantly without any change in the fees structure and the fees payable have failed to keep pace with the inflationary pressure all care providers are subject to.

Fair Cost of Care (FCOC)

Please also provide details of how the council plans to meet its obligation to move its current fee rates, from 1st April 2024 onwards, to meet the FCOC. We expect those details to cover not just the current FCOC but the FCOC as that figure increased and will continue to increase, since it was first calculated.

As you are not currently meeting the FCOC rate it is necessary for us to charge a top up for the difference between the Local Authority rate and the actual cost of care for our services. Our fees are agreed with the service users at the point of admission. Our fees are set annually and are the same for all service users within the same service regardless of how they are funded. We do not differentiate fees for different funding arrangements as the same service is being provided for all.

The top up forms part of the agreed fee rate. If the local authority has agreed to fund the top up, this becomes part of the LA agreed rate for that individual to reside in our service. It is therefore liable for the same % increase that the council applied to all of their rates. Any agreement for the LA to pay the top up is with the service users family. This agreement is not with the provider. If the LA will not apply their % increase to the top up then this must be taken under discussion with the person that the agreement was made with. If neither the Local Authority or the family member can agree to pay the increased top up then social services must continue to pay the full top up until a bed is located elsewhere.

Agenda Item 4

Urgent review

We request the Council reviews the proposed fee increase and agrees further steps to achieve significant movement towards paying our actual costs of care from April 2024.

I have been asked to respond on behalf of [REDACTED] on the proposed uplift on Care Home Fees as outlined in Sefton's letter dated 23/02/24 and subsequent online presentation. I have separately emailed your colleague on Supported Living and Community Support Fees but many of the points made there are also applicable here.

[REDACTED] currently offer residential placements in two locations [REDACTED] but have only a relatively small number of beds across both locations (totalling twelve). The Residential setting at [REDACTED] for people with complex health needs / learning disabilities and is paid via a Block Contract.

The residential places are currently operating at a loss to the Company and despite the proposed uplift (to include the Block Contract?) this position will not improve in the next twelve months.

The main cost in operating our residential facilities are staff costs and [REDACTED] are proud to pay in excess of the Foundation Living Wage. We are tied to the NJC pay-scale and our staffing costs in the past year are c80% of all costs compared to the matrix used of 70%. If the uplift was at this proportion, it would be closer to 8.6% but would still not address all of the ongoing deficit.

For the forthcoming financial year, we are budgeting for a 5% pay award but the Unions are requesting substantially more and anything in excess of this amount will only exacerbate losses and reduce reserves. To reiterate we do not negotiate locally as we are part of the NJC which is aligned to the Council and Local Government pay awards.

The recruitment challenges in the Adult Care Sector are well known and, in a market, where demand outstrips supply, we are struggling to recruit to vacancies. It has been well documented that potential staff have numerous options with many employers (for example, major retailers) offering above the foundation living wage.

Despite recruitment efforts and the proactive management of sickness and other absences the reality is we are having to turn to the goodwill of existing staff to fill gaps (via overtime at enhanced rates) and agency staff. Agency rates have increased in the past twelve months and are likely to increase again in the next financial year.

The organisation has so far resisted charging "top-up" fees but will need to consider this going forward. The scope of what that fee could be, however, means we are unlikely to be able to charge fees which cover all losses.

In conclusion we recognise [REDACTED] are in a unique position and its funding is majority via a block contract and other separate arrangements. To ensure stability these need re-negotiating and I know are due to be dealt with under the transformation programme.

We do, however, believe our costs, which have been previously submitted to Sefton, are competitive regionally and nationally (no local data held) but that the proposed uplift will not meet the full cost of operating the service at a sustainable level where we are able to reinvest in services for the benefit of the users of our service and residents of Sefton.

I hope this information is of use but please [le](#) me know if you have any queries.

Community Support

Could we have a meeting to discuss the shortfall at [REDACTED] and the funding going forward.

Day Care

this is my response to the proposed fee level increase for 2024 it is based on the reply I submitted last year and follows the virtual meeting we held on Monday the 4th of March.

The proposed increase of 8.57% I feel falls well short of what is needed to maintain standards for the following reasons.

The minimum working wage alone has increased by 10.50%.and while I take the point Neil Watson raised in our meeting that only a proportion of this is taken into consideration, there are still huge increases in all other costs energy, food, insurances .and other associated daily costs that I feel have not been addressed.

To look at the situation more clearly with daycare and to appreciate why we are so concerned you need to take a much wider view as in the 14 years that we have been operating [REDACTED] we have had only four increases in fees. Whilst during this same. period Nursing and Residential and Domiciliary Care have received annual increases.

To give you an indication of the true position we need to use are our own service as an example to show how far Day Care fee levels have fell behind inflation, if we use our original charge agreed with Sefton of £45 per day when we first opened and apply the 4 increases we have received since then this gives us are current fee of £61 per day. This is approximately a 31% increase in fees over this period while Inflation over the same period is 63% and inflation including minimum wage costs increased by 88%.

Agenda Item 4

Therefore if you use these figures and adjust the rates by applying these increases to our original figure of £45 per day the minimum increase of 63% would put that figure at £73 per day for day care and if you applied the figure for the higher rate based on min working wage this would effectively put day care provision at £84 per day,

This would mean effectively that the proposed increase of 8.57% falls well short realistically we should be looking at a min increase off 20% overall or to match basic plus min wage would be 38% While we fully understand this type of increase is probably out of the question with all the constraints that are placed on you as a local authority and the pressures to work within your budgets.

However, we were hoping that this year's increase would consider the previous year's freeze on day care and would go some way to level things up.

Whilst on the subject of costs I know we have spoken on several occasions about my belief that day care has been overlooked and undervalued as its effectiveness is there for all to see at [REDACTED]

I'm Sure you agree that most people if given the choice want their loved ones to remain in their own homes or living with families for as long as possible to protect their Independence. In many cases this can only be achieved if they receive support from the local authority this enables them to adjust their own personal lives and work patterns to enables them to continue offering the care and support needed to protect this independence.

Daycare is an extremely cost-effective way of providing this as we currently receive £61.00 per day once personal allowances is considered this means we are providing this service to Sefton for as little as £5.50 per hour.

When you look at this figure against other services it is not only financially the most cost-effective but is most assured method of achieving that goal of independence for users that Sefton can offer.

Daycare promotes independence prevents social isolation encourages people to express themselves gives them an opportunity to contribute to society, build new friendships and enjoy hobbies long forgotten it helps them feel part of something and to quote their own words [REDACTED] is their Club.

A good service also gives confidence to families that there loved ones are in a safe environment well cared and being fully engaged and enjoying their day and acknowledge that the support they are receiving is enabling them to continue with their own lives and support their loved ones.

If you take current domiciliary care rates approximately £22 per hour and nursing and EMI I al fees of approximately £1100-£1300 per week then the cost-effective element becomes even more apparent.

From our experience over the years, we have seen many times that a provision on average of three days per week does work in most situations extremely well and enables families to continue providing support to keep their loved one's independence as long as possible.

Both [REDACTED] and I would love the opportunity to discuss this further and would welcome a meeting with your self and the assistant director Eleanor ideally on a visit if possible to see the Centre.

Response to Uplift consultation letter 2024 from [REDACTED] (Day Service)

Response from: [REDACTED]

Background

[REDACTED] supports 68 adults with a learning disability, autism, physical disability, mental health issues and acquired brain injury per week.

We are open Monday – Friday from 8.30 – 5pm, Saturday from 10 am – 4pm and every Wednesday till 7pm (every other Tuesday till 7pm).

We provide free transport to and from [REDACTED] for over 90% of those who attend daily form all over the Sefton area. In addition, we provide a free lunch, drinks, and snacks for all those who want it with an over 80% take up for lunches.

We provide free transport to and from [REDACTED] for over 90% of those who attend daily form all over the Sefton area. In addition, we provide a free lunch, drinks, and snacks for all those who want it with an over 80% take up for lunches.

All activities are funded by [REDACTED] and include gym and swim memberships, hydrotherapy, bowling, golf, day trips, rambling, shopping etc.

We also have social enterprise project such as bimonthly pensioners lunch club at a local church that our service users put on, supporting the Rangers in Formby, supporting Friends of Bedford Park, and coming up Grounds and catering at a local tennis club.

[REDACTED] could be described as an adult youth club. Our aim is to provide meaningful activity / occupation, friendship, quality support and care in a safe setting with emphasis on accessing the local community for activity/occupation. We go the extra mile and are flexible when it comes to days and times to meet the needs of parents and carers. We also offer transition support when our service users are moving from home to supported living / respite. We also fundraise to take service users away on holidays with their friends etc.

Agenda Item 4

Current Funding

We currently receive funding via a block grant 4 weekly from Sefton MBC, via Direct payments and a small number of privately funded places.

Of 68 service users supported per week....

Block Grant = 56%

Direct Payments = 30%

Private = 12%

Health = 2%

Current Funding Levels

49 service users - Low rate - £52.80 per day – this rate includes transport if required, lunch, drinks and snacks, all activities / occupation on personal care plan, any additional support around medication, personal care prompting etc.

13 service users - Middle rate - £82.13 per day – this rate includes 1:1 / 2:1 support for personal care, eating and drinking, PEG, hoisting, pushing wheelchairs on activities in the community, behaviour management etc.

6 service users - 1:1 rate - £120 - £140.80 per day - this rate includes transport if required, lunch, drinks and snacks, all activities / occupation on personal care plan. Always having a member of staff with the individual and where required 2:1 for personal care, and at times 2:1 for behaviour management / in some community activity.

I hope this information has set the scene and given you an overview of the service we provide and what we achieve on predominantly just over £50 per person per day. Whilst we accept that the local authority is struggling with demand and would accept the proposed uplift, so long as it is across the 3 rates at 8.57%.

Please find detailed below a small group of service users where an urgent review is required to look at their funding levels. This group who we currently provide a much higher level of support than we are funded for, have a disproportionate impact on the service and therefore the needs of the service users across the board.

Many thanks for your recent letter dated 23rd February detailing the proposed fee increase of 8.57% for 2024/25. The purpose of this email is to express disapproval over the suggested fee increase.

The proposed increase does not even match nor cover the substantial increase in the national minimum wage currently at 9.8% & this is before the additional cost pressures we are experiencing.

The rates currently paid by Sefton for Day services do not cover our costs and despite presenting our detailed cost information last year we are still not receiving full cost recovery, this level of uplift will make our financial position even worse.

We request that Sefton review this proposed increase in fees.

It was disappointing to hear some community providers are prepared to take an uplift based on paying the RLW but **not** prepared to pay this to their staff. As a RLW employer we are more than happy to accept an uplift based on this for all of our staff, not only those working in community settings.

Rewarding providers to pay differential rates does nothing for the workforce challenges faced by providers and will not lead to market sustainability.

Direct Payments

I find the info is a bit confusing tbh, or I am a bit thick? Are we to pay the PAs £15.84 p/hr as it seems that is to be the new nat min wage or are we to pay them £12.50 p/hr maximum as it seems to be that sum quoted in the letter as being advised by Sefton?

From an PA employer point of view, I just need to know which figure to pay the PA and trust that all the other info/charts n graphs contained in the letter is understood and dealt with by the organisation.

I/we employ a Personal Assistant, whose name is [REDACTED]

My response to the consultation, please consider the comments below:

I receive a higher rate, than the standard one, and I would like mine to be increased to, so I can also give a pay rise.

[REDACTED] should be entitled to an annual pay rise, and the appropriate funding should be provided accordingly.

The amount being proposed doesn't cover my/our situation, and that should be considered.

I look forward to a speedy, and hopefully favourable, reply.

Hi I received an email saying I can put [REDACTED] personal assistant 's wage to £12.50....
If so I would like it to go up on the 1st April for...

[REDACTED]
Please can you advise if I have read it right thank you.

Agenda Item 4

Domiciliary Care

RE: Sefton Council Annual Consultation on Care at Home (Domiciliary Care) Fees 2024/25

██████████ welcomes the opportunity to engage with this formal consultation exercise.

We shall be grateful for the following points to be taken into consideration:

1. Encouraging progress was made last year by Sefton Council towards meeting the **actual costs of care provision** in Sefton in response to the DHSC Market Sustainability and Cost of Care Exercise 2022 and its own Market Sustainability Plan 2023. It is essential for this progress to be continued in order to ensure the availability of "**a variety of high quality services**" (Section 5 Care Act 2014). The proposed uplift in fees payable in 2024/25 is anticipated to be significantly less than the increase in the cost of service provision in the coming year and therefore falls short of this objective.
2. The sustainability of the services undertaken by ██████████ on behalf of Sefton Council is dependent on the number of hours commissioned by the Council.
3. The ability of ██████████ to recruit new staff is the sole determinant of our capacity to deliver services on behalf of Sefton Council. In order to compete in the local labour market with Providers who cater exclusively for self-funded clients it is necessary to be able to offer comparable wages. The 'indicative' £12ph proposed by Sefton falls well short of what is required.
4. According to the Home Care Association the **minimum** price for sustainable home care provision under current market conditions is £28.53. In the year 2022/23 the fees payable by Sefton were £1 below the national average and the indications are that these differentials will be maintained in 2024/25 to the disadvantage of domiciliary care provision in our Community.

5. Section 1 of the Care Act 2014 relates to the ‘Wellbeing’ Principle, which envisages much more than the basic identification of, and securing a response to, a person’s physical needs. We at [REDACTED] subscribe wholeheartedly to this concept and strive to ensure that our care staff have appropriate qualities and training, and that they have sufficient time, to meet the personal preferences, aims and ambitions of all those under our care. It is essential that Sefton Council fully recognises this important aspect of our role when setting the fees payable in the coming and future years, which they have failed to do in recent years.

By failing to keep pace with increased costs of service provision your proposal threatens our ability to meet all of the provisions of the Care Act 2014 on behalf of Sefton Council.

Yours faithfully,

Extra Care

It was disappointing to hear some community providers are prepared to take an uplift based on paying the RLW but **not** prepared to pay this to their staff. As a RLW employer we are more than happy to accept an uplift based on this for all of our staff, not only those working in community settings.

Rewarding providers to pay differential rates does nothing for the workforce challenges faced by providers and will not lead to market sustainability.

ISF

I am writing to response to your consultation letter regarding the supported living fees for 24/25 financial year. While we welcome the council uplifts of 10.09% on the elements outlined in your letter, we would like to lobby for a further increase in the rates due to the following:

Other Costs

The 2023/24 initial uplift offer included an uplift on this element based on the September 2022 CPI rate of 10.1%. This year this element has not received an uplift.

The element includes several items of expenditure/ investment that we are required to incur as part of the requirements of being a registered provider. These are but are not limited to:

- IT and digitalization running costs.
We have invested heavily over recent years in digitizing records and providing mobile solutions for care records to ensure, that support is offered in the least intrusive way within the person supported accommodation. The associated ongoing costs of maintaining these systems have been rising at higher rate than inflation at 8.1%.
- Insurance costs
Insurance cost have been rising since the end of the covid period with premiums seeing

Agenda Item 4

on average a 55% increase in premiums over this time period – from the CPI data. This is a non-negotiable cost of business for all organisations but due to the sector we operate in we are often subject to a higher premium due to the higher risks; therefore, price rises have an increase impact on business sustainability.

- PPE

To provide safe support, we have maintained a high-quality level of PPE and held stocks to ensure we could also provide staff and people we support with the appropriate level of protection. This cost has seen a year on year above inflation increase in the cost of providing this in addition this is now a cost born by providers.

The above examples are not exhaustive but are illustrative of the increased costs that providers have had to absorb for the last 2-3 years. This has been part of a general increase in costs due to high inflation, driven by energy cost, supply chain issues and high demand for items such as PPE. The change in policy from last year to a nil uplift means that the pressure on providers to absorb further costs as for example CQC registration cost increases is providing challenges to the sustainability of levels of support.

A restoration of the uplift to the other cost at the Sept Cpi rate would create a more sustainable environment and offset some of the cost pressure we are facing.

Training

As part of the consultation the unit cost per hour given to training of 39p is not able to cover the level of training we are required to provide and also to maintain an excellent CQC status which we currently have. Our basic cost to train our support workers, team leader and development paper in order to delivery higher quality person centered care is 50p hour.

We would like explore any opportunities to reduce this element however as we are opening a training center in quarter 1 of the 24/25 and would be happy to offer out our training to other providers on a cost recovery basis to the council and other providers to help assist with the gain of a great economies of scale to reduce this cost per hour, however as it stands the level falls somewhere short of our target rate. The reason for this is that there is a greater no of courses required such as Oliver McGowan training for example, in addition to courses which are unable to take place via e learning and are subject to price increases due to the shortage of trainers and venues. An example of this is our statutory IOSH training cost have increase by 63% despite a best value procurement exercise.

The element also doesn't cover any training requirements above the mandatory training, so any person specific training such as British sign language or restraint training or any other training related to the individual who has significant needs as defined by CQC requirements are not cover by the current fee.

Recruitment and retention

Recruitment and retention remain an issue as the care sector is still competing for a limited pool of workers against other support providers and competing industries and or companies able to offer a variety of additional benefits and superior wages. Meaning recruitment and retaining high quality staff within the charity is still proving a challenge. This competition as outlined on the call by other provider is forcing care providers to offer above the real living wage (RLW) to compete for staff and retain our best staff. Currently we offer 10p above RLW as this is the biggest factor our staff voice group feedback to us in retention. This decision is also driven by market force and is only sustainable at higher hourly rate and or continue increases in line with RLW which is why we welcome the 24/25 uplift but a commitment to a long term pegging to the RLW annual increase would greatly assist provider with recruitment and retention.

Our recruitment is at a level where we have relatively low agency usage for the sector, but this is due to our investment in a recruitment and retention team. This team is an overhead as part of HR provision but the decision not to uplift other costs will put pressure on the levels of resourcing we can allocate to this area of the charity.

We are striving to eliminate agency use where possible so that not only can we provide best value for

commissioners but that we can provide the best quality support to the people and families who depend on us daily. This is best achieved by stable and well-trained staff teams which is something that agencies no matter how good consistency cannot provide.

Our final point we wish to raise as part of the consultation is that due to NHS support rates being low providing a jointly commissioned care package is currently unsustainable. These are often complex packages requiring specialist training or staff and often at larger ratios than a standard package. It is something we would like to tender for but currently the packages for ourselves are unsustainable due to the pricing of them. We would welcome an opportunity to discuss this further with yourself and or the ICB as it is an area where we feel we can make a difference for the people but under the currently commission pricing it is currently we are unable to progress.

Supported Living

Following up on my previous email, I wanted to provide clarification regarding our current rate for Sefton Council, which stands at £18.91 rather than £21.26.

Upon review, an uplift increase of 8.57% unfortunately falls short of meeting the necessary costs associated with our services. Despite our commitment to delivering high-quality, sustainable services, such an increase does not align with our objectives.

We reiterate our request for a more appropriate level of uplifts, as outlined in our previous correspondence regarding Supported Living and Residential services. Our request is driven by several factors, including:

- A 9.8% surge in NLW mandates commensurate adjustments in our fee rates.
- The fiscal drag resulting from frozen National Insurance thresholds further compounds our operational costs.
- CPI of 8.3% (2023).
- We acknowledge the financial constraints facing local authorities, but the recent allocation of additional central funding, coupled with a 5% council tax increase, emphasises the urgent need to adequately support vital social care services.

Given these considerations, we kindly request a meeting with our Head of Sustainable Funding, Regional Director, and Regional Business Support Manager to further discuss the proposed uplift and its implications.

Additionally, we eagerly anticipate Sefton Council's decision regarding the uplift for residential services in 24/25.

Thank you for your attention to this matter. We look forward to your response and the opportunity to discuss this further.

Agenda Item 4

Thank you for the recent consultation event with Supported Living providers and for the further opportunity to formally respond to the proposed fees for the 2024/25 financial year.

We acknowledge the financial pressures and challenges that SBC, as well as other local authorities, are facing. We appreciate the proposed fee rate increase of 8.57% as a solid starting point in conjunction with the recognition of supporting payment of the RLW. [REDACTED] are already a Real Living Wage employer.

We would request that SBC increase fees in line with other comparable Local Authorities including those within LCR who are already paying higher provider fees (such as Wirral & Knowsley) that more robustly reflect the true costs of care and support. For example, within the cost calculator 0% increase to "Other costs" does not reflect the impact of other non-pay provider costs such as rising insurance costs – this year our premium increased by 15% and that was based upon no claims.

We would also request that an enhanced rate (flexible) for people with very complex support needs be added to the fee table.

With regards to Sleep-In payments, we appreciate the intent behind to financially benefit our staff by paying NMW, however, if there is an inconsistent approach across LCR local authorities this has the potential to create a 2 tier pay structure which can be very problematic and inadvertently have a negative impact.

We would request communication between and consistency across LCR local authorities in relation to all fee setting including the advising of fees in a timely manner to support our own budget planning processes.

The rising costs of provision and workforce challenges still remain acutely challenging for providers, both locally and nationally, particularly for disability charities like ourselves.

[REDACTED] In order to be competitive in the local market and attract and retain a qualified workforce need to be, and want to be, a RLW employer. However, without appropriate statutory funding that reflects the true cost of care and support as identified within fair cost of care exercises, financial pressures are placed upon our own reserves and resources which are not financially sustainable long term.

[REDACTED]

In line with the fee rate consultation request for feedback, we would like the following points considered.

- **Hourly pay** - The contractual position of Sefton in terms of pay to colleagues. Models are based on the RLW of £12 however your letter states 'figures in the table above are not a definitive guide on expenditure on each specific element as it is acknowledged that Providers will have their own specific business models and operating costs.'
- **Sleep pay** - The contractual position of Sefton in terms of pay to colleagues. If Sefton are looking for providers to pay the NLW of £11.44 then 15% towards on costs does

not cover cost of delivery. Our modelling of this would require an income rate of £155.66 per sleep based on 9 hours.

	Per 9 hour sleep	Per hour
Basic Pay	£102.96	£11.44
A/L Extra Pay	£14.58	£1.62
Training	£1.78	£0.20
Ni	£14.21	£1.58
Pension & Levy	£3.67	£0.41
Management Fee	£18.46	£2.05
Sleep Night	£155.66	£17.30

- If Sefton require providers to pay RLW for waking hours and NLW as a minimum for sleep-ins a revision to contract will be required.
- **Sleep pay** – Sefton appears to be out of line with other local authority areas in seeking to maintain NLW for sleep-ins following the ruling which said that sleep-ins were not classified as working time. We would like providers to work in collaboration with Sefton to agree a set rate to be paid to colleagues for sleep-ins and income payment to providers with the surplus funds invested into an increase to the waking hourly rate to enable payment of RLW.
- **Sefton Models** – we would like to see explanation of how the models have been built as opposed to just the £ per category. This would allow providers to compare to their own models. For example, annual leave – how many days does this represent and a % as we calculate on working days only (261 days per year), sickness – how many days is allowed for within your model?
- **Supported Living** – your modelling has allowed no inflationary uplift for non-staff costs. This is un-sustainable, as you have allowed for a CPI 3.9% increase to all elements of non-staff costs within your Community Support rate. Explanation of inconsistencies in your modelling would be welcomed.
- **Provider Engagement** – it would be welcomed to have provider engagement on fee setting much earlier to allow for measured input and considered feedback. We work with other LAs from the November prior to uplifts taking effect in April to allow for time to do this before presentations need to be made to Cabinet for final sign off.



Type of Cost	Actual costs	Sefton offer	Details
Carer Basic Rate	£12.61	£12.00	Mix of support worker & seniors
Management	£0.84	£0.84	In line
Administration	£0.62	£0.62	In line
Annual Leave	£1.74	£1.66	
Training	£0.63	£0.39	
Sickness	£0.38	£0.30	
NI	£1.13	£0.87	
Pension	£0.48	£0.46	
Other costs	£3.08	£2.80	Includes increases for central support staff

Agenda Item 4

Profit	£1.11	£0.60	5%
Hourly Fee	£22.62	£20.53	10%

Thanks for your time on the provider consultation meeting earlier in the week. This is the letter I was referring to that I have not received a response and as you will see I have chased a reply on 19th January. I feel none of the points we made have been taken in to account and it is clear that the financial modelling done by the authority falls short specifically suggesting no uplift of "other costs".

In relation to the proposed rate of £20.53 for 24/25, unfortunately this is not a rate that is acceptable to [REDACTED]. We have been writing to Sefton over a number of years about the shortfall in funding (£175k 23/24 shortfall included in the attached) and based on 24/25 proposed fee this only increases to £354k which is not sustainable for [REDACTED] as a charity.

[REDACTED] are now working with 13 North West Local Authorities and based on the 8 of these who have declared a rate (65% of [REDACTED] income) Sefton are now second to bottom in the fee they proposed to pay for supported living. The gap now between the highest rate we are to be paid by a Northwest Local Authority and what Sefton is proposing is 97p and for Liverpool City Region it is 83p.

The underfunding by Sefton Council is only increasing year on year putting pressure of the charities finances and this is contrary to your obligations under Care Act 2014. The lack of provider engagement throughout the year or any sense of partnership working is unlike anything we experience with any other authority.

We would like to request an individual meeting to discuss the future of this contract

I await to hear from you

Supported Living - Provider Rates for 2024/25

Dear Deborah

Thank you for another year of commissioning your Supported Living services from [REDACTED]

The last year has been yet another incredibly challenging year for all Supported Living providers dealing with continued workforce challenges, 10.1% Real Living Wage pay increases and significant inflationary pressures on running costs.

Looking ahead, 2024/25 does not appear to offer much respite as workforce pressures remain constant¹, both Real Living Wage has increased again by 10.1%², and inflation is unlikely to return to its 2% target until at least the end of 2025³.

On the back of these continuing cost pressures, we would like to set out our expectations for provider rates for forthcoming year, and the basis of those expectations.

The importance of Real Living Wage

Support Workers (and the amazing work they do) continues to be undervalued by both Central and Local Government in the funding provided to support appropriate levels of pay. Given the continued cost of living crisis and high inflation rate, payment of the Real Living Wage to hard working, front line colleagues is more critical than ever.

In 2022, we surveyed our Support Worker colleagues on their current financial wellbeing. We were shocked by the results, so much so, that we decided to subsidise the shortfall in many Local Authority fees in order to pay all our Support Workers the Real Living Wage.

We have recently repeated the financial wellbeing survey for 2023, and sadly not a lot has changed. Colleagues again reporting that the continued pressures of the cost of living crisis have eroded any financial gains that previous pay increases have provided.

Rank	Question	% Colleagues (n=1085)
1	<i>My money runs out before pay day</i>	72% (781)
2	<i>I am worried about my finances</i>	57% (619)
3	<i>I may be forced to leave my job to earn more</i>	40% (423)

Source: [REDACTED]

Workforce Pressures

We continue to face significant workforce challenges in social care.

One of our biggest barriers for recruitment remains low pay within the sector. We must be able to compete on workforce with other sectors (such as hospitality, retail, transport). We are aware of the Local Government Finance Policy statement that grant funding will be made available to support a range of workforce priorities including that of low fee rates and low pay.

The Real Living Wage has increased from £10.90 to £12.00 this year, a 10.1% increase. Our expected rate is based on RLW.

Agenda Item 4

Our 2024/25 cost model rate

At [REDACTED] we remain committed to paying our colleagues at least the Real Living Wage – but we can only do this when Local Authority funding rates are sufficient to do so.

We have developed a detailed cost model (validated by CIPFA C Co) which we would be delighted to share and discuss with you. We are confident that our cost model is comprehensive, robust and identifies the true cost of supported living provision.

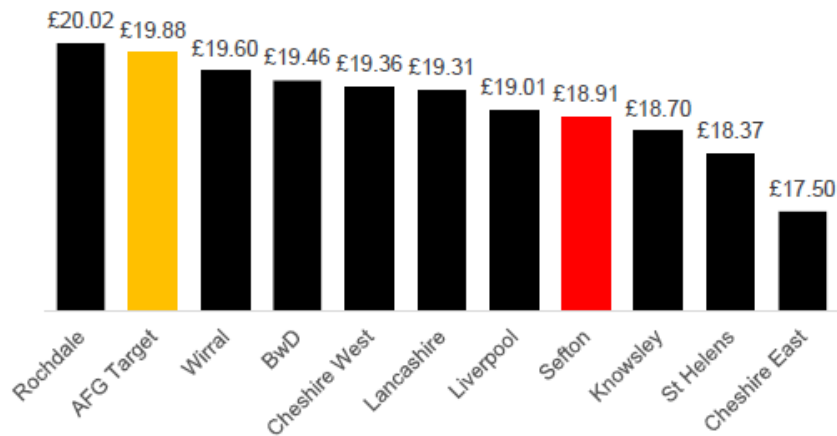
Our supported living rate, paying Real Living Wage for 2024/25 is £22.49 This represents an increase of 13% from our 2023/24 cost model rate of £19.88.

The additional increase (10.1% to 13%) include:

- Increase in the Real Living Wage from £10.90 to £12.00 adds circa. £1.54 to the cost of care.
- Increase in our assumed Surplus from 2% to 3%, bringing us closer to other provider surplus assumptions as indicated by the Fair Cost of Care exercise.
- Pay inflation of 5% for non-hourly paid staff, reflecting current sentiment re. likely pay settlements in 2024.
- The adoption of Oliver McGowan training requirements.
- Changes in pension legislation enabling the Pensions Regulator to reduce the de minimis limit currently in force that will potentially therefore require employer contributions on all earnings.

Your current rate for 2022/23 ranks 7th out of 10 against your comparator commissioners.
Your current rate for 2022/23 is £0.97 below our expected rate meaning [REDACTED] currently subsidise the shortfall in your service funding by £175,305.

[REDACTED]



Our request for a meeting

Our Board meet every February to consider Local Authority funding levels and whether our contracts are financially viable to continue. We politely request a meeting with you before 31 January 2024 to discuss your likely rates in comparison with our expectations. We would like to explore:

1. Your intentions around the Real Living Wage
2. Your consultation process with providers and your timescales for confirming rates
3. Whether you will be able to support a rate of £22.49
4. Your intentions around sleep-in payments

We understand you will be undertaking other provider consultation activity, however, it is important for us to understand your intentions and timeframes in order for us to plan.

We also politely remind you that provider costs increase on 1st April 2024. It is therefore imperative that any fee agreements and increased payments for service provision commence no later than this timeframe. Failure to achieve this results in further, unnecessary, financial distress on providers. Please may we ask you to kindly plan appropriately to avoid this.

I look forward to hearing from you to arrange a meeting date.

Yours sincerely



I am writing to response to your consultation letter regarding the supported living fees for 24/25 financial year. While we welcome the council uplifts of 10.09% on the elements outlined in your letter, we would like to lobby for a further increase in the rates due to the following:

Other Costs

The 2023/24 initial uplift offer included an uplift on this element based on the September 2022 CPI rate of 10.1%. This year this element has not received an uplift.

The element includes several items of expenditure/ investment that we are required to incur as part of the requirements of being a registered provider. These are but are not limited to:

- IT and digitalization running costs.
We have invested heavily over recent years in digitizing records and providing mobile

Agenda Item 4

solutions for care records to ensure, that support is offered in the least intrusive way within the person supported accommodation. The associated ongoing costs of maintaining these systems have been rising at higher rate than inflation at 8.1%.

- Insurance costs
Insurance costs have been rising since the end of the covid period with premiums seeing on average a 55% increase in premiums over this time period – from the CPI data. This is a non-negotiable cost of business for all organisations but due to the sector we operate in we are often subject to a higher premium due to the higher risks; therefore, price rises have an increase impact on business sustainability.
- PPE
To provide safe support, we have maintained a high-quality level of PPE and held stocks to ensure we could also provide staff and people we support with the appropriate level of protection. This cost has seen a year on year above inflation increase in the cost of providing this in addition this is now a cost born by providers.

The above examples are not exhaustive but are illustrative of the increased costs that providers have had to absorb for the last 2-3 years. This has been part of a general increase in costs due to high inflation, driven by energy cost, supply chain issues and high demand for items such as PPE. The change in policy from last year to a nil uplift means that the pressure on providers to absorb further costs as for example CQC registration cost increases is providing challenges to the sustainability of levels of support.

A restoration of the uplift to the other cost at the Sept Cpi rate would create a more sustainable environment and offset some of the cost pressure we are facing.

Training

As part of the consultation the unit cost per hour given to training of 39p is not able to cover the level of training we are required to provide and also to maintain an excellent CQC status which we currently have. Our basic cost to train our support workers, team leader and development paper in order to delivery higher quality person centered care is 50p hour.

We would like explore any opportunities to reduce this element however as we are opening a training center in quarter 1 of the 24/25 and would be happy to offer out our training to other providers on a cost recovery basis to the council and other providers to help assist with the gain of a great economies of scale to reduce this cost per hour, however as it stands the level falls somewhere short of our target rate. The reason for this is that there is a greater no of courses required such as Oliver McGowan training for example, in addition to courses which are unable to take place via e learning and are subject to price increases due to the shortage of trainers and venues. An example of this is our statutory IOSH training cost have increase by 63% despite a best value procurement exercise.

The element also doesn't cover any training requirements above the mandatory training, so any person specific training such as British sign language or restraint training or any other training related to the individual who has significant needs as defined by CQC requirements are not cover by the current fee.

Recruitment and retention

Recruitment and retention remain an issue as the care sector is still competing for a limited pool of workers against other support providers and competing industries and or companies able to offer a variety of additional benefits and superior wages. Meaning recruitment and retaining high quality staff within the charity is still proving a challenge. This competition as outlined on the call by other provider is forcing care providers to offer above the real living wage (RLW) to compete for staff and retain our best staff. Currently we offer 10p above RLW as this is the biggest factor our staff voice group feedback to us in retention. This decision is also driven by market force and is only sustainable at higher hourly rate and or continue increases in line with RLW which is why we welcome the 24/25 uplift but a commitment to a long term pegging to the RLW annual increase would greatly assist provider with recruitment and retention.

Our recruitment is at a level where we have relatively low agency usage for the sector, but this is due to our investment in a recruitment and retention team. This team is an overhead as part of HR provision but the decision not to uplift other costs will put pressure on the levels of resourcing we can allocate to this area of the charity.

We are striving to eliminate agency use where possible so that not only can we provide best value for commissioners but that we can provide the best quality support to the people and families who depend on us daily. This is best achieved by stable and well-trained staff teams which is something that agencies no matter how good consistency cannot provide.

Our final point we wish to raise as part of the consultation is that due to NHS support rates being low providing a jointly commissioned care package is currently unsustainable. These are often complex packages requiring specialist training or staff and often at larger ratios than a standard package. It is something we would like to tender for but currently the packages for ourselves are unsustainable due to the pricing of them. We would welcome an opportunity to discuss this further with yourself and/or the ICB as it is an area where we feel we can make a difference for the people but under the currently commissioned pricing it is currently we are unable to progress.

Annual Consultation on Supported Living Fees

On behalf of [REDACTED] I write in response to the Council's fee uplift consultation for the upcoming financial year and we would appreciate that due consideration is given to the following:

National Living Wage

The increase in the National Living Wage is 9.8% and therefore Sefton's proposal of an uplift of 8.57% is not sufficient to cover the charity's costs and is undermining the viability of the organisation. Commissioners and Cabinet members will be well aware of the impact of year on year underfunding, which has led to an ever widening shortfall. Whilst the increase that Sefton eventually awarded last year was a step in the right direction it still fell short of the real cost of delivering care. This proposal then is a backward step that will place unsustainable pressure on adult care providers.

NI Costs

With regard to the costs detailed for NI we would welcome clarification as to the workings that arrived at the figure of 0.79 for the 2023/24 Fee Rate when the Carer Basic Rate is documented as £10.90. This appears to be incorrect and based on a Carer Basic Rate of £10.42. Employer NI is currently 13.8% and this is not a component that differs from provider to provider based on their own specific business models and operating costs.

Staff Recruitment and Retention

Care Providers continue to struggle to recruit staff into the sector because we simply cannot compete with the wages paid by supermarkets and other retail and hospitality providers. Consistent underfunding has led to us being unable to match the starting pay of a checkout assistant with significant lower levels of responsibility than our staff teams and demeans social value.

CPI

There is no element for this, currently at 4%, in the proposed supported living figure. With significant increases in utilities, PPE, IT and insurance, along with the need to keep up with new technology, we do not understand why this has not been factored into the Council's calculations.

Market Sustainability

Agenda Item 4

If the proposed fee uplift goes ahead then many providers are going to struggle to keep afloat, which will inevitably result in a depleted market place at a time when we are seeing an ever increasing demand for services. This will have a negative impact on the vulnerable residents of the Borough.

Consultation period

The consultation period has not been of a reasonable enough timeframe for it be meaningful. Providers have been given very little time to provide feedback and there is no provision in the timetable for you to re-consult with providers prior to taking the proposals to cabinet on 4th April.

Charity Sector Agreement

Sefton has an agreement with the charity sector that we will be given 3 months' notice of any changes to fees which has not been adhered to.

Further Comment

ARC England has carried out a review by local authority of the fee uplifts and is calling for a minimum uplift of 12% to cover additional costs associated with the 2023 autumn budget. Research carried out suggests a minimum fee of £21.93 to meet the requirements of the 24/25 national living wage. However, even if this rate were achieved it would not address the significant underfunding that has been received over the last 10 years.

We hope that this feedback will be acted upon and that you will reconsider the proposals taken to cabinet to ensure the longevity of the provision within the area.

Please find below our feed back:

Q1 : Whether the level of proposed fees set out will cover the cost of delivering Supported Living Services for the period from 1st April 2024 to 31st March 2025?

We are glad to see Sefton acknowledge the 10.09% increase both for direct support staff and the management team above.

This helps us to maintain the differential between different grades of staff.

Our comment would be that employers NI % appears to be low.

$£12.00 + £0.84 + £0.62 + £1.66 + £0.39 + £0.30 = £15.81$

Employers NI is set at $£0.87 = 5.5\%$

We are averaging at 8.95% in the year to date

You asked for our workings behind this :

For support workers:

In our supported living services, staff contracted hours average at 29.85 per week x £12.00 = £358.20

On average they do a sleep in every week = 9 hours x £11.44 = £102.96

Gross = £461.16

Minus ER NI threshold £175

= $£286.16 \times 13.8\% = £39.49 = 8.56\%$ of gross pay

There are staff who do extra hours to cover sickness / holidays / staff shortages etc.

There are staff who do more than one sleep in a week.

And the salaried staff.

These items serve to increase the average employer NI

No uplift has been applied to 'other costs'.

As we know, inflation appears to be levelling out but this is after a year where we have seen inflation at 10%.

As a company we have seen increases across the board for all other costs, without exception.

For us this includes gas / electric / subscriptions / business insurance and consumables.

A recruitment cost which has only become an expense to us in the last year are sponsorship costs to retain valued staff members. These staff members are integral to our support teams and who we have significantly invested in through training, support and supervision. This was before the availability of local grants but these are time limited.

We want to draw your attention to [REDACTED] commitment to digitalisation across our services.

We have already upgraded and continue to invest in IT systems and equipment.

There will be additional and significant costs as we upgrade software.

Ellie said she may have some extra information on funding support for us.

We have also committed to standardised systems to improve and increase training for all staff in line with best practice in terms of Skills for Care Core and Mandatory Training, which is an increased cost to the organisation with effect from December 2023 going forwards.

Q2 : If you do not agree with the above rates and in particular, if you consider that they will not cover the Care Act 2014, the cost of delivering Supported Living Services, please outline why and provide any supporting information that you feel may be pertinent.

We don't have any comment on this – other than what has been said above.

[REDACTED]

I have been asked to respond on behalf of Sefton [REDACTED] on the proposed uplift on Supported Living Fees as outlined in Sefton's letter dated 23/02/24 and subsequent online presentation. I have separately emailed your colleague regarding the Care Home Fees but many of the points made there are also applicable here.

[REDACTED] currently operate a number of Supported Living properties, and it is noted that the proposed fee uplift is 8.57% to £20.53 per hour with adjustments for sleep-in rates. The rate is based on the assumption that the Carer Basic Rate is £12.00 per hour and subsequent assumptions on other costs.

However, [REDACTED] is proud to be a Foundation Living Wage provider and already pays the majority of its workers in excess of this amount. Also, weekends and night staff enjoy enhanced rates of pay.

We are budgeting for a 5% pay award in the forthcoming year which will mean that, in Supported Living, the Carer Basic Rate will rise to between £13.30 and £14.15. This is up to 69% of the SMBC proposed rate (compared to (53%) before other employment on-costs such as NI, pension, and sickness, etc. The Unions, however, are requesting a substantially larger increase and anything in excess of 5% will only exacerbate losses and reduce reserves further. We do not negotiate locally as we are part of the NJC which is aligned to the Council and Local Government pay awards.

Agenda Item 4

Employment is an average of around 85% of all our Supported Living costs so having a correct base point is important.

Despite efforts, the recruitment challenges in the Adult Care Sector are well known and, in a market, where demand outstrips supply, we are struggling to recruit to vacancies. It has been well documented that potential staff have numerous options with many employers (for example, major retailers) offering above the foundation living wage. We proactively manage sickness and other absences, but the reality is we are having to turn to the goodwill of existing staff to fill gaps (via overtime at enhanced rates) and agency staff. Agency rates have increased in the past twelve months and are likely to increase again in the next financial year.

We believe our costs, which have been previously submitted to Sefton, are competitive regionally and nationally (no local data held) but that the proposed uplift will not meet the full cost of operating the service at a sustainable level where we are able to reinvest in services for the benefit of the users of our service and residents of Sefton. We do recognise, however, [REDACTED] [REDACTED] are in a unique position and its funding is majority via a block contract and other separate arrangements. To ensure stability these need re-negotiating and I know are due to be dealt with under the [REDACTED]

I trust you find this information of use but please let me know should you have any questions.

[REDACTED]

Dear Sefton Adult Commissioning Team,

RE: Sefton Council Annual Consultation on Supported Living Fees

Thank you for the offered uplift of 8.57%. As requested, I am writing to you in response to the consultation on fee uplift proposals for the new financial year 2024/25.

Historically, [REDACTED] Sefton services have performed poorly from a financial perspective, largely due to the low hourly rate. For the past 4 years these services have performed below the 14% target we work towards to maintain good financial health as an organisation, whilst this improved significantly in year 2023/24, they were still below target.



It is worth noting that there are currently no housemate vacancies (voids) with a financial impact in Sefton. The proposed rates are below what is needed to secure the financial stability of these services as shown below.

Agenda Item 4

To attract, retain and demonstrate how much we value high quality support workers, we aspire to pay people as close as possible to the Real Living Wage (RLW). For the 2024/25 year we are not able to achieve this but have set support worker pay at a minimum of £11.44, the National Living Wage.

Where a local authority wants, and funds its providers to be RLW employers, ██████ is happy to be able to pass that on. The table below shows the shortfall between Sefton's offer, the required rate to pay £11.44 and the funding gap to RLW.

	██████ NLW rate	Sefton Proposed rate	Shortfall	██████ RLW rate	Shortfall to RLW
Carer basic rate	£11.44	£12.00	£0.56	£12.00	£-
Management	£2.20	£0.84	-£1.36	£2.20	-£1.36
Administration	£0.08	£0.62	£0.54	£0.08	£0.54
Annual Leave	£1.21	£1.66	£0.45	£1.27	£0.39
Training	£0.35	£0.39	£0.04	£0.37	£0.02
Sickness	£0.40	£0.30	-£0.10	£0.42	-£0.12
NI	£1.01	£0.87	-£0.14	£1.09	-£0.22
Pension	£0.35	£0.46	£0.11	£0.36	£0.10
Other costs	£3.98	£2.80	-£1.18	£4.16	-£1.36
Profit	£0.65	£0.60	-£0.05	£0.68	-£0.08
	£21.67	£20.54	-£1.13	£22.63	-£2.09

Total annual hours	63714.56		
Total annual funding shortfall		-£71,905.61	-£133,268.40

We periodically review management spans and believe the current levels are as efficient as possible while maintaining the support and oversight necessary to ensure we deliver high quality, people centred services which are a great place both for the people we support to live and the people we employ to work.

As an organisation, we are reviewing financially unsustainable services and may reluctantly need to hand back services where sufficient uplifts are not provided and after all options have been exhausted to save on costs. I am concerned that

our Sefton services may require this level of scrutiny and attention should we receive anything less than £21.67 p/h for NLW or £22.63 p/h for RLW. Any support you can offer in supporting us to overcome these challenges would be greatly appreciated and welcome.

Yours Sincerely,

A thick grey horizontal bar used to redact the signature of the sender.

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Appendix C

Notes from the consultation events held with Providers

Residential & Nursing Care Homes – 4th March 2024

- There are interlinked issues – whilst the Council has budgetary issues, would the Council not be better going bankrupt – and tell the Government. Council should pay the fees that Providers are entitled to, and go bust.
- Not having the budget is not Providers responsibility.
- It is not for the Council to set fees, it is up to Providers to set the fees. Providers need to collectively agree to state that they are not prepared to deliver at Council rates.
- Providers would be better being 70% occupied at their own set rates as opposed to taking Sefton Council placements.
- Providers should be setting their fees and saying to the Council that they even take it or not.
- Council has the details through the cost of care report.
- Fees are 30% lower than they should be.
- Providers don't need to send through information as you have it already through cost of care exercises.
- Base rate should be around £300 more now.
- Council should implement gross payments / collect whole fee by 1st October 2024.
- 8.02% does not cover wage increase – for example for Dementia Residential category – as wages paid to Staff have to be above National Living Wage – some Staff are being 'poached' by other Local Authority care homes as they are paying Staff more.
- International Recruitment has changed – which will cause Staffing issues in twelve months' time.
- Sefton know all this information already – so no point in Providers submitting full details as they have the information already.
- Sefton will get caught out through commissioning poor quality services – and this will affect Residents and cause them harm.
- No reasonable profit in Council fees – you cannot fill vacancies on these rates.
- Providers may think it better to reduce their bedspaces.

Agenda Item 4

- We have had ten years of different Governments stating that they will deal with Social Care.
- There will be closures – due to viability issues and owners retiring.
- Homes may just not want to take Sefton Council placements.
- You are wanting to rely on Domiciliary Care, but those Providers are also struggling, so care home generally are a huge required resource that need supporting, as otherwise the whole market will collapse.
- In the last few years, just balancing the books has been an absolute nightmare – costs are always increasing / all our bills coming in are increasing.
- We would just like further funding to take the pressure off – otherwise Providers will just exit the market as we have to provide services so cheaply – for example we have to employ Quality Officers which adds to costs.
- Staff leave due to the pressures, which further adds to costs.
- Residents needs have increased and we have to act like Social Workers for Residents – we have to do three times as much work for Residents than we had to do five years ago.
- Consultation process this year has been rushed – meeting today should have been used by Providers to then submit responses.
- Comment in the slide that last year's increases were high was an insult – this year's proposals are nowhere near what they need to be.
- Providers are doing so much more – such as for Residents – and Staff are doing much more work, but it is still not enough to fully meet Residents needs – we would like to employ more Staff but we cannot afford to, and Staff are leaving due to work pressures.
- Cost of living has gone up / everyone wants more money from Providers.
- Homes are all charging top-ups – purely for viability as we are not charities.
- Agree with all comments made – Providers are really struggling, such as around recruitment, but still struggling to get Staff and then retain them – it is a good week when no Staff resign.
- Increase proposed does not even cover wage bill – even if home was full.
- We are businesses and we are here to make a profit.
- We take on additional burdens such as due to Sefton not paying gross.
- We are not getting enough money and we are being set up to fail.
- By setting settings its fees so low it is giving the impression that Providers are just trying to get more money and they are not, as they have to levy a top-up.

- You cannot run a business for twelve months on these proposed fees.
- We are trying to be constructive by us all saying the same things.
- Staff are leaving to work in sectors such as retail as they can get more money.
- We get inappropriate referrals – such as from Social Workers for placements where people are bed-bound / require two to hoist. They are trying to place Residents in some care homes to save money.
- Some care homes are paying £13-£13.50 an hour (£17 at weekends).
- There are issues around Health & Safety issues for care homes – which costs money (can cost £400-£500 per month extra). There are issues around fire precautions.
- Proposed increases will not cover wage increases.
- COVID is over, so now care homes are not being supported – another pandemic may be around the corner and care homes may not be able to support it.
- We have difficulties with getting Social Workers trying to “emotionally blackmail” us about fee rates – including relating to existing placements.
- Issue with 1:1 care arrangements – such as trying to get an uplift to rates paid for this, so it costs us to provide 1:1.
- It's becoming very difficult to get nursing residents FNC recently that probably equates to why residents are being put forward for residential care, when they actually have nursing needs. Which is adding more pressure to residential care homes.

Community Providers – 4th March 2024

Community Support

- No comments

Day Care

- Concerned that this year's increases are lower than last year – we are still somewhat behind actual costs. National Living Wage is going up more than the proposal. Our costs are increasing more and this will be provided in a more detailed response.
- Day Care is unique in some ways as it has had 4/5 years where there was no increase – so has in some ways fallen behind.

Domiciliary Care

Agenda Item 4

- Last year a lot of progress was made to meet actual cost of care exercise findings. Concern is that proposed uplift does not match increase in costs expected in last twelve months. Council may seek to 'claw back' required cost increases identified in the cost of care exercise.

Extra Care

- No comments.

ISF

- No comments.

Supported Living

- No increase to non-Staff cost element of the rate is an issue.
- Sleep-in provision – does the Council require Providers to pay NLW for it.
- Will Staff being paid Real Living Wage be a contractual requirement – not seen any contract variations etc come through to Providers.
- We are paying Real Living Wage, but this is at a cost to our organisation and is not sustained.
- It was hoped that progress on fee increases would be sustained, but this is not the case.
- Other Liverpool City Regions Local Authorities are giving more – such as 12%
- We don't have ongoing engagement during the year on fee rates which is needed.
- Agree with comments around the issue with non-Staff costs not being increased. CPI is still increasing.
- National Insurance costs are higher.
- We are having to commit to digitalisation which is also increasing costs.
- We have had to incur additional costs – such as insurance and utilities – so non-Staff cost increases is an issue as it creates a cost pressure / impact on Provider finances.
- Things are tight already / cashflow.
- There are recruitment issues – as we are competing with care homes and domiciliary care.
- Agree with the points Providers have made on this call.
- There are increases to training costs – such as Oliver McGowan training.

- As Providers we need more engagement – including to better understand Council budget pressures, but also Providers cost pressures, so that the Council can discuss upcoming cost pressures they are facing.

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Initial Equality Impact Assessment

1. The Proposal

Service area:	Commissioning – Care Home fee rates 2024/25
Lead Officer:	Eleanor Moulton
Links to budget proposal? (Yes/No):	Yes
Date of assessment:	29th February 2024

Page 107

2. Description of the proposal:

The proposal relates to the fees payable to Care Homes, in respect of residents placed in those homes by the Council, during the 2024/25 financial year.

The specific detail of the proposal is a 8.02% increase to Residential and Nursing care home fees and the introduction of the following fees from 1st April 2024:

	Residential Care	EMI Residential	Nursing	EMI Nursing
<i>2023/24 Fee</i>	<i>£649.70</i>	<i>£735.09</i>	<i>£668.09</i>	<i>£742.51</i>
2024/25 Fee - 8.02% increase	£701.81	£794.04	£721.67	£802.06
Increase	£52.11	£58.95	£53.58	£59.55

It is also proposed that any existing placements which are costed based on an individual Service User assessment may be increased based on the same percentage uplift detailed in the table above.

There are currently 122 registered care homes for Adults in Sefton, of which 88 predominately cater for Older People. The remainder are typically small registered homes for people such as those with complex Learning Disabilities and typically base fees on individual assessments.

Summary of changes:

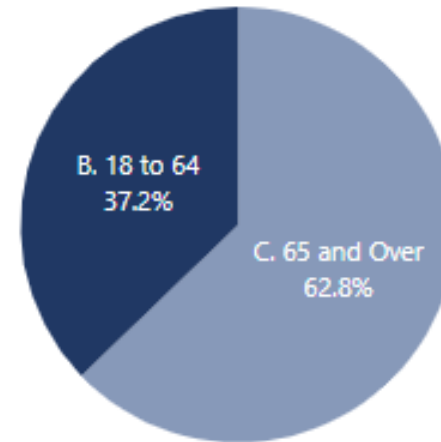
3. People new and / or who access and use services - equality impact summary.

The following tables summarise the demographic data of people who access care home services:

Page 108
Agenda

	Total Number of People	%
Less than 20	8	0.51
20 - 39	84	5.32
40 - 59	149	9.44
60 - 79	475	30.10
80 - 99	841	53.30
100 and over	21	1.33

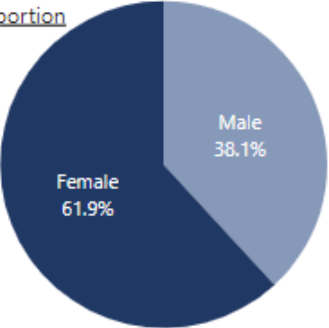
Client Proportion



Gender

	Total Number of People	%
Female	976	61.85
Male	602	38.15

Client Proportion



Ethnicity

Demography Highlights - Ethnicity

This page displays clients and the wider Sefton population by ethnicity and age. Please note percentages may not add up to 100 due to rounding. Data includes only clients where age and ethnicity are populated in LAS.

The filters on this page operate differently to the rest of the report. To filter by age and ethnicity please use the filters titled **Age Group - Page, Ethnicity Group - Page and Ethnicity Description - Page. All other filters may be used.**

Ethnicity Group	Client Count	Client %	Population Count	Population %	Client Pop Dif
White	1,433	98.8%	267,543	95.8%	2.9%
White: English, Welsh, Scottish, Northern Irish or British	1,387	95.6%	256,327	91.8%	3.8%
White: Other White	33	2.3%	8,707	3.1%	-0.8%
White: Irish	13	0.9%	2,244	0.8%	0.1%
White: Gypsy or Irish Traveller			46	0.0%	-0.0%
White: Roma			219	0.1%	-0.1%
Asian	5	0.3%	4,296	1.5%	-1.2%
Asian, Asian British or Asian Welsh: Chinese	2	0.1%	1,216	0.4%	-0.3%
Asian, Asian British or Asian Welsh: Indian	2	0.1%	1,010	0.4%	-0.2%
Asian, Asian British or Asian Welsh: Bangladeshi	1	0.1%	421	0.2%	-0.1%
Asian, Asian British or Asian Welsh: Other Asian			1,384	0.5%	-0.5%
Asian, Asian British or Asian Welsh: Pakistani			265	0.1%	-0.1%
Other	5	0.3%	1,835	0.7%	-0.3%
Other ethnic group: Any other ethnic group	5	0.3%	1,312	0.5%	-0.1%
Other ethnic group: Arab			523	0.2%	-0.2%
Black	4	0.3%	1,513	0.5%	-0.3%
Black, Black British, Black Welsh, Caribbean or African: African	2	0.1%	1,007	0.4%	-0.2%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	2	0.1%	308	0.1%	0.0%
Black, Black British, Black Welsh, Caribbean or African: Other Black			198	0.1%	-0.1%
Mixed	4	0.3%	4,048	1.4%	-1.2%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	1	0.1%	1,115	0.4%	-0.3%
Mixed or Multiple ethnic groups: White and Asian	1	0.1%	1,221	0.4%	-0.4%
Mixed or Multiple ethnic groups: White and Black African	1	0.1%	822	0.3%	-0.2%
Mixed or Multiple ethnic groups: White and Black Caribbean	1	0.1%	890	0.3%	-0.2%
Total	1,451	100.0%	279,235	100.0%	0.0%

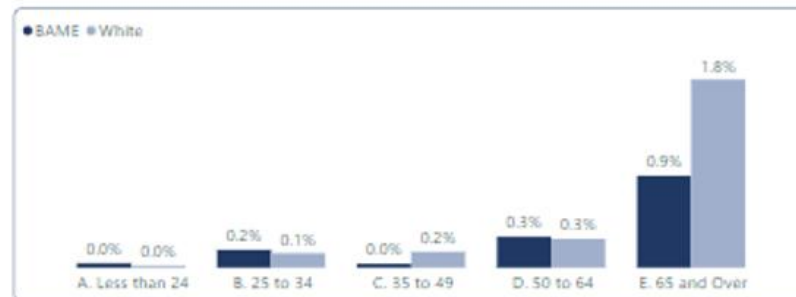
Client vs Population Percentage

The visual below displays the percentage of our current clients by ethnicity group. Please note that the scale for white ethnicity is not the same as that for non-white percentages.



Client Percentage of Population by Age Group

The visual below displays the percentage of Sefton's population that are current ASC clients. This is split by BAME and white clients and by Age group.



Nationality

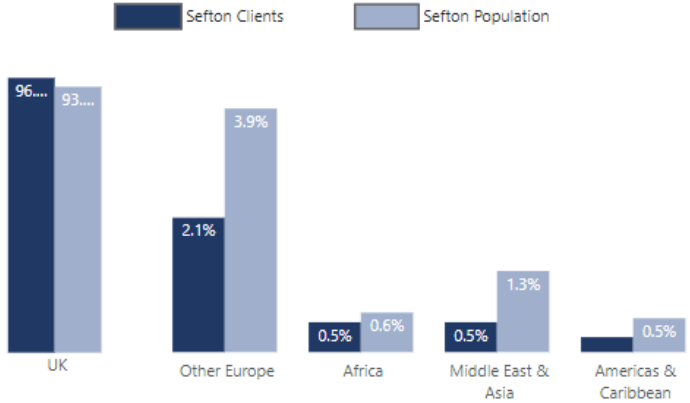
Demography Highlights - Nationality

This page displays clients and the wider Sefton population by nationality. Please note percentages may not add up to 100 due to rounding. Data includes only clients where nationality is populated in LAS.

Nationality	Client Count	Client %	Population Count	Population %	Client Pop Dif
UK	409	96.7%	261,264	93.6%	3.1%
Other Europe	9	2.1%	10,766	3.9%	-1.7%
Africa	2	0.5%	1,745	0.6%	-0.2%
Middle East & Asia	2	0.5%	3,586	1.3%	-0.8%
Americas & Caribbean	1	0.2%	1,494	0.5%	-0.3%
Total	423	100.0%	278,855	99.9%	0.1%

Client vs Population Percentage - Nationality

The visual below displays the percentage of our current clients by nationality. Please note that the scale for the UK is not the same as that for non-UK percentages.



Religion

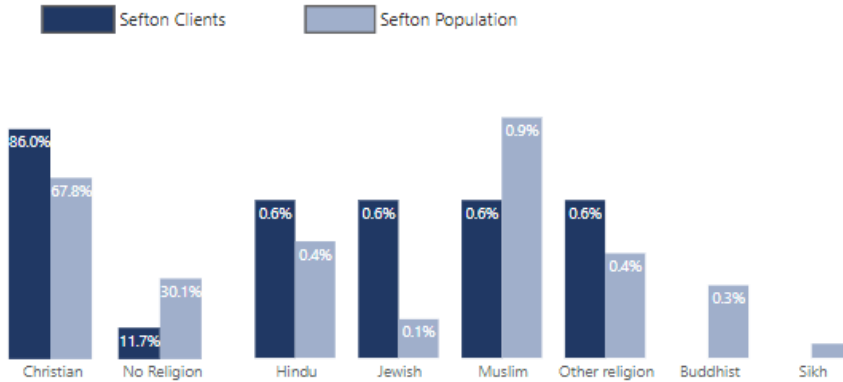
Demography Highlights - Religion

This page displays clients and the wider Sefton population by religion. Please note percentages may not add up to 100 due to rounding. Data includes only clients where religion is populated in LAS.

Religion	Client Count	Client %	Population Count	Population %	Client Pop Dif
Christian	308	86.0%	179,806	67.8%	18.2%
No Religion	42	11.7%	79,905	30.1%	-18.4%
Hindu	2	0.6%	1,095	0.4%	0.1%
Jewish	2	0.6%	364	0.1%	0.4%
Muslim	2	0.6%	2,257	0.9%	-0.3%
Other religion	2	0.6%	982	0.4%	0.2%
Buddhist			681	0.3%	-0.3%
Sikh			133	0.1%	-0.1%
Total	358	100.0%	265,223	100.0%	0.0%

Client vs Population Percentage - Religion

The visual below displays the percentage of our current clients by religion. Please note that the scale for Christian and no religion is not the same as that for other religions.



Sexual Orientation

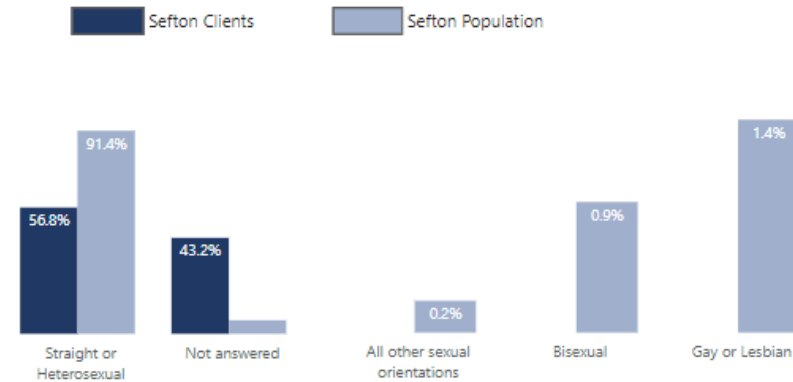
Demography Highlights - Sexual Orientation

This page displays clients and the wider Sefton population by sexual orientation. Please note percentages may not add up to 100 due to rounding. Data includes only clients where sexual orientation is populated in LAS.

Sexual Orientation	Client Count	Client %	Population Count	Population %	Client Pop Dif
Straight or Heterosexual	25	56.8%	212,421	91.4%	-34.6%
Not answered	19	43.2%	14,151	6.1%	37.1%
All other sexual orientations			493	0.2%	-0.2%
Bisexual			2,024	0.9%	-0.9%
Gay or Lesbian			3,301	1.4%	-1.4%
Total	44	100.0%	232,390	100.0%	0.0%

Client vs Population Percentage - Sexual Orientation

The visual below displays the percentage of our current clients by sexual orientation. Please note that the scale for Christian and no religion is not the same as that for other religions.



4. Will the proposal have a disproportionate impact on any of these groups?

Impact Level Insert X into one box per row, for impact level and type.					Impact type		
	High	Medium	Low	None	Positive	Neutral	Negative
Disabled people				<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p> <p>Placements are based on a person's individual need and offers opportunities for people to live as independently a life as possible including in the wider community.</p>		X	
People from different ethnic groups				<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Men or women (including pregnant women or those on maternity leave)				<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the</p>		X	

			<p>Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p>			
Lesbian, gay or bisexual people			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p>		X	
People on a low income			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p>		X	
People in particular age groups			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p>		X	
People in particular faith groups			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p>		X	

			<p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p> <p>Under current eligibility assessments, Service User's religious and cultural needs are taken into account and where specific needs are identified these are met – for example by Service User's being placed in care homes that deliver cultural specific services thus enabling them to participate in public life.</p>			
People who are married or in a civil partnership			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Transgender people			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Other specific impacts, for example: carers, parents, impact on health and wellbeing. Please specify:			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for residential or nursing care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each supported resident in residential and nursing care homes will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of residents Sefton Council is required to have regard to its public sector equality duty.</p>		X	

Agenda Item 4

5. Explanation of people who access and use services and or new impact.

Not applicable

6. Workforce equality impact summary

Are there any staffing implications for this proposal?

Yes

No

Explanation of staff impact

If yes, please describe the impact including the number of posts that could be affected?

State whether they are currently vacant or filled permanently or temporarily.

6. Review and Sign Off

Directorate Adult Social Care SMT

When was this assessment reviewed, state date:

5th March 2024

If 'yes', when will the further assessment be completed?

Should the proposals be implemented then ongoing assessment of any potential impacts will take place.

Service Manager:

Eleanor Moulton

Date: 5th March 2024

Please ensure this EIA is approved by Adult Social Care SMT.

If this assessment identifies a potential medium or high impact, then a Full Equality Impact Assessment needs to be completed.

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Initial Equality Impact Assessment

1. The Proposal

Service area:	Commissioning – Domiciliary Care (including Direct Payments) Fee Rates 2024/25
Lead Officer:	Eleanor Moulton
Links to budget proposal? (Yes/No):	Yes
Date of assessment:	29th February 2024

2. Description of the proposal:

The proposal relates to the hourly rate payable to Domiciliary Care Providers during the 2024/2025 financial year.

The specific detail of the proposal is a 9.89% increase to the Domiciliary Care hourly rate and increases to the sleep-in rates, which would also be applied to Direct Payment rates where the Direct Payment Recipient utilises a Care Quality Commission (CQC) registered Domiciliary Care Agency to deliver their care and support.

The proposal encompasses the implementation of the following fee rate for contracted Domiciliary Care Services:

Duration / Service Element	2024/25 Proposed Rate	2023/24 Originally Set Rates
1 Hour	£23.42	£21.56
45 Minutes	£17.57	£16.17
30 Minutes	£11.71	£10.78
Sleep-in (8 Hour Night)	£105.25	£95.86
Waking Night (8 Hour Night)	£187.36	£172.48

The proposal also encompasses the implementation of the following rates for Direct Payment Recipients that utilise an Agency;

Duration / Service Element	2024/25 Proposed Rate	2023/24 Rates
1 Hour	£23.42	£21.56
Sleep-in (10 Hour Night)	£131.56	£119.83
Waking Night (10 Hour Night)	£234.20	£215.60

The proposal also encompasses the implementation of the following rates for Direct Payment Recipients that utilise a Personal Assistant;

Duration / Service Element	2024/25	2023/24
1 Hour	£15.84	£14.55
Sleep-in (10 Hour Night)	£131.56	£119.83
Waking Night (10 Hour Night)	£158.40	£145.50

Summary of changes:

3. People new and / or who access and use services - equality impact summary.

The following tables summarise the demographic data of people who access Domiciliary care services:

Age

	Total Number of People	%
Less than 20	2	0.11
20 - 39	110	6.18
40 - 59	277	15.57
60 - 79	628	35.30
80 - 99	754	42.38
100 and over	8	0.45

Gender

	Total Number of People	%
Female	1,140	64.08
Male	639	35.92

Page 121

Ethnicity

Demography Highlights - Ethnicity

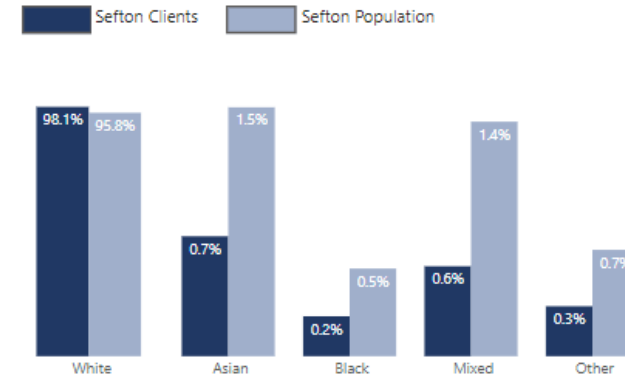
This page displays clients and the wider Sefton population by ethnicity and age. Please note percentages may not add up to 100 due to rounding. Data includes only clients where age and ethnicity are populated in LAS.

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White: Gypsy or Irish Traveller	1	0.1%	46	0.0%	0.0%
White: Roma			219	0.1%	-0.1%
Asian	12	0.7%	4,296	1.5%	-0.8%
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Asian, Asian British or Asian Welsh: Pakistani			265	0.1%	-0.1%
Mixed	9	0.6%	4,048	1.4%	-0.9%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	3	0.2%	1,115	0.4%	-0.2%
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Mixed or Multiple ethnic groups: White and Black Caribbean	3	0.2%	890	0.3%	-0.1%
Mixed or Multiple ethnic groups: White and Black African			822	0.3%	-0.3%
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Other ethnic group: Arab	1	0.1%	523	0.2%	-0.1%
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Black, Black British, Black Welsh, Caribbean or African: Caribbean	3	0.2%	308	0.1%	0.1%
Black, Black British, Black Welsh, Caribbean or African: Other Black	1	0.1%	198	0.1%	-0.0%
Black, Black British, Black Welsh, Caribbean or African: African			1,007	0.4%	-0.4%
Total	1,619	100.0%	279,235	100.0%	0.0%

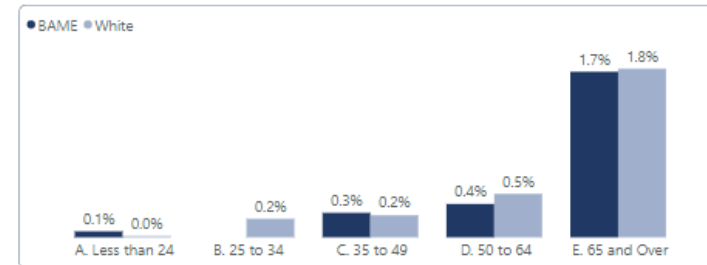
Client vs Population Percentage

The visual below displays the percentage of our current clients by ethnicity group. Please note that the scale for white ethnicity is not the same as that for non-white percentages.



Client Percentage of Population by Age Group

The visual below displays the percentage of Sefton's population that are current ASC clients. This is split by BAME and white clients and by Age group.



Nationality

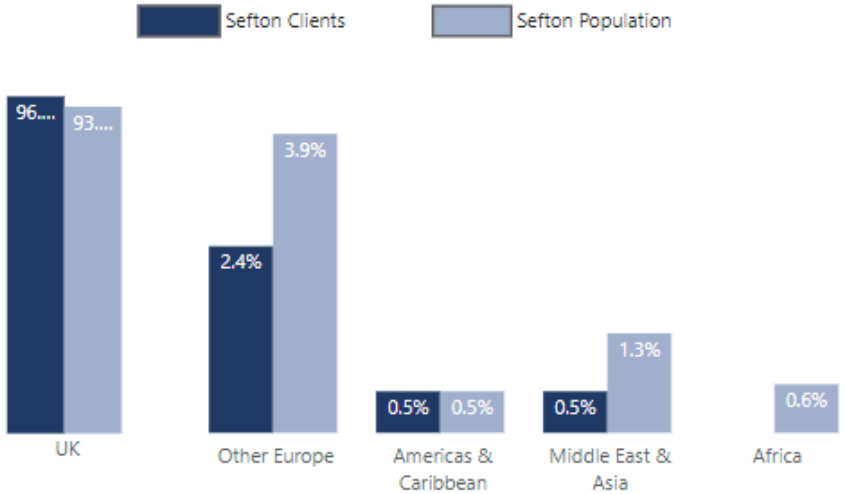
Demography Highlights - Nationality

This page displays clients and the wider Sefton population by nationality. Please note percentages may not add up to 100 due to rounding. Data includes only clients where nationality is populated in LAS.

Nationality	Client Count	Client %	Population Count	Population %	Client Pop Dif
UK	361	96.5%	261,264	93.6%	3.0%
Other Europe	9	2.4%	10,766	3.9%	-1.4%
Americas & Caribbean	2	0.5%	1,494	0.5%	-0.0%
Middle East & Asia	2	0.5%	3,586	1.3%	-0.7%
Africa			1,745	0.6%	-0.6%
Total	374	100.0%	278,855	99.9%	0.1%

Client vs Population Percentage - Nationality

The visual below displays the percentage of our current clients by nationality. Please note that the scale for the UK is not the same as that for non-UK percentages.



Religion

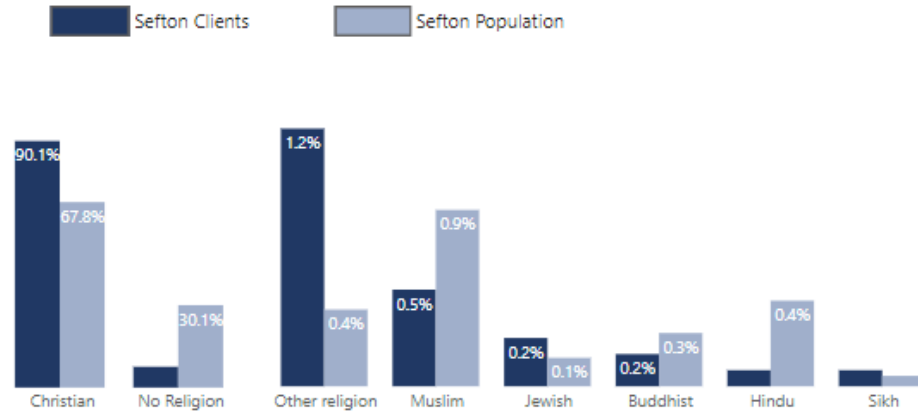
Demography Highlights - Religion

This page displays clients and the wider Sefton population by religion. Please note percentages may not add up to 100 due to rounding. Data includes only clients where religion is populated in LAS.

Religion	Client Count	Client %	Population Count	Population %	Client Pop Dif
Christian	1,160	90.1%	179,806	67.8%	22.3%
No Religion	98	7.6%	79,905	30.1%	-22.5%
Other religion	16	1.2%	982	0.4%	0.9%
Muslim	6	0.5%	2,257	0.9%	-0.4%
Jewish	3	0.2%	364	0.1%	0.1%
Buddhist	2	0.2%	681	0.3%	-0.1%
Hindu	1	0.1%	1,095	0.4%	-0.3%
Sikh	1	0.1%	133	0.1%	0.0%
Total	1,287	100.0%	265,223	100.0%	0.0%

Client vs Population Percentage - Religion

The visual below displays the percentage of our current clients by religion. Please note that the scale for Christian and no religion is not the same as that for other religions.



Sexual Orientation

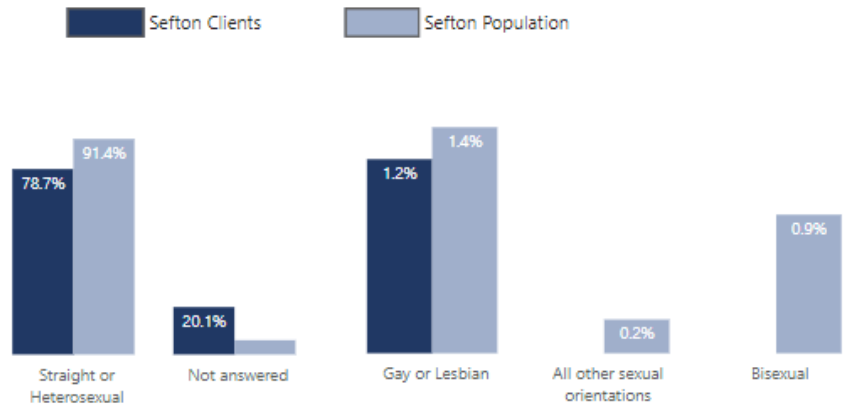
Demography Highlights - Sexual Orientation

This page displays clients and the wider Sefton population by sexual orientation. Please note percentages may not add up to 100 due to rounding. Data includes only clients where sexual orientation is populated in LAS.

Sexual Orientation	Client Count	Client %	Population Count	Population %	Client Pop Dif
Straight or Heterosexual	129	78.7%	212,421	91.4%	-12.7%
Not answered	33	20.1%	14,151	6.1%	14.0%
Gay or Lesbian	2	1.2%	3,301	1.4%	-0.2%
All other sexual orientations			493	0.2%	-0.2%
Bisexual			2,024	0.9%	-0.9%
Total	164	100.0%	232,390	100.0%	0.0%

Client vs Population Percentage - Sexual Orientation

The visual below displays the percentage of our current clients by sexual orientation. Please note that the scale for Christian and no religion is not the same as that for other religions.





4. Will the proposal have a disproportionate impact on any of these groups?

Impact Level Insert X into one box per row, for impact level and type.					Impact type		
	High	Medium	Low	None	Positive	Neutral	Negative
Disabled people				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p> <p>Domiciliary Care packages are based on a person's individual need and offers opportunities for people to live as independently a life as possible and under an enabling approach.</p>		X	
People from different ethnic groups				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Men or women (including pregnant women or those on maternity leave)				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p> <p>Each Service User will continue to have an individual care plan which is</p>		X	

			<p>reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>			
Lesbian, gay or bisexual people			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
People on a low income			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
People in particular age groups			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
People in particular faith groups			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore,</p>		X	

			<p>the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p> <p>Under current eligibility assessments, Service User's religious and cultural needs are taken into account and where specific needs are identified these are met, thus enabling them to participate in public life.</p>			
People who are married or in a civil partnership			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Transgender people			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Other specific impacts, for example: carers, parents, impact on health and wellbeing. Please specify:			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Domiciliary Care regardless of their Protected Characteristics.</p>		X	

			<p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>			
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Agenda Item 4

5. Explanation of people who access and use services and or new impact.

Not applicable

6. Workforce equality impact summary

Are there any staffing implications for this proposal?

Yes

No

Explanation of staff impact

If yes, please describe the impact including the number of posts that could be affected?
State whether they are currently vacant or filled permanently or temporarily.

6. Review and Sign Off

Directorate Adult Social Care SMT

When was this assessment reviewed, state date:

5th March 2024

If 'yes', when will the further assessment be completed?

Should the proposals be implemented then ongoing assessment of any potential impacts will take place.

Service Manager:

Eleanor Moulton

Date: 5th March 2024

Agenda Item 4

Please ensure this EIA is approved by Adult Social Care SMT.

If this assessment identifies a potential medium or high impact, then a Full Equality Impact Assessment needs to be completed.

Initial Equality Impact Assessment

1. The Proposal

Service area:	Commissioning – Supported Living Fee Rates 2024/25
Lead Officer:	Eleanor Moulton
Links to budget proposal? (Yes/No):	Yes
Date of assessment:	11th March 2024

Page 131

2. Description of the proposal:

The proposal relates to the rates payable to Supported Living Providers during the 2024/2025 financial year.

The specific detail of the proposal is a **9.15%** increase to the Supported Living hourly rate.

The proposal encompasses the implementation of the following fee rates for contracted Supported Living Services:

Duration / Service Element	2024/25	2023/24
Hourly Rate	£20.64	<i>£18.91</i>
Sleep-in (9 Hours)	£118.40	<i>£107.85</i>
Sleep-in (10 Hours)	£131.56	<i>£119.83</i>
Waking Night (9 Hours)	£185.76	<i>£170.19</i>
Waking Night (10 Hours)	£206.40	<i>£189.10</i>



Summary of changes:

3. People new and / or who access and use services - equality impact summary.

The following tables summarise the demographic data of people who access Supported Living services:

Age

	Total Number of People	%
Less than 20	9	1.65
20 - 39	167	30.59
40 - 59	239	43.77
60 - 79	124	22.71
80 - 99	7	1.28
100 and over	0	

Gender

	Total Number of People	%
Female	165	30.22
Male	381	69.78

Page 132 of 139

Ethnicity

Demography Highlights - Ethnicity

This page displays clients and the wider Sefton population by ethnicity and age. Please note percentages may not add up to 100 due to rounding. Data includes only clients where age and ethnicity are populated in LAS.

The filters on this page operate differently to the rest of the report. To filter by age and ethnicity please use the filters titled Age Group - Page, Ethnicity Group - Page and Ethnicity Description - Page. All other filters may be used.

Ethnicity Group	Client Count	Client %	Population Count	Population %	Client Pop Dif
White	508	97.5%	267,543	95.8%	1.7%
White: English, Welsh, Scottish, Northern Irish or British	501	96.2%	256,327	91.8%	4.4%
White: Other White	6	1.2%	8,707	3.1%	-2.0%
White: Irish	1	0.2%	2,244	0.8%	-0.6%
White: Gypsy or Irish Traveller			46	0.0%	-0.0%
White: Roma			219	0.1%	-0.1%
Mixed	7	1.3%	4,048	1.4%	-0.1%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	4	0.8%	1,115	0.4%	0.4%
Mixed or Multiple ethnic groups: White and Asian	2	0.4%	1,221	0.4%	-0.1%
Mixed or Multiple ethnic groups: White and Black African	1	0.2%	822	0.3%	-0.1%
Mixed or Multiple ethnic groups: White and Black Caribbean			890	0.3%	-0.3%
Asian	4	0.8%	4,296	1.5%	-0.8%
Asian, Asian British or Asian Welsh: Chinese	2	0.4%	1,216	0.4%	-0.1%
Asian, Asian British or Asian Welsh: Bangladeshi	1	0.2%	421	0.2%	0.0%
Asian, Asian British or Asian Welsh: Other Asian	1	0.2%	1,384	0.5%	-0.3%
Asian, Asian British or Asian Welsh: Indian			1,010	0.4%	-0.4%
Asian, Asian British or Asian Welsh: Pakistani			265	0.1%	-0.1%
Black	1	0.2%	1,513	0.5%	-0.3%
Black, Black British, Black Welsh, Caribbean or African: Other Black	1	0.2%	198	0.1%	0.1%
Black, Black British, Black Welsh, Caribbean or African: African			1,007	0.4%	-0.4%
Black, Black British, Black Welsh, Caribbean or African: Caribbean			308	0.1%	-0.1%
Other	1	0.2%	1,835	0.7%	-0.5%
Other ethnic group: Any other ethnic group	1	0.2%	1,312	0.5%	-0.3%
Other ethnic group: Arab			523	0.2%	-0.2%
Total	521	100.0%	279,235	100.0%	0.0%

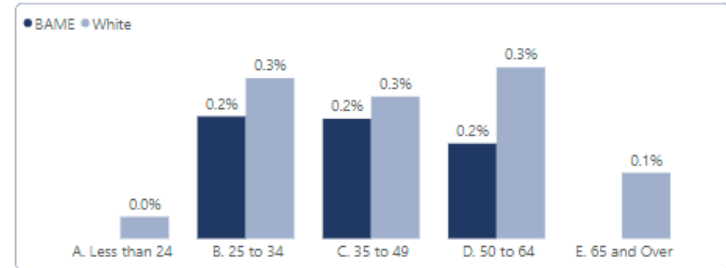
Client vs Population Percentage

The visual below displays the percentage of our current clients by ethnicity group. Please note that the scale for white ethnicity is not the same as that for non-white percentages.



Client Percentage of Population by Age Group

The visual below displays the percentage of Sefton's population that are current ASC clients. This is split by BAME and white clients and by Age group.



Nationality

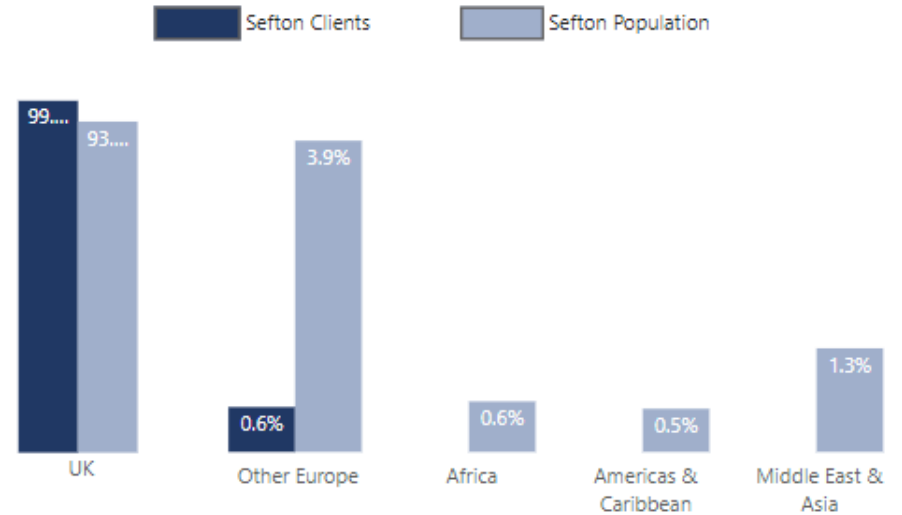
Demography Highlights - Nationality

This page displays clients and the wider Sefton population by nationality. Please note percentages may not add up to 100 due to rounding. Data includes only clients where nationality is populated in LAS.

Nationality	Client Count	Client %	Population Count	Population %	Client Pop Dif
UK	179	99.4%	261,264	93.6%	5.9%
Other Europe	1	0.6%	10,766	3.9%	-3.3%
Africa			1,745	0.6%	-0.6%
Americas & Caribbean			1,494	0.5%	-0.5%
Middle East & Asia			3,586	1.3%	-1.3%
Total	180	100.0%	278,855	99.9%	0.1%

Client vs Population Percentage - Nationality

The visual below displays the percentage of our current clients by nationality. Please note that the scale for the UK is not the same as that for non-UK percentages.



Religion

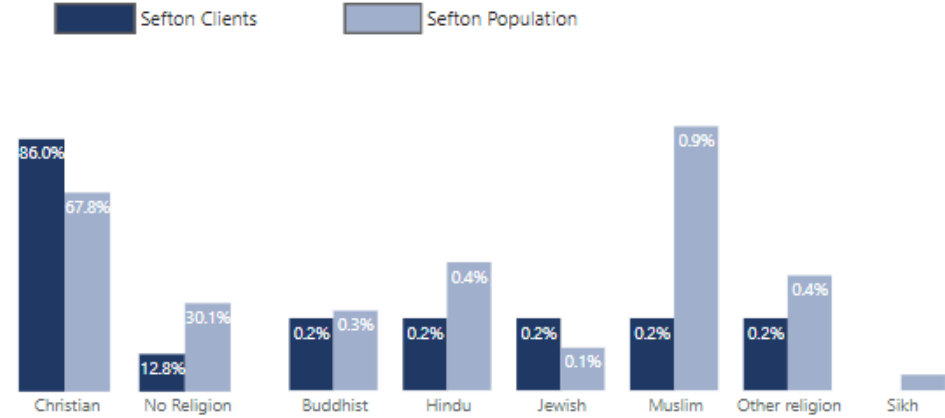
Demography Highlights - Religion

This page displays clients and the wider Sefton population by religion. Please note percentages may not add up to 100 due to rounding. Data includes only clients where religion is populated in LAS.

Religion	Client Count	Client %	Population Count	Population %	Client Pop Dif
Christian	370	86.0%	179,806	67.8%	18.3%
No Religion	55	12.8%	79,905	30.1%	-17.3%
Buddhist	1	0.2%	681	0.3%	-0.0%
Hindu	1	0.2%	1,095	0.4%	-0.2%
Jewish	1	0.2%	364	0.1%	0.1%
Muslim	1	0.2%	2,257	0.9%	-0.6%
Other religion	1	0.2%	982	0.4%	-0.1%
Sikh			133	0.1%	-0.1%
Total	430	100.0%	265,223	100.0%	0.0%

Client vs Population Percentage - Religion

The visual below displays the percentage of our current clients by religion. Please note that the scale for Christian and no religion is not the same as that for other religions.



Sexual Orientation

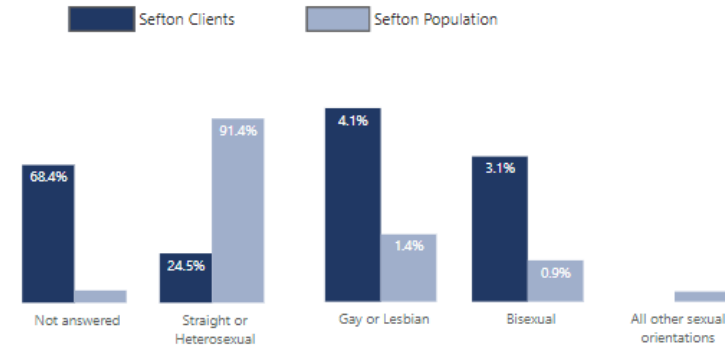
Demography Highlights - Sexual Orientation

This page displays clients and the wider Sefton population by sexual orientation. Please note percentages may not add up to 100 due to rounding. Data includes only clients where sexual orientation is populated in LAS.

Sexual Orientation	Client Count	Client %	Population Count	Population %	Client Pop Dif
Not answered	67	68.4%	14,151	6.1%	62.3%
Straight or Heterosexual	24	24.5%	212,421	91.4%	-66.9%
Gay or Lesbian	4	4.1%	3,301	1.4%	2.7%
Bisexual	3	3.1%	2,024	0.9%	2.2%
All other sexual orientations			493	0.2%	-0.2%
Total	98	100.0%	232,390	100.0%	0.0%

Client vs Population Percentage - Sexual Orientation

The visual below displays the percentage of our current clients by sexual orientation. Please note that the scale for Christian and no religion is not the same as that for other religions.



4. Will the proposal have a disproportionate impact on any of these groups?

Impact Level Insert X into one box per row, for impact level and type.					Impact type		
	High	Medium	Low	None	Positive	Neutral	Negative
Page 136				<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Supported Living, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p> <p>Supported Living services are based on a person's individual need and offers opportunities for people to live as independently a life as possible and under an enabling approach.</p> <p>Supported Living services support people with disabilities to continue to live within the community thus making sure that disability is accepted and understood by the wider community.</p>		X	
People from different ethnic groups				<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Supported Living, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Men or women (including pregnant women or those on maternity leave)				<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Supported Living, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p>		X	

			Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.			
Lesbian, gay or bisexual people			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Supported Living, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
People on a low income			There is no disproportionate impact expected.		X	
People in particular age groups			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Supported Living, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
People in particular faith groups			<p>The options proposed do not involve any change to the criteria for Supported Living, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p> <p>Supported Living services are based on a person's individual need and offers opportunities for people to live as independently a life as possible and under an enabling approach.</p> <p>Under current eligibility assessments, Service User's religious and cultural needs are taken into account and where specific needs are identified these are</p>		X	

			<p>met, thus enabling them to participate in public life.</p> <p>Under current eligibility assessments, Service User's religious and cultural needs are taken into account and where specific needs are identified these are met, thus enabling them to participate in public life.</p>			
<p>People who are married or in a civil partnership</p>			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Supported Living, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
<p>Transgender people</p>			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Supported Living, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
<p>Other specific impacts, for example: carers, parents, impact on health and wellbeing. Please specify:</p>			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Supported Living, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	

Agenda Item 4

5. Explanation of people who access and use services and or new impact.

Not applicable

6. Workforce equality impact summary

Are there any staffing implications for this proposal?

Yes

No

Explanation of staff impact

If yes, please describe the impact including the number of posts that could be affected?
State whether they are currently vacant or filled permanently or temporarily.

6. Review and Sign Off

Directorate Adult Social Care SMT

When was this assessment reviewed, state date:

11th March 2024

If 'yes', when will the further assessment be completed?

Should the proposals be implemented then ongoing assessment of any potential impacts will take place.

Service Manager:

Eleanor Moulton

Date: 12th March 2024

Agenda Item 4

Please ensure this EIA is approved by Adult Social Care SMT.

If this assessment identifies a potential medium or high impact, then a Full Equality Impact Assessment needs to be completed.

Initial Equality Impact Assessment

1. The Proposal

Service area:	Commissioning – Extra Care Fee Rates 2024/25
Lead Officer:	Eleanor Moulton
Links to budget proposal? (Yes/No):	Yes
Date of assessment:	11 th March 2024

Page 141

2. Description of the proposal:

The proposal relates to the hourly rate payable to Extra Care Providers during the 2024/2025 financial year.

The specific detail of the proposal is a 9.15% increase to the Extra Care hourly rate.

The proposal encompasses the implementation of the following fee rate for contracted Extra Care Services:

Duration / Service Element	2024/25	2023/24
Hourly Rate	£20.64	£18.91

Summary of changes:

3. People new and / or who access and use services - equality impact summary.

The following tables summarise the demographic data of people who access Extra Care services:

Age

	Total Number of People	%
Less than 20	0	0
20 - 39	0	0
40 - 59	2	6.45
60 - 79	18	58.06
80 - 99	11	35.48
100 and over	0	0

Gender

	Total Number of People	%
Female	16	51.61
Male	15	48.39

Page 142

Ethnicity

Demography Highlights - Ethnicity

This page displays clients and the wider Sefton population by ethnicity and age. Please note percentages may not add up to 100 due to rounding. Data includes only clients where age and ethnicity are populated in LAS.

The filters on this page operate differently to the rest of the report. To filter by age and ethnicity please use the filters titled **Age Group - Page, Ethnicity Group - Page and Ethnicity Description - Page. All other filters may be used.**

Ethnicity Group	Client Count	Client %	Population Count	Population %	Client Pop Dif
White	28	100.0%	267,543	95.8%	4.2%
White: English, Welsh, Scottish, Northern Irish or British	28	100.0%	256,327	91.8%	8.2%
White: Gypsy or Irish Traveller			46	0.0%	-0.0%
White: Irish			2,244	0.8%	-0.8%
White: Other White			8,707	3.1%	-3.1%
White: Roma			219	0.1%	-0.1%
Asian			4,296	1.5%	-1.5%
Asian, Asian British or Asian Welsh: Bangladeshi			421	0.2%	-0.2%
Asian, Asian British or Asian Welsh: Chinese			1,216	0.4%	-0.4%
Asian, Asian British or Asian Welsh: Indian			1,010	0.4%	-0.4%
Asian, Asian British or Asian Welsh: Other Asian			1,384	0.5%	-0.5%
Asian, Asian British or Asian Welsh: Pakistani			265	0.1%	-0.1%
Black			1,513	0.5%	-0.5%
Black, Black British, Black Welsh, Caribbean or African: African			1,007	0.4%	-0.4%
Black, Black British, Black Welsh, Caribbean or African: Caribbean			308	0.1%	-0.1%
Black, Black British, Black Welsh, Caribbean or African: Other Black			198	0.1%	-0.1%
Mixed			4,048	1.4%	-1.4%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups			1,115	0.4%	-0.4%
Mixed or Multiple ethnic groups: White and Asian			1,221	0.4%	-0.4%
Mixed or Multiple ethnic groups: White and Black African			822	0.3%	-0.3%
Mixed or Multiple ethnic groups: White and Black Caribbean			890	0.3%	-0.3%
Other			1,835	0.7%	-0.7%
Other ethnic group: Any other ethnic group			1,312	0.5%	-0.5%
Other ethnic group: Arab			523	0.2%	-0.2%
Total	28	100.0%	279,235	100.0%	0.0%

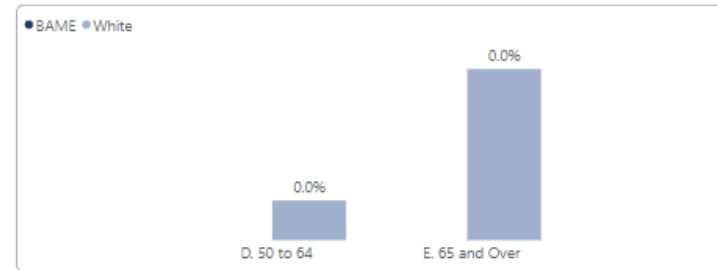
Client vs Population Percentage

The visual below displays the percentage of our current clients by ethnicity group. Please note that the scale for white ethnicity is not the same as that for non-white percentages.



Client Percentage of Population by Age Group

The visual below displays the percentage of Sefton's population that are current ASC clients. This is split by BAME and white clients and by Age group.



Nationality

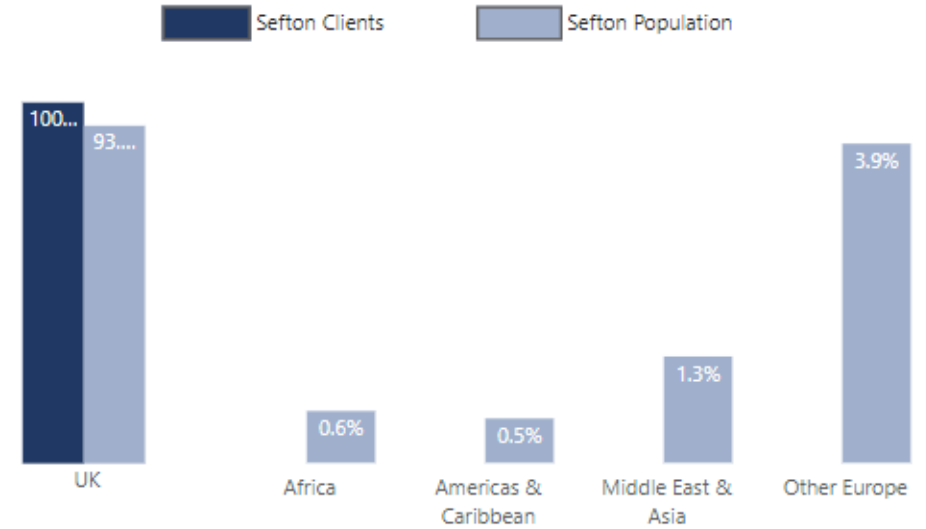
Demography Highlights - Nationality

This page displays clients and the wider Sefton population by nationality. Please note percentages may not add up to 100 due to rounding. Data includes only clients where nationality is populated in LAS.

Nationality	Client Count	Client %	Population Count	Population %	Client Pop Dif
UK	3	100.0%	261,264	93.6%	6.4%
Africa			1,745	0.6%	-0.6%
Americas & Caribbean			1,494	0.5%	-0.5%
Middle East & Asia			3,586	1.3%	-1.3%
Other Europe			10,766	3.9%	-3.9%
Total	3	100.0%	278,855	99.9%	0.1%

Client vs Population Percentage - Nationality

The visual below displays the percentage of our current clients by nationality. Please note that the scale for the UK is not the same as that for non-UK percentages.



Religion

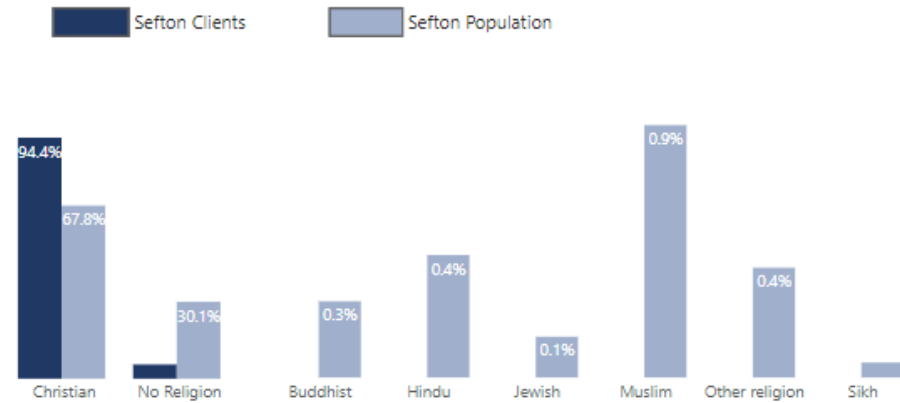
Demography Highlights - Religion

This page displays clients and the wider Sefton population by religion. Please note percentages may not add up to 100 due to rounding. Data includes only clients where religion is populated in LAS.

Religion	Client Count	Client %	Population Count	Population %	Client Pop Dif
Christian	17	94.4%	179,806	67.8%	26.7%
No Religion	1	5.6%	79,905	30.1%	-24.6%
Buddhist			681	0.3%	-0.3%
Hindu			1,095	0.4%	-0.4%
Jewish			364	0.1%	-0.1%
Muslim			2,257	0.9%	-0.9%
Other religion			982	0.4%	-0.4%
Sikh			133	0.1%	-0.1%
Total	18	100.0%	265,223	100.0%	0.0%

Client vs Population Percentage - Religion

The visual below displays the percentage of our current clients by religion. Please note that the scale for Christian and no religion is not the same as that for other religions.



Page 145
Section 1 Orientation

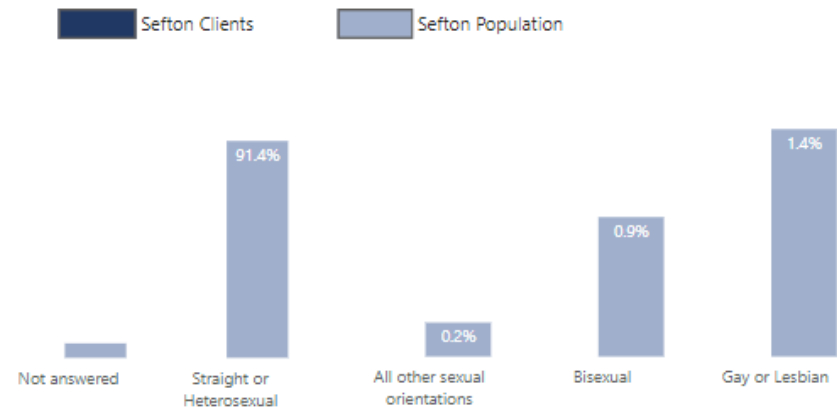
Demography Highlights - Sexual Orientation

This page displays clients and the wider Sefton population by sexual orientation. Please note percentages may not add up to 100 due to rounding. Data includes only clients where sexual orientation is populated in LAS.

Sexual Orientation	Client Count	Client %	Population Count	Population %	Client Pop Dif
All other sexual orientations			493	0.2%	-0.2%
Bisexual			2,024	0.9%	-0.9%
Gay or Lesbian			3,301	1.4%	-1.4%
Not answered			14,151	6.1%	-6.1%
Straight or Heterosexual			212,421	91.4%	-91.4%
Total			232,390	100.0%	-100.0%

Client vs Population Percentage - Sexual Orientation

The visual below displays the percentage of our current clients by sexual orientation. Please note that the scale for Christian and no religion is not the same as that for other religions.



4. Will the proposal have a disproportionate impact on any of these groups?

Impact Level Insert X into one box per row, for impact level and type.					Impact type		
	High	Medium	Low	None	Positive	Neutral	Negative
Page 146				<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council’s eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p> <p>Extra Care services are based on a person’s individual need and offers opportunities for people to live as independently a life as possible and under an enabling approach.</p> <p>Extra Care services support people with disabilities to continue to live within the community thus making sure that disability is accepted and understood by the wider community.</p>		X	
People from different ethnic groups				<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council’s eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Men or women (including pregnant women or those on maternity leave)				<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council’s eligibility criteria nor do they involve any changes to the capacity of services.</p>		X	

			Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.			
Lesbian, gay or bisexual people			There is no disproportionate impact expected. The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services. Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.		X	
People on a low income			There is no disproportionate impact expected. The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services. Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.		X	
People in particular age groups			There is no disproportionate impact expected. The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services. Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.		X	
People in particular faith groups			There is no disproportionate impact expected. The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services. Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public		X	

			sector equality duty.			
People who are married or in a civil partnership			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Transgender people			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	
Other specific impacts, for example: carers, parents, impact on health and wellbeing. Please specify:			<p>There is no disproportionate impact expected.</p> <p>The options proposed do not involve any change to the criteria for Extra Care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services.</p> <p>Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.</p>		X	

Agenda Item 4

5. Explanation of people who access and use services and or new impact.

Not applicable

6. Workforce equality impact summary

Are there any staffing implications for this proposal?

Yes

No

Explanation of staff impact

If yes, please describe the impact including the number of posts that could be affected?
State whether they are currently vacant or filled permanently or temporarily.

6. Review and Sign Off

Directorate Adult Social Care SMT

When was this assessment reviewed, state date:

11th March 2024

If 'yes', when will the further assessment be completed?

Should the proposals be implemented then ongoing assessment of any potential impacts will take place.

Service Manager:

Eleanor Moulton

Date: 12th March 2024

Agenda Item 4

Please ensure this EIA is approved by Adult Social Care SMT.

If this assessment identifies a potential medium or high impact, then a Full Equality Impact Assessment needs to be completed.

Initial Equality Impact Assessment

1. The Proposal

Service area:	Commissioning – Community Support (including Direct Payments) Fee Rates 2024/25
Lead Officer:	Eleanor Moulton
Links to budget proposal? (Yes/No):	Yes
Date of assessment:	29th February 2024

Page 151

2. Description of the proposal:

The proposal relates to the hourly rate payable to Community Support Providers during the 2024/2025 financial year.

The specific detail of the proposal is a 4.59% increase to the Community Support hourly rate.

The proposal encompasses the implementation of the following fee rate for contracted Community Support Services :

Duration / Service Element	2024/25	2023/24
1 Hour	£22.55	£21.56

Summary of changes:

3. People new and / or who access and use services - equality impact summary.

The following tables summarise the demographic data of people who access Community Support services:

Age

	Total Number of People	%
Less than 20	15	3.23
20 - 39	217	46.67
40 - 59	139	29.89
60 - 79	85	18.28
80 - 99	9	1.94
100 and over	0	0

Gender

	Total Number of People	%
Female	185	39.78
Male	280	60.22

Page 152

Ethnicity

Demography Highlights - Ethnicity

This page displays clients and the wider Sefton population by ethnicity and age. Please note percentages may not add up to 100 due to rounding. Data includes only clients where age and ethnicity are populated in LAS.

The filters on this page operate differently to the rest of the report. To filter by age and ethnicity please use the filters titled Age Group - Page, Ethnicity Group - Page and Ethnicity Description - Page. All other filters may be used.

Ethnicity Group	Client Count	Client %	Population Count	Population %	Client Pop Dif
White	394	96.3%	267,543	95.8%	0.5%
White: English, Welsh, Scottish, Northern Irish or British	387	94.6%	256,327	91.8%	2.8%
White: Other White	6	1.5%	8,707	3.1%	-1.7%
White: Irish	1	0.2%	2,244	0.8%	-0.6%
White: Gypsy or Irish Traveller			46	0.0%	-0.0%
White: Roma			219	0.1%	-0.1%
Other	5	1.2%	1,835	0.7%	0.6%
Other ethnic group: Any other ethnic group	5	1.2%	1,312	0.5%	0.8%
Other ethnic group: Arab			523	0.2%	-0.2%
Black	4	1.0%	1,513	0.5%	0.4%
Black, Black British, Black Welsh, Caribbean or African: Other Black	2	0.5%	198	0.1%	0.4%
Black, Black British, Black Welsh, Caribbean or African: African	1	0.2%	1,007	0.4%	-0.1%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	1	0.2%	308	0.1%	0.1%
Asian	3	0.7%	4,296	1.5%	-0.8%
Asian, Asian British or Asian Welsh: Chinese	2	0.5%	1,216	0.4%	0.1%
Asian, Asian British or Asian Welsh: Bangladeshi	1	0.2%	421	0.2%	0.1%
Asian, Asian British or Asian Welsh: Indian			1,010	0.4%	-0.4%
Asian, Asian British or Asian Welsh: Other Asian			1,384	0.5%	-0.5%
Asian, Asian British or Asian Welsh: Pakistani			265	0.1%	-0.1%
Mixed	3	0.7%	4,048	1.4%	-0.7%
Mixed or Multiple ethnic groups: White and Asian	2	0.5%	1,221	0.4%	0.1%
Mixed or Multiple ethnic groups: White and Black African	1	0.2%	822	0.3%	-0.0%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups			1,115	0.4%	-0.4%
Mixed or Multiple ethnic groups: White and Black Caribbean			890	0.3%	-0.3%
Total	409	100.0%	279,235	100.0%	0.0%

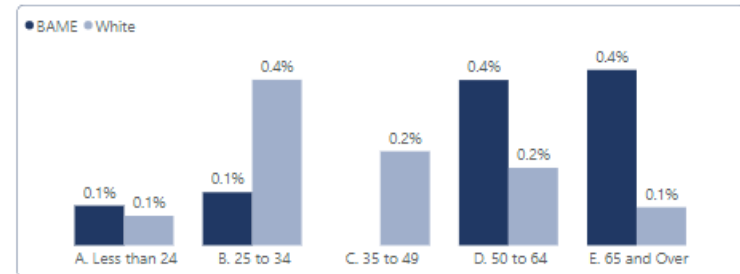
Client vs Population Percentage

The visual below displays the percentage of our current clients by ethnicity group. Please note that the scale for white ethnicity is not the same as that for non-white percentages.



Client Percentage of Population by Age Group

The visual below displays the percentage of Sefton's population that are current ASC clients. This is split by BAME and white clients and by Age group.



Nationality

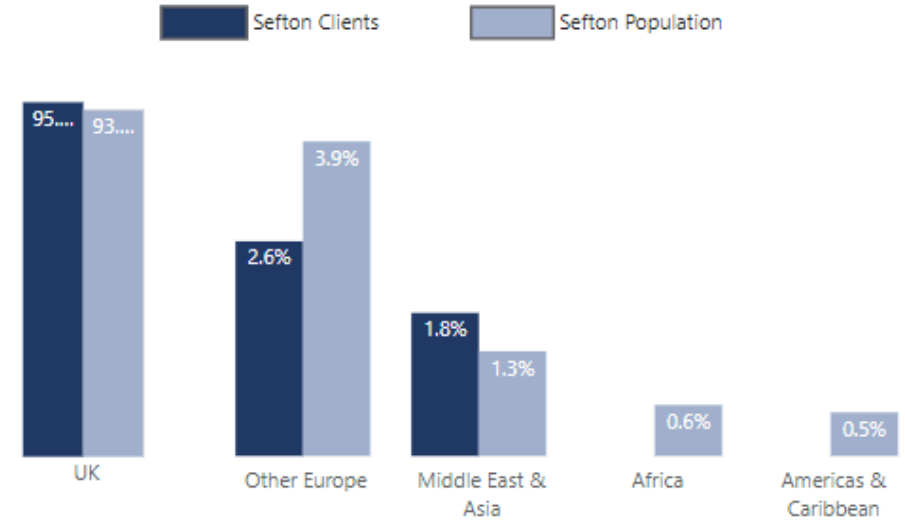
Demography Highlights - Nationality

This page displays clients and the wider Sefton population by nationality. Please note percentages may not add up to 100 due to rounding. Data includes only clients where nationality is populated in LAS.

Nationality	Client Count	Client %	Population Count	Population %	Client Pop Dif
UK	109	95.6%	261,264	93.6%	2.1%
Other Europe	3	2.6%	10,766	3.9%	-1.2%
Middle East & Asia	2	1.8%	3,586	1.3%	0.5%
Africa			1,745	0.6%	-0.6%
Americas & Caribbean			1,494	0.5%	-0.5%
Total	114	100.0%	278,855	99.9%	0.1%

Client vs Population Percentage - Nationality

The visual below displays the percentage of our current clients by nationality. Please note that the scale for the UK is not the same as that for non-UK percentages.



Religion

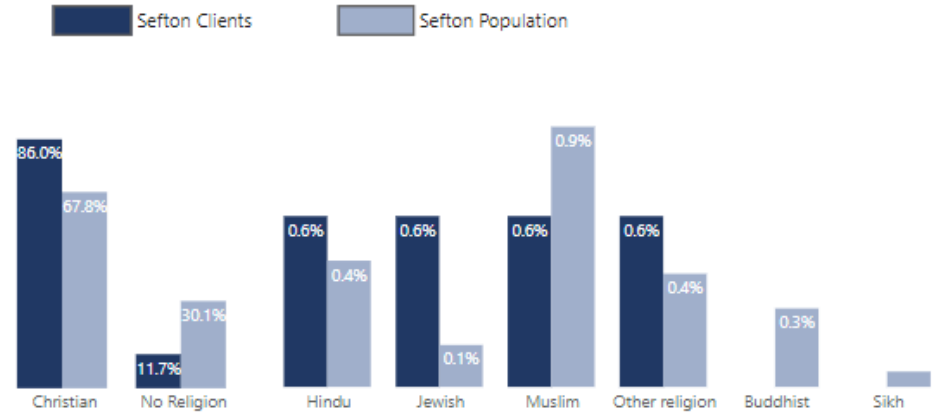
Demography Highlights - Religion

This page displays clients and the wider Sefton population by religion. Please note percentages may not add up to 100 due to rounding. Data includes only clients where religion is populated in LAS.

Religion	Client Count	Client %	Population Count	Population %	Client Pop Dif
Christian	308	86.0%	179,806	67.8%	18.2%
No Religion	42	11.7%	79,905	30.1%	-18.4%
Hindu	2	0.6%	1,095	0.4%	0.1%
Jewish	2	0.6%	364	0.1%	0.4%
Muslim	2	0.6%	2,257	0.9%	-0.3%
Other religion	2	0.6%	982	0.4%	0.2%
Buddhist			681	0.3%	-0.3%
Sikh			133	0.1%	-0.1%
Total	358	100.0%	265,223	100.0%	0.0%

Client vs Population Percentage - Religion

The visual below displays the percentage of our current clients by religion. Please note that the scale for Christian and no religion is not the same as that for other religions.



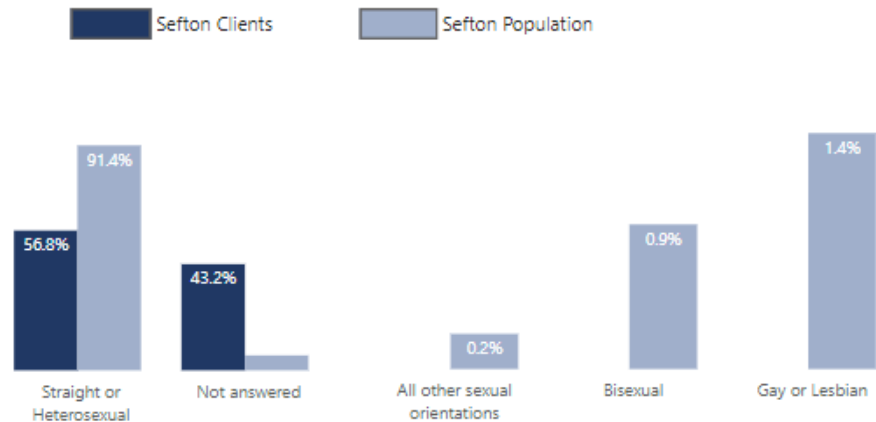
Demography Highlights - Sexual Orientation

This page displays clients and the wider Sefton population by sexual orientation. Please note percentages may not add up to 100 due to rounding. Data includes only clients where sexual orientation is populated in LAS.

Sexual Orientation	Client Count	Client %	Population Count	Population %	Client Pop Dif
Straight or Heterosexual	25	56.8%	212,421	91.4%	-34.6%
Not answered	19	43.2%	14,151	6.1%	37.1%
All other sexual orientations			493	0.2%	-0.2%
Bisexual			2,024	0.9%	-0.9%
Gay or Lesbian			3,301	1.4%	-1.4%
Total	44	100.0%	232,390	100.0%	0.0%

Client vs Population Percentage - Sexual Orientation

The visual below displays the percentage of our current clients by sexual orientation. Please note that the scale for Christian and no religion is not the same as that for other religions.



4. Will the proposal have a disproportionate impact on any of these groups?

Impact Level Insert X into one box per row, for impact level and type.					Impact type		
	High	Medium	Low	None	Positive	Neutral	Negative
Disabled people				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics.</p>		X	
People from different ethnic groups				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics.</p>		X	
Men or women (including pregnant women or those on maternity leave)				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics.</p>		X	
Lesbian, gay or bisexual people				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics. Placements are based on a person's individual need and offers opportunities for people to live as independently a life as possible including in the wider community.</p>		X	

People on a low income			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics.</p>		X	
People in particular age groups			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics.</p>		X	
People in particular faith groups			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics.</p>		X	
People who are married or in a civil partnership			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics.</p>		X	
Transgender people			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics.</p>		X	
Other specific impacts, for example: carers, parents, impact on health and wellbeing. Please specify:			<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Community Support regardless of their Protected Characteristics.</p>		X	

Agenda Item 4

5. Explanation of people who access and use services and or new impact.

Not applicable

6. Workforce equality impact summary

Are there any staffing implications for this proposal?

Yes

No

Explanation of staff impact

If yes, please describe the impact including the number of posts that could be affected?

State whether they are currently vacant or filled permanently or temporarily.

6. Review and Sign Off

Directorate Adult Social Care SMT

When was this assessment reviewed, state date:

5th March 2024

If 'yes', when will the further assessment be completed?

Should the proposals be implemented then ongoing assessment of any potential impacts will take place.

Service Manager:

Eleanor Moulton

Date: 5th March 2024

Please ensure this EIA is approved by Adult Social Care SMT.

If this assessment identifies a potential medium or high impact, then a Full Equality Impact Assessment needs to be completed.

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Initial Equality Impact Assessment

1. The Proposal

Service area:	Commissioning – Day Care Fee Rates 2024/25
Lead Officer:	Eleanor Moulton
Links to budget proposal? (Yes/No):	Yes
Date of assessment:	11 th March 2024

Page 161

2. Description of the proposal:

The proposal relates to the hourly rate payable to commissioned Day Care services the 2024/2025 financial year.

The specific detail of the proposal is a **9.15%** increase to the Community Support hourly recurrent rates paid.

Summary of changes:

3. People new and / or who access and use services - equality impact summary.

The following tables summarise the demographic data of people who access Day Care services:

Age

	Total Number of People	%
Less than 20	1	0.23
20 - 39	232	52.61
40 - 59	82	18.59
60 - 79	68	15.42
80 - 99	58	13.15
100 and over	0	0

Gender

	Total Number of People	%
Female	186	42.18
Male	255	57.82

Ethnicity

Demography Highlights - Ethnicity

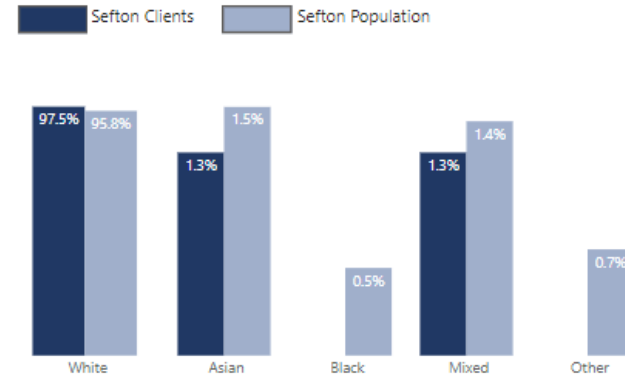
This page displays clients and the wider Sefton population by ethnicity and age. Please note percentages may not add up to 100 due to rounding. Data includes only clients where age and ethnicity are populated in LAS.

The filters on this page operate differently to the rest of the report. To filter by age and ethnicity please use the filters titled Age Group - Page, Ethnicity Group - Page and Ethnicity Description - Page. All other filters may be used.

Ethnicity Group	Client Count	Client %	Population Count	Population %	Client Pop Dif
White	388	97.5%	267,543	95.8%	1.7%
White: English, Welsh, Scottish, Northern Irish or British	382	96.0%	256,327	91.8%	4.2%
White: Other White	5	1.3%	8,707	3.1%	-1.9%
White: Irish	1	0.3%	2,244	0.8%	-0.6%
White: Gypsy or Irish Traveller			46	0.0%	-0.0%
White: Roma			219	0.1%	-0.1%
Asian	5	1.3%	4,296	1.5%	-0.3%
Asian, Asian British or Asian Welsh: Chinese	3	0.8%	1,216	0.4%	0.3%
Asian, Asian British or Asian Welsh: Bangladeshi	1	0.3%	421	0.2%	0.1%
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Asian, Asian British or Asian Welsh: Other Asian			1,384	0.5%	-0.5%
Asian, Asian British or Asian Welsh: Pakistani			265	0.1%	-0.1%
Mixed	5	1.3%	4,048	1.4%	-0.2%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	2	0.5%	1,115	0.4%	0.1%
Mixed or Multiple ethnic groups: White and Asian	2	0.5%	1,221	0.4%	0.1%
Mixed or Multiple ethnic groups: White and Black African	1	0.3%	822	0.3%	-0.0%
Mixed or Multiple ethnic groups: White and Black Caribbean			890	0.3%	-0.3%
Black			1,513	0.5%	-0.5%
Black, Black British, Black Welsh, Caribbean or African: African			1,007	0.4%	-0.4%
Black, Black British, Black Welsh, Caribbean or African: Caribbean			308	0.1%	-0.1%
Black, Black British, Black Welsh, Caribbean or African: Other Black			198	0.1%	-0.1%
Other			1,835	0.7%	-0.7%
Other ethnic group: Any other ethnic group			1,312	0.5%	-0.5%
Other ethnic group: Arab			523	0.2%	-0.2%
Total	398	100.0%	279,235	100.0%	0.0%

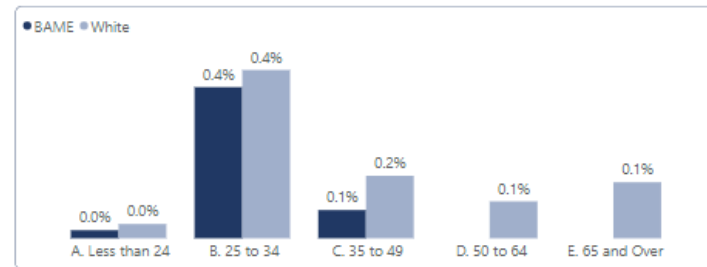
Client vs Population Percentage

The visual below displays the percentage of our current clients by ethnicity group. Please note that the scale for white ethnicity is not the same as that for non-white percentages.



Client Percentage of Population by Age Group

The visual below displays the percentage of Sefton's population that are current ASC clients. This is split by BAME and white clients and by Age group.



Nationality

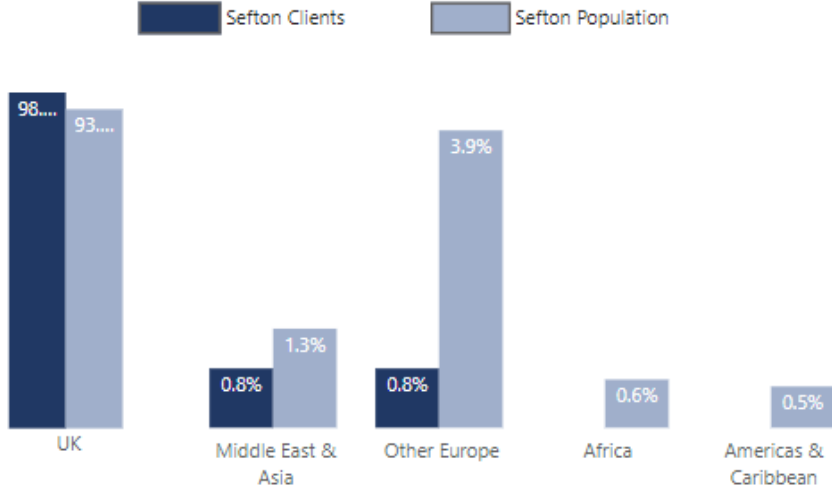
Demography Highlights - Nationality

This page displays clients and the wider Sefton population by nationality. Please note percentages may not add up to 100 due to rounding. Data includes only clients where nationality is populated in LAS.

Nationality	Client Count	Client %	Population Count	Population %	Client Pop Dif
UK	128	98.5%	261,264	93.6%	4.9%
Middle East & Asia	1	0.8%	3,586	1.3%	-0.5%
Other Europe	1	0.8%	10,766	3.9%	-3.1%
Africa			1,745	0.6%	-0.6%
Americas & Caribbean			1,494	0.5%	-0.5%
Total	130	100.0%	278,855	99.9%	0.1%

Client vs Population Percentage - Nationality

The visual below displays the percentage of our current clients by nationality. Please note that the scale for the UK is not the same as that for non-UK percentages.



Religion

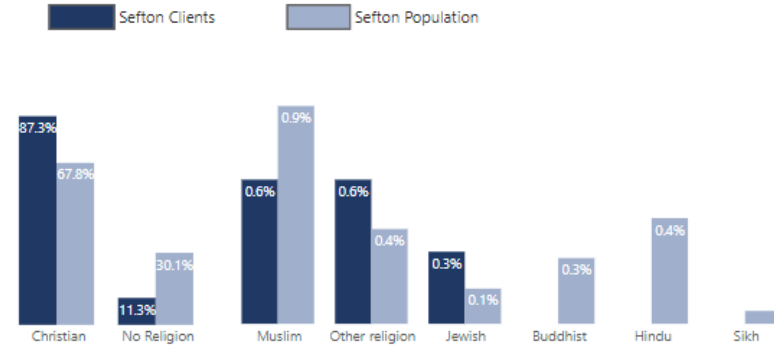
Demography Highlights - Religion

This page displays clients and the wider Sefton population by religion. Please note percentages may not add up to 100 due to rounding. Data includes only clients where religion is populated in LAS.

Religion	Client Count	Client %	Population Count	Population %	Client Pop Dif
Christian	310	87.3%	179,806	67.8%	19.5%
No Religion	40	11.3%	79,905	30.1%	-18.9%
Muslim	2	0.6%	2,257	0.9%	-0.3%
Other religion	2	0.6%	982	0.4%	0.2%
Jewish	1	0.3%	364	0.1%	0.1%
Buddhist			681	0.3%	-0.3%
Hindu			1,095	0.4%	-0.4%
Sikh			133	0.1%	-0.1%
Total	355	100.0%	265,223	100.0%	0.0%

Client vs Population Percentage - Religion

The visual below displays the percentage of our current clients by religion. Please note that the scale for Christian and no religion is not the same as that for other religions.



Sexual Orientation

Page 165

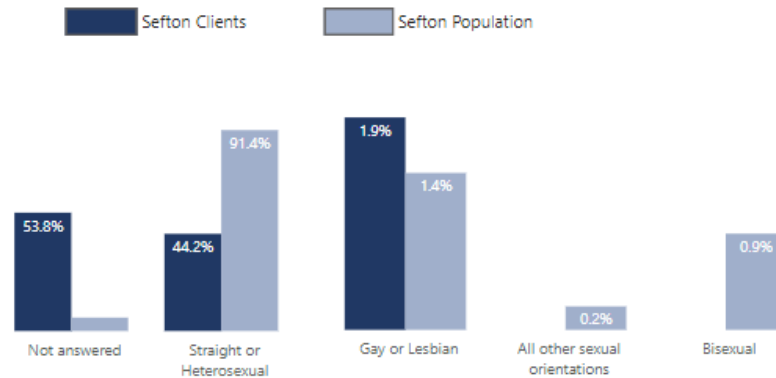
Demography Highlights - Sexual Orientation

This page displays clients and the wider Sefton population by sexual orientation. Please note percentages may not add up to 100 due to rounding. Data includes only clients where sexual orientation is populated in LAS.

Sexual Orientation	Client Count	Client %	Population Count	Population %	Client Pop Dif
Not answered	28	53.8%	14,151	6.1%	47.8%
Straight or Heterosexual	23	44.2%	212,421	91.4%	-47.2%
Gay or Lesbian	1	1.9%	3,301	1.4%	0.5%
All other sexual orientations			493	0.2%	-0.2%
Bisexual			2,024	0.9%	-0.9%
Total	52	100.0%	232,390	100.0%	0.0%

Client vs Population Percentage - Sexual Orientation

The visual below displays the percentage of our current clients by sexual orientation. Please note that the scale for Christian and no religion is not the same as that for other religions.



4. Will the proposal have a disproportionate impact on any of these groups?

Impact Level Insert X into one box per row, for impact level and type.					Impact type		
	High	Medium	Low	None	Positive	Neutral	Negative
Disabled people				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Day Care services regardless of their Protected Characteristics.</p>		X	
People from different ethnic groups				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Day Care services regardless of their Protected Characteristics.</p>		X	
Men or women (including pregnant women or those on maternity leave)				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Day Care services regardless of their Protected Characteristics.</p>		X	
Lesbian, gay or bisexual people				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Day Care services regardless of their Protected Characteristics.</p>		X	
People on a low income				<p>There is no disproportionate impact expected.</p> <p>There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality</p>		X	

			Day Care services regardless of their Protected Characteristics.			
People in particular age groups			There is no disproportionate impact expected. There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Day Care services regardless of their Protected Characteristics.		X	
People in particular faith groups			There is no disproportionate impact expected. There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Day Care services regardless of their Protected Characteristics.		X	
People who are married or in a civil partnership			There is no disproportionate impact expected. There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Day Care services regardless of their Protected Characteristics.		X	
Transgender people			There is no disproportionate impact expected. There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Day Care services regardless of their Protected Characteristics.		X	
Other specific impacts, for example: carers, parents, impact on health and wellbeing. Please specify:			There is no disproportionate impact expected. There are no proposals that change services on the basis of Protected Characteristics or identified to make an indirect negative effect. Furthermore, the proposals are planned to ensure that the rate paid for care is a sustainable rate. The fees proposed is aimed to support all residents to receive high quality Day Care services regardless of their Protected Characteristics.		X	

Agenda Item 4

5. Explanation of people who access and use services and or new impact.

Not applicable

6. Workforce equality impact summary

Are there any staffing implications for this proposal?

Yes

No

Explanation of staff impact

If yes, please describe the impact including the number of posts that could be affected?

State whether they are currently vacant or filled permanently or temporarily.

6. Review and Sign Off

Directorate Adult Social Care SMT

When was this assessment reviewed, state date:

12th March 2024

If 'yes', when will the further assessment be completed?

Should the proposals be implemented then ongoing assessment of any potential impacts will take place.

Service Manager:

Eleanor Moulton

Date: 12th March 2024

Please ensure this EIA is approved by Adult Social Care SMT.

If this assessment identifies a potential medium or high impact, then a Full Equality Impact Assessment needs to be completed.

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Agenda Item 5

Report to:	Cabinet	Date of Meeting:	4 th April 2024
Subject:	Healthy Advertising		
Report of:	Director of Public Health	Wards Affected:	(All Wards);
Portfolio:	Health and Wellbeing		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

The purpose of this report is to seek the Cabinet's approval to adopt a healthier food and drink advertising policy for council-owned sites in Sefton.

Recommendation(s):

- (1) Agree the proposed policy and immediate implementation.
- (2) Champion this approach with other Local Authorities and stakeholders with advertising space in the borough

Reasons for the Recommendation(s):

Implementation of this policy will support Sefton Council meet multiple priorities:

- Reducing inequalities
- Improved health - specifically diet-related diseases such as obesity, diabetes, cancer, heart disease and tooth decay as well as saving local health and social care services money.
- Climate change
- At negligible cost - this policy is expected to maintain advertising revenues and has done so when implemented by other local authorities

The policy also supports the aims of Sefton's Healthy Weight Plan.

Alternative Options Considered and Rejected: (including any Risk Implications)

None

What will it cost and how will it be financed?

(A) Revenue Costs

- There is no cost involved with the implementation of this policy. This is because the policy is simply swapping out the unhealthy food advertising for healthier food advertising.

Agenda Item 5

- Evidence from other places who have implemented this type of policy does not suggest there would be any revenue loss.

(B) Capital Costs

None

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
No	
Legal Implications:	
No	
Equality Implications:	
The equality Implications have been identified and mitigated. An EIA is attached to this report.	
Impact on Children and Young People: Yes	
<p>Living with overweight or obesity is problematic as both an adult and child. For both it reduces quality of life, creates physical, psychological, social and emotional problems, and for children affects educational performance which can also have a lasting influence on life experiences and a child with obesity is much more likely to continue experiencing obesity into adulthood, experience poorer life outcomes in the long-term and have a shorter life than a person of healthy weight.</p> <p>Consistent conclusions show that marketing impacts children’s dietary health through a multitude of means and this relationship can be explained by increased children’s purchase requests and consumption in response to exposure. Adverts often promote high fat, salt and sugar food and drink as part of a normal diet, with marketing frequently targeted at young people and associated with fun cartoon characters or toy collections, specifically aimed at children. The evidence base showing the negative impact on children’s diets at ages 3-12 is particularly strong and research provides compelling evidence of a cause-and-effect relationship between food marketing and obesity.</p>	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	Yes
Have a neutral impact	No
Have a negative impact	No
The author has undertaken the Climate Emergency training for report authors	Yes
Foods and drinks with low nutritional value and a big climate impact pose a double threat. These products sacrifice the environment, while also not meeting dietary requirements and encouraging over-consumption. Globally, food contributes roughly	

30% of overall greenhouse gas emissions. Beef, palm oil, sugars and cocoa are leading causes of deforestation and extinction and very prominent in high fat, salt and sugar products.

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Yes.
The impact of unhealthy advertising will not be felt equally across society, with lower income households facing mounting challenges when it comes to managing finances with advertising focused on calorie dense food rather than calorie nutritious food.

Facilitate confident and resilient communities:
Substantial evidence from the UK illustrates the connection with unhealthy advertising and its impact on obesity and overweight and makes clear how healthy advertising can contribute to a positive change in consumer habits by broadening healthier food and drink choices

Commission, broker and provide core services: N/A

Place – leadership and influencer: Yes
Implementation of this proposal will enable Sefton to be an active influencer in LCR through a united approach to champion this policy with other local authorities and stakeholders with advertising space in the borough.

Drivers of change and reform: Yes
Implementation of this proposal will enable Sefton to be an active influencer in LCR through a united approach to champion this policy with other local authorities and stakeholders with advertising space in the borough.

Facilitate sustainable economic prosperity: N/A

Greater income for social investment: N/A

Cleaner Greener Yes
Locally individual packaging and the convenience of 'drive through' and 'food on the go' options for foods high in fat, salt and sugar increases the amount of and opportunities for littering, impacting our local area and wildlife. Although specific brands are not banned from advertising it is hoped that there will be a small reduction in purchases of this type of food.

What consultations have taken place on the proposals and when?

(A) Internal Consultations LD/FD

The Executive Director of Corporate Resources and Customer Services (FD7550/24.....) and the Chief Legal and Democratic Officer (LD.5650/24....) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Agenda Item 5

Desk top research and consultation with other local authorities has been undertaken. This type of policy has now been implemented in nine local authorities in addition to the entire Transport for London network. No revenue losses have been reported as a result as advertisers have worked proactively and constructively to produce advertising which adheres to the policy. Most of these adverts are for national (and some international) brands, so compliant advertising content already exists. This can be used by the same companies at a local level, or it can be adapted to meet the local Healthier Food and Drink Advertising policy. Alongside this, Transport for London has also welcomed new advertisers with campaigns advertising their healthier products.

The University of Sheffield have used the Transport for London research to produce modelled estimates on the possible reduction in obesity cases should this type of restriction be adopted in other local authorities and researchers have indicated a positive impact relationship since replacing unhealthy advertising with healthier options. In addition, an independent evaluation of Transport for London's policy conducted by the London School of Hygiene and Tropical Medicine found there has been an estimated 6.7% decrease in average weekly household purchases of energy from high fat, salt and sugar products, and the average weekly purchases of chocolate and sweet confectionery fell by 19.4%. This equates to a 1000 calorie decrease in energy from unhealthy food purchases in Londoners' weekly shopping.

Advertising before and after the Transport for London's Healthier Food Advertising Policy
<https://content.tfl.gov.uk/policy-guidance-food-and-drink-advertising.pdf>

University of Sheffield Healthy Advertising Research
<https://www.sheffield.ac.uk/news/junk-food-advertising-restrictions-prevent-almost-100000-obesity-cases-and-expected-save-nhs-ps200m>

Implementation Date for the Decision

Following the expiry of the "call-in" period for the Minutes of the Cabinet Meeting

Contact Officer:	Anna Nygaard
Telephone Number:	Tel: 0151 934 3151
Email Address:	Anna.nygaard@sefton.gov.uk

Appendices

Equality Impact Assessment

Background Papers:

None

1. Background

- 1.1 Cabinet Member considered this proposal on the 8th of March 2024. The background information below includes context, local position, relationship to current policy and strategies as well as broader examples of where this policy has been implemented. The summary also provides information indicating how the policy works.
- 1.2 Sefton Council has a number of strategies and policies to support those most in need by tackling inequalities and supporting our most disadvantaged communities. The Child Poverty Strategy, Welfare Reform Anti-Poverty programme and Healthy Weight Action Plan are just some of the actions currently in place to tackle inequality and support the most vulnerable.
- 1.3 Implementation of a formal healthier food and drink policy will support the work currently underway by improving advertising seen by Sefton residents and reducing negative pressures and influences, particularly in our most disadvantaged communities. The increasing financial barriers and the fact that food inflation particularly has soared to a record annual rate of 11.6% in October 2022¹, with staples such as tea bags, milk and fresh food all becoming more expensive with rising prices, means that more families are experiencing food insecurity. Unhealthy advertising increases the challenges for people who are trying to achieve or maintain a healthy weight. Implementation of this policy will support Sefton Council to meet multiple priorities:
 - reduce inequalities.
 - improve health - specifically diet-related diseases such as obesity, diabetes, cancer, heart disease and tooth decay as well as reducing dependency on health and social care.
 - support policy on climate change
 - at negligible cost - this policy is expected to maintain advertising revenues and has done so when implemented by other local authorities
 - support the aims of Sefton's Healthy Weight Plan.

2. Current Context

- 2.1 It is widely recognised that rates of obesity amongst both adults and children are rising nationally and locally and that this is becoming a serious public health issue. The risks to physical and mental health from overweight and obesity are great and include a range of serious non-communicable diseases. Living with overweight or obesity is problematic as both an adult and child. For both it

¹ The Guardian <https://www.theguardian.com/business/2022/nov/02/uk-food-prices-soar-by-fastest-rate-on-record-as-cost-of-living-crisis-bites>

Agenda Item 5

reduces quality of life, creates physical, psychological, social and emotional problems, and for children affects educational performance which can also have a lasting influence on life experiences and a child with obesity is much more likely to continue experiencing obesity into adulthood, experience poorer life outcomes in the long-term and have a shorter life than a person of healthy weight.

- 2.2 In 2018 Sefton Council signed the Healthy Weight Declaration, in which a commitment is made to restrict unhealthy food and drink advertising. Research shows exposure to advertising for food and drinks high in fat, salt and sugar is linked to a strong preference for these products, more snacking, eating more calories, and these products replacing healthier ones in our diet. There is substantial evidence that junk food marketing is a problem.² Consistent conclusions show that marketing impacts children's dietary health through a multitude of means and this relationship can be explained by increased children's purchase requests and consumption in response to exposure. Adverts often promote high fat, salt and sugar food and drink as part of a normal diet, with marketing frequently targeted at young people and associated with fun cartoon characters or toy collections, specifically aimed at children. The evidence base showing the negative impact on children's diets at ages 3-12 is particularly strong and research provides compelling evidence of a cause-and-effect relationship between food marketing and obesity.³
- 2.3 It is also worth noting that exposure to advertising for food delivery services, billboard advertising and advertising in recreational environments is associated with increased odds of obesity in adults ⁴ and in conjunction with this relationship, there is a parallel link between areas of higher deprivation and higher rates of obesity. We know that the number of children and young people living with obesity remains high. Nationally, data from the National Child Measurement Programme⁵ shows that 10.1% of reception aged children are living with obesity, rising to 23.4% in year 6. Locally, 11.2% of children in Reception at Sefton schools in 2021/22 were living with obesity. This is higher than estimates from before the COVID-19 pandemic. 3.2% of Reception aged children were living with severe obesity. Again, higher than in pre-pandemic years. Sefton's rates of children living with obesity generally increase with increasing deprivation. In 2021/22, the Y6 obesity rate in the most deprived quintile (28.7%) was more than 1.5 times that of

² 13 Kelly, B., Vandevijvere, S., Ng, S., Adams, J., Allemandi, L., Bahena-Espina, L., ... & Swinburn, B. (2019). Global benchmarking of children's exposure to television advertising of unhealthy foods and beverages across 22 countries. *Obesity Reviews*, 20, 116-128.

³ 16 Norman, J., Kelly, B., Boyland, E., & McMahon, A. T. (2016). The impact of marketing and advertising on food behaviours: evaluating the evidence for a causal relationship. *Current Nutrition Reports*, 5(3), 139-14

⁴ Yau, A., Adams, J., Boyland, E. J., Burgoine, T., Cornelsen, L., De Vocht, F., ... & Cummins, S. (2021). Sociodemographic differences in self-reported exposure to high fat, salt and sugar food and drink advertising: a cross-sectional analysis of 2019 UK panel data. *BMJ open*, 11(4), e048139.

⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year>

children living in the least deprived quintile (17.2%). The gap in obesity prevalence between the most deprived and least deprived quintiles is smaller for the Reception cohort (6.5%). However, it has more than doubled since before the pandemic. In 2021/22, the prevalence of reception children in the most deprived quintile living with obesity was 13.6%, almost double the rate in the least deprived quintile (7.1%). National data also shows that children living in the most deprived areas were more than twice as likely to be living with obesity compared to those living in the least deprived areas.⁶

- 2.4 Causes of overweight and obesity are complex and multi-factorial and often a consequence of interplay between a wide variety of variables, however, the social, cultural, and environmental landscape as an influencer is powerful. Adopting a healthier food and drink advertising policy is just one part of this approach but something which is within the gift of the council. It is important to note that within the proposed policy no brand is banned from advertising. The policy requires them to simply swap their unhealthy products for healthier ones to comply. For example, a brand that often advertises high fat, salt and sugar burgers may no longer be able to advertise those products, however, it could advertise a healthier version of their burger or another healthier menu item instead. Similarly, brands associated with sugary drinks would not be able to advertise these products but could advertise their non-sugar alternatives.
- 2.5 This type of policy has now been implemented in nine local authorities in addition to the entire Transport for London network. No revenue losses have been reported as a result as advertisers have worked proactively and constructively to produce advertising which adheres to the policy.⁷ Most of these adverts are for national (and some international) brands, so compliant advertising content already exists. This can be used by the same companies at a local level, or it can be adapted to meet the local Healthier Food and Drink Advertising policy. Alongside this, Transport for London has also welcomed new advertisers with campaigns advertising their healthier products.
- 2.6 The University of Sheffield have used the Transport for London research to produce modelled estimates on the possible reduction in obesity cases should this type of restriction be adopted in other local authorities and researchers indicate a have indicated a positive impact relationship since replacing unhealthy advertising with healthier options.⁸ In addition, an independent evaluation of Transport for London's policy conducted by the London School of Hygiene and Tropical Medicine found there has been an estimated 6.7% decrease in average weekly household purchases of energy from high fat, salt and sugar products, and the average weekly purchases of chocolate and sweet confectionery fell by 19.4%.

⁷ <https://evidence.nihr.ac.uk/alert/advertising-ban-was-linked-to-lower-purchases-of-unhealthy-food-and-drink/>

⁸ <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-022-01331-y>

Agenda Item 5

This equates to a 1000 calorie decrease in energy from unhealthy food purchases in Londoners' weekly shopping.⁹

- 2.7 It is acknowledged that Sefton Council only own a proportion of the advertising space in the borough however, research by Kantar (a market research company) on behalf of the UK government indicates there is expected to be a 22% displacement of adverts for unhealthy food from online and television to out of home, including local authority advertising estates as advertising companies switch their spend away from TV and online which is soon to be regulated. Implementing a formal policy such as this now safeguards our current sites and any potential futures ones from this type of advertising. Implementing a healthier food and drink advertising policy demonstrates the Council's commitment to health and wellbeing and reducing health inequalities. There is limited risk in adopting such a policy and in fact this brings Sefton in line with other local authorities who have already done so, and several more who are working towards it. Knowsley Council currently lead the way across Cheshire and Merseyside and will support the other eight local authorities to do the same thereby creating a sub-regional stance on unhealthy food and drink advertising.
- 2.8 The collective action across Cheshire and Merseyside is supported by several other sub-regional stakeholders including the Beyond Programme for Children and Young People (NHS), the Strategic Overweight and Obesity Project (part of the Cheshire and Merseyside Cancer Alliance) and the Health Equity Group. The proposed healthier food and drink advertising policy will also reflect the Public Services (Social Value) Act 2012 which states that all public bodies are required to consider how their services impact on the economic, social, and environmental well-being of the area. It is also in line with the World Health Organisation recommendation that all countries should implement advertising restrictions on high fat, salt and sugar food and drink, especially for children.

3 How the Policy Works

- 3.1 The policy uses the Nutrient Profiling Model to distinguish between food and non-alcoholic drinks which are high in fat, salt and sugar and healthier options using their nutritional content per 100g. This model was written by academics on behalf of the Food Standards Agency and is now held by the Department of Health and Social Care. It has been used since 2007 to restrict unhealthy food and drink advertisements on children's programming across national television.
- 3.2 The Nutrient Profiling Model gives points based on their energy, sugar, saturated fat, and sodium. It subtracts points for fruit, vegetables, and nut content, protein, and fibre. The advertising industry are familiar with this model and chose to adopt it for existing, but quite limited, voluntary restrictions.

⁹ <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-022-01331-y>

- 3.3 Some brands have strong associations with unhealthy products. Because of this, advertising for food and drink brands is also restricted. All adverts for a food and drink brand must include prominent promotion of a compliant product. This would include, for example, directional signage to a fast-food restaurant.
- 3.4 Also restricted are adverts where food and drink that are high in fat, salt and sugar are featured although may not be the main focus of the advert. For example, a financial services advert featuring an ice cream. The advertiser would be required to amend the copy to remove the ice cream.
- 3.5 In Sefton, an external agency manages the advertising on our council-owned sites. Changes to the advertised content are passed via the Communications Team for approval before being applied to the site. If we do make any changes to what type of advertising is acceptable, we will need to ensure the team are aware of the changes and that the external agency is aware of the policy. Should any queries or discrepancies arise these can be managed by the Communications and Public Health teams.
- 3.6 The policy is written in such a way that it could be adopted by any local authority in Cheshire and Merseyside thereby creating a standardised approach which will further safeguard residents and visitors as they travel across authority boundaries.
- 3.7 This report does not include any commissioning or procurement of services, however, council owned advertising sites are predominantly used by local companies, advertising their local services. The proposed restrictions would not affect the services that are currently advertised on these sites and would allow local services to continue using council owned sites.
- 3.8 Implementation of this policy may attract media attention. Other areas implementing the same type of restriction have been subject to lobbying against the decision.

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Equality Analysis Report -

Details of proposal:

The purpose of this report is to seek the Cabinet's approval to adopt a healthier food and drink advertising policy for council-owned sites in Sefton.

Ramifications of Proposal:

The aim of the proposal is to present the opportunity to implement a healthier food and drink advertising policy which requires brands to swap unhealthy foods and drinks for healthier options, as part of the Council efforts to prioritise our resident's health whilst considering the impact on climate change and reducing inequalities at negligible cost to the council. The proposal provides evidence that the impact of unhealthy advertising will not be felt equally across society, with lower income households facing mounting challenges when it comes to managing finances with advertising focused on calorie dense food rather than calorie nutritious food. Using best practice and evidence from other areas, the proposal outlines how healthy advertising can contribute to a positive change in consumer habits, whilst making clear, the connection with unhealthy advertising and its impact on obesity and overweight in Sefton.

The proposal is linked to 3 core policy areas.

- tackling inequality
- tackling the rise in obesity
- contributing to reducing the negative impact on climate change through take away waste and pollution caused by fast food transportation.

Are there any protected characteristics that will be disproportionately affected in comparison to others?

See Appendix 1

The protected characteristics under the Equality Act 2010 are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Race
- Religion or Belief
- Sex
- Sexual Orientation
- Pregnancy and Maternity
-

Agenda Item 5

Consultation: None specifically in Sefton

Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle.

[Transport for London's junk food advertising restrictions linked to reductions in high fat, salt and sugar product purchases | LSHTM](#)

Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle. It is recognised that people with restricted mobility find it harder to maintain a healthy weight. This policy improves the obesogenic environment.

[Transport for London's junk food advertising restrictions linked to reductions in high fat, salt and sugar product purchases | LSHTM](#)

The University of Sheffield have used the Transport for London research to produce modelled estimates on the possible reduction in obesity cases should this type of restriction be adopted in other local authorities and researchers have indicated a positive impact relationship since replacing unhealthy advertising with healthier options.¹ In addition, an independent evaluation of Transport for London's policy conducted by the London School of Hygiene and Tropical Medicine found there has been an estimated 6.7% decrease in average weekly household purchases of energy from high fat, salt and sugar products, and the average weekly purchases of chocolate and sweet confectionery fell by 19.4%. This equates to a 1000 calorie decrease in energy from unhealthy food purchases in Londoners' weekly shopping.²

The collective action across Cheshire and Merseyside is supported by several other sub-regional stakeholders including the Beyond Programme for Children and Young People (NHS), the Strategic Overweight and Obesity Project (part of the Cheshire and Merseyside Cancer Alliance) and the Health Equity Group. The proposed healthier food and drink advertising policy will also reflect the Public Services (Social Value) Act 2012 which states that all public bodies are required to consider how their services impact on the economic, social, and environmental well-being of the area. It is also in line with the World Health Organisation recommendation that all countries should implement advertising restrictions on high fat, salt and sugar food and drink, especially for children.

¹ <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-022-01331-y>

² <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-022-01331-y>

Is there evidence that the Public Sector Equality Duties will be met?

¹ <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-022-01331-y>

² <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-022-01331-y>

Unhealthy advertising increases the challenges for people who are trying to achieve or maintain a healthy weight and implementation of this policy will support Sefton Council to meet multiple priorities:

- a. reducing inequalities
- b. improved health - specifically diet-related diseases such as obesity, diabetes, cancer, heart disease and tooth decay as well as reducing dependency on health and social care.
- c. support policy on climate change
- d. at negligible cost - this policy is expected to maintain advertising revenues and has done so when implemented by other local authorities
- e. support the aims of Sefton's Healthy Weight Plan.

The Equality Act 2010 requires that those subject to the Equality Duty must, in the exercise of their functions, have due regard to the need to:

- 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- 3. Foster good relations between people who share a protected characteristic and those who do not.*

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.*
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.*
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.*

What actions will follow if proposal accepted by cabinet & Council?

Include details of any mitigating action and ongoing monitoring to address any of the equality impacts highlighted above

Approval of this proposal will support the Council as it addresses the wider issues of tackling inequality, obesity and overweight as well as its intention to reduce the impact of climate change locally. On going monitoring of the Child Poverty Strategy

Agenda Item 5

and obesity and overweight action plans will consider the longer-term impact of this policy within periodic consultation and engagement with children and families.

Obesity is one of the biggest health problems this country faces. Obesity is a major cause of ill health in the UK, increasing the risk of developing heart disease, stroke, type 2 diabetes and cancer. Relatively small but consistent levels of excessive calorie consumption is the key driver of obesity. Evidence shows that children's food preferences and consumption particularly can be influenced by advertising.³

Although some high fat, salt and sugar foods (HFSS) will be purchased as part of a balanced diet and not contribute to obesity, they nevertheless represent the most focused group of adverts to target to reduce excess calorie consumption while minimising the impact on the wider market. Adjusting the consumption patterns of children particularly by restricting their exposure to HFSS advertising therefore offers possible benefits in the long-term to both society and the individual. For example, there may be an associated reduction in tooth decay in children. Similarly, there is evidence linking excess weight to negative emotional and mental wellbeing.⁴

Foods and drinks with low nutritional value and a big climate impact pose a double threat. These products sacrifice the environment, while also not meeting dietary requirements and encouraging over-consumption. Globally, food contributes roughly 30% of overall greenhouse gas emissions. Beef, palm oil, sugars and cocoa are leading causes of deforestation and extinction and very prominent in high fat, salt and sugar products.

Whilst locally individual packaging and the convenience of 'drive through' and 'food on the go' options for foods high in fat, salt and sugar increases the amount of and opportunities for littering, impacting our local area and wildlife. Although specific brands are not banned from advertising it is hoped that there will be a small reduction in purchases of this type of food.

³ [Impact assessment \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

⁴ [Impact assessment \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

Protected Characteristics and the Identification of Potential Issues/Barriers					
Protected Characteristic	Tick which applies		Tick which applies		Reasons for the positive impact or potential negative impact, *although PH will identify negative impacts, it may not be realistic to negate these due to a lack of resources.
	Positive Impact		Potential Negative Impact		
	Yes	No	Yes	No	
Age	x			x	YES Advertising for food and drink is often targeted at children. Restrictions on this type of advertising will reduce the impact on children particularly
Disability	x			x	YES Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle. It is recognised that people with restricted mobility find it harder to maintain a healthy weight. This policy improves the obesogenic environment. Transport for London's junk food advertising restrictions linked to reductions in high fat, salt and sugar product purchases LSHTM
Gender Reassignment/ Transgender	x			x	YES, Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle.
Marriage and Civil Partnership	x			x	YES, Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle.
Pregnancy and Maternity	x			x	YES, Evidence from other areas has shown a reduction in calorie dense food rather than calorie nutritious food purchased therefore promoting a healthier lifestyle.
Race	x			x	YES, Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle.
Religion or Belief	x			x	YES, Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle. YES, Evidence from other areas has shown a reduction in calories

Agenda Item 5

Protected Characteristics and the Identification of Potential Issues/Barriers					
Protected Characteristic	Tick which applies		Tick which applies		Reasons for the positive impact or potential negative impact, *although PH will identify negative impacts, it may not be realistic to negate these due to a lack of resources.
	Positive Impact		Potential Negative Impact		
	Yes	No	Yes	No	
					purchased therefore promoting a healthier lifestyle
Sex	x			x	YES, Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle
Sexual Orientation	x			x	YES, Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle.
Care Experienced	x			x	YES, Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle. overweight and obesity in both children and adults. Transport for London's junk food advertising restrictions linked to reductions in high fat, salt and sugar product purchases LSHTM

Agenda Item 6

Report to:	Cabinet	Date of Meeting:	4 April 2024
Subject:	Approval of Legal Documentation for Academy Conversion		
Report of:	Assistant Director of Childrens Services (Education Excellence)	Wards Affected:	Birkdale; Church; Harington; Kew; Linacre; Litherland; Manor; Netherton and Orrell; Norwood; Ravenmeols; St. Oswald;
Cabinet Portfolio:	Education		
Is this a Key Decision?	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

To inform Cabinet of the decision by the Governing Bodies to voluntarily convert to Academy Status as follows:

- St Edmunds and St Thomas, Our Lady of Lourdes, St Mary's, Our Lady of Walsingham Catholic Primary Schools to convert to Pope Francis Learning Trust
- The Grange Primary School to become part of the Lydiate Learning Trust
- Lander Road Primary School to become part of the Great Schools Trust.
- Trinity St Peters to become part of the All Saints Multi Academy Trust.

In accordance with statutory requirements to seek authorisation for officers to sign the documentation required by the academy conversion process. The Education Skills Funding Agency (ESFA) has indicated that the date of conversion will be 1st September 2024.

To inform Cabinet of the decision by the Secretary of State for Education:

- to convert Linacre Primary School, to the Great Schools Trust in accordance with statutory requirements and seek authorisation for officers to sign the documentation required by the academy conversion process. The ESFA has indicated that the date of conversion will be 1st September 2024
- to convert Linaker Primary School, Southport to a trust that is to be identified by the Regional Schools Group in accordance with statutory requirements and seek authorisation for officers to sign the documentation required by the academy conversion process. The ESFA has indicated that the date of conversion will be 1st September 2024

Agenda Item 6

Recommendation(s): That the Cabinet is requested to:

1. Note the statutory requirements regarding academy conversions.
2. Note the financial implications to the Council of the academy conversions.

Delegate authority to the Executive Director of Corporate Resources and Customer Services in conjunction with the Executive Director of Children's Social Care and Education in consultation with the Cabinet Member for Education to complete the necessary agreements required as part of the academy conversion process as outlined in the report.

Reason for the Recommendations:

Cabinet needs to authorise appropriate officers to enter into the agreements required as part of the academy conversion process.

Alternative Options Considered and Rejected: (including any Risk Implications)

None – this is a statutory process following the exercise of the educational establishments' discretion to choose to convert to academy status under the Academies Act 2010.

The Secretary of State has the powers to direct that the academy conversion process can continue if the agreements are not signed.

What will it cost and how will it be financed?

(A) Revenue Costs

There will be significant financial implications to the Council from the conversion of the 9 schools to academies. These have been highlighted in more detail later in the report under paragraph 3 and relate to the loss of the capital grant and substantial SLA income and top slice of school funding allocations for Education functions and specific central functions to maintained schools. Any losses in income through reductions in Traded Services would need to be met in departmental budgets and may require service provision to be reduced.

The voluntary conversion of the 7 schools over to the Multi Academy Trust means there is no significant financial liability to the Council because of these conversions. Any school balances, whether positive or negative, will transfer over to the Multi Academy Trust at the point of conversion.

A review of the current school financial statements shows that 6 of the schools will have positive balances at the point of conversion and 1 will have a small deficit. The projected balances for each school are also highlighted in paragraph 3 for information and are based on December 2023 budget spend.

The Council will levy a £8,000 charge for each voluntary academy conversion. This funding is to cover the additional work required by officers to complete the necessary agreements and processes required as part of the academy conversion transfer.

Agenda Item 6

Linacre primary School, Bootle and Linaker Primary School Southport -As the Academy Order is being made by the Secretary of State, any financial deficit at the point of conversion remains with the Council and does not transfer to the Multi Academy Trust.

Linacre Primary School Bootle currently has a positive revenue balance and so there is no financial liability to pick up any deficit balance by the Council at the point of conversion. The projected balances for Linacre Primary Bootle are also highlighted in paragraph 3 for information and are based on December 2023 budget spend. As this is would be a sponsored academy conversion the council can decide on the level of balances that transfer on conversion.

Linaker Primary School Southport currently has a positive revenue balance and so there is no financial liability to pick up any deficit balance by the Council at the point of conversion. The projected balances for Linaker Primary Southport are also highlighted in paragraph 3 for information and are based on December 2023 budget spend. As this is would be a sponsored academy conversion the council can decide on the level of balances that transfer on conversion.

(B) Capital Costs N/A

There are no direct capital costs to the Council in relation to this report, but the individual school capital fund balances will also transfer over at the point of conversion. The current school capital balances are also highlighted in paragraph 3 for information.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):

Upon conversion to an Academy, staff within the school will transfer under Transfer of Undertakings Protection of Employment Regulations 2006 ("TUPE") to the new Multi Academy Trust and employment will move for those employees to the Multi Academy Trust with protections under that legislation.

It is understood the Northern Schools Trust, Mersey View Trust, the Liverpool Diocesan Schools Academy Trust (LDST) and the Peoples Learning Trust will form their own collective bargaining structures and not continue to utilise Human Resources professional advice. They will continue with the payroll system from Sefton MBC. It is not known if they will continue to subscribe to the Legal Services SLA.

The academy conversion will also see the transfer of all school land over to the Multi-Academy Trust from Sefton Council via a lease agreement for 125 years.

Agenda Item 6

Legal Implications:

The conversion of schools to academies is a statutory process under the Academies Act 2010.

The governing body and the local authority are also under a duty to take all reasonable steps to facilitate the making of academy arrangements with a sponsor, once determined (section 5B of the Academies Act 2010, as amended by the Education and Adoption Act 2016).

In relation to Linacre Primary School Bootle and Linaker Primary School, Southport as the schools are eligible for intervention under sections 61 and 62 of the 2006 Education and Inspections Act, the Secretary of State for Education under Section 4 of the Academies Act 2010 (as amended by the Education and Adoption Act 2016) is required to issue an Academy Order. The Order provides that on the conversion date, the school in question shall become an academy and shall cease to be maintained by the Local Authority.

The governing body and the local authority are also under a duty to take all reasonable steps to facilitate the making of academy arrangements with a sponsor, once determined (section 5B of the Academies Act 2010, as amended by the Education and Adoption Act 2016).

The principal issues in relation to conversion are: transfer of Staff; transfer of Land and transfer of Assets and Contracts. These issues will be addressed in two documents for the conversion- a Commercial Transfer Agreement and a Lease Agreement.

Equality Implications: There are no equality implications.

Impact on Children and Young People: No

Sefton Council work very closely with all schools including academies. The Council will remain the coordination body for admissions for the Academy which means that parents/carers only need to complete one application form. Sefton Council will continue to be responsible for applying the allocation criteria.

Academies must adhere to the mandatory provisions of the School Admissions Code and follow the provisions set out in the local authority's scheme of co-ordination (this is determined by Sefton and sets out the general admission procedures which will be adopted by all schools and academies throughout the year to ensure that every child has an offer of a school place).

Climate Emergency Implications:

The recommendations within this report will

Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No

The Author has undertaken the Climate Emergency training for report authors	Yes
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Contribution to the Council's Core Purpose:

<p>Protect the most vulnerable:</p> <p>All schools including academies are required to have systems in place to identify children who need support and to assess, monitor and secure appropriate support for any SEN they may have.</p> <p>Fair access protocols exist to ensure that vulnerable children, and those who are having difficulty securing a school place in-year, are allocated a place as quickly as possible. Academies are represented on the fair access panel and respond to requests by Local Authorities to admit a child under Fair Access Protocols</p>
<p>Facilitate confident and resilient communities: continue to provide education for primary and secondary age pupils including those who have an Education Health and Care Plan in Sefton local area.</p>
<p>Commission, broker and provide core services: Education for school age pupils</p>
<p>Place – leadership and influencer: N/A</p>
<p>Drivers of change and reform: N/A</p>
<p>Facilitate sustainable economic prosperity: N/A</p>
<p>Greater income for social investment: N/A</p>
<p>Cleaner Greener: N/A</p>

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director Corporate Resources & Customer Services (FD.5704/24) and Chief Legal and Democratic Officer (LD.7604/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

As part of the process the school will consult with staff and trade unions.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Agenda Item 6

Appendices:

There are no appendices to this report.

Background Papers:

Academy Order made further to section 4(A1) of the Academies Act 2010 (22 July 2016)
[Academies Act 2010 \(legislation.gov.uk\)](http://legislation.gov.uk)

1. Introduction/Background

- 1.1 Except where the academy conversion is mandatory (see 1.5), conversion to academy status is ultimately the decision of the governing body, in consultation with school staff, parents and the local community. When converting to an academy there are two routes:
- Joining an existing academy trust
 - Establishing a new academy trust in collaboration with other schools
- 1.2 When making any decision about the future direction of the school, governors should always evaluate:
- What is in the best interests of the children and young people and the wider community?
 - What is in the best interests of the staff and leadership team of the schools to develop and sustain great teaching and leadership?
 - What the school can bring to the academy trust, and share with other schools, which would help them all to develop further
 - What the school can gain from an academy trust, including what it needs to be able to sustain and improve educational outcomes and financial sustainability
- 1.3 Any maintained school can join an existing academy trust. In doing so, the school chooses to be accountable to the academy trust board, which can help build improvement capacity and ultimately improve the overall quality of education. Many good schools also make the decision to join existing academy trusts, bringing their skills, expertise and resource to the wider academy trust. In most cases, the prospective school and the academy trust make a joint decision as to whether the school should join the academy trust.
- 1.4 The governing body and senior leaders must consider carefully what the academy trust presents for the needs of its community, children in the school and staff, as well as what it can bring to the academy trust. Leaders should evaluate the academy trust options available locally and talk to leaders of other schools about their plans and vision for the local area.
- 1.5 Linacre primary School, Bootle, have been judged as requires improvement in their past 3 inspections. Linaker Primary School Southport have been judged as requires improvement in their past 2 inspections. As the school is eligible for intervention under sections 61 and 62 of the 2006 Education and Inspections Act, the Secretary of State for Education, under Section 4 of the Academies Act 2010 (as amended by the Education and Adoption Act 2016),

is required to an issue Academy Order. The Order provides that on the conversion date, the school in question shall become an academy and shall cease to be maintained by the Local Authority.

- 1.6 Since Linacre Primary School, Bootle and Linaker Primary School, Southport were judged requires improvement in the last inspections the Local Authority has exercised its statutory duty to intervene and develop an action plan to support improvement in the school.

2. Academy Conversion Process

- 2.1 The process for schools converting to academies is legislated for under the Academies Act 2010 (as amended) The Governing Bodies of the schools and the local authority both have a statutory duty to facilitate the academy conversion.
- 2.2 In relation to Linacre Primary School, Bootle and Linaker Primary School, Southport the process to convert to academy is legislated for under the Academies Act 2010 (as amended) which states that the Secretary of State is required to make an Academy order in respect of a maintained school in England if the school is eligible for intervention (within the meaning of Part 4 of EIA 2006). Linacre Primary School, Bootle and Linaker Primary School Southport by virtue of the inspection outcome falls within this category. As part of the process the Regional Director for Schools has chosen a sponsor for the school.
- 2.3 The Academies Act 2010 contains specific powers for the Secretary of State in respect of the land of the schools when they were maintained schools. It is intended that the transfer of publicly funded land owned by the local authority to the Academy will usually be by way of a 125-year lease.
- 2.4 The lease will be drawn up to comply with the above requirements and to ensure there are no undue risks to the authority and that any usage rights etc are preserved. The lease transfers the responsibility for the operation and management of the land and buildings to the Southport Learning Trust sponsoring the schools.

Commercial Transfer Agreement

- 2.5 This document is designed to ensure that all information on the staff who are transferring to the academy is recorded and transferred to the Academy Trust, so that the appropriate arrangements for payment of salaries, pension contributions, etc. can be made. It also includes details of any assets or contracts that will transfer to the Academy Trust and of those that will not.
- 2.6 A Commercial Transfer Agreement, which is an agreement between the school governing body, the local authority and the academy trust, will be drawn up. Officers will ensure that all appropriate responsibilities and liabilities are transferred to the Academy Trusts to ensure there are no undue risks to the authority.

Agenda Item 6

Assignment or novation of contracts

- 2.7 This forms part of the Commercial Transfer Agreement and covers agreements and contractual arrangements which will need to transfer to the Academy Trust.
- 2.8 Specific contracts and arrangements in respect of the converting school have been identified.

TUPE Process

- 2.9 The Employees within all of Maintained Schools are employed by the Local Authority who is responsible for the movement of employees from the schools which is converting to the new Multi Academy Trust.
- 2.10 TUPE consultation will need to be undertaken as part of the process. The Local Authority, with support from the Governing Bodies, as the Employer of the employees within the schools is responsible for this along with the Multi Academy Trust. Consultation with the Council's trade unions will also be necessary in respect of any effects of the TUPE transfer to Council employees.
- 2.11 By virtue of TUPE, there is a legal obligation to provide written information about the transfer to employee representatives. The information which the current employer must give in writing to employee representatives (which will be trade union representatives):
- The fact that the transfer is to take place, when and why.
 - The "legal, economic and social implications" of the transfer for the affected employees;
 - The "measures" which the employer envisages it will take in connection with the transfer or, if no measures are envisaged, that fact; and
 - Any measures which the employer envisages the Academy Trust taking in connection with the transfer in respect of the transferring employees or, if no measures are envisaged, that fact.
- 2.12 By virtue of TUPE terms and conditions of employment should be protected in accordance with the legislation. The Multi Academy Trust will be required to provide full details of proposed measures to the Local Authority and the Governing body to allow meaningful consultation.
- 2.13 No specific timescale is provided for consultation, but it must be meaningful with significant legal penalties and remedies if it does not take place as required.
- 2.14 By virtue of TUPE terms and conditions should be protected. Pension issues should also be addressed accordingly in the process between the Local Authority and Multi Academy Trust.

3.0 Financial Implications

3.1 The potential revenue implications to the Council because of the Academy conversions are listed below:

3.2 Maintained schools pay a contribution from their delegated budget each year to the Local Authority towards the costs of meeting its statutory education functions and central support functions for maintained schools. Academies can purchase certain school support services from whoever they choose. The amount of funding each school pays for this support is as follows:

ESG Functions charge for Maintained Schools 2024/25		
The Grange		£8,740.53
Lander Road		£8,170.28
Trinity St Peters		£6,328.39
Our Lady of Lourdes		£12,573.19
St Edmunds and St Thomas		£8,729.61
St Mary's Catholic primary School		£4,267.73
Our Lady of Walsingham		£6,925.58
Linacre Primary School		£7,183.88
Linaker Primary School		£17,807.25
Loss of income 2024/25		£74,398.05

This budget pressure will need to be met from the Education Excellence Budget.

3.3 All the schools buy into several traded services with the Council. On conversion the schools have already indicated that they will no longer require Finance, HR, legal and transactional services as these services will be supported and procured through the new Trust. The total buy back of traded services for each school is highlighted in the table below along with the costs of corporate services that will cease on conversion:

School	SLA Buy Back 2023/24	Loss of income 2024/25 - Finance, Insurance, Accounts Payable, Personnel, HR
The Grange	£156,437.73	£28,295.18
Lander Road	£171,822.87	£24,392.01
Trinity St Peters	£151,981.39	£20,767.55
Our Lady of Lourdes	£236,707.24	£33,286.87
St Edmunds and St Thomas	£211,514.96	£23,716.13
St Mary's Catholic primary School	£75,914.67	£14,770.75
Our Lady of Walsingham	£89,643.30	£19,374.12

Agenda Item 6

Linacre Primary School	£132,233.07	£19,180.38
Linaker Primary School	£340,438.40	£29,920.29
Total	£1,566,693.63	£213,703.28

This loss of income will need to be met from Corporate Resources and Customer Services budget in the first instance. a review of service provision will be required, and changes made to the services to balance the budget with any residual balance being included in future Medium Term Financial Plan

- 3.4 The current school balances (as December 2023) that will transfer on conversion are as follows:

School Balances		
The Grange		£220,000
Lander Road		£41,548
Trinity St Peters		£46,425
Our Lady of Lourdes		£223,683
St Edmunds and St Thomas		£145,360
St Mary's Catholic primary School		£122,557
Our Lady of Walsingham		-£55,950
**Linacre Primary School		£89,491
**Linaker Primary School		£278,808
Accumulative School Balances 2023/24		£1,111,922

** Linacre Primary School, Bootle and Linaker Primary School, Southport are sponsored academy transfers and so the Council can decide and agree the level of balances that it will transfer on the conversion of each school.

- 3.5 Sefton Council has 90 days following the schools transfer to charge any outstanding liabilities against the closing school's accounts and agree the level of school balances to be transferred over the Trust.
- 3.6 The current school devolved formula capital balances (as December 2023) that will also transfer on conversion are as follows:

School Capital Balances (All the figures include the Energy Efficiency allocations).		
The Grange		£5,487.16
Lander Road		£35,125.47
Trinity St Peters		N/A
Our Lady of Lourdes		N/A

Agenda Item 6

St Edmunds and St Thomas	N/A
St Mary's Catholic primary School	N/A
Our Lady of Walsingham	N/A
**Linacre Primary School	£5,479.15
**Linaker Primary School	£17,661.87
Accumulative Capital Balances 2023/24	£63,753.65

4. Timetable

The proposed date of conversions is 1 September 2024 although there might be significant challenges in achieving this date.

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Agenda Item 7

Report to:	Cabinet	Date of Meeting:	04 April 2024
Subject:	Extension of Highway Maintenance Contracts		
Report of:	Assistant Director of Place (Highways and Public Protection)	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member - Locality Services - Deputy Leader		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

To seek approval to amend the end dates of three Highway Maintenance Service Contracts.

Recommendation(s):

That Cabinet:

- (1) Agree to extend Highway Term Maintenance Contract HM01 (Carriageway resurfacing) until 31st July 2026.
- (2) Agree to extend Highway Term Maintenance Contract HM08 (Surface treatments) until 31st August 2026.
- (3) Agree to extend Highway Term Maintenance Contract HM10 (Highway Maintenance) until 30th September 2026.
- (4) Authorises the Assistant Director of Place (Highways & Public Protection), in consultation with the Chief Legal and Democratic Officer, to formally extend the contracts to the revised dates.

Reasons for the Recommendation(s):

To align the end dates with the delayed start dates of the contracts.

Alternative Options Considered and Rejected: (including any Risk Implications)

All three contracts are currently due to end on 31st March 2026, as per the original contract documents, and the Council could decide not to change this date.

In accordance with the provisions with the Contract, the Council agreed 2-year contract extensions with the Contractors. However, as the commencement dates were delayed when the original contracts were issued in 2016, recent advice has highlighted that the

Agenda Item 7

current end dates would result in the contracts running for a shorter term than tendered for. Therefore, not changing the end dates to align with the actual commencement of the contracts could result in challenge, a need to re-negotiate rates and potential compensation events.

What will it cost and how will it be financed?

(A) Revenue Costs

All revenue costs will be contained within existing budgets.

(B) Capital Costs

A substantial proportion of the works will be funded from allocations in the Transport Capital Programme. The funding for this element of works has been secured for the next 4 years and is based on estimates generated from the current contracts.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):	
None.	
Legal Implications:	
None.	
Equality Implications:	
There are no equality implications.	
Impact on Children and Young People:	
No.	
Climate Emergency Implications:	
The recommendations within this report will	
Have a positive impact	Yes
Have a neutral impact	No
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes
Officers are working with the contractors to encourage innovation and works on carbon saving materials and projects. Warm-mix asphalts are, for example, now the default material for resurfacing works on residential streets.	

Contribution to the Council's Core Purpose:

Protect the most vulnerable: Maintenance of the Highway helps keep the highway safe for vulnerable users.
Facilitate confident and resilient communities: The effective repair and maintenance of the highway network will assist communities

across the borough.
Commission, broker and provide core services: Highway Maintenance is a statutory duty of the Council.
Place – leadership and influencer: Taking a leading role in the development and delivery of maintenance regimes will always be in the best interest of Sefton Council and its residents
Drivers of change and reform: To support reactive maintenance activities across the Council's respective highway networks, development of annual works programmes provides an opportunity for a wide range of conventional and proprietary surface treatments to be used, which leads to continuous improvements and reduced reactive maintenance across the borough and, therefore, associated outcomes of e.g. reduced potholes and congestion (due to maintenance activities on the highway).
Facilitate sustainable economic prosperity: The highway infrastructure is the Council's largest asset. Local businesses rely on effective transport links to enable them to trade and grow. Keeping the highway network and infrastructure well maintained reduces delays on the network thus contributing to this.
Greater income for social investment: The Council will continue to explore opportunities for additional social value and social investment. The Council's risk-based approach to a well-maintained highway network ensures best of Council funding.
Cleaner Greener The Council continues to work with contractors on innovation and cleaner, greener materials. These have been implemented on several projects and we are continuing to work on our net zero targets,

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.7613) and the Chief Legal and Democratic Officer (LD.5712/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Discussions have been held with all affected contractors who have confirmed that they are agreeable to extend their contracts on existing terms and conditions.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Appendices:

There are no appendices to this report.

Agenda Item 7

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 The Cabinet meeting on 5th October 2023 gave approval to extend five Highway Term Maintenance Contracts. These included HM01 (Carriageway Resurfacing), HM08 (Surface Treatments) and HM10 (Highway Maintenance) up to the remaining available periods in 2026.
- 1.2 Extending the contracts provided continuity of work for the contractors, allowed the Council to work collaboratively to efficiently plan for remaining years of the City Region Transport Settlement (CRSTS) funding allocation, and ensured a degree of certainty with estimates that have been prepared for funding bids.
- 1.3 The extensions also gave additional time to Officers to work on the Procurement exercise for the new contracts going forward, factoring in measures required to meet the Council's 2030 Net Zero pledge.
- 1.4 In 2016, when the contracts were first awarded, there were some delays in commencing the contracts, as a result of negotiations and dealing with responses from bidders in respect of the contract awards. HM01 started on 1st August 2016, HM08 started on 1st September 2016 and HM10 commenced on 1st October 2016.
- 1.5 In order to allow for the full 10-year contract period, the end dates should be amended to align with the original actual start dates. Cabinet approval is required to amend the contract end dates.
- 1.6 It is, therefore, proposed to extend HM01 until 31st July 2026, HM08 until 31st August 2026 and HM10 until 30th September 2026. So that the end dates align with the actual start dates and the contracts run for the full intended contract term.
- 1.7 Approval is requested for the Assistant Director of Place (Highways & Public Protection), in consultation with the Chief Legal and Democratic Officer, to formally extend the contracts to the revised dates.
- 1.8 The proposed changes are fully compliant with the Council's current Contract Procedure Rules.

Agenda Item 8

Report to:	Cabinet	Date of Meeting:	4 th April 2024
Subject:	Homelessness & Rough Sleeping Strategy 2024-29		
Report of:	Assistant Director of Place (Economic Growth and Housing)	Wards Affected:	All
Portfolio:	Communities & Housing		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

The Homelessness Act 2002 requires every Local Authority to publish a Homelessness Strategy at least every 5 years. This Strategy seeks to tackle all forms of homelessness, including those owed a statutory duty.

Recommendation(s):

- (1) The Council's Homelessness & Rough Sleeping Strategy 2024-29 be approved
- (2) That the Head of Economic Growth & Housing, in consultation with Cabinet Member Communities & Housing, be given delegated authority to put in place a Homelessness Strategy action plan, which will help deliver the strategy and monitor delivery.

Reasons for the Recommendation(s):

The Homelessness Act 2002 requires every Local Authority to publish a Homelessness Strategy at least every 5 years. The existing Strategy was published in January 2019 and is due to be renewed.

Alternative Options Considered and Rejected: (including any Risk Implications)

The Homelessness Act 2002, makes it a legal requirement for every Local Authority to carry out a homelessness review every 5 years, and to develop and publish a Homelessness Strategy based on this review. The only options relate to the agreed contents of a Strategy.

What will it cost and how will it be financed?

(A) Revenue Costs

Cabinet is asked to note the potential budget implications that would result from the commissioning of new proposed services recommended as a result of the Homeless Review. At present it is not clear how this additional financial burden would be met. Also,

Agenda Item 8

the responsibility for these new services is across departments and not just with homelessness services.

(B) Capital Costs

There are no direct capital costs arising from the Strategy.

Implications of the Proposals:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

<p>Resource Implications (Financial, IT, Staffing and Assets): There are no revenue cost implications with adopting Sefton's Homelessness & Rough Sleeping Strategy 2024- 2029. Cost implications will be considered on a case-by-case basis for any work relating to the delivery of the priorities highlighted in this document.</p>								
<p>Legal Implications: The Homelessness Act 2002 requires every Local Authority to carry out a homelessness review every 5 years, and to develop and publish a Homelessness Strategy based on this review. The current Strategy is now 5 years old.</p>								
<p>Equality Implications: The equality Implications have been identified and mitigated. An Equality Impact Assessment is available online.</p>								
<p>Impact on Children and Young People: No There are no direct impact for children and/or young people as a result of this Strategy.</p>								
<p>Climate Emergency Implications:</p> <p>The recommendations within this report will</p> <table border="1"><tr><td>Have a positive impact</td><td>No</td></tr><tr><td>Have a neutral impact</td><td>Yes</td></tr><tr><td>Have a negative impact</td><td>No</td></tr><tr><td>The Author has undertaken the Climate Emergency training for report authors</td><td>Yes</td></tr></table> <p>There are no direct climate emergency implications arising from this report. Any climate emergency implications arising from matters referred to in the Cabinet Member report will be contained in reports when they are presented to Members at the appropriate time.</p>	Have a positive impact	No	Have a neutral impact	Yes	Have a negative impact	No	The Author has undertaken the Climate Emergency training for report authors	Yes
Have a positive impact	No							
Have a neutral impact	Yes							
Have a negative impact	No							
The Author has undertaken the Climate Emergency training for report authors	Yes							

Contribution to the Council's Core Purpose:

<p><i>Protect the most vulnerable:</i> Those who are homeless, and, those at risk of becoming homeless are among the most vulnerable in society.</p>
<p><i>Facilitate confident and resilient communities:</i> Through the intervention by the Council and its partners at the most critical moment when residents are homeless or at the risk of becoming homeless in order to prevent further reliance on public sector support in the future.</p>
<p><i>Commission, broker and provide core services:</i></p>

The delivery of services which are based on the needs of the most vulnerable in society.	
<i>Place – leadership and influencer:</i> Through the close working relationship with Liverpool City Region to deliver services that help deliver the 2030 vision of the borough. Through working with Sefton VCF Partners who provide homeless related services.	
<i>Drivers of change and reform:</i> Through the understanding of the needs of the most vulnerable in society and change and reform of services in order to meet those needs.	
<i>Facilitate sustainable economic prosperity:</i> Help to prevent homelessness in Sefton has a wide-ranging positive impact for those most vulnerable in society by providing residents with the most basic form of need; housing.	
<i>Greater income for social investment:</i> Not applicable.	
<i>Cleaner Greener</i> Not applicable.	

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD7575/24) and the Chief Legal and Democratic Officer (LD5675/24) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

A consultation plan in order to create the Homeless Review was approved by the Council’s Consultation and Engagement Panel at its meeting in July 2023 and the results reported back to the Panel in November 2023.

The production of the Homeless Review has included a combination of a data exercise, looking at data past and present and consulting with a range of partners and service users. The consultation was a mixture of online and face to face, including a £10 voucher to anyone undertaking an in-depth interview.

The draft Homelessness Strategy was also subject to a 12-week consultation period from 30th October 2023 to 21st January 2024.

Cabinet Member Communities & Housing has been kept informed regularly throughout the process also.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting.

Contact Officer:	Graham Parry
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Appendices:

Agenda Item 8

Appendix A – Homelessness & Rough Sleeping Strategy 2024-29

Background Papers:

The following background papers, which are not available elsewhere on the Internet can be accessed on the Council website:

Homeless Review (evidence base)

Equality Impact Assessment

1. Introduction/Background

1.1 The Homelessness Act 2002, requires every Local Authority to carry out a homelessness review in its Borough every 5 years, to develop and publish a Homelessness & Rough Sleeping Strategy based on this review and to consult with other statutory and voluntary organisations. This is Sefton's fifth review and builds upon the work of the first four carried out in 2003, 2008, 2013 and 2018. On this occasion, the review has been undertaken by the consultants, Imogen Blood & Associates. The existing strategy is 5 years old and is due for renewal.

1.2 The latest Homelessness Review report provides many conclusions and recommendations, which will form the basis of the delivery of this new Strategy. An action plan will be developed and agreed with the Cabinet Member Communities & Housing following the approval of the recommendations in this report and will be drawn from recommendations in the Homeless Review and Homeless Strategy. It is intended that these actions will need to be completed during the lifetime of this strategy from 2024 – 2029. The Action Plan will be a live action plan, to be agreed within the proposed governance arrangements, which will be continually reviewed and revised throughout the delivery.

2 Success and Achievements from the last Strategy

2.1 The consultants reviewed the previous Homelessness Strategy and Action Plan and found that a number of positive achievements had been made by Sefton from 2018 to 2023.

2.2 The main achievements being:

- Move to consortium alliance of Providers and human learning approach to supported housing commissioning on 10-year contract.
- Shared, centralised system (MainStay) for assessments, placements and case management in partnership with Housing Options.
- Implementation of Homelessness Reduction Act and Duty to Refer.
- Ongoing commitment to resourcing plus successful bidding has enabled:
 - Dedicated lead for homelessness commissioning.
 - Specialist roles, including recent expansion of Housing Options, clinical psychologist.
 - Assertive outreach and emergency provision to tackle rough sleeping.
 - Hospital in-reach/ discharge project in Southport.

- Expanded award-winning Riverside Dispersed Families and implemented Rough Sleeper Accommodation Programme with single people.
- Alongside much relevant activity and resource in CVS/ statutory partners.

3 Ongoing Governance arrangements to deliver the Strategy

- 3.1 The Review report contains a number of conclusions and recommended priorities. The majority of these will need to be addressed on an ongoing basis over the 5-year lifetime of the strategy.
- 3.2 The Homeless Providers Forum will continue to meet on a quarterly basis to help improve delivery of the commissioned services; inform future recommissioning of the homelessness services within the lifetime of this Strategy and ensuring the delivery of commitments in the Strategy and subsequent actions.
- 3.3 The implementation of some actions, particularly those with cross department and organisational responsibility that have resource implications, would need to be referred to Cabinet, relevant Cabinet Member or other formal decision-making body prior to formal implementation. Engagement with the Sefton Partnership infrastructure to ensure the commitment and delivery of these priorities in partnership with health colleagues is critical.

4 Consultation

- 4.1 The draft Homelessness Strategy was also subject to a 12-week consultation from 30th October 2023 to 21st January 2024.

- 4.2 The comments received from the Public and from Organisations within Sefton included,

'Within Sefton there are many brownfield sites that I am sure would be suitable for the development of 1-bed properties....., with the increase in population and decrease in available land, I would suggest that it is better to have 1-bed flats or houses without parking than it is to have homeless people. For example, "tiny houses" are surely better than nothing. There isn't just one perfect solution in this imperfect, unequal world.'

'It is unreasonable to (expect people to) suddenly withdraw from substances, and especially with alcohol may be dangerous. Such hostel accommodation not making provision for drug and alcohol use. I would thoroughly endorse the provision of wet hostel or accommodation where the use of alcohol and/or drugs is permitted (supervised). I would hope that Sefton would see a real need for this sort of accommodation and give this some more priority.'

'There is reference to Complex needs and palliative but not how this works with health and hospice offers.'

'Improve and increase daytime services including access to dentists and other health care professionals.'

'Move towards removing shared bedrooms in all accommodation.'

Agenda Item 8

'Improve accommodation and high need specialist care for people with significant problems with addiction.'

'Increase the size of the floating support team.'

'Raise awareness of services provided by the floating support services.'

'Prevent more people becoming homeless through better sign posting.'

'Improve access to affordable housing.'

'Move people who are, or in danger of being homeless to a higher band.'

'Develop alternative models of care and support for those preparing to start work.'

'Place link works in additional appropriate locations such as job centres.'

5 Joint Priorities

- 5.1 Whilst there are no revenue cost implications with adopting Sefton's Homelessness & Rough Sleeping Strategy 2024 – 2029, there are priorities within this Strategy which will require joint commissioning with other organisations and Council departments, as the responsibility does not sit solely with Homelessness Teams to deliver.
- 5.2 Homelessness funding at this time is uncertain, mainly due to a General Election being imminent and the Department of Levelling Up, Housing & Communities unable to confirm what funding streams that Councils will be able to access beyond the next financial year.
- 5.3 Cost implications will be considered on a case-by-case basis for any work relating to the delivery of the priorities highlighted in this document and separate approval will be sought with the relevant Cabinet Members that have responsibility for that portfolio area that is joint funding an initiative.

6 Conclusions

- 6.1 The Council are legally required to undertake a Homelessness Review and produce a new Homelessness Strategy every 5 years. The latest Review has been concluded, with a number of recommendations.
- 6.2 Once this Strategy is approved an action plan will be developed and, if approved by Cabinet, Cabinet Member Communities & Housing will be given delegated authority to finalise the action plan, which will help deliver the strategy.
- 6.3 The process to undertake the Homelessness Review, and to produce the Homelessness Strategy has been the subject of significant consultations. The views from a variety of stakeholders were sought as part of this homelessness review, this included both commissioners and services providers from the public,

Agenda Item 8

and VCF sectors, together with a number of face-to-face interviews were undertaken with people who were experiencing homelessness.

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Sefton Council's Homelessness and Rough Sleeper Strategy 2024 - 2029



Table of Contents

1 Foreword from Cabinet Member 1

2 Executive Summary 2

3 Introduction and key Achievements from the 2018-2023 Strategy 4

4 Key Findings of the 2023 Homeless Review 6

5 Our Priorities 9

6 Detail and recommended actions 10



1 Foreword from Cabinet Member

I am pleased to introduce Sefton Council's Homelessness & Rough Sleeping Strategy 2024-2029.

This Strategy builds on all of the good work achieved from the previous Strategy.

The Strategy for the next five years sets out our approach for tackling homelessness and rough sleeping across the borough with three key priorities being:

- Improve Access to Accommodation
- Increased Prevention of Homelessness and Rough Sleeping
- Focus on Support

Tackling homelessness needs all agencies to work together and the priorities within this Strategy will ensure that these agencies will work in partnership closer than they have ever done in order to address the issues that Sefton is facing.

The increase in the cost of living than the country is seeing is affecting people across Sefton too, but we feel we are in a strong position to meet the challenge to reduce homelessness over the next five years.

Councillor Trish Hardy

Cabinet Member for Communities & Housing



2 Executive Summary

In 2023, researchers from Imogen Blood & Associates were asked to review Sefton’s Homelessness services. In July and August 2023, the researchers:

- visited twelve different homelessness services.
- spoke in depth to around 40 people who had used these services.
- spoke to 32 professionals, and another 27 professionals filled in a survey.
- looked at lots of information about homelessness in Sefton.

Imogen Blood & Associates developed the Homeless Review from their research and produced the Strategy. The Strategy sets out the priorities recommended to Sefton Council and organisations it works with to tackle homelessness over the next 5 years.

The Strategy was also subject to a 12-week consultation period to gain the views from organisations and the public.

The following table summarises the priorities and key actions:

<p>1. Improve Access to Accommodation</p> <ul style="list-style-type: none"> • Develop alternative housing models and pathways for those who are in or close to work, including younger people. • Improve access to affordable housing, with housing strategy and development decisions to be informed by intelligence and priorities from the review.
<p>2. Reduction of Homelessness and Rough Sleeping</p> <ul style="list-style-type: none"> • Improve coordination of homelessness prevention activities across sectors, to include a focus on ‘hidden’ homelessness, tenancy sustainment and pre-eviction protocols. • Continue to implement, evaluate and develop new approaches to delivering Housing Options services across the whole system.

3. Focus on Support

- Improve accommodation and the provision and coordination of specialist support for people with high health and/or care needs.
- Implement housing-led oversight within the supported housing pathway and improve data reporting so this can be used to monitor whole system performance.
- Improve the quality of emergency bed and temporary accommodation provision and associated support.
- Sustain, further promote and seek to expand floating support, tenancy sustainment and dispersed schemes, especially where there is potential to convert to general needs.

3 Introduction and key Achievements from the 2018-2023 Strategy

Since the [last review of homelessness in Sefton in 2018](#), Sefton Council and its partners have responded to wider changes, including the Covid-19 pandemic, when we brought *Everyone In* from the streets; additional migration from Ukraine and Syria; and the ongoing impacts of welfare reform, austerity and the cost-of-living crisis.

During this period, there have been a number of significant improvements to the approach to preventing and responding to homelessness in the borough, led by the 2018-23 Action Plan. This has, for example, included:

- Successfully commissioning an alliance of providers to deliver and continuously improve a pathway of supported housing for single households through a 10-year contract.
- Implementing a shared and centralised system for assessing and placing individuals in supported housing, in close partnership with the Housing Options Team (HOT) and using Liverpool City Region's MainStay case management system.
- Building strong working relationships across the system to implement the Homelessness Reduction Act 2017 and Duty to Refer processes so that partner agencies can refer those at risk of homelessness into Housing Options.
- Proactively and successfully seeking additional funding and resource from central government and the combined regional authority to test innovative approaches to preventing and tackling homelessness, including:
 - Appointing a dedicated lead for homelessness commissioning
 - Embedding a clinical psychologist within the supported housing group
 - Expanding the award-winning Riverside Dispersed Families project to benefit a further twenty families over a two-year contract extension.

- Developing a hospital in-reach initiative in Southport through Light for Life
- Funding a range of specialist and dedicated roles, including through HOT (Domestic abuse, Prison release, Homes for Ukraine, outreach worker) and through Light for Life (hospital discharge initiative in Southport).
- Commissioning assertive outreach/ 'navigator' services and significant emergency bed provision to tackle rough sleeping in the borough, which has helped to bring visible and officially counted rough sleeping in the borough to zero for the past two years.
- Over this period, the council's voluntary and statutory partners have also invested in and developed their response to homelessness. For example,
 - Light for Life has developed a Health hub in Southport, with funding from Rough Sleeper Initiative, Big Lottery funding, donations and the Integrated Commissioning Board
 - Department of Work and Pensions has appointed specialist homelessness workers and launched a partnership with Beam.

4 Key Findings of the 2023 Homeless Review

Sefton Council commissioned a comprehensive review of homelessness services to better understand how the whole system is working together and where it should focus efforts over the next five-year period.

Sefton commissioned independent researchers Imogen Blood & Associates to carry out extensive engagement with people using as well as working in services and to collect new and analyse existing datasets.

The findings of this substantial activity are summarised in the accompanying evidence base.

These findings highlight:

- Increasing incidence of homelessness, including both 'hidden' homelessness and demand for services
- Lack of supply of affordable social housing
- Impact of changes within the private rented housing market, which are placing more households at risk of homelessness, and making it very difficult for those facing homelessness to access new tenancies.
- High levels of multiple health and support needs amongst those facing homelessness
- Lack of sufficient housing, care and support options for those with the most complex needs, which increases safeguarding risks for individuals, workers and other citizens.

This is resulting in:

- High usage of Temporary and Emergency Accommodation, with people staying much longer than intended in sometimes unsuitable settings.
- Unmet demand for supported housing, with 177 people waiting for a placement at the end of July 2023, and less than half those assessed for supported housing being placed within the year.

- A significant cohort of local people with long histories of homelessness or housing instability who are effectively circling the system, leading to deterioration of health.
- Vulnerable adults being discharged from hospital (including psychiatric hospital) with inadequate provision of care, support and accommodation.
- Inefficient use of existing supported housing provision due to lack of move-on: with the majority of those in supported housing felt by their keyworkers to be ready to move on, and many over-staying because longer-term supported options are not available.
- People losing general needs tenancies due to a range of personal, health, social and economic challenges.

The council and its partners have already started to implement changes to better respond to these challenges, including:

- Re-structuring and expanding the Housing Options service to improve access - by phone, online and through specialist, co-located officers working in prisons, with survivors of domestic abuse, young people leaving the care system, and Ukrainian refugees, and a “not in priority need” officer visiting emergency beds and hubs.
- Creating some self-contained emergency bed provision in the form of ‘pods’ within existing hostels
- Improving the use of managed moves between accommodation-based services, to reduce the number of evictions from supported housing.
- Drafting a pathway of services for women with complex needs and working with LCRCA to consider options for a Housing First model within this.
- Working with Children's Services to improve housing pathways for young people leaving local authority care – to date this has included a dedicated housing post within Children's Services, agreement of Band A access to Property Pool Plus for this cohort, and the drafting of a cross-departmental protocol.

- Working to make the best use of Council owned land to deliver new affordable housing, including the direct delivery of homes for social rent through the Council Housing Programme, and via our housing company Sandway Homes.
- Market engagement with strategic Registered Provider partners to facilitate new social housing developments, including helping them to access brownfield grant funding.
- Working to encourage professional private landlord investors into the borough, particularly those who provide a 'mid-market' product at less than market rents.

5 Our Priorities

Having systematically analysed the views and experiences of professionals and people with lived experience, the review team has proposed the following set of strategic priorities for Sefton and its partners over the next five years.

1. Improve Access to Accommodation

- Develop alternative housing models and pathways for those who are in or close to work, including younger people.
- Improve access to affordable housing, with housing strategy and development decisions to be informed by intelligence and priorities from the review.

2. Reduction of Homelessness and Rough Sleeping

- Improve coordination of homelessness prevention activities across sectors, to include a focus on 'hidden' homelessness, tenancy sustainment and pre-eviction protocols.
- Continue to implement, evaluate and develop new approaches to delivering Housing Options services across the whole system.

3. Focus on Support

- Improve accommodation and the provision and coordination of specialist support for people with high health and/or care needs.
- Implement housing-led oversight within the supported housing pathway and improve data reporting so this can be used to monitor whole system performance.
- Improve the quality of emergency bed and temporary accommodation provision and associated support.
- Sustain, further promote and seek to expand floating support, tenancy sustainment and dispersed schemes, especially where there is potential to convert to general needs.

6 Detail and recommended actions

Imogen Blood & Associates have recommended the following actions for each of these priority areas. Details of potential learning from other areas are included in the Evidence Base report, section 5.

1. Improve Access to Accommodation

- **Develop alternative housing models and pathways for those who are in or close to work, including younger people.**

The consultant interviewed several supported housing residents who were working or wanted to work and potentially save for a deposit for a private rented property but were restricted in this because of supported housing funding models.

There are examples of affordable sharer models being run elsewhere (see S.5 of Evidence Base Report). The consultant would encourage partnership working between DWP, employability and homelessness services to develop and agree pathways and options for this diverse group.

Recommendations

- Scope, adapt as necessary for local context and seek to introduce one or more of the suggested models to provide transitional or longer-term sharer models for those who are in or close to work.
- Work in partnership across housing, employment and benefits agencies to develop and coordinate this offer.
- Identify and divert individuals from the supported housing pathway into such models at the earliest opportunity to free up supported bedspaces, reduce the risk of avoidable deterioration in people's circumstances, and provide an exit route from homelessness for this group.

- **Improve access to affordable housing, with housing strategy and development decisions to be informed by intelligence and priorities from the review.**

Bold action is clearly needed in relation to housing supply in Sefton as elsewhere and a business case could be made based on potential cost savings to homelessness services. Detailed recommendations in this area are beyond the scope of our review, and we understand some of the following activities are already planned or underway.

Recommendations

- Review Property Pool Plus policies and processes in relation to their impact on the effective running of homelessness services, and to streamline procedures as far as possible to make best use of staff time.
- Continue with the HMO licensing scheme to tackle the very poor conditions and harassment from some PRS landlords we heard about in the engagement, especially within Southport.
- Ensure that as Sefton makes plans for its Council Housing Programme (CHP) that models which can provide more permanent housing options for people experiencing homelessness are considered, alongside more cost-effective forms of temporary accommodation (this might, for example include concierge/ extra care type models aimed at this client group).
- Invest more in developing partnerships with and attractive offers to private sector landlords. Given the current state of the market, this may need to include the council or other providers leasing from landlords or providing insurance or incentive.

2. Reduction of Homelessness and Rough Sleeping

- **Improve coordination of homelessness prevention activities across sectors, to include a focus on 'hidden' homelessness, tenancy sustainment and pre- eviction protocols.**

The consultant observed the impact of strong multi-agency operational relationships developed in Southport between CVS, council, criminal justice, health and others, and heard how co-location, trauma-informed training, champion schemes and joint projects had contributed to this. Interviewees recognised the different landscape and resources in Bootle for replicating this approach, and the potential benefits which this could have. They were also struck by the breadth of activity across sectors which was contributing to the prevention of homelessness: the consultant heard that people did not always know about these resources and that those running them were sometimes operating in isolation from the rest of the system.

Recommendations

- Review learning from Light for Light hub model in Southport, and consider how the council, its statutory and voluntary sector partners might coordinate efforts to develop a similar approach in Bootle.
- As part of this process, review the delivery of outreach surgeries to homelessness hubs and hostels by drug and alcohol, Probation and other specialist services – this is greatly valued in some settings, but appears to be missing from others, with individuals sometimes having to make long and expensive journeys to appointments in other parts of the borough.
- This should be part of a wider strategy to better involve the community, voluntary and faith sector, alongside HOT and commissioners in the delivery of the homelessness strategy. For example, lack of white goods/ furniture, storage of belongings, daytime warm spaces/ activities for people in emergency beds were all highlighted as key challenges and could be addressed through greater coordination of and with community-led resources. These agencies can play a key role in generating intelligence on 'hidden' homelessness. See examples from s.5 of the Evidence Base Report on approaches taken in other areas.

- Ensure that social landlords, DWP and social care are also part of this strategic approach, so as to implement a clear multi-agency approach to early intervention and pre-eviction protocols: at the moment there is a sense that Housing Options are only relevant where there is a risk of homelessness within 56 days.
- Sustain and more widely promote the Homelessness Forum, or other methods to share information and coordinate activity across statutory and voluntary sectors.
- **Continue to implement, evaluate and develop new approaches to delivering Housing Options services across the whole system.**

The HOT team are in a process of transition, with new roles and direction - though positively received across stakeholders we spoke to, these are yet to bed in across services. It will be key for HOT to play a pivotal and outward-facing role in this, though there may also be opportunities to sub-contract elements of their statutory role to trusted partners.

Recommendations

- Continue to develop and evaluate the model of developing specialist roles within HOT to act as link workers across the system, recognising these relationships can take time to develop (as in Leaving Care).
- Finalise the protocol which is being developed with the Leaving Care team to reduce the risk of homelessness at this key transition.
- Adult social care and children's social care (beyond the Leaving Care team) require a similar model with a link worker and protocol – for adult services, this could be achieved via the dedicated social worker already proposed.
- Continue to develop the drafted pathway for women with complex needs, exploring the opportunities for commissioning Housing First as part of this, in partnership with Liverpool City Region Combined Authority.

3. Focus on Support

- **Improve accommodation and the provision and coordination of specialist support for people with high health and/or care needs.**

There is evidence within the review of a small but significant group of people with high healthcare/ care needs (including palliative care needs), alongside complexity arising from substance use, mental health, long-term homelessness. Some of these people are currently accommodated within supported housing schemes. Others are bouncing between hospital and emergency accommodation, leading to significant safeguarding risks.

Recommendations

- Fund a specialist social worker to work alongside homelessness services to engage, assess and review housing, care and support options for these individuals.
- Complex needs panel, reporting to Safeguarding Adults Board to enable operational joint working and monitoring of the most multiply disadvantaged individuals.
- The Strategic Housing Commissioning Group and the proposed Strategic Housing Partnership to develop alternative, longer term (including palliative) housing and care models for those with high levels of complexity.
- **Implement housing-led oversight within the supported housing pathway and improve data reporting so this can be used to monitor whole system performance.**

The consultant recommends a personalised approach to identifying and advocating for settled housing options for those within the supported housing pathway. Given the huge diversity of residents' circumstances and the considerable challenges around affordable housing supply in the borough, this requires a range of coordinated measures, involving support workers, Housing Options, Property Pool Plus, and Rapid Rehousing Pathway staff, with good links to Housing Strategy, and a range of resources to access PRS properties.

Recommendations

- Identify who in the system is best placed to provide specialist, personal housing planning and review to residents of supported housing. This might be through further developing and coordinating existing approaches, such as Property Pool Plus surgeries, the Rapid Rehousing Pathway and the HOT Not In Priority Need (NIPN) worker, so this offer is consistent and sufficient.
- Ensure there is sufficient expertise and authority within this role, and structures in place to which operational blocks and strategic priorities can be escalated.
- Review the current use of Band B for supported housing residents and consider whether the personal housing planner can be given/ will have authority to propose or make person-led banding decisions.
- Ensure this role has expertise and resource to develop creative responses to individuals' circumstances, as well as advocate for access to social housing, for example identifying naturally formed groups of residents who might want to share, perhaps in the private rented sector with some support, individuals who might be suitable for Homeshare, Emmaus or other live-in volunteering roles, Property Guardianship etc.
- Develop and implement suitable oversight mechanisms to ensure progress on personalised move-on planning, whilst also highlighting early on those who are likely to have longer term care and/or support needs.
- Ensure that Mainstay is used to maximum effect to flag and monitor move-on needs and blockages, providing reliable intelligence to inform further commissioning and strategy. Review reports from MainStay so these focus less on the outputs/ throughputs of individual services and more on the movement of individuals through the whole system, also focusing on those who drop out or lose contact at key points (e.g., whilst awaiting placements) – our initial recommendations are detailed in section 5 of the Evidence Base document.

- Look to develop across HOT the current approach in which Property Pool Plus workers work through cases directly with a dedicated worker (e.g., used in Homes for Ukraine and with some commissioned providers)

- **Improve the quality of emergency bed and temporary accommodation provision and associated support.**

Waiting lists for supported housing placements mean that some people are spending much longer than intended (e.g. several months) in emergency beds. All of these are offered on a nightly and night-time only basis which is having a clear impact on people's mental and physical health, safety and offending. There is still some dormitory provision (mixing people of different ages with varied needs and backgrounds, despite stated aspirations to move away from this in a post-Covid era. Meanwhile, families and those in priority need are spending longer in temporary accommodation and there is high use of nightly-paid and Bed & Breakfast accommodation which, for longer stays, is associated with poor outcomes and value for money.

Recommendations:

- Remodel remaining dormitory provision to create individual sleeping spaces.
- Review daytime provision for those accessing emergency beds, drawing in wider resources where necessary/ valuable (churches, community and voluntary groups, libraries, etc) to provide a daytime and early evening offer.
- Continue the Not in Priority Need (NIPN) outreach worker from HOT into emergency provision for singles.
- Work proactively with private as well as social landlords to identify high quality lease-based models of temporary accommodation.
- Explore alternatives such as for young people with lower support needs.

- **Sustain, further promote and seek to expand floating support, tenancy sustainment and dispersed schemes, especially where there is potential to convert to general needs.**

From the review it was evident that too many tenancies were failing, and that additional support would help to ensure that people could sustain their tenancies.

Recommendations

- Ensure staff in HOT and supported housing services understand what floating support is available, for whom and how to refer into this.
- Collect outcomes on floating support/ hub services which are consistent with HO terminology and can be included in statutory reports, i.e., prevention secured by sustaining existing OR securing alternative accommodation, and which record whether duty was accepted where referral made to HOT.
- Review whether and how existing provision does or should link to social landlords' own tenancy sustainment offers and influence the further development of these as necessary.
- The Review found that Riverside's Intensive Support models were well regarded, enabling tenancies to be converted to general needs to prevent further movement where people have settled. Look for opportunities to extend and replicate this approach, recognising the risks for different cohorts from a time-limited support offer.

Agenda Item 8

Agenda Item 9

Report to:	Cabinet	Date of Meeting:	4 April 2024
Subject:	Council Housing Governance and Management Arrangements		
Report of:	Assistant Director of Place (Economic Growth and Housing)	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member - Communities and Housing		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

This report: seeks delegated authority for the formal adoption of a suite of council housing policies required to facilitate the management and maintenance of any new Council owned homes as part of the Council Housing Programme; details the future governance arrangements for the management of the Council's homes; and also seeks approval for an Early Acquisition Scheme including delegated authority to acquire additional properties for council housing provision.

Recommendation(s):

Cabinet is asked to:

- (1) Give authority to the Assistant Director of Place (Economic Growth and Housing) in consultation with the Cabinet Member for Communities and Housing to review and approve a suite of council housing policies to be adopted to facilitate the operational housing management of new council housing.
- (2) Give authority to the Assistant Director of Place (Economic Growth and Housing) in consultation with the Cabinet Member for Communities and Housing to agree any amendments and/or additions to the suite of policies including the adoption of any future policies that may be required.
- (3) Note the proposal to create a Housing Advisory Board as part of the future governance arrangements in respect of housing management.
- (4) Recommend to Council that Council approves a supplementary capital estimate of £750,000, for an Early Acquisition Scheme to acquire additional properties for Council housing to be included within the Capital Programme, funded through historic right to buy sharing agreement receipts and Homes England grant funding where this may be available and suitable.
- (5) If the supplementary capital estimate is approved by Council, Cabinet delegate authority to the Executive Director of Corporate Resources and Customer Services and the Assistant Director of Place (Economic Growth and Housing), in consultation

Agenda Item 9

with the Cabinet Member for Communities and Housing and the Cabinet Member for Regulatory, Compliance and Corporate Services, to approve acquisitions to the Council Housing Programme up to a value of £750,000 funded through historic right to buy sharing agreement receipts and Homes England grant funding where this may be available and suitable.

Reasons for the Recommendation(s):

To ensure that the Council has the necessary policies and governance arrangements in place ready to manage new council housing. Approval at this stage will allow the Council to progress to be operationally ready to take homes into management.

Given the homes at Buckley Hill Lane are not due for handover until early 2025, there is opportunity for the Council to consider early acquisitions to the Council Housing Programme to bring additional homes into management to help meet housing need as demand for social housing increases. The Council is seeing growing pressures on its homelessness service and temporary accommodation provided and early acquisitions into the programme could help to support this.

Alternative Options Considered and Rejected: (including any Risk Implications)

No alternative option in respect of the policy adoption is available. The Council is required to have a range of policies in place that will help to meet legislative and regulatory requirements for the management and maintenance of the Council's homes.

The Council could choose not to set up and operate a Housing Advisory Board. This option is not recommended. A number of existing stock holding local authorities operate a board type of arrangement. The creation of a Housing Advisory Board provides additional and strengthened governance arrangements to the landlord service that the Council will provide to future tenants. The Housing Advisory Board provides a good opportunity for tenants to help shape the service, be involved in and participate in decision making on key matters of the management and maintenance of the Council's homes. This also supports the new regulatory standard of 'Transparency, Influence and Accountability Standard' enabling opportunity for tenants to influence strategies, policies and services. The new standard will take effect from 1st April 2024 as part of the revised consumer standards and Code of Practice published by the Regulator of Social Housing. See Appendix 1.

The Council could choose not to support early acquisitions into the Council Housing Programme. However, given the Council intends to be operationally ready to manage homes in advance of the properties at Buckley Hill Lane being handed over there are opportunities available to start bringing homes into management earlier and respond to the housing and homelessness pressures being faced in Sefton.

What will it cost and how will it be financed?

(A) Revenue Costs

Revenue costs will be required for the ongoing and long-term housing management and maintenance of the properties once they are in Council ownership. The cost of this service will be off set against the rental income that the Council will receive.

A full financial appraisal cannot be included within this report at this stage given property information, rent calculations and other financial information will only be known once a property is identified for acquisition. However, full financial appraisals will be produced for each property or properties proposed to be acquired including the initial capital and revenue implications, the ongoing revenue implications and the associated risks – both financial and non-financial – and how these will be managed. This will be presented to the delegated decision makers to support the decision and to ensure the acquisitions provide value for money.

(B) Capital Costs

Capital funding will be required to fund the acquisition of any properties. A sum of £750,000 is identified to provide an envelope for early acquisitions. Sufficient funding is available to support early acquisitions in the form of historic right to buy sharing agreement receipts following the Councils stock transfer to One Vision Housing.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):

There are no direct financial implications that will arise following the approval of recommendations one to three within this report. There are however financial implications linked to the delivery of council housing and the ongoing management and maintenance of homes.

There will be a staffing requirement to the management of the Housing Advisory Board which will be met within the Housing and Investment Service.

Early acquisitions will require funding for the acquisitions as a capital cost and any associated costs such as legal fees. The cost of ongoing management and maintenance of the housing stock will be met from rental income from tenants.

Legal Implications:

In becoming a landlord of social housing, the Council is required to comply with all relevant legislation in managing and maintaining its homes. As a Local Authority Registered Provider, the Council will be regulated by the Regulator of Social Housing and required to comply with the standards set for local authorities. The policies detailed in this report will support the Council in meeting legislative and regulatory requirements. Proposed governance arrangements will provide additional oversight, accountability and tenant involvement in decisions around the management and maintenance of the Council's homes.

Equality Implications:

An Equality Impact Assessment has been undertaken and no negative impacts have been identified. The EIA found that the provision of council housing and subsequent landlord service will have a positive impact on the protected characteristics of age and disability. The EIA will be reviewed and updated at the relevant review point and as work continues with the operational requirements to enable the Council to provide council housing.

Agenda Item 9

The application of policies will need to take account of any possible impacts on individuals. This will be fully assessed and recorded for the policies.

Impact on Children and Young People:

In acquiring and/or developing new council housing, the Council will seek to meet and support any gaps in the existing social housing provision which may include future provision of homes to support looked after children and care leavers.

Climate Emergency Implications:

The recommendations within this report will

Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

The report recommendations are to support the introduction of a suite of housing policies and the creation of a Housing Advisory Board both of which will have a neutral impact at this time. New homes will be developed to high energy efficiency standards which will help to reduce energy costs for tenants living in council homes. Future policies will need to consider decarbonisation possibilities.

Contribution to the Council's Core Purpose:

Protect the most vulnerable:

New council housing will provide secure, quality homes to those most in housing need. Homes will be let wherever possible at social rent level which offers the most affordable route to social housing. New homes will be developed to high energy efficiency standards which will help to reduce energy bills for tenants.

Facilitate confident and resilient communities:

Provision of new council housing will provide additional housing choice to local communities in Sefton. Homes will be offered through Council tenancies enabling stability for households and families in housing need creating sustainable, confident, and resilient communities. A new housing management and maintenance service will be in place for tenants of any new Council owned homes and will support tenants and communities through this service.

Commission, broker and provide core services:

Provision of new council housing will become a core service. A new housing management and maintenance service will be provided to future tenants of the Council's home with functions delegated to an appointed housing management agent to deliver. Homes will be let through the existing allocations scheme, Property Pool Plus which is already in place as a core service.

Place – leadership and influencer:

Not applicable.

<p>Drivers of change and reform: New council housing will offer homes at social rent adding to the existing provision of social housing in Sefton and providing an alternative social housing offer to those in housing need.</p>
<p>Facilitate sustainable economic prosperity: Having a good place to live is essential for the future success and prosperity of our residents. Development of new council housing will generate direct and indirect employment and training opportunities supporting economic prosperity. Supply chains such as contractors, suppliers, technical and professional services will be supported throughout the development process.</p>
<p>Greater income for social investment: Rental income generated by new council housing can be reinvested back to deliver the positive social impacts outlined in this paper.</p>
<p>Cleaner Greener: Newly developed council housing will provide high quality homes and be energy efficient with low carbon design measures.</p>

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD7576/24.....) and the Chief Legal and Democratic Officer (LD.5676/24....) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Appendices:

The following appendices are attached to this report:

Appendix 1 - Regulator of Social Housing Consumer Standards April 2024
<https://assets.publishing.service.gov.uk/media/65defb37f1cab30011fc4838/4. Annex 3 - Consumer Standards - FINAL.pdf>

Background Papers:

Agenda Item 9

Cabinet (06/04/2023) – Item 154 – Council Housing Business Plan

1. Introduction/Background

- 1.1 In November 2023 Cabinet approved the acquisition of 18 apartments from Sandway Homes at the Buckley Hill Lane development site in Netherton and the supplementary capital estimate for the scheme was approved by Full Council on 18th January 2024.
- 1.2 Sandway Homes, with their appointed contractor Challenger Building Services, have made a start on site with the 18 apartments programmed to be handed over to the Council early in 2025.
- 1.3 In April 2023 Cabinet approved the Council Housing Business Plan which set out proposals for the Council to deliver around 46 homes as part of a first phase of acquisitions for the programme. The report noted that a budget of approximately £5m is available accrued through the Right to Buy Sharing Agreement with One Vision Housing and S106 Commuted Sum income.

2. Regulation of Social Housing

- 2.1 The Council has registered with the Regulator of Social Housing as a provider of social housing based on the intention to acquire homes in the near future. The Regulator of Social Housing operates a regulatory framework which sets to promote a viable, efficient and well-governed social housing sector able to deliver quality homes and services for current and future tenants. This includes a set of standards that Registered Providers are required to meet, setting required outcomes and specific expectations. The Regulator takes a co-regulatory approach to regulation meaning that councillors of local authorities are responsible for ensuring that providers are being managed effectively and meeting regulatory requirements.
- 2.2 Compliance is assessed against a set of Economic and Consumer Standards. Only one of the Economic Standards applies to Local Authority Registered Providers, this being the Rent Standard, whilst all Consumer Standards apply.
- 2.3 The Social Housing (Regulation) Act 2023 received Royal Assent in July 2023 bringing forward some of the biggest reforms to social housing, and in particular the regulation of social housing in decades. Largely a result of the tragic events at Grenfell Tower which saw serious issues on the safety and quality of social housing identified as well as the way in which social housing tenants are treated by their landlords.
- 2.4 The law brings forward some ground-breaking changes, including a new set of consumer standards which will be effective from 1st April 2024. The new consumer standards are:
 - The Safety and Quality Standard – requires landlords to provide safe and good quality homes and landlord services to tenants.
 - The Transparency, Influence and Accountability Standard – requires landlords to be open with tenants and treat them with fairness and respect so that

tenants can access services, raise complaints when necessary, influence decision making and hold their landlord to account. This standard incorporates Tenant Satisfaction Measure requirements.

- The Neighbourhood and Community Standard – requires landlords to engage with other relevant parties so that tenants can live in safe and well-maintained neighbourhoods and feel safe in their homes.
- The Tenancy Standard – sets requirements for the fair allocation and letting of homes and for how those tenancies are managed and ended by landlords.

3. Council Housing Policies

3.1 A number of policies are necessary to ensure that the Council can effectively manage its homes and the tenancies that will be in place with tenants. A suite of policies have been reviewed and are in the process of being drafted ready for adoption. The full list includes:

- Aids and Adaptions Policy
- Anti-social Behaviour Policy
- Damp and Mould Policy
- Decant Policy
- Council Housing Domestic Abuse and Violence Policy
- Neighbourhood Policy
- Placement and Support for Care Experienced Policy
- Property Safety and Compliance Policy
- Rent Arrears and Credit Management Policy
- Rent Setting Policy
- Repairs and Maintenance Policy
- Resident Involvement Policy
- Right to Buy Policy
- Service Charge Policy
- Tenancy Policy
- Void Policy

3.2 In addition to the above list, there are a number of existing policies that the Council has in place that will be relevant to the management and maintenance of new council housing. This includes:

- Corporate Complaints Policy
- Equality, Diversity and Inclusion Strategy
- Data Protection Policy
- Property Pool Plus Policy

3.3 The suite of policies will require review at relevant points, and this will be staggered to ensure that this review process can be effectively managed given that the proposal is to adopt the policies at the same time. Policies will also require review upon legislative and/or regulatory changes, as well as learning from best practice such as publications from the Housing Ombudsman Service. Whilst the above list of policies is comprehensive, there may be need for additional policies to be developed and adopted.

Agenda Item 9

3.4 Future tenants of council homes will be consulted on any policy changes that may be required and the Housing Advisory Board as described further in this report will play an important role in the review and consultation.

4. Housing Advisory Board

4.1 Officers have been reviewing and considering options for governance arrangements for the Council Housing Programme with a view to ensuring that appropriate, proportionate and robust arrangements are in place with key officers and Members to enable oversight and accountability in light of regulatory and legislative requirements, particularly the consumer regulatory changes that are currently in the process of being introduced and that will be effective from 1st April 2024.

4.2 The Transparency, Influence and Accountability Standard is relevant to tenant engagement and requires housing providers to meet the following required outcome:

“Registered providers must take tenants’ views into account in their decision-making about how landlord services are delivered and communicate how tenants’ views have been considered”.

4.3 The recommended proposal is to create a Housing Advisory Board who will have the following role in respect of the Council’s housing management:

- Review the Business Plan
- Review capital and revenue budgets
- Prepare, discuss and review draft reports on key decisions informing recommendations to Cabinet / Council
- Review high-level performance statistics
- Consult and review policy changes
- Consult on Regulatory / Legislative draft consultation responses
- Review and monitoring of risk

4.4 The Housing Advisory Board will support Cabinet in the oversight of its housing management services to tenants and provide added opportunity for tenants to be involved in the management of their homes, including to influence decision-making about how landlord services are delivered supporting the required outcome of the Transparency, Influence and Accountability Standard detailed in paragraph 4.2.

4.5 The frequency of meetings, size of the board and composition will need to reflect number of homes that the Council has within management. This is something that will develop in time as the number of homes in management increases and something that will be kept under review. Composition of the board will include Councillor representation, Senior Officer representation, representation of the housing management agent for the Council’s homes and as the Council Housing Programme grows and develops over time, there may be opportunity to include tenant representation. Terms of reference for the Housing Advisory Board will be developed in accordance with the below timescales.

Implementation and Timescale

- 4.6 At present, there is an Officer Steering Group in place who act as a Programme Board providing an additional level of governance to the Council Housing Programme and created to develop the work programme and operational matters required to being forward council housing in Sefton, manage the strategic decision-making process and programme risk.
- 4.7 As we move closer to acquiring the properties at Buckley Hill Lane, which is forecast to be January 2025, the proposal is to phase the Steering Group into a Shadow Board circa. 6 months before handover of the properties and the Shadow Board then into the formal Housing Advisory Board as the properties are handed over and taken into management. Details and timescales for the transition are set out below.
- 4.8 *Shadow Board* - Create a shadow board around September 2024. Items for discussion/agenda will be those required in advance of on-boarding properties including lead in updates to take the homes into management. The Shadow Board will not include a tenant representative as the Board will be operational in advance of any properties being in management and tenanted. The Shadow Board proposal is for Sandway Homes to be in attendance as a key stakeholder to the Council's first bulk acquisition and to provide input as the properties move closer to completion.
- 4.9 *Housing Advisory Board* - As properties are taken into management and the Council becomes a landlord, the Shadow Board will transition to a formal Housing Advisory Board. The Housing Advisory Board will likely evolve as the Council Housing Programme expands and more homes are taken into management. The composition of the Housing Advisory Board will be kept under review, including the future opportunity for tenant representation.

5. Early Acquisition Programme

- 5.1 Recommendations one to three of this report relate to the operational readiness of the Council to become a social housing landlord. Cabinet and Council has previously approved the acquisition of 18 new apartments from Sandway Homes at the Buckley Hill Lane development. These homes will be ready for handover in early 2025. In advance of this, there is opportunity to acquire a number of properties earlier from the open market where housing need and demand is identified for a property type or to meet a specific need such as adapted properties or move on accommodation for households in temporary accommodation.
- 5.2 Demand for the Council's homelessness and housing options service remains very high with pressures being faced around the provision of temporary accommodation for homeless households and move on accommodated for those households currently living in temporary accommodation.
- 5.3 This report identifies an envelope of up to £750,000 of capital funding from the existing capital receipts held from the Right to Buy Sharing Agreement with One Vision Housing through which early acquisitions are to be funded.

Agenda Item 9

- 5.4 Property acquisitions of this nature on the open market mean that the Council may need to move relatively quickly to progress an offer. Each acquisition will be supported by a financial appraisal and approval sought in accordance with the recommendations in this report. A full financial appraisal cannot be included within this report at this stage given property information, rent calculations and other financial information will only be known once a property is identified for acquisition. However, full financial appraisals will be produced for each property or properties proposed to be acquired including the initial capital and revenue implications, the ongoing revenue implications and the associated risks – both financial and non-financial – and how these will be managed. This will be presented to the delegated decision makers to support the decision and to ensure the acquisitions provide value for money.
- 5.5 A future report will be brought to Cabinet to update on the progress of early acquisitions within the Council Housing Programme.

6. Conclusion

- 6.1 Delivering new council housing and progressing early acquisitions will provide an additional opportunity to provide social housing across Sefton and to help to meet housing need within the borough and respond to homeless pressures. In becoming a social housing landlord, the Council will be regulated by the Regulator of Social Housing and expected to comply with the regulatory framework. This framework is currently going through a period of change with new standards set to be introduced in April 2024.
- 6.2 A suite of policies is set out to be developed and adopted as required by legislation and/or regulatory requirements which will provide effective governance associated with the management of new council housing for Sefton. Developing a Housing Advisory Board will further strengthen governance of the management of new homes, supporting Cabinet and importantly offering opportunity for tenants to be involved in the shaping of landlord services. It is acknowledged that as the Council Housing Programme progresses, the board will need to be reviewed and to ensure tenant representation is proportionate.