



# People (Adults) Directorate Development of Community Equipment Model

# ➤ Community Equipment

- Enables individuals with assessed care and support needs to remain living in their own home,
- Promotes independence
- Reduces the need for more expensive residential care.

Supports residents

- to maintain and manage their condition,
- to stay healthy and independent whilst maintaining choice and control

Community Equipment is integral to reducing pressures on health and social care by preventing care home admissions, facilitating discharge from hospital, and supporting carers to carry out their caring role.

## SUMMARY

### **What we are doing...**

- Considering the options available to develop a community equipment offer to meet the needs of Slough residents
- These include:
  - Commissioning a stand alone service
  - Delivering an inhouse service, or
  - Continuing with the current arrangements.

### **How are we doing this....**

- It is recommended that the Council continue to work in partnership across Berkshire health and social care and develop a revised model for the provision of community equipment.

### **Aims...**

- To ensure best value in delivering community equipment to support the delivery of economies of scale by drawing together the planning and purchasing power of local authorities and health bodies across the Berkshire

# Community Equipment- partnership arrangement

The Berkshire Community Equipment Service (BCES) delivers the specialist equipment to support residents of all ages who have an assessed need across the six Berkshire Local Authorities. The Joint Arrangements ensure that provision of specialist community equipment in a coordinated and consistent way. The current participating organisations under the BCES partnership include

- West Berkshire Council – contract lead and host authority
- Slough Borough Council
- Slough Children First
- Wokingham Borough Council
- Reading Borough Council (and Achieving for Children)
- Royal Borough of Windsor and Maidenhead (Optalis and Achieving for Children)
- Frimley Clinical Commissioning Group (for East Berkshire)
- Berkshire West Clinical Commissioning Group

Underwritten by a Section 75 Agreement, with a requirement to provide one years notice should a partner wish to exit from the arrangement.

# Key elements of the community equipment service

- Sourcing and storage of equipment
- Delivery, installation, and collection (when no longer required)
- Decontamination, recycling of equipment for future use or safe disposal
- Maintenance and repair of equipment (legal duty under LOLER)
- Technology enabled care (with optional monitoring)
- Customer care- call centre operations, complaints and feedback
- Safe and Well (for self funders)
- Trusted assessors undertaking assessment for basic equipment needs and technology enabled care devices
- OT assessment service
- Clinical oversight and advice
- Training in the use of equipment for all prescribers



# Funding

- The budget for the Community Equipment service is £660k, the budget funding is split between
  - General Fund revenue allocation, £218k
  - Better Care Funding, £130, and
  - Government Capital grant - £218k
  - Children's - £60k
- There is no known risk to Better Care funding and Disabled Facilities Grant funding to the Council. For 22/23, the funding allocation for Better Care Fund allocation of £10.60m and Disabled Facilities Grant of £1.14m have been announced.

# Future commissioning options

**Option One** - Agree to progress the development of a new model independently by the Council and outside of a partnership approach **Not recommended**.

•Pros

- Absolute control
- Statutory compliance

•Cons

- Significant investment in resources – commissioning, finance, stores
- Do not currently have expertise in this area,
- Other considerations include
  - Significantly reduced purchasing power and a reduction in economies of scale – Slough population is approximately 140,000 compared to 915,000 across Berkshire.
  - Increased costs in terms of sourcing a local store, transport fleet and costs relating to decontamination, IT infrastructure, recycling, and disposal of damaged equipment.
  - Two tier system – with Health colleagues based in Slough accessing the BCES service, and the Council using a standalone service
  - Unable to jointly manage or track progress across health and social care patients through data sharing.

# Future commissioning options

- **Option Two** - Bring services in house when contracts expire in March 2024  
**Not recommended.**

## Pros

- Absolute control
- Statutory compliance

## Cons

- Significant resource investment required
  - Warehouse, storage, repair and decontamination
  - Purchasing of fleet and stock
- Lack of expertise in house
- **Loss of economy of scale**

# Future commissioning options

•**Option Three** - Continue with the current arrangement and develop a model in partnership with Berkshire Health and Social Care services

## Pros

- Fully integrated service
- No set up costs with transfer of equipment, the equipment warehouse, vehicles, and labour through TUPE.
- Shared management cost (1/8 of the costs across the partnership)
- Decisions for award, service development are agreed at the Berkshire Commissioner Group
- Flexible Section 75 Agreement where the council only pay for what is loaned to the service user.
- Economies of scale equipment given the purchasing power for equipment over a larger population.
- Expertise provided through clinical oversight -Nurse and Senior Occupational
- Opportunities to share costs and equipment through recycling.
- Fully integrated service across health and social care across the Berkshire footprint.

## •Cons

- Loss of expertise within the local authority

**This is the recommended option**

# Further System Considerations

## **Allows commissioners to:**

- Share best practice and redesign service with lessons learnt
- Future-proof the model to take account of budgetary challenges and demographic changes
- Consult with residents and benchmark data to understand place-based needs.

## **Allows residents and patients to:**

- Receive joined-up service for community equipment across health & social care (including self funders)
- Removal of postcode lottery for residents living on the borders
- Simplification of patient pathways out of acute care settings across county borders
- Promotion of self-funder access to equipment

## **Allows practitioners to:**

- Deliver an integrated model that aligns with the Integrated Care Systems (ICS) footprint
- Facilitate timely acute discharges and prevention of avoidable admissions
- Single point of contact and 'one stop shop'
- Robust and proactive management of 'users' wider care and healthcare needs



## Conclusion

Proposed model is considered to promote Best Value by:

Delivering economies of scale through collaborative purchasing (economic)

Providing time / resource efficient method of securing supply both on system-wide and individual basis (efficient)

Promoting independence and enabling individuals to remain at home (effective)

ANY QUESTIONS ?