



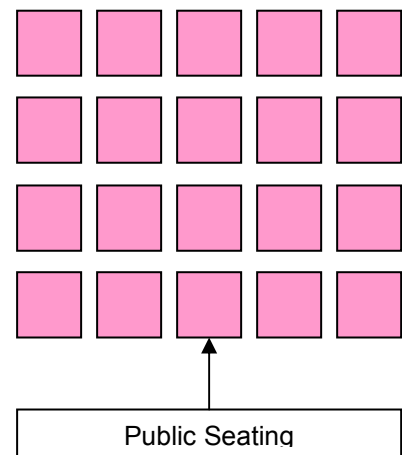
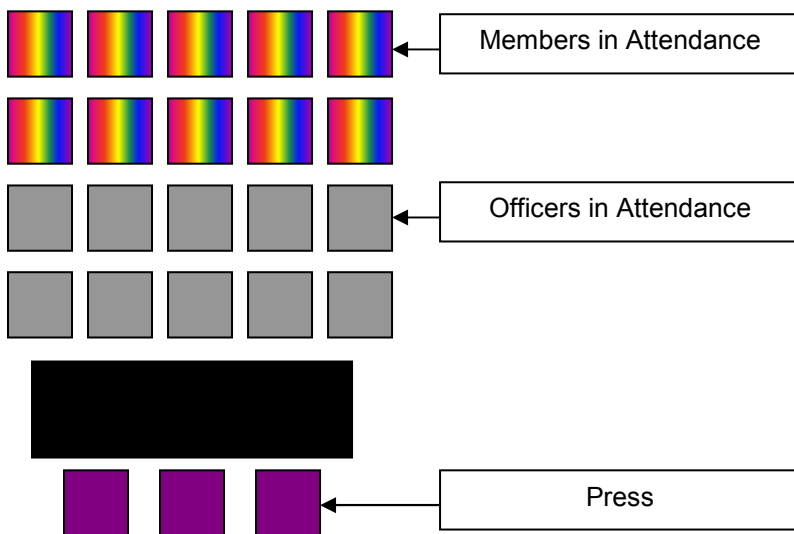
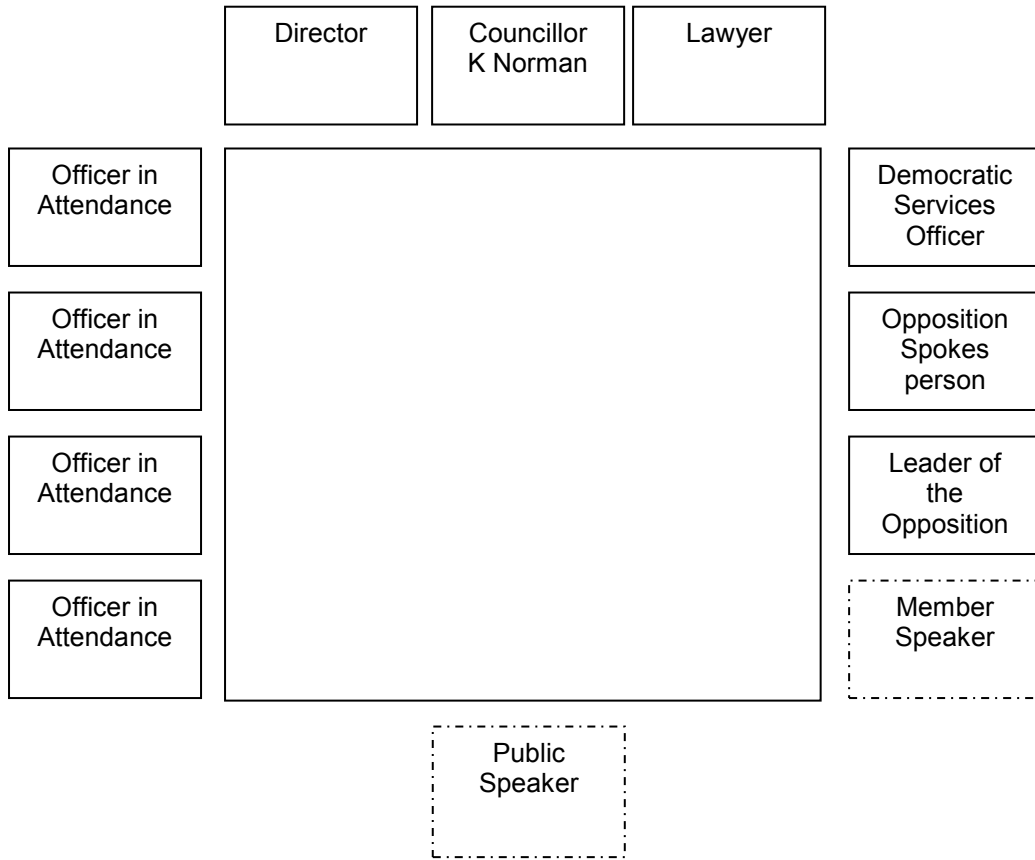
**Brighton & Hove  
City Council**

# Cabinet Member Meeting

Title:	<b>Adult Social Care &amp; Health Cabinet Member Meeting</b>
Date:	<b>22 January 2009</b>
Time:	<b>4.00pm</b>
Venue	<b>Committee Room 3, Hove Town Hall</b>
Members:	<b>Councillor:</b> K Norman (Cabinet Member)
Contact:	<b>Caroline De Marco</b> Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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# Democratic Services: Meeting Layout



## AGENDA

### 41. PROCEDURAL BUSINESS

- (a) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct
- (b) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

*NOTE: Any item appearing in Part 2 of the Agenda states in its heading either that it is confidential or the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

*A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.*

### 42. MINUTES OF THE PREVIOUS MEETING

1 - 4

Minutes of the meeting held on 5 December 2008 (copy attached).

### 43. CABINET MEMBER'S COMMUNICATIONS

### 44. ITEMS RESERVED FOR DISCUSSION

- (a) Items reserved by the Cabinet Member
- (b) Items reserved by the Opposition Spokesperson
- (c) Items reserved by Members, with the agreement of the Cabinet Member.

### 45. PETITIONS

No petitions have been received by the date of publication of the agenda.

### 46. PUBLIC QUESTIONS

No public questions have been received by the date of publication of the agenda.

## ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

### 47. DEPUTATIONS

No deputations have been received by the date of publication of the agenda.

### 48. LETTERS FROM COUNCILLORS

No letters have been received.

### 49. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

### 50. NOTICES OF MOTIONS REFERRED FROM COUNCIL

No Notices of Motion have been received.

### 51. INDEPENDENT SECTOR CARE HOME AND DOMICILIARY CARE FEE INCREASES 2009/10 5 - 12

Report of the Director of Adult Social Care & Housing (copy attached).

*Contact Officer:* Ambrose Page *Tel:* 01273 295341  
*Ward Affected:* All Wards

### 52. ADULT SOCIAL CARE PERFORMANCE REPORT 13 - 40

Report of the Director of Adult Social Care & Housing (copy attached).

*Contact Officer:* Philip Letchfield *Tel:* 01273 295078  
*Ward Affected:* All Wards

### 53. ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 41 - 46

Report of the Director of Adult Social Care & Housing (copy attached).

*Contact Officer:* Angie Emerson *Tel:* 01273 295666  
*Ward Affected:* All Wards

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Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Caroline De Marco,

## ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

(01273 291063, email [caroline.demarco@brighton-hove.gov.uk](mailto:caroline.demarco@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

Date of Publication - Wednesday, 14 January 2009



# **ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING**

**Agenda Item 42**  
Brighton & Hove City Council

**BRIGHTON & HOVE CITY COUNCIL**

**ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING**

**4.00pm 5 DECEMBER 2008**

**COMMITTEE ROOM 3, HOVE TOWN HALL**

## **MINUTES**

**Present:** Councillor K Norman (Cabinet Member)

**Also in attendance:** Councillor Lepper

### **PART ONE**

#### **30. PROCEDURAL BUSINESS**

##### **30(a) Declarations of Interests**

30.1 There were none.

##### **30(b) Exclusion of Press and Public**

30.2 In accordance with section 100A of the Local Government Act 1972 ("the Act"), the Cabinet Member considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the business to be transacted or the nature of the proceedings, that if members of the press and public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A(3) of the Act) or exempt information (as defined in section 100I(1) of the Act).

30.3 **RESOLVED** - That the press and public be not excluded from the meeting.

#### **31. MINUTES OF THE PREVIOUS MEETING**

31.1 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 11 September 2008 be agreed and signed by the Cabinet Member.

**32. CABINET MEMBER'S COMMUNICATIONS**

32.1 There were none.

**33. ITEMS RESERVED FOR DISCUSSION**

33.1 **RESOLVED** – All items were reserved for discussion.

**34. PETITIONS**

34.1 There were none.

**35. PUBLIC QUESTIONS**

35.1 There were none.

**36. DEPUTATIONS**

36.1 There were none.

**37. LETTERS FROM COUNCILLORS**

37.1 There were none.

**38. WRITTEN QUESTIONS FROM COUNCILLORS**

38.1 There were none.

**39. NOTICES OF MOTIONS**

39.1 There were none.

**40. PHYSICAL DISABILITY STRATEGY 2009-2012**

40.1 The Cabinet Member considered a report of The Director of Adult Social Care & Housing which outlined the development of services for adults with physical disabilities over the next three years. The strategy was based on national and local policy and incorporated views that had been collected from service users and carers and had been developed in consultation and engagement with service users. (for copy see minutes book). It was intended that the strategy would be an interim document pending further development of the Joint Strategic Needs Assessment.

40.2 The General Manager, Adult Social Care reported that the strategy had been developed by a wide ranging steering group. The strategy had five overall objectives. More consultation would be carried out with service users and other key stakeholders such as voluntary sector and communities of interest. More work needed to be carried out on the financial framework. The strategy would be finalised in March 2009.

40.3 The Commissioner for Physical Disabilities, PCT reported that useful feedback had been received from the initial impact assessment. Useful comments had also been



received from the International Day of Disabled People. The action plan would need to prioritise the work to be undertaken.

40.4 Councillor Lepper raised the following issues and questions:

- The forward plan stated that “the report will recommend endorsement by the Cabinet Member and the implementation of an action plan to drive the service improvements”. Why had the action plan not been submitted?
- As the final strategy would not be submitted until March 2009, how did this sit with the budget setting? Budget meetings took place in February. There would be budget pressures to consider in the implementation of the strategy.
- Councillor Lepper understood that a large number of people with learning disabilities had presented in the last year and asked why this was the case?
- Councillor Lepper’s main worry was the future of day care provision, and particularly the future of Montague House and those day centres with mixed use. Councillor Lepper asked the Cabinet Member if he could guarantee the future of Montague House and that no day centre would close as a result of the strategy.

40.5 The Director of Community Care, Adult Social Care replied that the strategy had been on the forward plan for today’s meeting. However, there had been complications in finalising the strategy. It had been particularly complicated for the Primary Care Trust who had not been able to complete the work on the financial part of the document. When the final strategy was completed it would include the action plan. In terms of additional people in the system, the projections in September 2007 for the coming year underestimated growth in the service. Numbers continued to grow. More people were presenting with neurological disorders and growth was unpredictable. Further work was needed on a Joint Need Assessment.

40.6 The General Manager, Adult Social Care stressed that there was a high level of people with neurological conditions. There was a projection of an increase in numbers of people. People were surviving longer with complex health needs.

40.7 The Commissioner for Physical Disabilities, PCT reported that there was a continuing growth in young people presenting with disorders.

40.8 The Cabinet Member informed Councillor Lepper that the Day Service provision was changing and would improve as a result. The personalisation agenda would be the biggest change. However, he confirmed that there were no plans to close Montague House.

40.9 The Director of Community Care, Adult Social Care reported that flats were being built with a community space at Vernon Gardens, and Patching Lodge would have a large community space. There were no plans to decrease the service at Montague House. However, people wanted to use individual budgets differently and this might change the service. With regard to the budget for 2009/2010, there were already plans for Vernon Gardens in progress and money was included in the Community Care Budget.

40.10 Councillor Lepper spoke of the link between the Physical Disability strategy and the Learning Disability Strategy. She queried why these strategies were the responsibility of two different Cabinet Members.

- 40.11 The Cabinet Member replied that learning disabilities had been the responsibility of Adult Social Care & Health. However, this had changed in March 2008, and learning disabilities was now the responsibility of the Cabinet Member for Housing.
- 40.12 The Head of Law informed the meeting that a report titled "Review of Learning Disabilities Governance Arrangements" had been submitted to the last Governance Committee. The recommendations had been agreed and would be submitted to Cabinet on 18 December 2008.
- 40.13 The Director of Community Care, Adult Social Care stressed that there was cross service discussion. The accommodation needs of physical disabilities and learning disabilities were similar.
- 40.14 It was confirmed that the chart on page 47 of the agenda should be amended so that Joint Commissioning Group read *Joint Commissioning Board*. Adult Social Care Committee should read *Adult Social Care & Health Cabinet Member Meeting*.
- 40.15 Finally, The Director of Community Care reported that the strategy would be presented in March 2009 with the action plan and financial implications of that plan over the next five years. The strategy was out for consultation and questions and comments were welcomed.
- 40.16 **RESOLVED** (1) That the attached framework strategy be noted and endorsed.
- (2) That the further development of the strategy informed by an updated Joint Strategic Needs Assessment and completion of a full Equalities Impact Assessment be agreed.
- (3) That the Cabinet Member receives a further report in March 2009 following finalisation of the strategy and further consultation.

The meeting concluded at 4.34pm

Signed

Chair

Dated this

day of

# **ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING**

## **Agenda Item 51**

Brighton & Hove City Council

<b>Subject:</b>	<b>Independent Sector Care Home and Domiciliary Care Fee Increases 2009/10</b>		
<b>Date of Meeting:</b>	<b>22<sup>nd</sup> January 2009</b>		
<b>Report of:</b>	<b>Joy Hollister – Director of Adult Social Care &amp; Housing</b>		
<b>Contact Officer:</b>	<b>Name:</b>	Ambrose Page	<b>Tel:</b> 29-5341
		Contracts Manager	
	<b>E-mail:</b>	Ambrose.page@brighton-hove.gov.uk	
<b>Key Decision:</b>	<b>No</b>		
<b>Wards Affected:</b>	<b>All</b>		

## **FOR GENERAL RELEASE**

### **1. SUMMARY AND POLICY CONTEXT:**

- 1.1 This report has been presented to the Adult Social Care & Health (ASCH) Cabinet Member Meeting within the context of the current annual round of fee increase negotiations with those independent sector providers who are supplying care services on behalf of Brighton and Hove City Council.
- 1.2 Its purpose is two fold:
- To seek ASCH Cabinet Member Meeting approval for the proposed fee increases for inclusion within the budget 2009/10 package, for In City care homes providing services for Older People and Older People with Mental Health Needs (OPMH) within the context of Fairer Contracting.
  - For ASCH Cabinet Member Meeting to note the proposed increases which are in line with inflation, for the following groups of service providers: out of City care homes providing services for Older People and OPMH; care homes providing services for other categories of care where there are no set rates, excluding learning disability services; domiciliary care agencies providing services for all categories of care; and for Direct Payment rates, which enable service users to purchase their services direct, usually by employing personal assistants.

### **2. RECOMMENDATIONS:**

- 2.1 (1) That approval is granted for those in City Older People and OPMH care homes who are eligible for inclusion on the Preferred Provider Scheme be awarded a 3.5% increase, and for those providers who do not qualify be awarded a 2.5% increase (see Appendices 1 and 2), subject to agreement of the 2009/10 budget package. The 2.5% increase constitutes the inflationary increase, whereas the additional 1% is for quality.

- 2.2 (2) That an inflationary award of 2.5% is awarded to the following subject to agreement of the 2009/10 budget package:
- Those in Older People and OPMH care homes who do not qualify for inclusion in the Preferred Provider Scheme
  - Out of City Older People and OPMH care homes
  - Those care homes providing services for other categories of care where there are no set rates, excluding learning disability services
  - Domiciliary care agencies providing services for all categories of care
  - Direct Payment rates

### 3. **RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

#### 3.1 In City Older People and OPMH Care homes

*Fairer Contracting:* The introduction of Fairer Contracting processes from April 2009, which have been agreed previously (please refer to previous report Ref: ACS 3345), will mean that the fee levels for care homes are determined in part by the quality of the service. This quality will be determined by the Commission for Social Care Inspection (CSCI) rating, and for nursing homes it will also be determined by the clinical standards as audited by the Quality Review Nurse employed by the PCT. Those care homes rated as either good or excellent will be eligible to join the Preferred Provider Scheme, in which they will be entitled to various benefits including preferred rates, over and above those care homes not eligible to join the Scheme. Fairer Contracting also includes the provision to individually negotiate fees with care homes in those situations where a service user has specific and exceptional care needs which cannot be met within the agreed fee levels.

3.2 *Capacity:* There have been no care home closures over the past year, but equally no new providers entering the local market. These are unprecedented times economically, and whereas previous reports have indicated that market increases are likely, our current understanding is that though there are a number of new providers in the pipeline with developments that are at different stages of maturity, none have reached fruition to-date. Whilst there is adequate residential care home provision for older people and OPMH within the City, there is a lack of in City provision of nursing homes for OPMH evidenced by 50% of placements for this category of care being made outside of the City, and to a lesser degree mainstream nursing home provision. With the introduction of Fairer Contracting it is hoped that good quality providers will be encouraged into the City with a consequent increase in capacity in those areas where this is required.

3.3 *Waivers:* The chart in Appendix 3 details the number of waivers agreed for care home placements made above the set rates between April and October 2008, compared with the total number of placements made for each category of care. This indicates that 12.32% of placements made within this period were subject to a waiver. However, with the introduction of Fairer Contracting it is envisaged that the number of waivers being agreed will decrease as above the rate placements will only be approved in situations where a service user has specific and exceptional care needs which cannot be met within the agreed fee levels.

- 3.4 *Block contracts:* The current block contracts for a number of in City care homes providing both long term and transitional care continue to secure some of the nursing home capacity in the City for both older people and OPMH.
- 3.5 *East and West Sussex Older People care home fee rates:* Appendix 4 shows that with two exceptions the fee rates paid by Brighton and Hove exceed those by its neighbouring authorities, East and West Sussex.
- 3.6 The predicted cost of awarding an additional 1% to those in City care homes on the Preferred Provider Scheme is estimated to be £126,000 for Older People care homes and £22,000 for OPMH in 2009/1.
- 3.7 Domiciliary Care  
The domiciliary care service is central to the Council's policy in enabling people to remain at home whenever possible. New contracts will be awarded to district providers in April 2009 following the tender process. There will be an overall uplift of 2.5% on the home care rates (see Appendix 6) for the 10 district domiciliary care agencies. However, this increase is varied throughout the different rates, so that higher increases go to 60 and 45 minute calls; and lower increases (or even decreases) apply to 30 and 15 minute calls. The Council has traditionally paid disproportionately higher for 15 minute calls for many years, and it is a slow incremental process to claw this back without setting rates that seem unnecessarily punitive to providers. It is recommended that the other rates: evening rate, waking night rate, etc. are simply increased by 2.5%.
- 3.8 Direct Payments  
The 2.5% increase will mean that the £9.45 weekday rate will increase to £9.70, and the £10.45 weekend rate will increase to £10.70.

#### **4. CONSULTATION**

- 4.1 Fee rates are a standing item on the agenda of the Fairer Contracting meetings held with the Registered Care Homes Association.
- 4.2 Budget holders and senior managers, both within the Council and the PCT, have been consulted throughout the whole process of Fairer Contracting and the financial implications of this initiative.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications

- 5.1 The recommended fee levels are included within the budget package proposals for 2009/10 and are subject to agreement by Cabinet. The above inflation increase for the preferred provider scheme is estimated to add a further cost of £149,000 in 2009/10 including the care home incentive scheme. The actual costs will be monitored during the year against the model developed. The forecast 2009/10 cost of nursing and residential placements for Older People is £17,110,000 for 644 Whole Time Equivalents, and for Older People Mental Health is £8,801,000 for 293 Whole Time Equivalents.
- 5.2 The proposed increase for the domiciliary care service and direct payments is in line with the inflationary assumptions within the 2009/10 budget package proposals.

Legal Implications:

- 5.3 There are no procurement issues regarding this report, and the fee increases proposed come within the contractual arrangements which the Council have with the providers included in this report; the only slight difference being the offer of an extra 1% to providers who can demonstrate quality through being rated either 'good' or 'excellent' by the Commission for Social Care Inspection (CSCI). The Council must take the Human Rights Act into account in respect of its actions but it is not considered that any individual's Human Rights Act rights would be adversely affected by the recommendations in this report.'

Lawyer Consulted: Sonia Likhari

Date: 23<sup>rd</sup> December 2008

Equalities Implications:

- 5.4 There are no equalities implications arising from this report. Saying that, the decision not to undertake an Equalities Impact Assessment was because the report does not fall within the criteria whereby one would be required, e.g. developing a new policy. An Equalities Impact Assessment has already been completed on the area of Fairer Contracting within Cabinet Report ASC 3345.

Sustainability Implications:

- 5.5 The Contracting arrangements which underpin these fee increases include clauses on sustainability.

Crime & Disorder Implications:

- 5.6 There are no implications for crime and disorder.

Risk & Opportunity Management Implications:

- 5.7 The main risks associated with these increases are financial and have been set out in the Financial Implications section. The risk involved with not agreeing an improved fee structure which rewards quality may act as a disincentive to care home providers to make improvements in their service provision and delivery of care.

Corporate / Citywide Implications:

- 5.8 Fairer Contracting in particular meets the Council's new corporate priority, 'Better Use of Public Money.' It also meets the previous priority of 'Prosperity' which is about developing a prosperous and sustainable economy.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 Preferred Provider Schemes in use elsewhere in the Country were examined. Providers' comments on alternative Schemes were considered.
- 6.2 There is the opportunity to do nothing. If this were the case it is unlikely that providers would have the resources of the impetus to drive up quality to the standards needed locally. The current good relationships between purchasers and providers would be damaged and the costs of Continuing Healthcare would remain high.

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 Fairer Contracting, by paying a fair rate with a fair contract is intended to secure local care home provision for local Older People and OPMH.

7.2 At the same time it is intended to drive up quality and make savings for the Primary Care Trust through bringing Continuing Care fees more in line with the Council's fee rates.

## SUPPORTING DOCUMENTATION

### Appendices:

1. **Appendix 1: Fee Rates for 2009/10 for Care Homes with Nursing for Older People and Older People with Mental Health Needs applicable from 6<sup>th</sup> April 2008**

<i>Care Homes with Nursing for Older People</i>	<i>2008/09 Rate (inc FNC)</i>	<i>2009/10 Weekly Rate with 2.5% increase for non preferred providers</i>	<i>2009/10 Weekly Rate with 3.5% increase for preferred providers</i>
Single Band Nursing Shared Room	£490	£502.25	£507.15
Single Band Nursing Single Room	£524	£537.10	£542.34

<i>Care Homes with Nursing for Older People with Mental Health needs</i>	<i>2008/09 Weekly Rate (inc FNC)</i>	<i>2009/10 Weekly Rate with 2.5% increase for non preferred providers</i>	<i>2009/10 Weekly Rate with 3.5% increase for preferred providers</i>
Single Band Nursing Shared Room	£531	£544.28	£549.59
Single Band Nursing Single Room	£565	£579.13	£584.78

The High Band rates relate to those service users who are already receiving the high level of FNC prior to 1<sup>st</sup> October 2007.

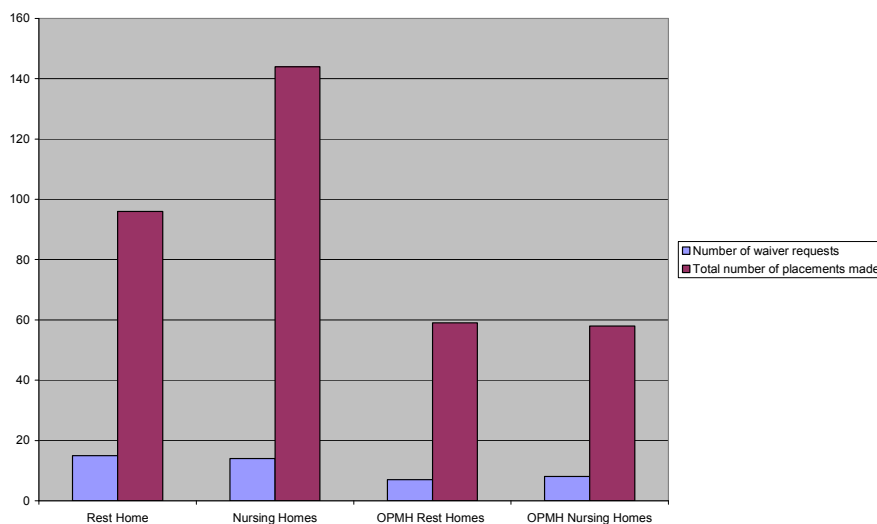
2. **Appendix 2: Fee Rates for 2009/10 for Residential Care Homes for Older People and Older People with Mental Health Needs applicable from 6<sup>th</sup> April 2008**

<i>Care Homes for Older People and OPMH</i>	<i>2008/09 Weekly Rate</i>	<i>2009/10 Weekly Rate with 2.5% increase for non preferred providers</i>	<i>2009/10 Weekly Rate with 3.5% increase for preferred providers</i>
Low Need - single room	£314	£321.85	£324.99
Low Need – shared room	£281	£288.03	£290.83
Medium Need - single room	£381	£390.53	£394.34
Medium Need – shared room	£346	£354.65	£358.11

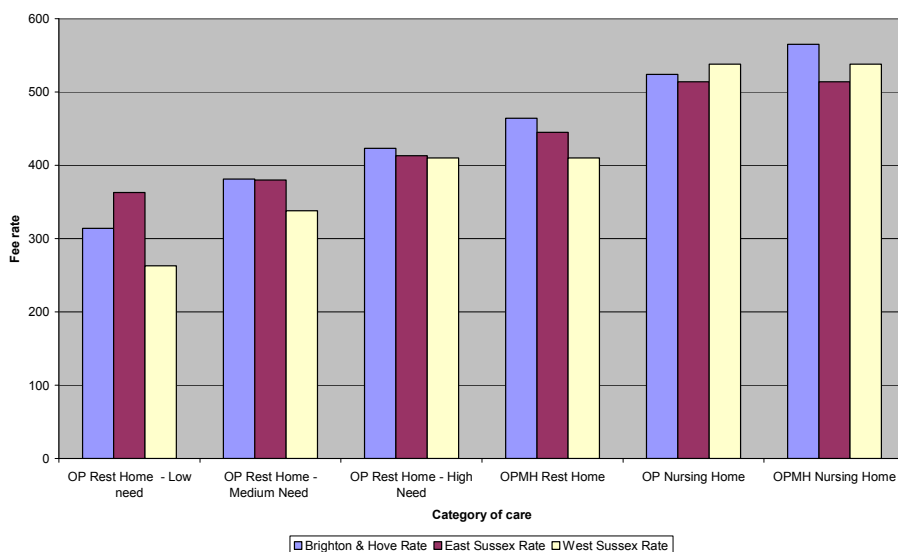


Care Homes for Older People and OPMH	2008/09 Weekly Rate	2009/10 Weekly Rate with 2.5% increase for non preferred providers	2009/10 Weekly Rate with 3.5% increase for preferred providers
High Need - single room	£423	£433.58	£437.81
High Need – shared room	£389	£398.73	£402.62
OPMH - single room	£464	£475.60	£480.24
OPMH – shared room	£430	£440.75	£445.05

**3. Appendix 3: Number of waivers compared with total number of placements made in care homes between April and October 2008:**



**4. Appendix 4: Comparison of Brighton & Hove City Council's fee rates for 2008/09 compared with those of both East and West Sussex**



**5. Appendix 5: Proposed Home Care Rates for 2009-10 with an Overall 2.5% increase**

<b>Weekday standard care</b>	<b>Number of visits per week</b>	<b>Current Rate for 2008-09</b>	<b>Proposed Rate 2009-10</b>
<b>60 mins</b>	2,962	<b>£12.47</b>	<b>£13.00</b>
<b>45 mins</b>	970	<b>£10.35</b>	<b>£10.70</b>
<b>30 mins</b>	2,211	<b>£8.10</b>	<b>£8.22</b>
<b>15 mins</b>	456	<b>£6.00</b>	<b>£5.95</b>
<b>weekday special care</b>			
<b>60 mins</b>	1,387	<b>£14.10</b>	<b>£14.70</b>
<b>45 mins</b>	848	<b>£11.61</b>	<b>£12.05</b>
<b>30 mins</b>	1,359	<b>£9.10</b>	<b>£9.20</b>
<b>15 mins</b>	456	<b>£6.72</b>	<b>£6.62</b>
<b>weekend standard care</b>			
<b>60 mins</b>	349	<b>£16.38</b>	<b>£17.10</b>
<b>45 mins</b>	348	<b>£13.56</b>	<b>£14.05</b>
<b>30 mins</b>	836	<b>£10.61</b>	<b>£10.75</b>
<b>15 mins</b>	183	<b>£7.81</b>	<b>£7.70</b>
<b>weekend special care</b>			
<b>60 mins</b>	499	<b>£17.74</b>	<b>£18.50</b>
<b>45 mins</b>	334	<b>£14.70</b>	<b>£15.20</b>
<b>30 mins</b>	553	<b>£11.49</b>	<b>£11.65</b>
<b>15 mins</b>	76	<b>£8.47</b>	<b>£8.30</b>

# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

**Agenda Item 52**  
Brighton & Hove City Council

**Subject:** Adult Social Care Performance Report  
**Date of Meeting:** January 22<sup>nd</sup> 2009  
**Report of:** Director of Adult Social Care and Housing  
**Contact Officer:** Name: Philip Letchfield Tel: 29-5078  
E-mail: Philip.Letchfield@brighton-hove.gov.uk  
**Key Decision:** No  
**Wards Affected:** All

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

- 1.1. Adult Social Care services are performance managed through Commission for Social Care Inspection (CSCI ) within an established performance management framework. This includes:
- Inspections of specific services
  - A set of Performance Indicators published annually on a comparative basis (PAF)
  - An Annual self-assessment of performance (Self Assessment Survey)) to be completed by the Council.
  - Regular meetings with CSCI to discuss performance
  - An Annual Meeting to review the previous years performance; the outcome is a formal letter from CSCI summarising the overall performance in Adult Social Care, the Annual Performance Assessment (APA)
  - An overall star rating
- 1.2 The purpose of this report is to inform the Meeting of the outcomes from the recent national reporting on Adult Social Care performance for the year 2007-08 by the CSCI and to seek approval for the improvement plan in relation to the Annual Performance Assessment.

### 2. RECOMMENDATIONS:

- 2.1 That the CMM notes the CSCI report
- 2.2 That the CMM approve the Improvement Plan

### **3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

#### **3.1 Star Rating**

- 3.1.1 The star rating judgement is based on performance against the 7 service outcomes identified in White Paper 'Our Health Our Care Our Say' and two further domains introduced by CSCI, 'Leadership' and 'Commissioning/Use of Resources'.
- 3.1.2 In relation to the 7 service outcomes the Council was judged to be 'good' in relation to delivering 6 of these outcomes and 'excellent' in relation to the delivery of one outcome (Making a Positive Contribution). This is an improvement on the previous years performance when delivery against all 7 outcomes was judged to be 'good'.
- 3.1.3 In relation to Commissioning/Use of Resources the Council was again judged 'excellent'.
- 3.1.4 In relation to Leadership the Council was judged to be 'promising', the judgement had been 'excellent' in the previous year. CSCI have conceded that the Council is a 'strong promising'.
- 3.1.5 The outcome of these various judgements is that the Council has been judged to be 2 Star overall as against 3 Star in the previous two years.
- 3.1.6 The Council has taken the view that this judgement was flawed both in terms of the process and the content and made formal representations to CSCI. Although CSCI accepted some of the Councils evidence base and amended one of its judgements this has not been enough to shift the judgment back up to 3 Star status.
- 3.1.7 The CSCI Performance Summary report is attached at Appendix 1 and identifies the many key strengths that CSCI identified in relation to the Councils performance. It is important to note that a key element in relation to all these judgements is the strong and positive partnership working developed across the Local Health Economy.
- 3.1.8 The Summary also identifies key areas for development and the Council has drafted an improvement plan in relation to these. Appendix 2.

#### **3.2 Performance Assessment Framework**

- 3.2.1 The Directorate notes the improved performance in relation to the PAF data set. Improvement targets were achieved in nearly all the key indicators and the pace of improvement was above the national average in these.

## Summary

	<b>2006/07</b>	<b>2007/08 plan</b>	<b>2007/08 Out turn</b>	<b>Data source final validated SAS August 2008</b>
Reviews	64%	70%	77%	Improvement 13% in B & H compared to average improvement of 5% in IPF and England.
Direct Payments Per 10,000	54	90	93	72% B&H improvement , compared to 39% for IPF and 50% for England
Timeliness of Assessments	78%	85%	87%	9% improvement, IPF 4% improvement England 3% improvement).
Timeliness of Services	82%	85%	90%	8% B&H improvement, compared to 2% average improvement in IPF/England.
Carers Services	7.5%	10%	11.5%	IPF improved 1.6% : England improved 1.4% : B & H 4%

### **3.3 National Trends**

- 3.3.1 There are no Councils with zero stars, 19 Councils have 1 star status , 75 Councils are 2 star and 56 Councils are three star.
- 3.3.2 Seven Councils improved sufficiently to move out of the Priority for Improvement Councils.
- 3.3.3 Nearly 93% of 3 star Councils were good or excellent across all 7 outcomes.
- 3.3.4 There is some significant regional variation in the ratings.

### **3.4 Future Performance Management**

- 3.4.1 The year 2007-08 was the final year of the star rating system. From 2008-09 performance will still be graded on each of the 7 service outcomes and there will be an ungraded assessment on the two domains which will feed into the Comprehensive Area Assessment.
- 3.4.2 The national regulator will change in April 2009 with the new Care Quality Commission taking on this role.
- 3.4.3 The final performance framework for 2008-09 has yet to be published.

## **4. CONSULTATION**

- 4.1 None

## **5. FINANCIAL & OTHER IMPLICATIONS:**

### **5.1 Financial Implications:**

Adult Social Care performance rating has a major impact on the Councils corporate assessment. The Commissioning/Use of Resources outcome was judged excellent. The improvement plan sets out to reduce the higher than average unit costs within some areas of adult social care. The budget strategies adopted focus on the areas of high unit costs and the implementation of the Value for Money Reviews. Achievement of efficiency savings is monitored throughout the year.

*Finance Officer Consulted: Anne Silley  
December 2008*

*Date: 29<sup>th</sup>*

### **5.2 Legal Implications:**

The report summarises the recommendations of the 2007-8 CSCI inspection, while drawing attention to perceived flaws in both the process and content in the methodology used by CSCI. Nevertheless, the Improvement Plan sets out how the Council will continue to meet its statutory duties to service users to the best

of its abilities and in particular how it proposes to improve its performance in those areas where similar Councils appear to be achieving better results.

*Lawyer Consulted:*

*Name Hilary Priestley*

*Date: 05/02 /09*

**Equalities Implications:**

5.3 These are explicit in the CSCI Summary Report

**Sustainability Implications:**

5.4 None

**Crime & Disorder Implications:**

5.5 None

**Risk and Opportunity Management Implications:**

See improvement plan

**Corporate / Citywide Implications:**

5.7 The social care judgement is a key element of the CPA judgement.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

6.1 None

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 It is a requirement of the regulations that the Annual Performance Report is presented in a public meeting of the Council.

7.2 The Improvement Plan is a key document in the national and local performance management of Adult Social Care.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. None

**Documents In Members' Rooms**

None







Making Social Care  
Better for People

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Joy Hollister  
Director of Adult Social Care and  
Housing  
Brighton and Hove Council  
Kings House,  
Grand Avenue,  
Hove,  
East Sussex BN3 2SS

27<sup>th</sup> October 2008

Ref JD/JN

Dear Joy Hollister

## **PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR BRIGHTON AND HOVE**

### **Introduction**

This performance summary report summarises the findings of the 2008 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is the final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgments outlined in this report support the performance rating notified in the performance rating letter. The judgments are

- Delivering **Good** outcomes using the LSIF rating scale

*And*

- **Promising** Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgment on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31<sup>st</sup> January 2009) and to make available to the public, preferably with an easy read format available.

### **ADULT SOCIAL CARE PERFORMANCE JUDGMENTS FOR 2007/08**

<b>Areas for judgment</b>	<b>Grade awarded</b>
<b>Delivering Outcomes</b>	<b>Good</b>
Improved health and emotional well-being	Good
Improved quality of life	Good
Making a positive contribution	Excellent
Increased choice and control	Good
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Good
<b>Capacity to Improve (Combined judgment)</b>	<b>Promising</b>
Leadership	Promising
Commissioning and use of resources	Excellent
<b>Performance Rating</b>	<b>2 Stars</b>

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

## KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for development
<b>All people using services</b>	
<ul style="list-style-type: none"> <li>• Residents benefit from increased local personalised services and will benefit from developments such as the Access Point, reablement, and self-directed support.</li> <li>• The Council have significantly improved the level of reviews provided to clients in Brighton and Hove.</li> <li>• A higher number of drug users were sustained in treatment or completed treatment for more than 12 weeks in Brighton and Hove than the England average and that of similar Councils.</li> <li>• There are numerous examples of specific services and support for people with HIV and AIDS.</li> <li>• A high number of people were provided with telecare equipment.</li> <li>• Delivery of equipment is very timely in Brighton and Hove.</li> <li>• There were a high number of extra care housing places provided in 2007-08 with plans for more developments.</li> <li>• The Council continues to improve the percentage of people who receive a statement of their needs.</li> <li>• Lower levels of people were admitted on a permanent basis to residential or nursing care.</li> <li>• More people were able to purchase their care through direct payments, although uptake needs to improve further.</li> <li>• There are very high levels of intensive home care in Brighton and Hove.</li> </ul>	<ul style="list-style-type: none"> <li>• There were a high number of delayed transfers from care attributable to the interface with Health partners, and an increase on last year's return. The rate is more than double the average of similar Councils and much higher than the England average.</li> <li>• Delays attributable to social services are substantially higher than similar Councils and the national average for 2007-08, although they have reduced from 2006-07.</li> <li>• People waiting for major adaptations faced a longer wait than those in similar Councils.</li> <li>• The number of people in receipt of direct payments needs to increase to the level of similar Councils and the national average.</li> <li>• The Council do not have 100% availability of single rooms at this stage.</li> <li>• A high level of staff in post at the Council did not state their ethnicity.</li> <li>• Costs of intensive home care have increased and are significantly higher than comparator Councils.</li> <li>• Unit costs are higher than similar Councils and the national average.</li> </ul>

<b>Older people</b>	
<ul style="list-style-type: none"> <li>• The Council increased capacity for their intermediate care with plans for a further extension of the service.</li> <li>• The Council funds a high number of people, more than similar Councils - to receive non-residential intermediate care to prevent hospital admission.</li> <li>• Very high levels of older people were helped to live at home in Brighton and Hove.</li> <li>• There are high levels of intensive home care in Brighton and Hove.</li> <li>• There were successful events to promote awareness of falls and a notable number of interventions.</li> <li>• Assessments for older people were completed in a timely manner and the Council are high performing in terms of acceptable waiting times for assessments.</li> </ul>	<ul style="list-style-type: none"> <li>• The number of places funded by the Council in non-residential intermediate care schemes is significantly below the level of similar Councils and England average.</li> </ul>
<b>People with learning disabilities</b>	
<ul style="list-style-type: none"> <li>• A high number of people with learning disabilities had planned short-term breaks in their care plans.</li> <li>• There were successful arrangements to help people with a learning disability gain employment and to be helped to volunteer.</li> </ul>	<ul style="list-style-type: none"> <li>• People were waiting longer for minor and major adaptations than those in similar Councils.</li> <li>• More people with a learning disability need to be helped into employment.</li> <li>• More people with a learning disability need to be helped to live at home.</li> </ul>
<b>People with mental health problems</b>	
<ul style="list-style-type: none"> <li>• High numbers of people with mental health problems are helped to live at home in the City.</li> <li>• Mental health user consultants have continued to be supported to promote service development and to engage with people.</li> <li>• The Local Authority, Mental Health Trust and PCT have signed</li> </ul>	

<p>a joint declaration to support a charter of rights for mental health service users.</p> <ul style="list-style-type: none"> <li>• Mental health services have employed recurrently three employment specialists to work with people with severe and enduring mental health problems to get into paid work, volunteering and education.</li> </ul>	
<b>People with physical and sensory disabilities</b>	
<ul style="list-style-type: none"> <li>• Very high numbers of younger physically disabled people are helped to live at home in Brighton and Hove.</li> <li>• People with physical and sensory disabilities have been key partners in the development of both direct payments and the emerging Self Directed Support strategy through 2007/08. There was a significant increase in direct payments for people with physical and sensory disabilities.</li> </ul>	
<b>Carers</b>	
<ul style="list-style-type: none"> <li>• The total number of breaks provided for Carers is significantly above the level of similar Councils and England averages.</li> <li>• Brighton and Hove state that carers have access to support, information and advice at a much earlier stage than they have tended to seek it for themselves.</li> <li>• In January 2008, the Council launched its emergency back-up scheme for carers, sending out application packs to over 4500 carers including parent carers.</li> <li>• The Council have a carers and work page on their website.</li> </ul>	<ul style="list-style-type: none"> <li>• The numbers of carers caring for learning disabled people aged 18-64 who have received an assessment or review has increased in 2006-07 but this is behind the number provided by similar Councils and national average.</li> <li>• The number of carers caring for people with a learning disability aged 65 or over who have received an assessment or review during the year is significantly below the level achieved by similar Councils and national average.</li> <li>• Services for carers are good in Brighton and Hove, but the service is slightly behind levels achieved by similar Councils and the national average.</li> </ul>



## **KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME**

### **Improved health and emotional well-being**

**The contribution that the council makes to this outcome is good**

#### **Key strengths**

- There has been an increase in capacity for intermediate care with plans for a further extension of the service. Intermediate care centres around rehabilitation, elective orthopaedics and rapid response to prevent admission.
- The Council has increased capacity to focus on a wide range of programmes to support activity and healthy living. This includes falls prevention events; exercise taster sessions and GP link systems to housing and surgeries.
- The local neighbourhood care scheme developed a falls prevention programme, which has achieved national recognition.
- High numbers of people have access to rehabilitative residential and non-residential services to effect rehabilitation, timely hospital discharge and non-admissions to hospital.
- The Council have significantly improved the level of reviews provided to clients and performance is now at a good level across client groups.
- Brighton and Hove provide extensive services for people living with HIV/AIDS.

#### **Key areas for development**

- Delayed transfers of care was an area highlighted for improvement last year and although some improvement has been made, delays in discharging people from hospital still remain considerably higher than comparator Councils. It is acknowledged that the Brighton and Hove have high numbers of people going through the system. Improvement in this area is crucial and the Council and the PCT have jointly appointed a Director to take the lead in this improvement area.

### **Improved quality of life**

**The contribution that the council makes to this outcome is good.**

#### **Key strengths**

- The Council target well chosen initiatives in order to widen the areas of services that make a difference to people's lives.
- Brighton and Hove are highly successful in assisting older people to live at home and performance is very good.
- The Council provide high levels of intensive home care and there has been a significant increase in the number of older people who purchase home care through direct payments.
- There has been a significant increase in the number of people provided with one or more items of telecare equipment.
- The number of adults with a learning disability who receive community based services following completed assessments are above the level

- of similar Councils and plans are in place for further development.
- A high number of people with learning disabilities accessed short-term breaks.
  - The Council have promoted independence for people with learning disabilities.
  - The City is able to deliver equipment and adaptations in a timely manner.
  - Focus is placed on assisting younger physically disabled people to live at home and performance is very good, surpassing the level of similar Councils. A similar emphasis is placed on assisting adults with mental health problems to live at home.
  - There is a successful focus on early prevention, which can be demonstrated to reducing need for high-level support in most relevant instances.
  - The Council have developed ten supported living units specifically designed for people with profound learning disability and complex physical and sensory disabilities – and specifically for younger people coming through transition.

### **Key areas for development**

- The level of grant-funded services for older people was significantly less than comparator Councils in 2006-07.
- Performance in relationship to provision of direct payments to many client groups is significantly less than comparators and improvement is required.
- The Council's performance in delivering minor and major adaptations in a timely manner needs improvement.

### **Making a positive contribution**

**The contribution that the council makes to this outcome is Excellent.**

### **Key strengths**

- Almost all people and their carers who use services are supported in developing confidence in their ability to communicate, enabling them to say what they feel and believe.
- They are also assisted in acquiring skills and contributing to the working of the wider community in culturally valued ways.
- Almost all people and their carers have been actively involved in development work, planning and review of services.
- People with physical and sensory disabilities have been key partners in the development of both direct payments and the emerging self-directed support strategy.
- Funding was identified through the PCT to employ a user engagement post within the voluntary sector.
- The Council, mental health trust and PCT have signed a joint declaration to support a charter of rights for people with mental health needs.
- The Council already has robust services in place to engage with people with HIV and AIDS.



## **Key areas for development**

- None

## **Increased choice and control**

**The contribution that the council makes to this outcome is Good.**

### **Key strengths**

- The Council have improved the timeliness of undertaking assessments and performance is now in line with comparator Councils.
- Most people who use services feel well informed about services available.
- The Council's emergency duty service is provided in partnership with a local Council and provides 24-hour service for all emergencies.
- Most people who use services and their carers have to tell their story only once due through the Single Assessment Process that has now been implemented.
- Brighton and Hove continues to improve its performance in issuing individuals with a copy of their statement of needs.
- Residential care is used appropriately with numbers reducing year on year.
- The Council make good use of adult placement schemes and support a higher number of people as permanent residents in homes registered with the adult placement scheme than comparator Councils.

### **Key areas for development**

- Brighton and Hove has improved its performance in undertaking carers assessments and reviews for people who have a learning disability, although performance is still behind that of similar Councils, and there is room for improvement.
- The use of direct payments was identified as an area for development last year and there has been a significant improvement in the numbers in receipt of them, but performance is still considerably lower than that of similar Councils.

## **Freedom from discrimination and harassment**

**The contribution that the council makes to this outcome is Good.**

### **Key strengths**

- Almost all people are clearly assigned to a team or manager for assessment and meeting of their needs. When assessed needs are to be met, each person's individual needs are met rather than by an assumption of the general needs of clients with specific needs or disabilities. Individuals do not fall between services due to the ineffective working of this process.
- The Council confirmed that they stringently apply the Disability Discrimination Act standards to all new services and modernised facilities.

### **Key areas for development**

- The Council has reached level 2 of the equality standards for local government and report that the remaining three will be implemented in 2008-09. This is significantly behind the progress made by many other Councils.

## **Economic well being**

**The contribution that the council makes to this outcome is Good.**

### **Key strengths**

- Brighton and Hove strive to support individuals to access income and resources sufficient to provide a good diet, accommodation and participation in family and community life.
- There is an increasing choice to meet diverse economic and employment needs. Those who are disadvantaged and not always heard are increasingly well served.
- The Council have a number of successful projects that enable individuals to access and sustain employment and voluntary work across most client groups.

### **Key areas for development**

- The number of people with learning disabilities helped into employment has increased this year, although overall numbers are below that of similar Councils and there is room for improvement.

## **Maintaining personal dignity and respect**

**The contribution that the council makes to this outcome is Good**

### **Key strengths**

- Most people are effectively safeguarded against abuse, neglect and embarrassment or poor treatment whilst using services.
- The Council have an extremely effective safeguarding policy and procedures, which are used to good effect.
- Brighton and Hove are effective in undertaking investigations and closure of safeguarding cases.
- The Council confirm that they have robust arrangements in place to safeguard privacy and confidentiality in most cases. Access requests to the client database are monitored and the data protection officer has continued to provide training and awareness sessions on request.

### **Key areas for development**

- The percentage of staff in the independent sector who had safeguarding training was lower than similar Councils or the national average.
- Whilst performance is good in the provision of single room accommodation, it is below the comparator average and was identified as an area for improvement, and remains so.

## **Capacity to improve**

**The council's capacity to improve services further is Promising.**

### **Key strengths**

#### **Leadership**

- The Council report that existing partnership arrangements have remained robust and effective throughout 2007-08.
- The personalisation agenda has resulted in new partnerships being developed in 2007-08 within the City.
- Because of systematic long-term forward planning, there are people, skills and capability in place at most levels to deliver service priorities and to drive up improvement and quality in core services.
- Brighton and Hove has a framework for implementing and monitoring the relevant professional and occupational standards across adult social care.
- The workforce strategy will be a key vehicle for a more strategic approach to this issue. The Council report a stable workforce with turnover and vacancies at a much lower level than comparator Councils.

#### **Commissioning and use of resources**

- The Council, working with the PCT's, and Director of Public Health has produced a detailed analysis of need for the whole population with comprehensive gap analysis and strategic commissioning plans that links investment to activity over time.
- The Council ensure that people who self-fund their care have equal access to information, care brokerage and care management services.
- Brighton and Hove have taken a political decision following consultation with the independent providers and use of quality data to pay enhanced rates to independent providers of intensive home care and residential care having identified the range of options available. The Council pay significantly higher than comparator Councils for intensive home care services and they are confident that they are delivering excellent services.
- The Council ensures that almost all people who use services, carers groups and relevant staff groups are integral to the commissioning process through consultation, design and evaluation of service provision.
- The Council has a clear understanding of the local social care market and have taken innovate measures jointly with providers to meet the needs of both publicly and self-funded individuals.
- Good use is made of joint commissioning and partnership working to improve the economy, efficiency and effectiveness of local services.
- Brighton and Hove do not contract with poor or adequate service providers.

### **Key areas for development**

#### **Leadership**

- Despite being an area for improvement last year, the Council have yet to implement fully the Electronic Social Care Record and reports this development to be in alignment with the three-year programme of

personalisation within social care.

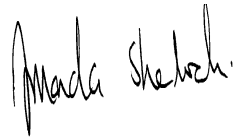
- Sickness absence is greater than last year, having almost doubled. Brighton and Hove have plans in place to address this.
- The Council is failing to gather ethnicity data related to its workforce and should be urgently addressing this shortfall.

**Commissioning and use of resources**

- None

Yours sincerely

**AMANDA SHERLOCK**

A handwritten signature in black ink that reads "Amanda Sherlock". The signature is written in a cursive, slightly slanted style.

Regional Director, South East Region  
Commission for Social Care Inspection

## **Adult Social Care Improvement Plan**

1. This plan is a response to the key areas for development identified by CSCI in their Annual Performance Assessment delivered on November 2008 (covering the year 2007/08).
2. A dedicated plan has been produced here to monitor delivery, where the development area is already covered by an existing improvement plan this is referred to in the action column.
3. The improvements have all been included in the Directorate business planning process

### **4. Improvement Plan**

<b>Development Area</b>	<b>Lead officer</b>	<b>Actions</b>	<b>Target</b>	<b>Progress</b>
1. There were a high number of delayed transfers from care attributable to the interface with Health partners, and an increase on last year's return. The rate is more than double the average of similar Councils and much higher than the England average. Delays attributable to social services are substantially higher than similar Councils and the national average for 2007-08, although they have reduced from 2006-07.	Denise D'Souza	Dedicated Action Plan in place	Target 2009/10 to be agreed via LHE group	
2. People were waiting longer for minor and major adaptations than those in	Martin Reid Karin Divall	External review of adaptations	Minor adaptations	

similar Councils.		service being commissioned. Direct prescription introduced at access point linked to more responsive delivery and installation service. Contractual specifications in public sector adaptations with external contractors regarding response times	delivered within 4 weeks. Major Adaptations 27.5 weeks	
3. The number of people in receipt of direct payments needs to increase to the level of similar Councils and the national average.	Brigid Day	This is a LAA target with a dedicated delivery plan	300 people 2008/09. 600 people 2009/10	December 2008 on target
4. The Council do not have 100% availability of single rooms at this stage.	Denise D'Souza	Commissioning and contracting work underway with partners across city to	95% 2008/09 98% 2009/10	Improved to 96% at quarter 2

		increase capacity		
5. The Council is failing to gather ethnicity data related to its workforce and should be urgently addressing this shortfall.	Philip Letchfield	Review processes with HR and implement improvements. Introduce quarterly reporting. Strengthen link between HR and operational teams.	5% in 2008/09	Achieved. SSD001 return indicates performance of 4.1% in ASC
6. Costs of intensive social care have increased and are significantly higher than comparator Councils.	Denise D'Souza Jugal Sharma	See 7 below.		
7. Unit costs are higher than similar Councils and the national average.	Jugal Sharma Denise D'Souza Brigid Day	Note positive comments in APA re value for money , service quality and commissioning.  Fairer Contracting arrangements to be introduced.  The Learning	Year on year reductions in unit cost of 3% in LD.  Efficiency savings set for ASC VFM reviews.	Fairer Contracting approved by CMM and JCB.  VFM implementation plans in ASC on target and efficiencies delivered.

		<p>Disability Commissioning Strategy 2009-12 sets out plans to address this. This include strategies to support move on to greater independence, to roll out self directed support, to increase resources in preventative services, to reduce high cost out of area placements and to remodel services to improve value for money.</p> <p>Tendering on out of area placements has commenced and reduction in unit costs being negotiated.</p> <p>VFM reviews</p>		
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		completed and being implemented in Adult Social care re day care and home care. Further round of VFM reviews agreed.		
8. The number of places funded by the Council in non-residential intermediate care schemes is significantly below the level of similar Councils and England average.	No further action proposed.	The Council provided CSCI with a detailed response at the Annual Review Meeting. This confirmed that the numbers of places maybe lower but that the actual number of people receiving places was equivalent. This we believe indicated a good performance by the Council and excellent		

		throughput.		
9. More people with a learning disability need to be helped into employment.	Jugal Sharma	Data being collected for NI 146 since 1 <sup>st</sup> October 2008.	Data to be available for first quarter of 2009, then annual increases against that benchmark.	Data collection started.
10. More people with a learning disability need to be helped to live at home.	Jugal Sharma	Scrutinise cases at Eligibility Panel-Direct Payments and SDS where possible. Data cleanse Adult Placements and in-house supported living placements on Carefirst. co-opt joint-funded packages with mental health to LD P.I Move remaining 2 people from CMG res care to CMG supported living	To increase performance from 416 to 421 by end of financial year.	Expecting to reach target.
11. The numbers of carers caring for	Jugal Sharma	Current target	Workplan in	New assessor

learning disabled people aged 18-64 who have received an assessment or review has increased in 2006-07 but this is behind the number provided by similar Councils and national average.		being reviewed to be in line with national averages. New carer assessor to work to revised targets	place that will achieve the national standard.	in post
12. The number of carers caring for people with a learning disability aged 65 or over who have received an assessment or review during the year is significantly below the level achieved by similar Councils and national average.	Jugal Sharma	Current target being reviewed to be in line with national averages. New carer assessor to work to revised targets	Data matching and cleansing exercise.	New assessor in post
13. Services for carers are good in Brighton and Hove, but the service is slightly behind levels achieved by similar Councils and the national average.	Tamsin Peart	This is a LAA target and a dedicated improvement plan is in place.	16% 2008/09	November 2008 on target to exceed 16%
14. The level of grant-funded services for older people was significantly less than comparator Councils in 2006-07.	Philip Letchfield	This was a new survey in 2007 and 2008 will be the first year of the new statutory survey. We have reviewed the methodology and undertaking a more rigorous	Pending benchmarking and clarification of indicator definition.	Survey will be completed in January 2009. Benchmarking underway.

		survey to ensure we capture all the activity.		
15. The Council has reached level 2 of the equality standards for local government and report that the remaining three will be implemented in 2008-09. This is significantly behind the progress made by many other Councils.	Andy Staniford Jess Harper	Dedicated action plan in place and the Council plans to achieve level 3 by March 2009.	Level 3 achieved by March 2009.	Positive internal audit completed November 2008 across the Directorate.
16. The percentage of staff in the independent sector who had safeguarding training was lower than similar Councils or the national average.	Brigid Day Denise D'Souza	The Council is not including the 'cascade' effect of training. This will be collected and included in future reporting.	To be in line with performance of comparable councils.	Collection plans being developed.
17. Despite being an area for improvement last year, the Council have yet to implement fully the Electronic Social Care Record and reports this development to be in alignment with the three-year programme of personalisation within social care.	Philip Letchfield	This will be aligned to the 3 year programme of personalisation. It the highest priority in the Position Statement that is informing the strategy for how information systems and technology	ESCR in place as one element supporting personalisation programme .	Next key milestone is the roll out of CF6 across all of ASC by April 2009.

		can support the personalisation programme.		
18. Sickness absence is greater than last year, having almost doubled. Brighton and Hove have plans in place to address this.	Jugal Sharma Denise D'Souza	Adult Social Care are piloting a new approach to sickness management across the Council. A dedicated plan is in place.	To bring sickness absence into line with comparable councils.	Good progress made re short term sickness.



# ADULT SOCIAL CARE AND HEALTH CABINET MEMBER MEETING

## Agenda Item 53

Brighton & Hove City Council

**Subject:** Annual Review of Adult Social Care Charging Policy  
**Date of Meeting:** 22<sup>nd</sup> January 2009  
**Report of:** Joy Hollister, Director of Adult Social Care and Housing  
**Contact Officer:** Name: Angie Emerson, Head of Financial Assessments and Welfare Rights Tel: 295666  
E-mail: Angie.emerson@brighton-hove.gov.uk  
**Key Decision:** NO  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 To recommend the annual uprating of Adult Social Care charging policies for Non-Residential Care including individual budgets and direct payments and the uprating of the full cost charge for our in-house Residential Care Services for the financial year 2009/10

#### 2. RECOMMENDATIONS:

To approve increased charges for inclusion within the budget 2009/10 package for Cabinet's agreement. The recommended maximum charging rates for non residential services for 2009/10 are shown below and are effective from 6<sup>th</sup> April 2009.

	From	To:
2.1.1 Home care	£19 per hour	£20 per hour
2.1.2 Day care	£20 per day	£22 per day
2.1.3 Transport charge	£1.80 per return journey	£2.00 per rtn journey
2.1.4 Meals charges	£2.90 per meal	No Change
2.1.5 Direct Payments	Actual cost subject to maximum weekly charge	

(Note that all of the above services may be provided or funded through Individual Budgets)

- 2.2 To agree a maximum weekly charge, for new service users, for non residential services of £850 per week (previously £750)
- 2.3 To agree that existing service users paying the current maximum rates be protected for one year to a maximum charge of £750 per week (see 3.2.2 – Option A)

- 2.4 To agree the maximum weekly charge for in-house residential care of £740.32 (previously £718.76)

### **3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

#### **3.1 Non Residential Services**

- 3.1.1 The Department of Health issued new charging guidance for non-residential care services (known as Fairer Charging) in October 2002 and, at that time, Brighton and Hove Council engaged in a wide public consultation exercise with service users, carers and other interested parties. The outcome of this consultation continues to form the methodology for the current charging policy. The maximum charges included in the policy are reviewed in April of each year, effective on the same date that state benefits increase. This is the third year where it is proposed to increase most of the maximum charges above the current inflation rate in order to bring them more into line with the actual cost of provision.
- 3.1.2 The amount a person pays towards non-residential service costs is determined by a financial assessment (other than the fixed charges for meals and transport). A package of care can include home care, day care, adaptations and Supporting People services and one financial assessment covers all of these services. There are just under 2,300 current service users. Almost half have minimal savings and limited income from state benefits and are not required to pay anything towards the costs.
- 3.1.3 The current maximum charge for in-house home care has fallen behind the true cost of provision and it is proposed to increase it £20 per hour, per carer. People who have a service from the independent sector will not be charged more than the actual fees. These can sometimes be lower than £20 per hour and sometimes higher depending upon the day, time, and type of care provided.
- 3.1.4 The cost of running our in-house day care provision is significantly higher than the maximum charge and it is proposed to increase this charge from £20.00 per day to £22.00 per day. (there is an additional fixed charge for meals and transport where provided)
- 3.1.5 The transport costs for day centre attendance have increased above inflation and it is proposed to increase the charge by 20 pence per return journey.
- 3.1.6 The meals charge should remain at £2.90 per meal at present as this service is subject to review. The current contract ceases in April 2010.



- 3.1.7 Many people, who are receipt of additional disability benefits, pay a small weekly contribution towards the total service costs in accordance with the charging policy. Although their benefits will increase in April 2009, assessed charges will usually remain the same due to the compensating increase in allowances provided in the financial assessment. Therefore charges may not increase at all for many service users.
- 3.1.8 People who have savings over the prescribed capital threshold of £23,000 (£46,000 for couples) from April 2009, will pay the full cost of the services provided, subject to the proposed new maximum weekly charge of £850 per week. There are very few current service users affected by this increase and it is proposed that their charges be protected to a maximum of £750 per week for 2009/10. Approximately 130 services users pay the maximum hourly and daily rates listed above and will be affected by the proposed increases.
- 3.1.9 All charges are subject to an appeals procedure for exceptional circumstances.

### **3.2 Maximum Weekly Charge for non-residential services (in-house and independent sector provision)**

- 3.2.1 The current maximum weekly charge is £750 per week. It is proposed to increase this to £850 per week from April 2009 for those few people who have the means to pay this amount and whose service packages cost more than £850 per week. People with low savings and low income will not have to pay this amount.
- 3.2.2 **OPTION A** To implement the revised maximum charge of £850 per week for new service packages from April 2009 but to apply protection for services already in place. People currently paying £600 per week (protected from last year) or more should have a protected increase for their current services to a maximum of £750 per week for one year.
- 3.2.3 **OPTION B** To increase the current maximum charges to £850 per week for everybody from April 2009 without protection.

### **3.3 Maximum Charge for In-House Residential Care**

- 3.3.1 The majority of residential care is provided by the independent sector and national regulations require that residents with more than a certain amount of savings, i.e. £23,000 for 2009/10, must pay the actual fees charged by the Care Home. The fees for "self funding" residents are determined by the provider, usually under a separate contract, and are often higher than the rates agreed under the Council's contracts.
- 3.3.2 Where the Council provides residential care in-house we are required to calculate the cost of running the service in line with Government

guidance. The running costs of the Council's care homes have been reviewed and it is proposed that the maximum charge should be increased from £718.76 by 3% to £740.32 per week. This will only affect a few long stay residents who have the means to pay and any short stay residents who have savings above the savings threshold of £23,000.

- 3.3.3. All care home residents funded by Adult Social Care will be reassessed from April 2009 in line with their increased pensions and benefits and in compliance with national regulations. The majority of residents are required to contribute less than £200 per week.

### **3.4 Summary:**

These proposals are intended to bring charges more into line with the actual cost of provision. Service users are charged according to their means (excepting the fixed charges for meals and transport) and therefore this proposal affects the minority of service users who have sufficient means to pay the maximum charges.

## **4. CONSULTATION**

- 4.1 This report has been circulated to all ASC managers and discussed in relevant budget meetings.

## **5. FINANCIAL & OTHER IMPLICATIONS:**

- 5.1 The maximum charges set out in the proposals will affect the small number of clients who have been financially assessed to be able to meet the full cost of services. The overall level of additional income from these above inflation proposals is estimated at £30,000 and this assumption will be included within the budget package.

The options presented on the maximum weekly charge for non residential services will apply to those clients that have capital above the set thresholds and will approach the situation where the charge reflects the cost of the service. Option A offers protection to existing clients for one year.

The proposed maximum charge for in house residential services reflects the assessed cost of service as required by regulation.

*Finance Officer Consulted: Anne Silley 30<sup>th</sup> December 2008*

### **5.2 Legal Implications:**

The proposals are in line with the Department of Health charging guidance introduced in October 2002, which require charging policies to be consistent and equitable. The guidance also requires there to be a single financial assessment for those eligible for both Supporting People and Social Care services, which is provided for by the policy.

The increase in charges will enable the Council to continue to meet its statutory duties in accordance with best value principles, reflecting the fact that the actual costs of services are currently significantly higher than maximum charges. As the charges are based on individual financial assessments, the methodology for applying charges is fair and transparent.

*Lawyer Consulted: Hilary Priestley     Date: 05/01 /09*

**5.3 Equalities Implications:**

Adult Social Care services are provided to the most vulnerable people in the city. This charging policy applies equally to all service users across all categories of disability and vulnerability and all minority groups who are in need of such services. Staff in the financial assessment team also aim to maximise state benefits for all service users in order to enhance their financial wellbeing.

**5.4 Sustainability Implications:**

There are no implications for the charging policy.

**5.5 Crime & Disorder Implications:**

There are no implications for the charging policy.

**5.6 Risk and Opportunity Management Implications:**

There are no implications

**5.7 Corporate / Citywide Implications:**

This is a citywide charging policy for all Adult Social Care service users.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

6.1 No Increase in charges would lead to a loss of income

6.2 Higher increases would lead to an unfair burden on service users with higher savings and income.

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 The Council is required to have an approved charging policy for Adult Social Care non-residential services and, in accordance with this policy, service users are required to contribute towards the cost in accordance with their personal financial circumstances. In April, each year, the service users' benefits increase and it is therefore timely and appropriate to review the policy and the charges.

7.2 The cost of service provision continues to rise and each April the council approves increased fee rates to our care providers. In order to help fund these additional costs it is appropriate to look to our service users to contribute a little more if their financial circumstances allow.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

None

### **Documents In Members' Rooms**

1. Current Charging Policy for 2008/9

### **Background Documents**

None