





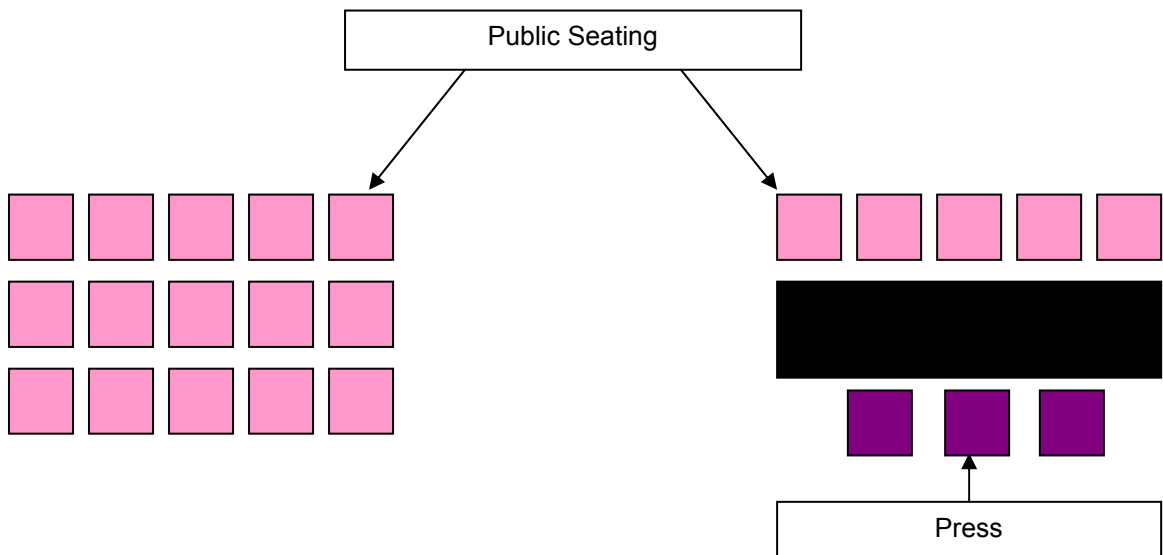
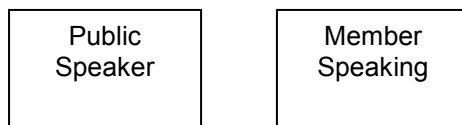
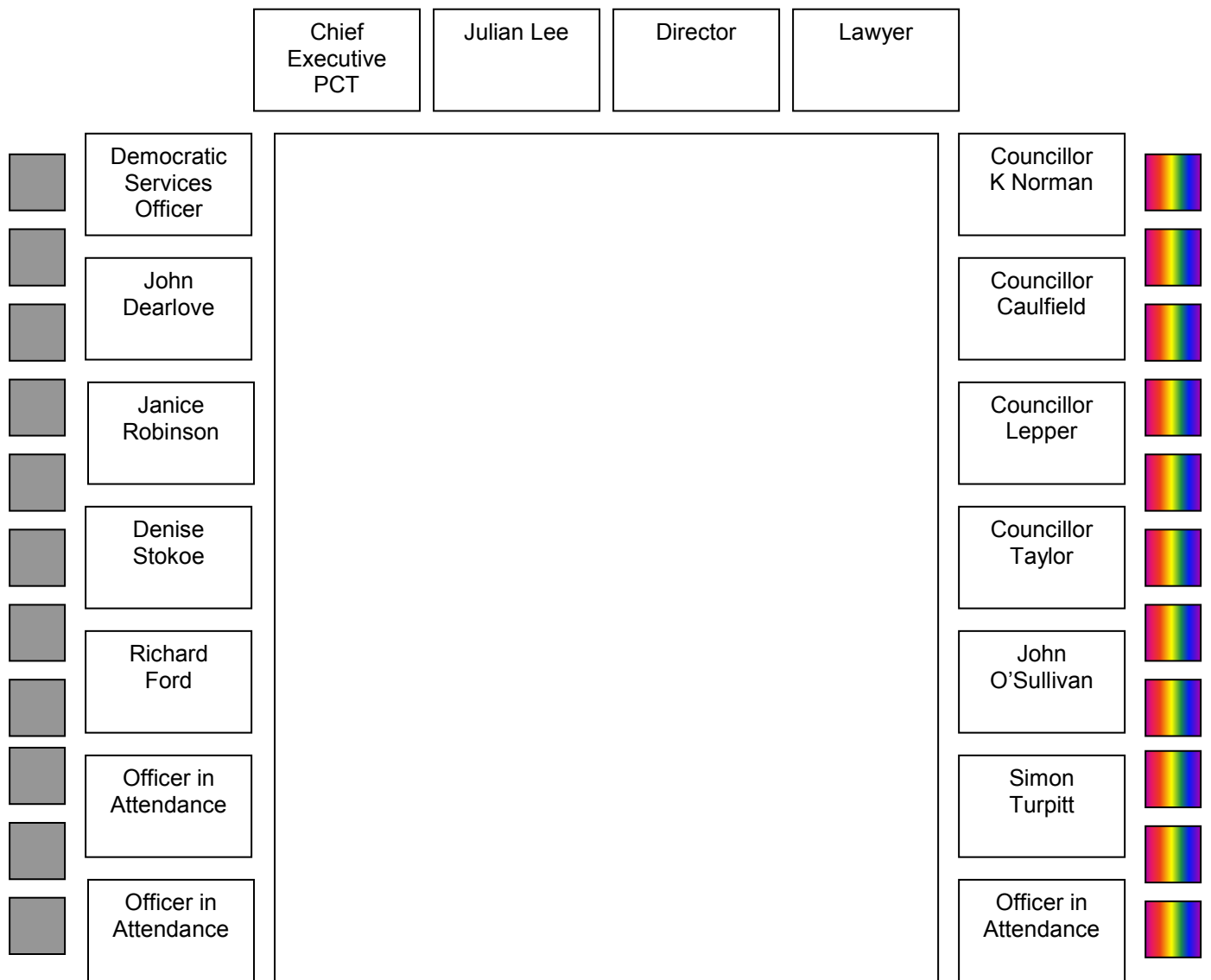
**Brighton & Hove
City Council**

Brighton and Hove City 
Teaching Primary Care Trust

Joint Commissioning Board

Title:	Joint Commissioning Board
Date:	26 January 2009
Time:	5.00pm
Venue	Committee Room 3, Hove Town Hall
Contact:	Caroline De Marco Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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JOINT COMMISSIONING BOARD

The following are requested to attend the meeting:

Brighton & Hove City NHS Teaching Primary Care Trust Representatives:

Julian Lee (Chairman), John Dearlove, Janice Robinson and Denise Stokoe

Council Representatives:

Councillor Maria Caulfield (Cabinet Member For Housing) and Councillor Ken Norman (Cabinet Member for Adult Social Care & Health)

Co-opted Members:

Councillor Jeane Lepper, Brighton & Hove City Council
Councillor Keith Taylor, Brighton & Hove City Council
Richard Ford, Sussex Partnership Trust
Simon Turpitt, South Downs Health NHS Trust
John O'Sullivan, South Downs Health NHS Trust

AGENDA

32. PROCEDURAL BUSINESS

- (a) Declaration of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) 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.
- (c) 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 categories of exempt information is available for public inspection at Brighton and Hove Town Halls.

33. MINUTES OF THE PREVIOUS MEETING

1 - 8

Minutes of the meeting held on 8 December 2008 (copy attached).

34. CHAIRMAN'S COMMUNICATIONS

35. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 19 January 2009)

No public questions received by date of publication.

36. FINANCIAL PERFORMANCE REPORT - MONTH 8

9 - 12

Report of Director of Finance, Brighton & Hove PCT (copy attached).

Contact Officer: Michael Schofield

Tel: 01273 545312

Ward Affected: All Wards

37. INDEPENDENT SECTOR CARE HOME AND DOMICILIARY CARE FEE INCREASES 2009/10

13 - 20

Report of Director of Strategy, PCT and Director of Adult Social Care & Housing, Brighton & Hove City Council (copy attached).

JOINT COMMISSIONING BOARD

Contact Officer: *Ambrose Page*
Ward Affected: *All Wards*

Tel: 01273 295341

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The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

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

Date of Publication - Friday, 16 January 2009

JOINT COMMISSIONING BOARD

Agenda Item 33

Brighton and Hove City NHS
Teaching Primary Care Trust
Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

JOINT COMMISSIONING BOARD

5.00PM 8 DECEMBER 2008

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Brighton & Hove City Primary Care Trust representatives:
Julian Lee (Chairman), John Dearlove, Janice Robinson and Denise Stokoe;

Council representatives:
Councillor Ken Norman, Cabinet Member for Adult Social Care & Health;

Co-opted Members:
Councillor Keith Taylor, Brighton & Hove City Council
Richard Ford, Sussex Partnership Trust
John O'Sullivan, South Downs Health NHS Trust

Apologies: Councillor Maria Caulfield (Cabinet Member For Housing), Councillor Jeane Lepper (Brighton & Hove City Council) and Simon Turpitt (South Downs Health NHS Trust)

PART ONE

24. PROCEDURAL BUSINESS

24 (a) Declarations of Substitutes

24.1 Geraldine Hoban, Deputy of Strategic Commissioning PCT reported she was attending on behalf of Amanda Fadero, Director of Strategy PCT.

24 (b) Declarations of Interests

24.2 There were none.

24 (c) Exclusion of Press and Public

- 24.3 In accordance with section 100A of the Local Government Act 1972 ("the Act), the panel 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 nature 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(l) of the Act).
- 24.4 **RESOLVED** - That the press and public be not excluded from the meeting.

25. MINUTES OF THE PREVIOUS MEETING

- 25.1 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 15 September 2008 be agreed and signed by the Chairman subject to amendments to paragraph 20.3. (1) Second sentence of small type - *It is recommended* to read "it is agreed". Paragraph 20.3 (6) Second sentence of small type - *It is recommended* to read "it is approved".
- 25.2 Councillor Taylor referred to paragraph 19.2 of the minutes in which he had requested a report on Adult Social Care & Health funding. The Director of Adult Social Care & Housing replied that it had not been agreed to bring a report to this meeting. Details of the budget would be presented to the Joint Commissioning Board in February 2009.

26. CHAIRMAN'S COMMUNICATIONS

- 26.1 There were none.

27. PUBLIC QUESTIONS

- 27.1 There were none.

28. FINANCIAL PERFORMANCE REPORT - MONTH 6

- 28.1 The Director of Finance (PCT) presented a report which set out the financial position of the pooled budgets at the end of Month 6, and the forecast year-end outturn. It highlighted emerging pressures and set out measures to address these pressures. (for copy see minutes book).
- 28.2 Richard Ford reported that officers had been assertively managing the way people accessed care within substance misuse services. Meanwhile, all placements were being reviewed within adult mental health.
- 28.3 Janice Robinson noted the good progress made in a number of areas. She asked what had been done to get the Integrated Equipment Store back on course. John O'Sullivan explained that management arrangements had changed at South Downs. Rita Garner, Assistant Director, Community Care now managed this area. Improvements had been due to management focus and attention. However, this area would be closely monitored for the rest of this year and for the year 2009/10.

- 28.4 The Director of Community Care (Adult Social Care) stressed that a longer term solution was needed to decide what to do with the store. A focus group would meet next week. There was a need to look for a model for Brighton. The Lead Commissioner, Older People PCT reported that there had been a strong focus on the store this year. There was still some scope for further efficiencies.
- 28.5 **RESOLVED** - (1) That the financial position of the pooled budgets - forecast at breakeven – and the actions underway to manage the pressures within the system, be noted.
- (2) That the change in the underlying position on the budgets for working age mental health services, and the implications of the agreed risk share be particularly noted.
- (3) That the ongoing work to review the value for money of the Dementia at Home service be noted.
- (4) That the progress on the substance misuse and community alcohol services tender be noted.
- (5) That the arrangements for the transfer of PCT funds to Local Authorities in 2010/11 in respect of social care for adults with learning disabilities, and the proposed figure for transfer be noted.

29. REVIEW OF LEARNING DISABILITY COMMISSIONING STRATEGY AND 3-YEAR FINANCIAL PLAN

- 29.1 The Board considered a report of the Director of Adult Social Care & Housing which presented an attached Learning Disability Commissioning Strategy for Brighton & Hove 2009-2012. The strategy set out how social care and specialist health services for people with learning disabilities that are funded through the Section 75 agreement would be commissioned over the next 3 years (for copy see minutes book).
- 29.2 The Director of Adult Social Care & Housing explained that the report had already been agreed at the Housing Cabinet Member Meeting. More detailed plans would be considered in a budget report in February 2009.
- 29.3 Councillor Norman considered that the strategy should be endorsed. He was particularly interested in the personalisation aspect to the strategy.
- 29.4 Janice Robinson considered the strategy to be excellent in terms of the broad direction of travel. She was pleased it focused on extra demand. She hoped that the Board would receive a more detailed strategy in due course, with more information on costs, and specifics on what would be done to meet these aims.
- 29.5 Denise Stokoe asked if there was going to be a financial strategy to move more provision to people with mild learning difficulties. Diana Bernhardt, Head of Supporting People & Lead Commissioner for Learning Disabilities replied that officers were looking at the services being provided at that low level. The services were being remodelled to be more responsive.

- 29.6 Richard Ford agreed with the idea of supporting people with autism disorders. The Sussex Partnership Trust had opened up a small scale assessment for people with autism disorders. Existing resources needed to be remodelled. Diana Bernhardt reported that there would be an autistic strategy.
- 29.7 The Deputy Director of Strategic Commissioning PCT welcomed the strategy but recognised that more work needed to be carried out regarding a holistic approach to health. There would be a much more detailed action plan in the future.
- 29.8 Councillor Taylor referred to paragraph 5.2 - Financial Implications. He asked what strategies were in place to make the £30 m stretch further taking account of inflation and an increased number of people using the service by 2011. What would be done to protect low level need from high level expensive needs?
- 29.9 Diana Bernhardt drew attention to the 3 year Financial Plan, Targets and Timescales set out in the Strategy. This showed the direction of travel for the following three years. The Director of Adult Social Care & Housing stressed that there was a shift from expensive acute care to targeted prevention.
- 29.10 Councillor Taylor referred to the 33% allocated for self directed support and asked how this figure was calculated. The Director of Adult Social Care & Housing explained that 33% of the budget was allocated for self directed support and this equated to roughly about 33% of people. She would like to see an increase in Self Directed support in future years.
- 29.11 The Head of Financial Services stated that when the budget was presented to the Board, it would detail the different costs.
- 29.12 Councillor Taylor stressed that by 2012, 60% to 70% would not have accepted self directed support. He asked for assurance that their needs would be met. Diana Bernhardt replied that there was a lot of emphasis in the strategy on continuing to improve work in existing services. There was no reason why people receiving existing services should not have their service personalised.
- 29.13 **RESOLVED** - (1) That the Learning Disability Commissioning Strategy for Brighton & Hove 2009-2012 attached as Appendix 1 be agreed.

(2) That it is noted that the amount estimated by the council for the transfer of learning disability social care funding and commissioning from Brighton & Hove City Teaching Primary Care Trust to Brighton & Hove City Council of £6,150,498 in 2007/8 (as set out on page 25 of Appendix 1) has been submitted to the Department of Health as required on 1 December 2008.

30. DEMENTIA CARE AT HOME - REVIEW OF PERFORMANCE AND SUGGESTED WAY FORWARD

- 30.1 The Board considered a report of the Director of Strategy, Brighton & Hove City PCT which set out the Dementia Care at Home's performance to date, and outlined recommendations for the development of a more detailed options paper for the future of

the service, which would be presented to a future Joint Commissioning Board Meeting (for copy see minute book).

- 30.2 The Deputy Director of Strategic Commissioning PCT presented the report. The Board were asked to support interim arrangements for the service whilst options for future commissioning, within the community care funding allocation, were explored.
- 30.3 John Dearlove asked whether the £873,865 allocated for DCAH had already been spent on the 11 people receiving care. Richard Ford replied that the money had been spent on very intensive care for people. There were a reduced number of people receiving the service but the numbers would be increased to 20. This year there had been a 3% reduction in nursing care. This was part of a radical change in Older Peoples Services. There was a need to ensure the continuation of the Dementia at Home Service with revised criteria in place for an interim period whilst the options paper was being developed.
- 30.4 Colin Lindridge, Associate Director, Older Peoples Mental Health, SPT reported that officers had reviewed the eligibility criteria for dementia care at home. They were also looking at ways of being more proactive in helping carers cope, for example by providing short term breaks. Some service users had received costly 24 hour care at first. One service user was still receiving 24 hour care. This was being reviewed.
- 30.5 Denise Stokoe stressed that the Board required an all options report about the future of the service with the possibility of decommissioning the service. There also needed to be an update on care places in the city. Janice Robinson concurred. She suggested that the review should consider whether there is evidence of advocacy in providing services in the home. With regard to equity issues, she asked if a person without a carer would receive help. She further asked about the unit cost of the service. How did this compare with other service users such as people with learning difficulties?
- 30.6 Colin Lindridge replied that not having a carer did not stop people accessing the service. John O'Sullivan stated that it would be helpful to have a future paper on the impact of DCAH on the acute trust or the local authority service. There was a need to learn lessons and apply them to a range of services.
- 30.7 Geraldine Hoban, Deputy Director of Strategic Commissioning PCT reported that the feed back from service users had been very supportive for this type of care. However, she agreed that officers must see if the service could be made cost effective.
- 30.8 The Director of Adult Social Care & Housing reported that a National Dementia Strategy was being launched on 16 December 2008. There would be some remodelling as a result of the strategy.
- 30.9 **RESOLVED** - (1) That the interim service model be approved whilst future commissioning options are determined.
- (2) That a Joint Commissioning Board meeting be convened in February 2009 to ensure that there is an agreed way forward prior to the start of the new financial year. This will enable the development of future commissioning arrangements within the community care allocation.

**31. CAMHS (CHILD AND ADOLESCENT MENTAL HEALTH SERVICE)
COMMISSIONING AND SERVICE DEVELOPMENTS**

- 31.1 The Board considered a report of the Director of Children's Services and the Director of Adult Social Care & Housing concerning proposed service development for 14-25 year olds, Child and Adolescent Mental Health Service (for copy see minute book).
- 31.2 The Commissioning & Partnership Manager reported that a national CAMHS review had been published on 18 November 2008. Many authorities struggled with the transition from CAMHS services to adult services. The proposals addressed these issues. At the heart of the proposals was an additional resource of 5 young peoples mental health workers, based in youth hubs in the city (Blatchington Road, Ship Street and the 67 Centre). This would ensure young people could access a whole range of support.
- 31.3 John Dearlove asked about the current arrangements; why would the new service centres make it quicker to access services and how many people were aware of the centres? The Commissioning & Partnership Manager reported that at the moment young people were referred within 13 weeks. Young people did not find it easy to use normal referral routes. They were not accessible or easy to use. The service centres would have young people's mental health workers working alongside colleagues. Officers would be publicising the service centres.
- 31.4 Denise Stokoe asked how officers could ensure equity in the service. There was a danger that there would be a two tier service. The Commissioning & Partnership Manager explained that if a young person presented at a GP's surgery, officers would not want to stop that option. Once the referral was made, it would be passed to the Child and Adolescent Mental Health Service. The young people's mental health worker would take on the referral and provide individual support. It was emphasised that the 5 mental health workers could not carry the work load of all the young people. They would need to ensure that young people were linked to the appropriate services.
- 31.5 Richard Ford stressed that it was crucial to develop a more systematic way of working. Teenagers and young adults currently received poor access to services. He was encouraged by the proposals.
- 31.6 The Commissioning & Partnership Manager reported that there was a need to measure outcomes for young people. There had been a response from young people about how they feel about the service now. This should be compared with how they feel about the service in a year's time.
- 31.7 The Chairman requested an update in due course, in order for the Board to judge the success of the proposals.
- 31.8 **RESOLVED** - (1) That the model of service for 14-25 year olds with mental health needs be agreed.

The meeting concluded at 6.31pm

Signed

Chair

Dated this

day of

JOINT COMMISSIONING BOARD

Agenda Item 36

Brighton and Hove City NHS
Teaching Primary Care Trust
Brighton & Hove City Council

Subject: Financial Performance Report – Month 8
Date of Meeting: 26th January 2008
Report of: Director of Finance, Brighton and Hove PCT
Contact Officer: Name: Michael Schofield Tel: 01273-545314
E-mail: Michael.Schofield@bhcpct.nhs.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report sets out the financial position of the pooled budgets at the end of Month 8, and the forecast year end outturn. It highlights emerging pressures and sets out plans to address these.

2. RECOMMENDATIONS:

- 2.1 Board members are requested to note the financial position of the pooled budgets - forecast at breakeven – and the actions underway to manage the pressures within the system;
- 2.2 Board members are requested to note the progress on the substance misuse and community alcohol services tender.

3. RELEVANT INFORMATION:

Year End Forecast 2008/2009

- 3.1 The table below sets out the budget for the financial year. As a reminder, the report now shows the 'lead commissioning' arrangements, with two 'pooled funds' held within the overall pool. This reporting format is intended to highlight lead responsibilities and to support the production of the interim and year-end financial statements including balance sheets.

Pool Contributions by Client Group:	SDH	SPT	PCT	BHCC*	Total
	£000	£000	£000	£000	£000
PCT Pool:					
HIV/AIDS Services Client Group	720	300	-	-	1,020
Intermediate Care Services Client Group	3,452	-	323	-	3,775
Older People's Mental Health Services Client Group	-	13,140	-	-	13,140
Substance Misuse Services Client Group	-	2,683	-	-	2,683
Working Age Mental Health Services Client Group	-	27,874	-	-	27,874
Integrated Equipment Store	1,322	-	-	-	1,322
	5,494	43,998	323	-	49,815
Council Pool:					
Learning Disabilities Services Client Group	6,396	-	927	21,707	29,030
Total Contributions to the Pooled Budgets	11,890	43,998	1,250	21,707	78,845

*£83,000 investment by BHCC still to be allocated.

- 3.2 The table below sets out the forecast outturn for each of service areas within the pool. As noted previously, the forecasts around the Mental Health service lines need to be interpreted with caution, given the ongoing work around the 'baseline contract' – expected to be completed in December 2008 – and the forecasts are those of the PCT, drawing on information provided by the provider bodies, rather than those of Sussex Partnership Trust.

M8 Forecast Outturn Variance by Client Group:	SDH	SPT	PCT	BHCC	Total
	£000	£000	£000	£000	£000
PCT Pool:					
HIV/AIDS Services Client Group	(18)	-	-	-	18
Intermediate Care Services Client Group	(253)	-	-	-	253
Older People's Mental Health Services Client Group	-	(37)	-	-	37
Substance Misuse Services Client Group	-	65	-	-	65
Working Age Mental Health Services Client Group	-	476	-	-	476
Integrated Equipment Store	113	-	-	-	113
	(158)	504	-	-	346
Council Pool:					
Learning Disabilities Services Client Group	-	-	-	64	64
Total Pool Forecast	(158)	504	-	64	410
Application of Risk Share	n/a	(300)	n/a	n/a	(300)
Savings/ Recovery Plans	158	(204)	0	(64)	(110)
Forecast Outturn at Month 8	-	-	-	-	-

- 3.3 The position on the South Downs Health-led services remains positive, as reported in the last report, with a forecast underspend on the intermediate care services client group offsetting a pressure on the integrated equipment store.
- 3.4 The position on Learning Disabilities has remained consistent with the previous forecast, with a forecast overspend of £64,000. However, the City Council remains confident of delivery of the year end position of break-even. Neither the City Council nor the PCT are anticipating the contribution of additional funds to this service.
- 3.5 The position on mental health and substance misuse services is complex, and has significantly improved since the last forecast. As last month, the operation of the risk share agreement reached between Directors of Finance is shown for

transparency. SPT has committed to meeting a £300,000 forecast overspend overall and to ensuring that service pressures are constrained. SPT, with the support of officers in the City Council, is now forecasting a significant reduction in the service pressures around older people and substance misuse, although the pressures on the working age adults service remain as previously reported.

- 3.6 The recovery actions on older people's care group mean that community care budgets are anticipated to underspend, while the related mainstream budgets are anticipated to break-even, improving the overall position for this care group by £378,000. For substance misuse, the forecast pressures have been reducing due to much improved care package monitoring.
- 3.7 This does leave a residual pressure with the provider of £204,000 which must be addressed by the end of the financial year. Sussex Partnership Trust have committed to reducing this pressure and the Lead Commissioner PCT has had sight of, and has considered at its most recent Commissioning Board, a financial recovery plan which bridges the gap by £100,000, leaving a remaining pressure to be managed of £104,000 and SPT have given assurances at the PCT Commissioning Board that a further plan is in place for the remaining balance of savings required and that they are confident of delivery. The PCT is working closely with the provider to ensure that appropriate and adequate recovery plans are put in place.
- 3.8 A paper on Dementia at Home services is anticipated at a future JCB, and this is likely to address the pressures moving into the next budget year. Both commissioners are anxious to ensure value for money, and an appropriate and effective service.

Procurement of Substance Misuse Service

- 3.9 The PCT is continuing to procure the Substance Misuse Service at discussed at the last Committee. The bidders are returning their bids to the PCT on 7th January and a stakeholder evaluation day – including a broad range of representatives from the statutory and voluntary sectors, and the acute hospital, as well as service users, will be attending and helping to evaluate the bid. Getting this input into the assessment process will ensure that real value is delivered from this market-testing process and the PCT is grateful for all the support which has been offered across the relevant constituencies.

4. CONSULTATION

- 4.1 In determining levels of planned expenditure across the client group areas, both the PCT and the City Council have completed extensive consultation exercises. The PCT has prepared an Annual Operating Plan, which highlights the processes for prioritising investment across the range of healthcare, and sets out how new monies will be spent. The City Council engages in an extensive public consultation process in the run up to the budget-setting process.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The financial implications of the report are found in the text, highlighting the performance against the pooled budgets for 2008/2009.

Finance Officer Consulted: Michael Schofield/ Nigel Manville Date: 9/12/09

Legal Implications

- 5.2 There are no specific legal implications which arise out of this report as it is for noting purposes only.
However, as a general principle, the Council and its partners must ensure that managing service pressures is not achieved at the expense of reducing the ability to meet statutory duties.
It is worth noting that the service pressures around older people and substance misuse have significantly reduced.

Lawyer Consulted: Hilary Priestley

Date:05-01-09

Equalities Implications:

- 5.3 There are no direct equalities implications arising from this report.

Sustainability Implications:

- 5.4 There are no direct sustainability implications arising from this report.

Crime & Disorder Implications:

- 5.5 There are no direct crime and disorder implications arising from this report.

Risk and Opportunity Management Implications:

- 5.6 There are no direct risk and opportunity management implications arising from this report. Both organisations have extensive risk management frameworks which address the risks arising from the section 75 agreement.

Corporate / Citywide Implications:

- 5.7 There are no direct corporate/ citywide implications arising from this report.

JOINT COMMISSIONING BOARD

Agenda Item 37

Brighton & Hove City NHS
Teaching Primary Care Trust
Brighton & Hove City Council

Subject:	Independent Sector Care Home and Domiciliary Care Fee Increases 2009/10		
Date of Meeting:	22 nd January 2009		
Report of:	Director of Strategy, PCT Director of Adult Social Care & Housing, Brighton & Hove City Council		
Contact Officer:	Name:	Ambrose Page	Tel: 29-5341
		Contracts Manager	
	E-mail:	Ambrose.page@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report has been presented to the Joint Commissioning Board (JCB) 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 JCB 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 JCB 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 JCB. 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: 23rd 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 6th 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

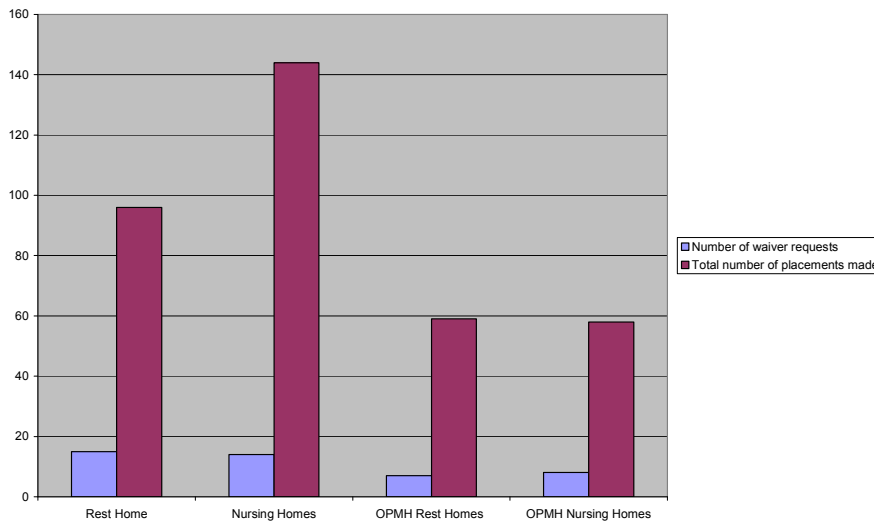
The High Band rates relate to those service users who are already receiving the high level of FNC prior to 1st October 2007.

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

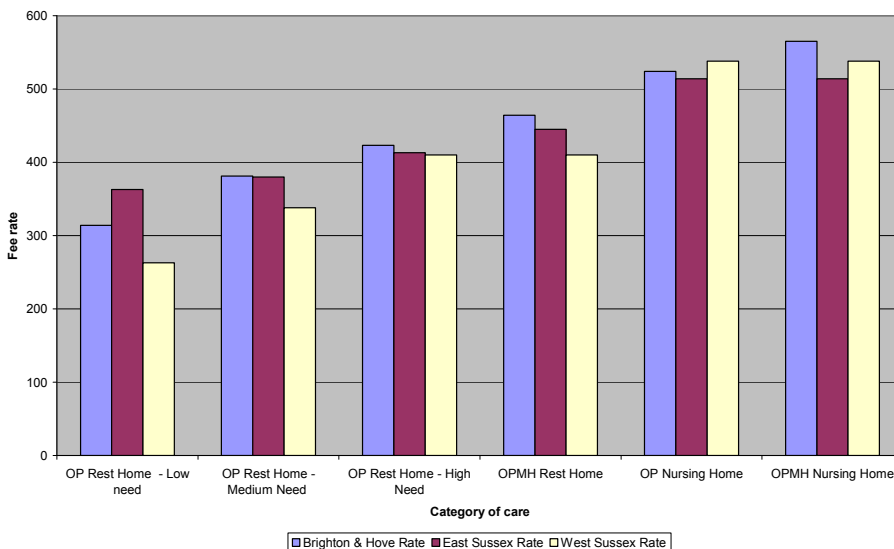
<i>Care Homes for Older People and OPMH</i>	<i>2008/09 Weekly Rate</i>	<i>2009/10 Weekly Rate with 2.5% increase for non preferred providers</i>	<i>2009/10 Weekly Rate with 3.5% increase for preferred providers</i>
Low Need - single room	£314	£321.85	£324.99
Low Need – shared room	£281	£288.03	£290.83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

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