



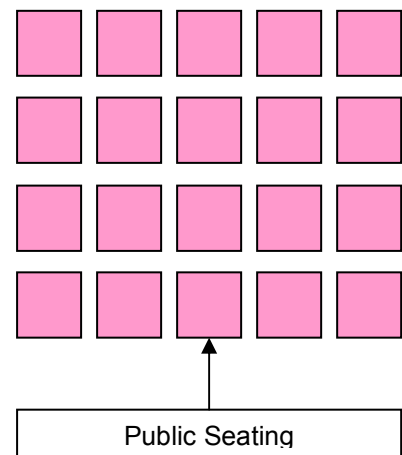
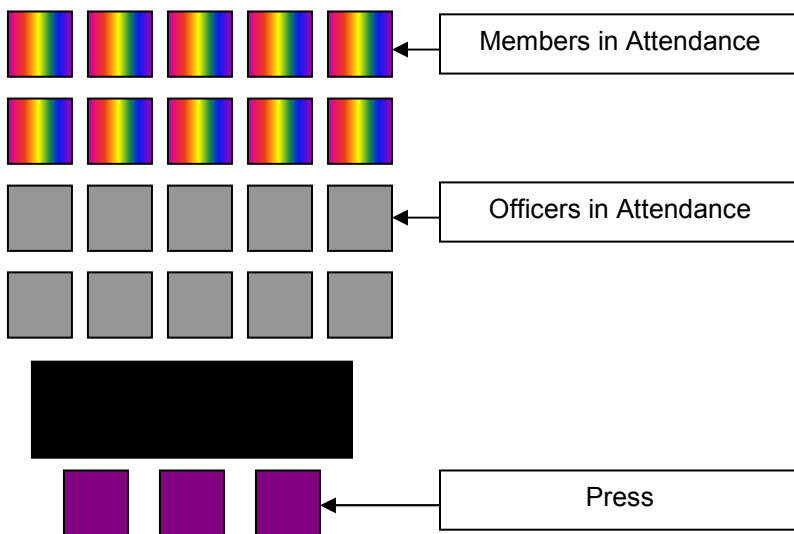
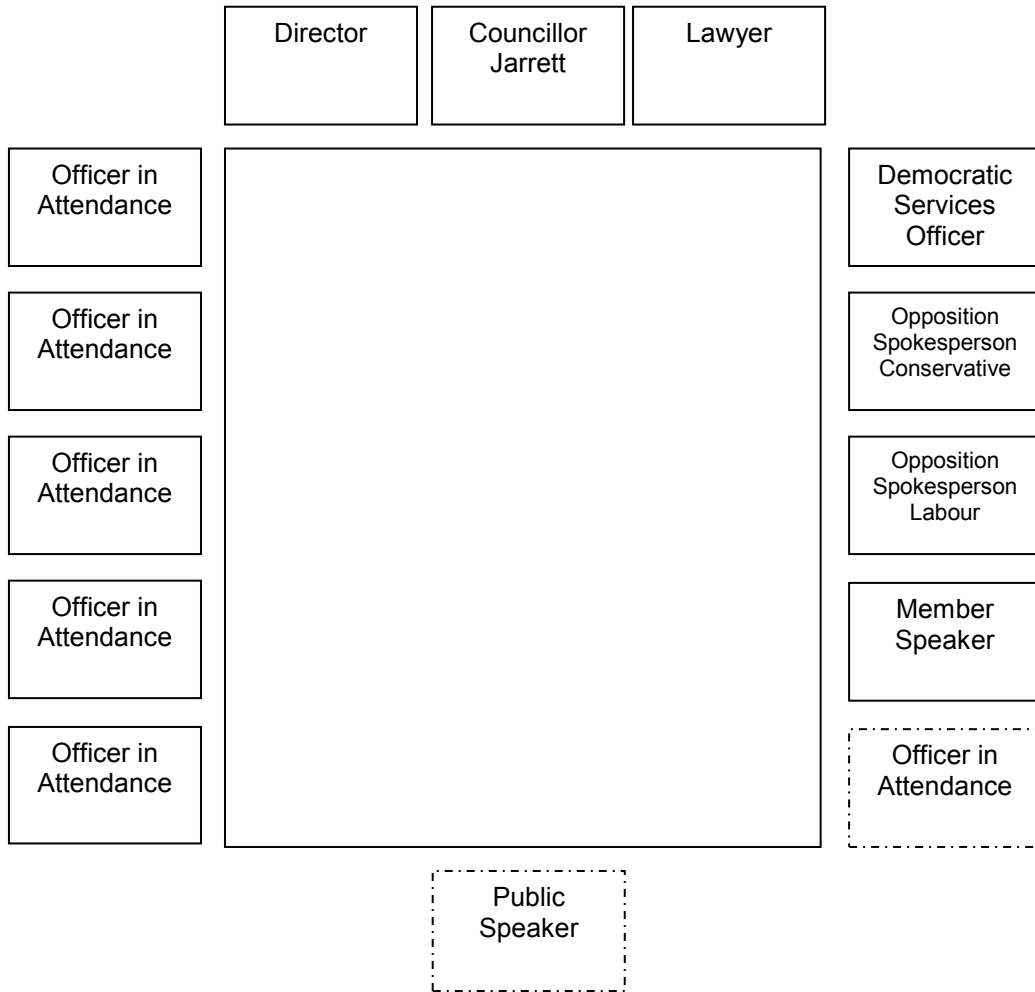
Brighton & Hove
City Council

Cabinet Member Meeting

Title:	Adult Social Care & Health Cabinet Member Meeting
Date:	12 March 2012
Time:	4.00pm
Venue	Committee Room 1, Hove Town Hall
Members:	Councillor: Jarrett (Cabinet Member)
Contact:	Caroline De Marco Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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Democratic Services: Meeting Layout



AGENDA

40. 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 categories of exempt information is available for public inspection at Brighton and Hove Town Halls.

41. MINUTES OF THE PREVIOUS MEETING

1 - 6

Minutes of the Meeting held on 16 January 2012 (copy attached).

42. CABINET MEMBER'S COMMUNICATIONS

43. ITEMS RESERVED FOR DISCUSSION

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

NOTE: Public Questions, Written Questions from Councillors, Petitions, Deputations, Letters from Councillors and Notices of Motion will be reserved automatically.

44. PETITIONS

No petitions have been received by the date of publication.

45. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 5 March 2012)

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

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

46. DEPUTATIONS

(The closing date for receipt of deputations is 12 noon on 5 March 2012)

No deputations have been received by the date of publication.

47. LETTERS FROM COUNCILLORS

No letters have been received.

48. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

49. NOTICES OF MOTIONS

No Notices of Motion have been received by the date of publication.

50. JOINT COMMISSIONING STRATEGY FOR ADULTS WITH AUTISTIC SPECTRUM CONDITIONS (ASC) 2012-2015

Report of Director of Adult Social Services/Lead Commissioner People (to be circulated separately).

Contact Officer: Diana Bernhardt Tel: 29-2363
Ward Affected: All Wards

51. FEE LEVEL FOR ADULT SOCIAL CARE SERVICES 2011-12 7 - 14

Report of Director of Adult Social Services/Lead Commissioner People (copy attached).

Contact Officer: Jane MacDonald Tel: 29-5038
Ward Affected: All Wards

52. COMMISSIONING PLAN FOR COMMUNITY MEALS 15 - 22

Report of Director of Adult Social Services/Lead Commissioner People (copy attached).

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

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

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.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

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, 2 March 2012

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 41
Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00pm 16 JANUARY 2012

COMMITTEE ROOM 1, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Cabinet Member)

Also in attendance: Councillor Norman

Officers present: Denise D'Souza (Director of Adult Social Services/Lead Commissioner People), Sandra O'Brien (Senior Lawyer), Anne Silley (Head of Finance - Business Engagement), Karin Divall (Head of Adults Provider), Jane MacDonald (Performance and Development Officer), Angie Emerson (Head of Financial Assessments and Welfare Rights), Michelle Jenkins (Safeguarding Adults Manager), Brian Doughty (Head of Adult Assessment) and Caroline De Marco (Democratic Services Officer)

Members of public present: (20)

PART ONE

25. PROCEDURAL BUSINESS

25(a) Declarations of Interests

25.1 There were none.

25(b) Exclusion of Press and Public

25.2 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).

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

26. MINUTES OF THE PREVIOUS MEETING

- 26.1 Councillor Norman referred to paragraph 16.1 and stated that this was the second award to be won by Carelink Plus. He was pleased that Carelink Plus was being recognised as a quality service.
- 26.2 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 17 October 2011 be agreed and signed by the Cabinet Member, subject to an amendment to a typographical error in paragraph 16.1.

27. CABINET MEMBER'S COMMUNICATIONS

Health and Well Being Board

- 27.1 The Cabinet Member reported that the Governance Committee had agreed to recommend to Council the establishment of a Shadow Health and Wellbeing Board from April 2012. An amendment had been made to the recommendations regarding the composition of the Board. There would now be seven councillors on the Board. The report would also be submitted to Cabinet for information.

28. ITEMS RESERVED FOR DISCUSSION

- 28.1 **RESOLVED** – That all items be reserved for discussion.

29. PETITIONS

- 29.1 There were none.

30. PUBLIC QUESTIONS

- 30.1 There were none.

31. DEPUTATIONS

- 31.1 There were none.

32. LETTERS FROM COUNCILLORS

- 32.1 There were none.

33. WRITTEN QUESTIONS FROM COUNCILLORS

- 33.1 There were none.

34. NOTICES OF MOTIONS

- 34.1 There were none.

35. THE ADULT SOCIAL CARE LOCAL ACCOUNT

- 35.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which outlined the approach taken in Brighton & Hove to the voluntary publication of a “Local Account” in 2011/12 and included a draft “Local Account” document (appendix 1) that could be published as part of a continuing programme of consultation.
- 35.2 From 2012/13, the Department of Health and the “Promoting Excellence in Councils’ Adult Social Care Programme Board” were proposing that every social services department published a “local account” each year.
- 35.3 The Director of Adult Social Services reported that by the time the report was produced next year, consultation would have been carried out and feedback received. The matter had been discussed at the Adult Social Care & Housing Overview and Scrutiny Committee held on 12 January 2012.
- 35.4 The Cabinet Member stated that the discussion at the Scrutiny Committee had been useful. He stressed the importance of the local account being easy to read and not having too many tables.
- 35.5 Councillor Norman agreed that there had been useful comments from the members of the Adult Social Care & Housing Overview and Scrutiny Committee.
- 35.6 **RESOLVED** – (1) That the Local account be approved for publication and further consultation.
- (2) That a further report be received in 2012 with proposals on the future process for delivering an annual Local Account.

36. PROVISION OF EQUIPMENT TO CARE HOMES POLICY

- 36.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which explained that the purpose of the ‘Provision of Equipment to Care Homes’ policy 2011” was to give guidance to equipment prescribers, care home providers and care managers regarding who was responsible for providing specific items of daily living or community nursing equipment.
- 36.2 The current policy had been widely consulted on via equipment prescriber leads, Registered Care Home Association, care managers and Integrated Community Equipment Store (ICES). It now had sign up by all stakeholders. It was based on relevant legislation and best practice guidance from across the country.
- 36.3 The Performance and Development Officer explained that standard equipment should be provided by residential and care homes with nursing. Bespoke non-standard equipment should be provided in a publically funded way. If the policy was agreed it would be placed on the Council’s website. The policy had been agreed by the Clinical Operating Group on 7 December 2011.

36.4 **RESOLVED** - (1) That the Provision of Equipment to Care Homes Policy be approved.

37. ADULT SOCIAL CARE CHARGING POLICY (NON-RESIDENTIAL SERVICES)

37.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which explained that most Adult Social Care services were chargeable subject to a means test. Most people used services provided by the independent sector and maximum charges to service users were subject to the fees charged by those organisations. However, the charging policy for Non-Residential Care included maximum charges and fixed rate charges for in-house services. These rates were usually reviewed in April of each year. This year the recommended charges were increased by approximately 2%. These charges were detailed in the report.

37.2 The Director of Adult Social Services/Lead Commissioner People and the Head of Financial Assessment and Welfare Rights drew attention to paragraphs 3.4, 3.5 and 3.6 of the report. Only 8% of service users were likely to be affected by the increases.

37.3 The Director drew attention to paragraph 3.12. There would be a scrutiny and re-commissioning process for community meals commencing in January 2012 which could have an effect on charges later in the year.

37.4 Councillor Jarrett referred to paragraph 3.7 in the report which related to the maximum weekly charge. He asked for the maximum weekly charge to remain at £900 a week.

37.5 Councillor Norman stated that he supported the original proposals.

37.6 **RESOLVED** - That the following table of charge increases be agreed with effect from 9th April 2012 (maximum weekly charge to remain at £900).

Means-tested	From	To:	No. Affected Extra Income	
			£	Estimate
In-house home care	£21 per hour	£21.50 per hour }		Full year
In-house Community Support	£21 per hour	£21.50 per hour }	100	£7,800
In-house Day care	£23 per day	£23.50 per day }		
Max Weekly charge	£900 per week	£900 per week }		
Direct Payments	100% Actual cost	max £900 pw }		
Independent Home Care	100% Actual Cost	max £900 pw }		
Social Care services				
Fixed Rate Transport	£2.10 per return	£2.15 per return	280	£2,200
Fixed Meals charge at DC	£3.00 per meal	£3.10 per meal	170	£2,700
Open Services				
Fixed Meals charge at Home	£3.00 per meal	£3.10 per meal	300	£4,700
Fixed Carelink charge	£14 per month	£14.50 per month	1470	£8,800

38. SAFEGUARDING ADULTS AT RISK

- 38.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which presented the Safeguarding Adults Board's annual report for 2010-11, outlining the work carried out during that time, a progress report of the Board, and agreed actions for 2011-12. This was a yearly progress report, and was published on the city council website, and circulated to all member organisations of the Safeguarding Adults Board.
- 38.2 The Cabinet Member stated that he was very impressed with the work of the Safeguarding Adults Board. It was good to see a joint and consistent approach to safeguarding.
- 38.3 The Cabinet Member mentioned that the Adult Social Care and Housing Overview and Scrutiny Committee had raised an issue regarding the lack of recording with regard to gender orientation.
- 38.4 Councillor Norman stated that it was very difficult to raise this issue in relation to a safeguarding alert and the Head of Adult Assessment emphasised that it was difficult to obtain customer feedback on this issue. The Cabinet Member replied that he would see if something could be done about the issue over the next year.
- 38.5 **RESOLVED** - (1) That the safeguarding work carried out in 2010-11, and the work planned for 2011-12 be noted.
- (2) That the report be agreed for circulation.

39. RE-MODELLING IN HOUSE ACCOMMODATION FOR PEOPLE WITH A LEARNING DISABILITY

- 39.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which set out proposals consulting on the re-modelling of the council's in-house accommodation for people with learning disabilities. The re-modelling of the in-house service was required to contribute to an increase in local services for people with challenging behaviour and other complex needs who were often at risk of being placed out of the City.
- 39.2 The Head of Service, Adults' Provider outlined the report, which proposed to remodel the in-house service by making some changes to the accommodation, further increasing staff skills and flexibility, and by focusing the in-house service on those with the greatest needs. The paper proposed that consultation commenced with staff and service users to inform the development of a model of accommodation which delivered improved value for money in line with other authorities and focused on providing specialist accommodation. Options for the re-modelling of the service would be submitted to the Cabinet Member Meeting or relevant committee meeting in June 2012.
- 39.3 Councillor Norman stated that bearing in mind the financial implications, he supported the proposals. However, he asked for assurance that the service could manage with these savings. He hoped that the proposals would lead to smaller sub-units rather than large institutional units.

- 39.4 The Cabinet Member stressed that the proposals would not lead to the return of very large units. He had visited a number of residential locations and had spoken to staff on this issue.
- 39.5 The Director stressed that the proposals were about people's homes and had to be considered on an individual basis. The consultation process would need to consider a range of complex issues. There needed to be a clear focus on the in-house service for those with complex needs.
- 39.6 Councillor Norman was pleased that it would be possible for people who wanted to move back to the city, to do so.
- 39.7 The Cabinet Member agreed that if people could be brought back to the city as part of the process that would be a positive outcome. He stressed that he was always happy to be approached by email if people had any thoughts and concerns about these issues.
- 39.8 **RESOLVED** - (1) That a period of 90 days consultation with all stakeholders be agreed.
- (2) That it is agreed that following full consultation a further report is brought to Cabinet Member Meeting or relevant committee meeting in June 2012.

The meeting concluded at 4.41pm

Signed

Chair

Dated this

day of

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 51

Brighton & Hove City Council

Subject:	Fee Level for Adult Social Care Services 2012-13
Date of Meeting:	12 March 2012
Report of:	Director Adult Social Services/Lead Commissioner People
Contact Officer:	Name: Jane MacDonald Commissior Tel: 295038 E-mail: jane.macdonald@brighton-hove.gov.uk
Key Decision:	Yes Forward Plan No: ASC 25305
Ward(s) affected:	All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report concerns fees paid to independent and voluntary sector providers that supply care services on behalf of Brighton and Hove City Council Adult Social Care. It covers fees paid to providers of services for older people, people with physical disabilities, adults with mental health needs (including HIV and substance misuse) and learning disability services. Service providers include care homes, home care and community support, community service and direct payments.

2. RECOMMENDATIONS:

- 2.1 The recommendations are for the Cabinet Member to:
- Agree the recommended uplift as set out in the Table in 3.2
 - Agree the recommendation for Brighton and Hove to match the applicable host authority set rates for new and existing care home placements out of the city.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Brighton & Hove current financial position

The 2012/13 budget strategy for Adult Social Care that was agreed by Budget Council on 23 February includes a commitment to increase rates payable to independent nursing and residential care and homecare providers in 2012/13 to help cover rising energy costs and support fair rates of pay for workers in this sector so that the needs of those receiving care can be met.

3.2 Brighton and Hove previous fee levels

Locally fee levels for 2011/ 12 were in the main held at 2009/10 levels, see Appendix One and Two. This broadly reflected actions taken by other councils in the south east region. Historically fees paid by Brighton and Hove City Council have exceeded those paid by neighbouring councils, and at times been above the rate of inflation.

3.3 Table showing recommended Fee uplifts

	Residential care home	Nursing home	Other accommodation	Home care/home support	Day service	Direct payments	Other including
Older people	5%	5%	5%	0%	2%	2%	2%
Older people mental health	5%	5%	5%	0%	2%	2%	2%
Mental health	5%	5%	5%	0%	2%	2%	2%
Learning disability	Individually negotiated	Individually negotiated	Individually negotiated	Individually negotiated	Individually negotiated	2%	Individually negotiated
Physical disability	5%	5%	5%	0%	2%	2%	2%
Other	5%	5%	5%	0%	2%	2%	2%

- In line with common practice we will continue to match the applicable host authority set rates for new and existing care home placements out of the city.

3.3.1 Care homes for older people, people with a physical disability, mental health needs

3.3.1. Background

There is national evidence that the quality of care in care homes for older people is patchy. The report, A Fair Deal published late last year, was based on research by Laing and Buisson and the analysis showed that care home fees paid by councils have fallen by 3.9% in real terms over the last two years. This is at the same time as care homes manage increases in their main costs, utilities, people, and food. The report (and it is supported by a range of other industry experts) argues that the fall in the real costs paid to care homes and the rise in real terms to them compounds the long-standing problem of chronic under-funding in the sector and will impact on the quality of care in this sector.

The impact of and approach to setting care home fees has also been considered recently by the High Court within Judicial Review proceedings concerning other councils, particularly in light of the reduction in provision of central government funding to Local Authorities. Proper consultation and consideration of all relevant

factors in addition to available funding must be balanced in the decision making process regarding care home fee rates.

Locally there are quality issues in care homes in the period 2010/11 there were 7 suspensions in residential and nursing homes. In the same period 2011/12 there were a further 2 suspensions within care homes in the city.

Following a number of years of stability in the local market, two care homes closed in the city during 2011-12, both for older people with mental health needs; the result was a net loss of 38 beds. The reason given by the provider was financial pressures. In West Sussex, where this council places a significant number of older people, four care homes closed in the last few months with a loss of 166 beds.

3.3.2. Uplift 2012-2013

This report sets out an interim approach. For the year 2012-13 the recommendation for fees paid to residential and nursing homes for older people, people with a physical disability, mental health needs, is 5% uplift. This uplift is significant and recognises that the service delivered by care home providers includes 24 hour building based costs as well as staffing costs. At the same time there is an under supply in the market.

It is expected that providers will use a proportion of the fees to increase the salary of the lowest paid staff towards the living wage, as well as providing an increase in fees to meet increased running costs broadly in line with inflation.

Care homes providing nursing care receive NHS Funded Nursing Care payments. Information regarding any change in these fees has yet to be communicated.

3.3.3. New contract and new rate

The recommended uplift is a provisional position whilst work on the new contract is undertaken. It is recognised by the council and other Authorities, that there is a need to review the system of calculating fees to all care homes. Locally this will include all care groups represented in the new care home contract, eg it will include older peoples' services and under 65 services.

At the same time the Council must review the system for managing risk. In December 2011, in light of Southern Cross's breakup, the Public Accounts Committee has called for the government to do more to regulate the social care provider market. The government was warned that it must get to grip with the "very real risks" to the care home market. Regionally commissioners are seriously considering the 'open book' approach and will be asking providers to make accounts available to stakeholders. Brighton and Hove City Council supports this approach and will be looking to develop system whereby providers share their accounts appropriately.

3.4 Home care

The contract for home care services is currently being re-tendered. New rates have been set as part of the re-tendering process and will come into effect when the new contract starts in June 2012. Providers have agreed to an extension of the current contract until the new contract starts and the current incentive scheme will continue until the new contract begins. It is recommended therefore that no inflationary uplift will be applied to the current contract which runs to the end of May.

The agreed rates for Learning Disability community support services will continue to be negotiated on an individual basis.

3.5 Community services and direct payments

As community services and do not have the same building related costs as residential and nursing homes a 2% uplift is recommended for community services for older people, people with physical health needs and people with mental health needs. Community services for people with learning disabilities will be considered on an individual basis.

It is recommended that direct payments are all awarded 2% uplift.

3.6 All services for people with learning disabilities

There is a greater range of rates within learning disability services which reflect the way that this sector of the market has developed. As a result individual negotiations have commenced to ensure value for money. It is therefore proposed that a percentage uplift will not be applied to learning disability services as the rates for these are individually calculated. Nevertheless, increases may be considered on a case-by-case basis.

3.7 Decisions across the region

Early indication from the region is that there is a wide range of uplifts ranging from 0% to 6%.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1. The Director Adult Social Services/Lead Commissioner for Adult Social Care and Health has made presentations to a number of provider forums and advised them of the additional support provided by the council and the current financial position. The council continues to provide a range of quality training that is free to access and which is much appreciated by providers. There is also health, safety and fire support and the first two years of Contractors Health and Safety Accreditation is paid for by the council. Additionally at no cost to providers, contract support is provided by Adult Social Care commissioning support team to all contracted services.

4.2 Independent and voluntary sector services that experience financial difficulties are encouraged to make the Council aware and they will be offered advice and

support. This includes Business Rates Assistance, the Be Local, Buy Local Campaign and other measures in the 'recession relief' package

- 4.3 Care home providers are keen to have a means of calculating fees that are fair and transparent. The aim is to have clarity in how rates are calculated and a new and transparent financial system including sharing accounts in place by April 2013. This is a detailed and complex piece of work which needs dedicated time to develop. Finance officers, assessment managers and commissioners will work collaboratively with representatives from the Brighton and Hove Registered Care Homes Association to develop new processes. There would be risks to both sides in rushing through a new scheme without proper consideration. Dates for meetings have been set and providers' representatives have been nominated and invited.
- 4.4 The initial view from the Clinical Commissioning Group is supportive, but they will need to do further work to cost the impact and get formal sign off. A further report on Fee Levels for Adult Social Care Services 2012-13 will be going to the Joint Commissioning Board on 23rd April 2012.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

Forecast spend on care services is approximately £69 million. The financial modelling of the proposed fee uplifts set out in section 3.2 indicates that this fee level can be met from a combination of inflation assumptions in the budget, Department of Health additional support funding for social care and the anticipated savings from the re-procurement of home care services.

Finance Officer Consulted: Name Michael Bentley Date: 07/02/2012

5.2 Legal Implications:

In accordance with the Constitution it is the function of Cabinet Member for Adult Social Care to make the decisions recommended in the text of this report. Specific reference to the reasoning for and evidence informing the recommendations for decision making is contained in the body of this report. This includes reference to the recent decisions of the High Court where the Local Authority is reminded of the need to take into account and balance all relevant factors in its decision making including funding. As set out in the body of this report the recommendation is on an interim basis pending further work and consideration of contractual arrangements and transparent calculation methods. Continuance of a comprehensive and balanced process in considering further recommendations for fee rates and compliance with the Human Rights Act 1998, particularly in relation to stakeholder consultation, is required.

Lawyer Consulted: Name Sandra O'Brien Date: 1 March 2012

5.3 Equalities Implications:

A separate Equalities Impact Assessment has been completed.

5.4 Sustainability Implications:

Fee rates awarded are intended to keep business sustainable.

- 5.5 Crime & Disorder Implications:
There are no specific crime and disorder implications set out in this report.
- 5.6 Risk and Opportunity Management Implications:
The financial risks have been set out in the section titled, Brighton & Hove current financial position.
- 5.7 Risk and Opportunity Management Implications:
Smaller uplifts were considered, but this risks the on going quality and sustainability of services in the city.
- 5.8 Public Health Implications:
Fees paid to services keep a range of providers in business. This includes a range of preventative services that help maintain user's health and prevent deterioration and a reliance on more intensive provision.
- 5.9 Corporate / Citywide Implications:
The fees paid to provider services will have a positive impact on all wards of the city, reducing inequalities and improving service user outcomes and experience.
- 6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**
- 6.1 A range of different uplifts were modelled. Those recommended fit within the current Council budget and will provide those delivering services on behalf of the council with sufficient funds to remain robust.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 Independent and voluntary sector providers that supply care services on behalf of Brighton and Hove City Council Adult Social Care have seen a rise in costs in provision. This report reflects this and makes recommendations for uplifts accordingly.

SUPPORTING DOCUMENTATION

Appendices:

Appendix 1 - Weekly fee rates for 2011/12 for in City Nursing Homes for Older People and Older People Mental Health (OPMH)

Appendix 2 - Weekly fee rates for 2011/12 for in City Residential Care Homes for Older People and Older People Mental Health (OPMH)

Appendix one

Brighton and Hove City Council

Weekly fee rates for 2011/12 for in City Nursing Homes for Older People and Older People Mental Health (OPMH)

Both the preferred and the non preferred rates are detailed below:

Care Homes with Nursing for Older People	2011/12 Weekly Rate (inc Social Care Rate and Funded Nursing Care [FNC]) for NON PREFERRED PROVIDERS	2011/12 Weekly Rate (inc Social Care Rate and FNC) for PREFERRED PROVIDERS
Single Nursing Band Shared Room	£504.40	£509.40
Single Nursing Band Single Room	£539.40	£544.40
High Nursing Band Shared Room	£544.30*	£549.30*
High Nursing Band Single Room	£579.30*	£585.30*

Care Homes with Nursing for Older People with Mental Health needs	2011/12 Weekly Rate Weekly Rate (inc Social Care Rate and FNC) for NON PREFERRED PROVIDERS	2011/12 Weekly Rate Weekly Rate (inc Social Care Rate and FNC) for PREFERRED PROVIDERS
Single Nursing Band Shared Room	£546.40	£552.40
Single Nursing Band Single Room	£581.40	£587.40
High Nursing Band Shared Room	£586.30*	£592.30*
High Nursing Band Single Room	£621.30*	£627.30*

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

Funded Nursing Care (FNC) rates 2011/12	
Single Nursing Band	£108.70
High Nursing Band	£149.60
Contenance Payment	£6.90

Appendix two

Weekly fee rates for 2011/12 for in City Residential Care Homes for Older People and Older People Mental Health (OPMH)

Both the preferred and the non preferred rates are detailed below:

Residential Cares Homes for Older People	2011/12 Weekly Rate for NON PREFERRED PROVIDERS	2011/12 Weekly Rate for PREFERRED PROVIDERS
Low Need - single room	£322	£325
Low Need – shared room	£288	£291
Medium Need - single room	£391	£394
Medium Need – shared room	£355	£358
High Need - single room	£434	£438
High Need – shared room	£399	£403

Residential Cares Homes for OPMH	2011/12 Weekly Rate for NON PREFERRED PROVIDERS	2011/12 Weekly Rate for PREFERRED PROVIDERS
OPMH - single room	£476	£480
OPMH – shared room	£441	£445

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 52

Brighton & Hove City Council

Subject:	Commissioning Plans for Community Meals		
Date of Meeting:	March 12th 2012		
Report of:	Director of Adult Social Services / Lead Commissioner People		
Contact Officer:	Name:	Philip Letchfield	Tel: 29-5078
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Key Decision:	Yes	Forward Plan No: ASC 27455	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Council provides a well established Community Meals service through a contract with the Women's Royal Voluntary Service (WRVS).
- 1.2 This contract comes to an end in March 2012. The Council is considering the future commissioning plans for this service. This report summarises the key issues that are being considered and the emerging principles that will inform future commissioning plans.
- 1.3 A waiver has been approved to extend the existing WRVS contract initially until the end of September 2012, with an option for a further extension until March 2013, to enable the development of a commissioning plan and allow for any future procurement programme.

2. RECOMMENDATIONS:

- 2.1 That the principles proposed in paragraph 3.15, that will inform the commissioning planning, are approved
- 2.2 That a further report is submitted to the June Cabinet Member Meeting outlining the options considered and recommending a preferred model of service to be commissioned.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS

- 3.1 The Women' Royal Voluntary Service is the current provider for the Community Meals contract in Brighton & Hove.

- 3.2 The WRVS supplies hot and frozen meals to people who have been assessed as needing them and delivers the meals to their own homes thereby assisting people to remain living independently.
- 3.3 The service operates 365 days per year and there is a requirement that a 'safe and well' check is made for each person who has a meal delivered.
- 3.4 The WRVS are responsible for ensuring that meals weights and nutritional values comply with the latest recommended standards for community meals developed by the national association of care caterers. The delivery time and temperature of the first and last meal delivered on each round are recorded daily.
- 3.5 Since October 2009 the WRVS have been leasing 4 hot vans to deliver meals in the BN1 and BN2 districts of the city. Volunteers using private cars with insulated thermo boxes deliver in other areas of the city.
- 3.6 The value of the contract is a combination of a fixed and variable cost. The rate charged for the variable element decreases on a sliding scale as the number of meals that have been provided increases. Service users are not charged the full cost of the meal and the Council subsidises the service at a cost of £242,000 for the year 2011/12. The service user is currently charged £3.00 per meal.
- 3.7 The number of meals provided has been steadily decreasing in recent years but this decline reached a plateau this year. The number of meal provided was 96,362 in 2007 /08 and in 2010/11 this had declined to 81,864.
- 3.8 The service provides a choice of meals and is also able to cater for those who may have special dietary or religious needs. In 2010/11 the service provided meals to 15 customers requiring kosher meals, 8 vegetarian customers and 36 people with diabetic needs. The meals are sourced from a company in a Wales and arrive frozen at the WRVS centre. There are only 3 national providers who provide meals that fit the WRVS delivery model and none of these are local.
- 3.9 The service is monitored through the Adult Social Commissioning Support unit and there are regular contract reviews during the year. The Council funds a lay assessor's scheme to interview service users each year and the WRVS also regularly gather feedback from people that use the service. The satisfaction levels with service are broadly high.
- 3.10 The contract is coming to an end and this has provided an opportunity to review the future commissioning plans for this type of service. The policy context, the market for meals and expectations have changed considerably in the years since this contract began.
- 3.11 The key issues that have been identified are |:
 - 3.11.1 Providing such a service through 1 single contractor limits the choice and control that people have over services and is not in line with the personalisation programme that is at the core of adult social care
 - 3.11.2 The service is not able to source locally produced meals and is not in line with the Councils priority to create a sustainable city.
 - 3.11.3 The Council is providing a subsidised service in relation to people's meals

- 3.11.4 There is an opportunity to provide services more creatively and with a more local base.
- 3.11.5 The availability of meals delivered to a person's home has changed considerably since this contract was first put in place. There are now a range of providers who are willing to deliver meals in a person's home and more opportunities to purchase meals locally.
- 3.11.6 Only a relatively small number of people in the city receive community meals. The existing information and signposting re meals services for people who need this type of service is limited. There is an opportunity for the Council to develop this and this would support the broader well being agenda in the city and more people
- 3.12 We have benchmarked the charges made for this service with other councils in the region and the charges in Brighton & Hove are one of the lowest.
- 3.13 Any change in this service will require careful planning and transitional arrangements that take account of those people who are currently receiving their meals through WRVS.
- 3.14 The Adult Social Care and Housing Scrutiny Committee (ASCHOSC) have been considering the future options for this service through a scrutiny review. The outcomes from a workshop are attached at appendix 1 and the ASCHOSC will be considering these at their meeting of March 8th. A verbal report will be available at the Cabinet Member Meeting of March 12th on the outcomes of the ASCHOSC meeting.
- 3.15 It is proposed that the service is commissioned in line with following principles :
 - 3.15.1 The commissioning plans should promote personalisation and individual choice and control
 - 3.15.2 The commissioning plans will promote locally sourced food in the delivery of this service
 - 3.15.3 The Council will ensure that it can meet its statutory duties for those with eligible care needs through the new arrangements
 - 3.15.4 The commissioning plans will encourage an innovative, creative approach to meals provision and encourage partnership working. We will be looking at services that could be city wide or neighbourhood based and that could be providing meals to the person's home or in a community based setting. The potential for pilot projects will also be explored.
 - 3.15.5 The signposting and information available on the range of services available will be improved so that anyone interested in accessing such a service is better able to do so. This will include information regarding the nutritional value of the meals.
 - 3.15.6 The current level of subsidy will be reduced on a phased basis and any remaining subsidy will be only available for those people who have eligible needs.
 - 3.15.7 That transitional arrangements are considered to ensure that current service users continue to receive a service
- 3.16 The next stage of planning will involve gathering some more in depth data information and analysis in relation in relation to people who currently use the service, their needs and their location.

- 3.17 A consultation programme will be developed to gather the views of stakeholders including existing service users and prospective service users.
- 3.18 It is planned to hold a stakeholder event of all services across the city with an interest in providing a meals related service to promote innovation, partnership and also map out more fully what is currently available.
- 3.19 We have done some initial work to identify the approach other Councils have taken in relation to community meals service. It would be fair to say this is varied and this reflects the discretionary nature of this service. Some Councils no longer provide a contracted service but have focused on improved signposting , some still provide a service but have increased charges significantly above those in Brighton & Hove whilst others appear to be in a similar position to the city. We will build on this work to help inform future commissioning plans.
- 3.20 A further report will be presented to a future Cabinet Members Meeting, outlining future options and detailing a clear preferred model regarding the future commissioning and delivery of this service.
- 3.21 It is the intention of the Council to return to the original access routes into the Community Meals service with effect from April 2012. From 1997 to 2008 access to this service was only through an Adult Social care assessment linked to the Councils eligibility criteria. This is set out in the actual contract. In 2008 the Council and WRVS devised an arrangement that enabled people to access the service either through Adult Social Care (as previously) or via a direct referral to WRVS. In the latter instance the WRVS would undertake an assessment to ensure people needed a meals service. People accessing the service through this route are not placed on the Councils data base and information about their needs is not readily available.
- 3.22 Returning to referrals only being made through an Adult Social Care assessment will give us a better understanding of people's needs, allow us to explore more personalised options for that person and ensure a consistent approach to eligibility. This will have no impact on existing users who will continue to receive the service.
- 3.23 Further discussions will be held with the WRVS regarding commissioning intentions for this service and the referral arrangements in the interim period.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 The Adult Social Care Housing & Overview Scrutiny Committee have undertaken a pre policy scrutiny on this matter. See appendix 1.
- 4.2 A full consultation programme will form part of the next stage of the planning for the future commissioning.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The net annual budget for 2011/12 is £242,590 (this includes the client income collected on behalf of the Council by WRVS). The net unit cost per meal is currently £2.73 (based on latest estimated meal numbers of approximately 83,000 per annum).

The future commissioning plans will seek to reduce the net unit costs and offer improved value for money, in line with the latest budget strategy.

Finance Officer Consulted: Name Mike Bentley Date: 28/02/12

Legal Implications:

- 5.2 Whilst the Local Authority does not have a duty to provide Community Meals it chooses to exercise its statutory power to do so. In exercising this power and delivering this service the Local Authority must have regard to the national and local personalisation agenda, individual's Human Rights as enshrined in the Human Rights Act 1998 and its duty to the public purse. Under the section 47 of the National Health Service and Community Care Act 1990 the Local Authority has a duty to undertake an assessment of the care needs of an individual where it appears to that authority the individual may be in need of services; recipients of community meals may trigger this duty and it is therefore important the referral pathway ensures the Local Authority is able to identify such individuals.

Lawyer Consulted: Sandra O'brien Date: 28/2/12

Equalities Implications:

- 5.3 A full Equalities Impact Assessment will form part of the next phase and will be reported back to the Cabinet Member Meeting.

Sustainability Implications:

- 5.4 The current service provider is not able to access locally sourced meals and receives its frozen meals from a company based in Wales.

One of the proposed principles in relation to future commissioning is that it promotes the opportunities to source meals locally.

Crime & Disorder Implications:

- 5.5 There are no specific implications for crime and disorder.

Risk and Opportunity Management Implications:

- 5.6 At this stage in the process agreement is being sought re the broad principles that will underpin future commissioning plans. A future report will consider the

options for implementation and the risk and opportunity management implications.

Public Health Implications:

- 5.7 The Community Meals service provides nutritionally balanced meal which meets industry standards. Access to community meals is an important element in the health and well being of people.

The principles outlined in this report seek to develop this service so that it is more accessible and more personalised.

Corporate / Citywide Implications:

- 5.8 The community meals service and its delivery are directly linked to the Councils priorities of supporting vulnerable adults to live healthy independent lives and creating a sustainable city.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 This will form a key part of a future report which will focus on options and a preferred service model. At this stage the focus is upon agreeing the broad underlying principles.
- 6.2 It is not an option to simply continue with the existing service, at the very least a procurement exercise would be required even if we maintained the current model of service delivery. The current model of service delivery is not in line with local policy and priorities which are summarised through the broad commissioning principles.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 The contract for this service is coming to an end and this is an opportunity to review and commission a service that is more in line with local priorities and the personalisation of services.

SUPPORTING DOCUMENTATION

Appendices:

1. ASHOSC Workshop Notes

Documents in Members' Rooms

1. None

Background Documents

1. None

APPENDIX 1

ASCHOSC Community Meals Workshop: Meeting Note

Present: Cllrs K Norman (Chair), A Norman, Gilbey, Peltzer Dunn, Buckley; Avril Fuller (LINK co-optee)

Philip Letchfield (ASC)

PL introduced the workshop, explaining that the community meals contract (currently held by WRVS) is due to finish in April 12. The contract can be extended to October 12, with an option to extend for a further 6 months, at relatively low risk of challenge, but beyond this it will be necessary to re-tender (or meet demand by other means).

There are a range of options for the service in the future, all of them in use by local authorities across the country. These include:

- A 'sign-posting/ model where the LA does not provide or contract a community meals service, but simply publicises the range of commercial options available to residents.
- A 'framework' contract where the LA contracts with a number of providers, but does not guarantee any provider a particular volume of work – customers are free to choose the provider they prefer, or to make their own arrangements.
- Re-tendering for a similar contract to the one currently in place (i.e. a single provider which makes its own arrangements with suppliers)
- Re-tendering, but splitting the contract between several suppliers (with each supplier responsible for a particular area etc)
- Re-tendering, but stipulating that the provider(s) must work together with local suppliers, so as to ensure the use of local produce/encourage the local economy etc.

PL told members that there were some very positive aspects of the current contract with WRVS: the service is of a good and consistent standard, customer satisfaction is relatively high. However, the service is subsidised by BHCC, the food provided is not locally sourced or prepared, and the service is not personalised (customers have no choice of providers).

Moreover, there has been a significant fall in demand for community meals over the past few years (although this has recently plateaued). This trend is likely to continue, with the move to personalisation of care seeing more people choosing to develop their own care solutions rather than being reliant on a bulk provider, and the increasing availability of a range of commercial products (supermarket ready-meals etc).

Members were informed that, whilst increasing consumer choice was desirable, it might also have drawbacks, as the cost of community meals provision is typically predicated on having a very large volume of sales: the unit price is kept relatively low by the size of the overall contract. Since providing greater choice will inevitably see a reduction in activity for any single provider, it may inevitably lead to a significant increase in the unit price. It may also be the case that the current provider, WRVS, would be unable to function with greatly reduced volumes, as it has considerable fixed costs.

Members agreed that they would ideally like to see community meals provided locally from locally sourced fresh produce. They would also like to see the quality of community meals improved.

It was recognised that there was no locally based provider currently able to manage a contract of this size – particularly as provision needs to be absolutely guaranteed and available 365 days a year. However, members thought it might be feasible for a contractor to make much more use of local producers and providers. Members specifically mentioned City College in this context.

Members discussed the issue of subsidising community meals. BHCC currently provides a considerable subsidy, but plans to reduce this, potentially by restricting its subsidy to customers who meet the social care eligibility threshold – currently customers who do not have severe/critical need may still receive subsidised community meals - and increasing the charges for the meals to closer reflect actual costs. Members agreed that there were sound reasons for reducing this subsidy, although any action needed to be phased.

Conclusions:

- Members agreed that, in the long term, the community meals service should provide people with locally sourced and provided nutritious, tasty meals.
- This long term aim may not be achievable in the short term, but the re-tender of the community meals contract should require bidders to work with local producers and providers in order to grow local capacity.
- Subsidies for community meals should be reduced, but this must be phased in so as to minimise the impact upon local residents.
- The possibility of a pilot scheme involving local producers/providers should be explored by ASC.