





**Brighton & Hove  
City Council**

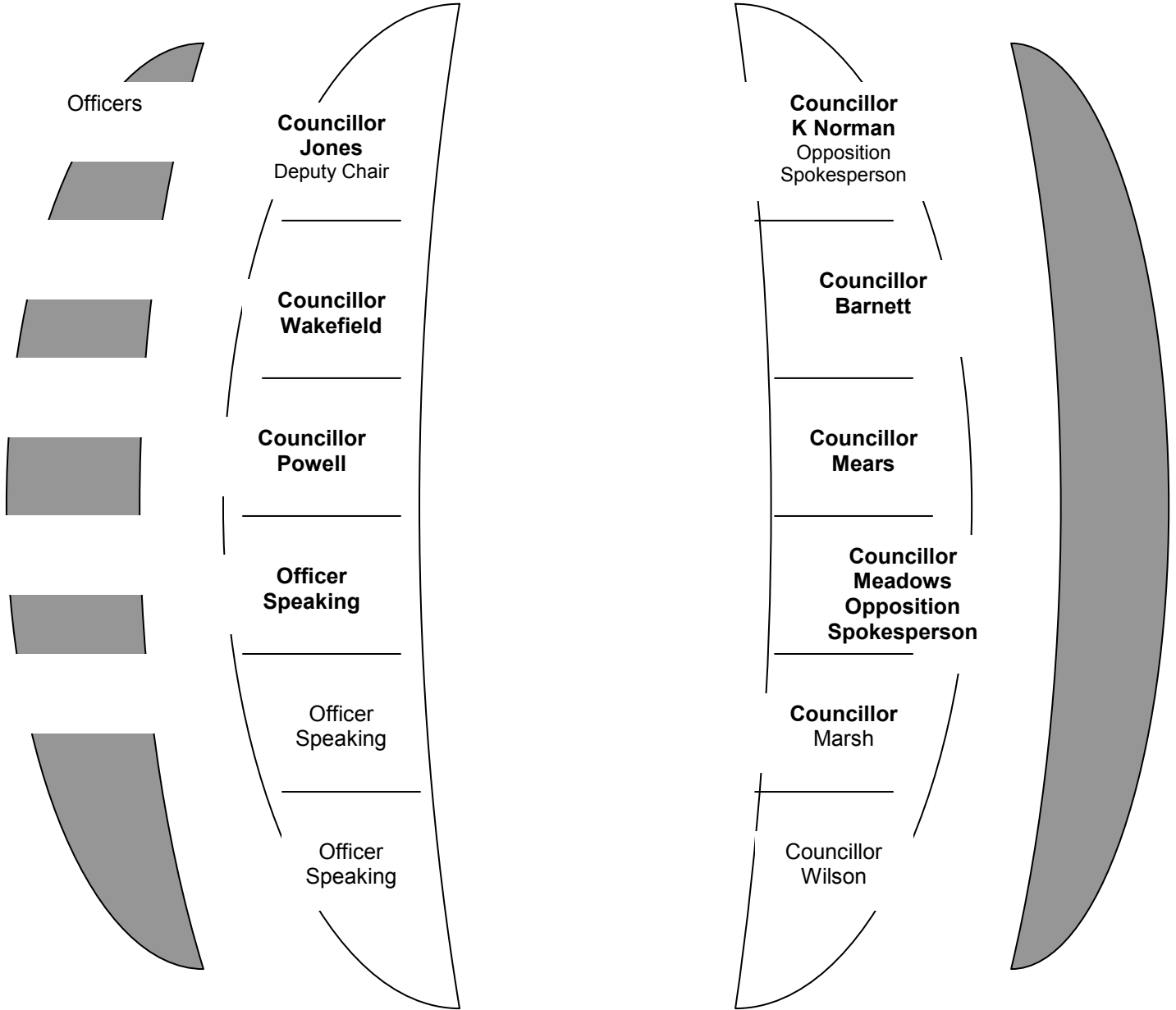
# Adult Care & Health Committee

Title:	<b>Adult Care &amp; Health Committee</b>
Date:	<b>21 January 2013</b>
Time:	<b>4.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Members:	<b>Councillors:</b> Jarrett (Chair), Jones (Deputy Chair), K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Barnett, Marsh, Mears, Powell, Wakefield and Wilson
Contact:	<b>Caroline De Marco</b> Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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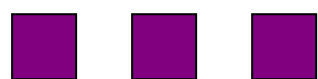
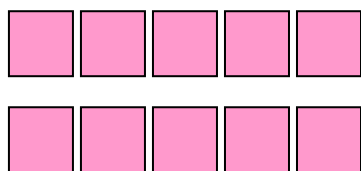
# Democratic Services: Adult & Care & Health Committee

Director of Adult Social Services	Councillor Jarrett Chair	Senior Lawyer	Democratic Services Officer
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Public Speaker	Councillor Speaking
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Public Seating



Press

## AGENDA

### PART ONE

Page

#### 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** – Statements by all Members present of any personal interests in matters on the agenda, outlining 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 Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

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

#### 33. MINUTES

1 - 10

To consider the minutes of the meeting held on 19 November 2012 (copy attached).

Contact Officer: Caroline De Marco Tel: 01273 291063

#### 34. CHAIR'S COMMUNICATIONS

#### 35. CALL OVER

(a) Items 38 – 41 will be read out at the meeting and Members invited to reserve the items for consideration.

(b) Those items not reserved will be taken as having been received and the reports' recommendations agreed.

#### 36. PUBLIC INVOLVEMENT

11 - 12

To consider the following matters raised by members of the public:

(a) **Petitions:** to receive any petitions presented to the full council or at the meeting itself;

## ADULT CARE & HEALTH COMMITTEE

- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 14 January 2013;
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 14 January 2013 (copy attached).

### 37. MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

- (a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions:** to consider any written questions;
- (c) **Letters:** to consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

### 38. REVIEW OF HOME CARE CONTRACT 13 - 24

Report of Director of Adult Social Services (copy attached).

*Contact Officer:* Debbie Greening *Tel:* 29-5739  
*Ward Affected:* All Wards

### 39. FEE LEVELS IN ADULT SOCIAL CARE SERVICES 2013/14 25 - 32

Report of Director of Adult Social Services (copy attached).

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

### 40. ADULT SOCIAL CARE CHARGING POLICY (NON RESIDENTIAL SERVICES) 33 - 38

Report of Director of Adult Social Services (copy attached).

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

### 41. DEVELOPMENTS AT CRAVEN VALE 39 - 46

Report of the Director of Adult Social Services (copy attached).

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

### 42. ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to the 31 January 2013 Council meeting for information.

## ADULT CARE & HEALTH COMMITTEE

*In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, each Minority Group may specify one further item to be included by notifying the Chief Executive no later than 10.00am on 21 January 2013 (the eighth working day before the Council meeting to which the report is to be made), or if the Committee meeting takes place after this deadline, immediately at the conclusion of the Committee 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.

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

Date of Publication - Friday, 11 January 2013



**BRIGHTON & HOVE CITY COUNCIL**

**ADULT CARE & HEALTH COMMITTEE**

**4.00pm 19 NOVEMBER 2012**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Jarrett (Chair) Councillors Jones (Deputy Chair), Barnett, Marsh, Meadows (Opposition Spokesperson), Mears, K Norman (Opposition Spokesperson), Powell, Wakefield and Wilson.

**PART ONE**

**24. PROCEDURAL BUSINESS**

**24A Declarations of Substitute Members**

24.1 There were none.

**24B Declarations of Interests**

24.2 There were none.

**24C Exclusion of the Press and Public**

24.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

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

**25. MINUTES**

25.1 The Director of Adult Social Services referred to paragraph 12.1 and reported that 11 providers did supply uniforms free of charge although 1 provider required a deposit. 2 providers did not supply a uniform for employees. Councillor Mears asked for this information to be sent to councillors in an email.

25.2 Councillor Mears referred to paragraph 17.3 relating to Windlesham Road. She asked for clarification about the budget for the in house learning disability service. The

Committee had been informed that the budget for the service was based on £840,000 savings over the next two years yet the report mentioned a figure of £600,000.

Councillor Mears referred to paragraph 17.13 and stated that she had previously chaired the Brighton & Hove Learning Disability Partnership Board and had detailed papers specific to Windlesham Road (February 2011) which stated that it was not considered a suitable building for the service. She queried the change in thinking about this building. Councillor Mears quoted the report which stated that “the layout of the property was not ideal for people with challenging behaviour”.

- 25.3 The Director explained that with regard to the budget, the £600,000 related to the learning disability providers part of the service. The remaining money related to the community care service. With regard to the February 2011 report, the Director stated that she would have to view the report before she was able to comment.
- 25.4 Councillor Mears expressed concern at the lack of financial information being submitted to the committee. She stressed that the Adult Care & Health Committee and the Children & Young People Committee were the most expensive and biggest spending committees. Councillor Mears stated that committee members required regular financial information.
- 25.5 The Head of Business Engagement explained the agreed corporate budget arrangements for all committees. Budget monitoring and the development of budget strategies/budget savings was carried out by the Policy & Resources Committee. There is a meeting of the Budget Scrutiny Panel for Adults in December which will have the opportunity to consider the budget proposals in detail. The Overview and Scrutiny Committee will review the budget proposals.
- 25.6 Councillor Mears stressed that under the committee system it was important for the committee to see detailed budget information.
- 25.7 Councillor Marsh made the point that Adult Care & Health Committee was an executive policy making committee and she was surprised that there were no budget items on the agenda for consideration. She considered that it was the responsibility of committee members to review budgets. As a committee member she would like a more detailed discussion on budget provision.
- 25.8 The Head of Business Engagement stressed that although she would like to provide the information requested, the process for development and consultation on the budget had already been set. As far as she was aware none of the other committees was receiving detailed budget information.
- 25.9 Councillor Meadows remarked that the committee had delegated responsibility to make decisions. There was no budget information. She stressed that she wanted to make a start on discussions about the budget. This Committee along with Children and Young people Committee were the only committees that were responsible for vulnerable people and she was concerned that the information was not available.
- 25.10 Councillor Mears stated that there was a cost to holding committee meetings and members needed to have items that required decisions. She queried whether decisions were being taken under delegated powers.



- 25.11 The Chair informed Members that that committee decisions were not being taken under delegated powers. He would try and ensure a more even workload in future.
- 25.12 Councillor Marsh reported that she had been a member of the Constitutional Work Group. She would be happy to provide help in balancing committee items. She would have liked to have seen some indicative work on the budget and requested this information in future.
- 25.13 The Chair stated that there was uncertainty about the final budget settlement but acknowledged Councillors' concerns and stated that he would have discussions with officers about having regular or standing items on the agenda regarding the budget.
- 25.14 Councillor Barnett referred to paragraph 17.10 and asked for reassurance that Ferndale Road would not be closed in 6 months time. The Chair replied that it would not close in the next couple of years but he could not guarantee what would happen in future years.
- 25.15 Councillor Meadows referred to paragraphs 17.26 and 17.29. She stated that the committee had not received financial information regarding funding for adaptations to Windlesham Road. The Director replied that she would send the figures to members.
- 25.16 **RESOLVED** – That the minutes of the meeting held on 24 September 2012 be agreed and signed as a correct record.

## **26. CHAIR'S COMMUNICATIONS**

### **Welcome to Councillor Wilson and Colin Vincent**

- 26.1 The Chair welcomed Councillor Chaun Wilson as a new member of the committee and a new member of the council. The Chair also welcomed Colin Vincent who would be attending in an observer status to represent the Older People's Council. Mr Vincent was the Older People's Council spokesperson for Adult Care & Health. He would ask the Chair in advance of each meeting if he wished to ask any questions.

### **Attendance at conferences/Events**

- 26.2 The Chair reported that since the last meeting he had attended the Age Uk AGM and an event celebrating the 25<sup>th</sup> anniversary of Carelink. This was a valued service with dedicated staff. The Chair had attended the National Adults and Children's Conference in Eastbourne and had met people coping with dementia. He was committed to meeting with them and helping their organisation. Last week the Chair had attended a health event at the King Alfred organised by the Learning Disability Team. He congratulated Cameron Brown (Manager) and the Learning Disability Team.

### **Knoll House**

- 26.3 The Director of Adult Social Services informed Members that Knoll House used to be a residential unit. It was then used as an intermediate service managed by the Sussex Community Foundation Trust until 6 weeks ago. It had been now been agreed that the Local Authority should take back the management of the service.

- 26.4 Members were informed that Knoll House had experienced difficulties and the new manager had suspended the service for a few weeks. The management were working with the Care Quality Commission to resolve the problems.
- 26.5 Councillor Barnett asked if Knoll House would still be used as a rehabilitation service. The Director confirmed that Knoll House continued to operate as a rehabilitation service, based on the same model as Craven Vale.
- 26.6 Councillor Mears stated that it would be helpful to have a briefing note on this subject. She would like to know the budget implications of the service coming back in-house, with timescales.
- 26.7 The Director advised that the main priority had been to ensure there was good rehabilitation. There was a shortfall in funding which was being paid by the NHS. The Director had made it clear that any additional funding must be paid by the NHS.
- 26.8 Councillor Jones asked if the NHS funding was recurring funding. The Director replied that the ongoing model had to be agreed with the commissioners.
- 26.9 The Chair informed Members that the Director had kept him up to date on this matter. Events had taken place quite rapidly. A briefing paper with as much information as was available would be circulated as soon as possible.

**27. CALL OVER**

- 27.1 **RESOLVED** – That Item 30 be reserved for discussion.

**28. PUBLIC INVOLVEMENT**

(a) Petitions

- 28.1 The Chair noted that there were no petitions from members of the public.

(b) Written Questions

- 28.2 The Chair noted that no written questions from members of the public had been submitted for the meeting.

(c) Deputations

- 28.3 The Chair noted that a deputation relating to Residential Services Closures had been referred from the Council meeting held on 25 October 2012. Mr Jason Carlisle was in attendance and stated that he was happy to accept that councillors had read the deputation which was set out in the agenda. The Chair informed Members that he had responded to the deputation at full Council and was not proposing to repeat his response.

- 28.4 **RESOLVED** - That the deputation be noted.

**29. MEMBER INVOLVEMENT**

a) Petitions

29.1 The Committee noted that there were no petitions from councillors.

(b) Written Questions

29.2 The Committee noted that no written questions from councillors had been submitted for the meeting.

(c) Deputations

29.3 The Committee noted that no deputations from councillors had been submitted for the meeting.

**30. DAY ACTIVITIES COMMISSIONING PLAN**

30.1 The Committee considered a report of the Director of Adult Social Services which reminded members that a report was submitted to the meeting on 25 June 2012 that set out proposals for a consultation on a Day Services Commissioning Plan. The current report summarised the feedback on the current provision of day services in Brighton & Hove, made recommendations about a future vision for day services and outlined the next steps.

30.2 The Commissioner, Learning Disabilities & Older People presented the report and summarised feedback to the consultation. She informed members that the Day Services Needs Assessment had been placed in the Members Rooms.

30.3 The Commissioner stated that the feedback had shown that Day Services were highly valued but that there was a gap in knowledge regarding personal budgets. There was a lack of awareness regarding alternative services and some buildings were underused. The Craven Vale service was being reviewed and officers were identifying alternative day services for all service users. Section 7 detailed the Vision for Day Activities in the Future. The next step was to engage with service users and carers. If the recommendations were agreed officers would bring back a progress report with a plan.

30.4 The Director of Adult Social Services informed the Committee that the commissioning plan related to a broad range of individuals with different skills and needs. The plan considered how people could use individual budgets and direct payments. The Director stressed that direct payments could not be used to access in house services.

30.5 Councillor Norman stated that the report referred to what had already taken place at Tower House and Montague House when he was Committee Chair and later Cabinet Member. A few years ago there had been anxiety regarding the changes to those services, however the proposals had come to fruition and were working well. Councillor Norman saw the current report as part of the process of providing a better service. He agreed with the recommendations. There was now a need to move on to look at the

detail. At this stage he supported the proposals but stressed that more detail was needed in the next report.

- 30.6 Councillor Meadows stated that people had expressed anxiety about personal budgets. One of the concerns was that people with learning disabilities would become employers. Councillor Meadows agreed with the proposed vision for day services but disagreed with recommendation 2.2, "That the Committee agree the next steps set out in Section 8, that is to work with service users, advocates, carers and providers in the co-design and modelling of services to realise the Vision for day activities." Councillor Meadows felt that Section 8.5 was asking the Committee to agree to the closure of Buckingham Road and the transfer of the Connaught Day Options Base.
- 30.7 Councillor Meadows expressed concern about paragraph 5.1.5 relating to Craven Vale. She asked if a decision had already been taken to close the Craven Vale Day Centre. Councillor Meadows stated that she needed more information before she could agree recommendation 2.2.
- 30.8 The Director of Adult Social Services explained the situation in relation to Buckingham Road and Connaught Road. Both these buildings had been mentioned in reports to other committees. Buckingham Road had been mentioned in a report to Policy and Resources about work styles. The Director was now having conversations about these buildings. If a decision was required about the future use of the buildings, it would be necessary for a report to be submitted to the Adult Care & Health Committee for decision.
- 30.9 The Director explained that the report before Members was trying to explain that day services needed to be shaped by the people who used them. Building based services were needed for more vulnerable people. There were other service users who liked to use personal budgets. The Embrace initiative would be launched at the end of the month and this would provide useful information about activities across the city.
- 30.10 The Head of Commissioning Partnerships reported that there had been extensive consultation on the re-provision of day services for older people at Craven Vale. The service was currently operating for three days a week and occupancy was continuing to reduce. A number of service users had said they would like to go to Tower House. Service users had been fully consulted and were already going to Tower House one day a week.
- 30.11 Councillor Meadows mentioned that there was a café at Buckingham Road which helped service users with life skills. Art services were also provided. These services were not mentioned in the report. She asked where these services would be moved to in the future.
- 30.12 The Head of Commissioning & Partnerships assured Councillor Meadows that there were no proposals to close Buckingham Road at present. She agreed that tremendous work was being carried on at this service. If any proposals concerning Buckingham Road went ahead, the service would continue elsewhere.
- 30.13 The Chair stated that there was no suggestion that the service would not continue.

- 30.14 Councillor Meadow made the point that the report was asking members to agree an option on Buckingham Road. The Committee needed to know if there was a possibility that there would be a move from Buckingham Road. She could not agree the report without this information.
- 30.15 Councillor Marsh concurred with Councillor Meadows. She had great concerns about Buckingham Road. She asked if recommendation 2.2 could be re-worded more carefully. Councillor Marsh also asked for details on other activities that took place at Craven Vale.
- 30.16 The Director of Adult Social Care explained that the Buckingham Road service was based in two buildings. One building was used by mental health. The Sussex Partnership Foundation Trust had given notice on that building. The other building housed a range of activities. Two committee reports (Children and Young People's Committee and Policy and Resources Committee) had sited the names of Adult Care & Health buildings. There were currently conversations about where the services would be relocated if it was agreed they should move.
- 30.17 The Head of Commissioning & Partnerships explained that Craven Vale was used for short term intermediate care.
- 30.18 At this point the Senior Lawyer stated that not all the paragraphs in Section 8 of the report were proposals. Paragraph 8.1 was a proposal. Paragraph 8.2 was a proposed service mapping exercise. Paragraph 8.3 looked at further detailed work and contained three proposals. Paragraph 8.4 and 8.5 were information paragraphs. It was clear that if a decision was required about Connaught Road and Buckingham Road, a recommendation must be submitted to the Adult Care & Health Committee. Recommendation 8.6 proposed that work begin on the vision and a progress report be brought back to the Committee. If any decision was required about the Connaught Road and Buckingham Road buildings between programmed meetings, a special meeting would need to be arranged.
- 30.19 Councillor Wilson referred to tables in the report that related to the number of people supported and asked for details of what period this covered. She also asked for data on percentages of people consulted so far. The Commissioner, Learning Disabilities & Older People explained that the data represented people supported on a weekly basis and was based on current data and taken from the CareFirst database. There was no information on percentages of people consulted and this would be added.
- 30.20 Councillor Norman referred to paragraph 8.5 and made the point that the report did not say that Buckingham Road or Connaught Road buildings would close. He still supported the recommendations.
- 30.21 Councillor Mears stressed that the Buckingham Road and Connaught Road services were the responsibility of the Adult Care & Health Committee and discussions should have started at this committee.
- 30.22 The Director replied that it was her understanding that although the buildings were used by Adult Care & Health, all properties were managed corporately. There had been no

discussion with Adult Care & Health until the Director had seen the Policy and Resources report.

- 30.23 Councillor Mears made the point that if there was a move from the buildings the money would go to the general fund. She stated that the committee needed to be clear on where the money would be found for the services. Councillor Mears referred to paragraph 5.4.9 and stated that there was no education for younger people coming through the system. She asked what was being done about this situation. There needed to be different ideas on how these young people could be assisted. Councillor Mears referred to the financial implications in paragraph 10.1 and stated that there needed to be more detail. She felt that there were massive opportunities with other providers in the city. Young People wanted to expand their learning.
- 30.24 The Head of Commissioning & Partnerships replied that opportunities needed to be balanced with sensitivity. People felt strongly about day services and did not want them to change. There was a waiting list for council provided services. Some services were blocked with people who may require another type of service to suit their needs. The aim was to have more rigorously assessed services to ensure people in need could receive them.
- 30.25 Councillor Mears responded by stating that buildings should not be disposed until all the opportunities had been looked at.
- 30.26 The Director stressed that she had made it clear that if there had to be a move from Buckingham Road and Connaught Road, Adult Care & Health would need help in finding alternative space and capacity.
- 30.27 Councillor Jones stated that he was worried to read in paragraph 4.5 that the vast majority of people did not know about direct payments or personal budgets. He accepted that services had to evolve and broadly welcomed the report, however there needed to be clarity on how many people were consulted in percentages and more financial information.
- 30.28 The Director replied that the government had now announced that they recognised that personal budgets were not suitable for everyone and had reduced targets to move service users in the community on to self directed support to 70%.
- 30.29 Councillor Meadows stated that she was concerned that there would be financial implications for Buckingham Road should they move and she was not prepared to agree the report without full detailed information. She did not agree to paragraph 8.5.
- 30.30 Councillor Powell stated that she was shocked to hear that most people did not know about direct payments or personal budgets. She referred to the problem of the lack of post-19 education options mentioned in paragraph 5.4.9. She thought that the problem lay with the education providers who were reluctant to take on disabled students. She asked what conversations were going on to resolve this situation. Councillor Powell mentioned that one problem encountered by disabled students was that bus passes issued by the council could not be used before 9.00am.

- 30.31 The Head of Commissioning & Partnerships referred to Councillor Powell's first point and stressed that there was a need to highlight the benefits of direct payments. With regard to the second point she agreed that there needed to be conversations with education providers
- 30.32 Councillor Norman was pleased that the target for direct payments had been reduced to 70%. He stressed that people moving to direct payments did not have to manage the budget themselves. The council would manage the budget for them.
- 30.33 The Chair stated that there were mixed attitudes regarding direct payments and it was necessary for the council to expand the options and ensure people received the service they wanted.
- 30.34 It was agreed that in order to make the report acceptable to members, the Senior Lawyer's advice should be accepted. Section 8 of the report could be amended as follows. Paragraph 8.4 should be moved to become paragraph 3.11. Section 8.5 should be moved to become to paragraph 5.4.15.
- 30.35 **RESOLVED** - (1) That the proposed Vision for day activities set out in Section 7 in the report be approved.
- (2) That the next steps set out in Section 8, as amended, be agreed, that is to work with service users, advocates, carers and providers in the co-design and modelling of services to realise the Vision for day activities. **(Note: The amendments to Section 8 are as follows: Paragraph 8.4 to be moved to become paragraph 3.11, Relevant Background Information. Paragraph 8.5 to be moved to become paragraph 5.4.15, Feedback and Developments)**

**31. ITEMS REFERRED FOR COUNCIL**

- 31.1 **RESOLVED:** That no items be referred to Council.

The meeting concluded at 5.56pm

Signed

Chair

Dated this

day of





**DEPUTATIONS FROM MEMBERS OF THE PUBLIC**

A period of not more than fifteen minutes shall be allowed at each ordinary meeting for the hearing of deputations from members of the public. Each deputation may be heard for a maximum of five minutes. The following deputation has been referred from Council on 25 October 2012.

**Deputation: Home Care Contracts****Spokesperson: Cllr Summers on behalf of Lesley Beckman and Care Workers in general.**

“There is an urgent need to give consideration to the impact of the new home care contracts introduced by the Council. These new contracts were designed to ensure that people receiving home care received more choice and control as the previous system was not suitable for the more flexible services that are required, which is why the council changed the way providers are paid.

Councillor Jarrett has stated that the council is not responsible for the way independent providers pay their staff and has no power to control them, but is keen to work with them to provide a minimum live-able wage of £7.19 per hour. This figure being less than a shop assistant can earn in this city. This shows how little Councillor Jarrett, and all those who support this figure, value both the care workers and those they serve across this city despite statements to the contrary. He also states that he is looking into ways to support the home care industry locally in terms of both recruiting and retaining home care workers, and trying to address the issue of rising fuel costs. Work is being undertaken to look at initiatives that can be implemented to help providers (not staff) with these costs.

The council is charging its clients a maximum of £21.50 per hour to run its in-house services, yet expects that outside agencies will provide the same high level of service for just £14.50 per hour. How does that work? However, nothing done properly is done cheaply and that is a trap the Green council has fallen into when changing the way providers are paid. The council no longer pays enhancements for weekends/anti-social hours and expects lone agency workers to visit service users up to 10pm, yet council workers visit in pairs. It no longer pays fuel allowance nor does it even make provision for it or for wasted time travelling between calls (which increases working hours) or depreciation of vehicles, nor does it pay enhancements to providers to ensure continuity of care. All this apparently gives service users more choice, control and flexibility - how?

You have all seen the effects that the new contracts have had on one small local agency within this city in the 3 months since the contracts have begun, and the costs that those care workers who remain are expected to swallow in order to continue working. 8 workers with between 4 and 7 years' experience have left and more may follow. This agency previously had an excellent staff retention record, and was rated in the care quality commissions report as a well-performing caring agency. The staff who have left have been replaced mainly by students who work in their spare time to fund their studies, and by the time they are experienced they will have left to pursue their dreams and so the cycle will continue.

At the last Adult Care & Health Committee meeting Councillor Jarrett confirmed that across the city, in the 3 months since the contracts began, 153 care workers have been recruited and 60 have left. How long the remaining 93 will stay remains to be seen. However, it was curious to note that the number of home care staff across the city has not, according to Councillor Jarrett, diminished. This then begs the question whether or not it has, in fact, been increased in order to meet the demands of an increasing number of people receiving home care! Much of this information, and more, has been presented at the last 2 Adult Care & Health Committee meetings and is also supported, as you can see, by both Unison and Michelle Mitchell of Age UK.

This deputation requests that the council reconsiders the position it has placed care workers in, and seeks to address the imbalance caused with a report to the next Adult Care & Health Committee meeting.”

<b>Subject:</b>	<b>Review of Home Care Contract</b>		
<b>Date of Meeting:</b>	<b>January 21<sup>st</sup> 2013</b>		
<b>Report of:</b>	<b>Director of Adult Services</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Debbie Greening</b>	<b>Tel:</b> 29-5739
	<b>Email:</b>	<a href="mailto:Debbie.greening@brighton-hove.gov.uk">Debbie.greening@brighton-hove .gov.uk</a>	
<b>Key Decision:</b>	<b>Yes</b>		
<b>Ward(s) affected:</b>	<b>All</b>		

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report provides a review of the implementation of the new home care contract since its implementation on 4<sup>th</sup> June 2012 and identifies significant factors that have had an impact within the local home care market.
- 1.2 The purpose of this report is to secure agreement from Committee to take forward the proposed recommendations.

### 2. RECOMMENDATIONS:

That Committee gives agreement that

- 2.1 The training programme is revised for providers and assessment staff so that the Outcome Based Commissioning of home care model can be introduced over the coming year to take forward the personalisation agenda.

Subject to the budget set by Council in February 2013:

- 2.2. An enhanced rate is paid to providers for covering calls beyond 8pm in the evening with effect from 8<sup>th</sup> April 2013 as described in section 3.2.3.
- 2.3 The rates paid to providers are increased by 2% to reflect the increase in costs, particularly petrol with effect from 8<sup>th</sup> April 2013 as described in section 3.2.5.

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

#### 3.1 Background

- 3.1.1 Cabinet approved the re-tendering of the Home Care services in July 2011.
- 3.1.2 A full programme of consultation was undertaken which informed the service specification and the new home care contract came into effect on 4-6-2012 following the procurement process.

- 3.1.3 The number of home care providers who were accepted onto the Home Care framework agreement increased from 10 to 14 as a result of this process
- 3.1.4 The requirements of the new service specification necessitates a greater focus on person centred working, ensuring that service users have a strong sense of being in control of their services, receive care from regular care workers and receive a more flexible service in line with the personalisation agenda and recommendations from the Equalities and Human Rights Commission (EHRC) report “Close to Home” published in November 2011.
- 3.1.5 A range of Key Performance Indicators have been included in the new contract to monitor service provision. These include measures of continuity, punctuality and reliability which emerged as key themes from the service user consultation in 2011.
- 3.1.6 A significant requirement of the new specification is Outcome Based Commissioning of Home Care (OBC). The intention of this model of care is to increase opportunities for service users to exercise choice and control over their service. This type of care requires the number of care hours to be commissioned in blocks of hours rather than through prescriptive daily provision to enable greater flexibility for the service user. Having a consolidated rate system is important for delivering this model of care. A training programme for assessment staff and home care providers will be required before OBC can be implemented.
- 3.1.7 The use of the Council’s chosen Electronic Care Monitoring System (CM2000) is also a new requirement for all framework providers. The introduction of this system has provided a range of accurate data on quality and performance in areas such as continuity, punctuality, and duration of calls. The system ensures that the Council only pays for the care that has actually been delivered. Use of this system also requires a simplified consolidated rate system to enable efficient invoicing processes.
- 3.1.8 The introduction of a new schedule of rates for home care provision was introduced with the new contract following a process of benchmarking and consultation with providers. The consolidated rate system applied from the start of the new contracts from June 2012 and is attached as **Appendix 1**. The rates were based upon the local living wage as a starting point and included provision for a variety of costs to ensure that it was set at a reasonable level. The procurement process focussed on the quality of services and providers did not compete on price. Whilst some providers had indicated they could provide a service at a price lower than the new rates the Council set rates with a view to assuring quality.
- 3.1.9 The contract includes a requirement to work with the Council to further develop the Support with Confidence approval scheme for personal assistants, designed to train and support personal assistants (PA) and to offer a voluntary register accessible to those who wish to employ a PA as recommended by the EHRC inquiry into Home Care. In addition the new contract also included a specific clause relating to the Human Rights Act

3.1.10 The service specification also describes an expectation that service providers will facilitate and promote independence wherever possible supporting the use of assistive technology and equipment, providing short periods of intensive home care to maximise independence and linking into local resources to provide information and access to community based activities.

### **3.2 Findings from the review of the new framework agreement for provision of home care.**

3.2.1 The review covers the period from 4-6-2012 to 30-10-2012 and a range of data and information was collected to inform the review.

3.2.2 Referral data and hours- The number of new home care hours for the period June to Oct 2012 totalled 2167. This figure does not include any Continuing Health Care funded clients, people paying with a Direct Payment or private customers. There is little change for the same period last year. The target set for taking on new work is for the main district provider to accept at least 60% of the work offered. For the period June to Oct 2012 there were 8 established providers operating as main district providers, and 3 new main district providers who were not yet operational in the city. It is accepted that the new providers will need time to establish their operational base and to meet the 60% target for accepting referrals. Of the 8 established providers, 4 were exceeding the 60% target, 2 were slightly below and 2 were 10% below the target. In three areas the main district provider is new to the city and not yet operating, this has an impact on the other providers who have been taking on work outside their main district to provide cover in these areas and explains why some providers are operating below the target level. We will continue to monitor this target to establish if all providers are achieving this as the new arrangements are fully embedded. Comparing this data with the previous year, prior to the new contract, it is worth noting that there were significant problems with 3 main providers during the same period last year causing them to be unable to take on any new work. There has been no recurrence of these issues since the introduction of the new contract this year.

**UPDATE December 2012** There are now 10 main district providers covering 12 post code areas of the city. 1 new provider is due to take on work from January 2013.

Of the 9 providers operating, 6 are now meeting or exceeding the 60% target for accepting referrals. 3 are currently below target .1 new provider started taking work in November 2012 and is currently exceeding the 60% target.

### 3.2.3 Evenings

Approximately 500 hours per week are currently provided after 8pm at a cost of £457,921. All the providers have some calls beyond 8pm but the majority of hours are provided by Saga and Carewatch This is due to the previous contract arrangements where Carewatch and Saga were commissioned to operate evening runs for calls beyond 8pm in Brighton and Hove respectively. This was arranged in response to demand for late evening calls which the other providers could not provide at that time.

The new contract requires the home care service to be available between 7am and 10pm with flexibility for requests outside these hours.

Care providers are currently recruiting staff to cover these hours but some are reporting difficulty in finding people willing to work beyond 8pm.

Care providers also have a responsibility to ensure the safety of their staff and it is considered to be good practice to send workers out in pairs beyond 8pm in order to reduce the risk for lone workers. Where there is a need for these calls the Council funds two -carer visits.

Care Matching Team monitor requests for home care and their information shows that care can take longer to arrange with providers when there is an evening call requested (beyond 8pm). There has not been more than three people waiting for an evening service at any time during the period of monitoring but the delay in accessing care was significant, 5 days or more and on occasions the service user had to compromise and accept an earlier time than was requested

Increasing the rate for evening work by 50p per hour would incur an additional cost of £31,488pa based on current provision. This should encourage all providers to increase their availability for evening work.

#### 3.2.4 Impact of the new rates system

Providers were asked about the impact of the new rates system for their business during the first three months of the contract implementation. The most commonly described impacts were the loss of an enhanced rate for evening and weekend work.

Providers were asked about the impact of the new contract in relation to the recruitment and retention of staff and the effect on staff turnover. Responses varied but 62% of Providers reported that recruitment had increased during this period whilst 25% reported a decrease when compared to the previous year. In relation to turnover, 50% reported an increase and 50% reported it had stayed the same or decreased. Key factors included petrol costs, more competitors in the market place, pay rates and the complexity of care. Overall we believe the actual number of care workers across the home care sector has increased. Increased turnover maybe linked to the new providers in the city who are offering better terms and conditions. However cost of living increases, including petrol costs, are also a factor. There is some anecdotal evidence that some care workers are taking up jobs in residential settings where petrol costs are not a factor. **Appendix 2** provides a summary of the current terms and conditions offered to staff across the sector. It is clear that providers are responding in different ways, with some considering how to address recruitment and retention issues and reviewing current terms and conditions. The three new providers have recruited more than 30 staff and continue to expand. They are paying rates ranging from £7.50 to £11 per hour. Some of the larger national organisations have been invited to the regional ADASS (Association of Directors Adults Social Services) meeting and this had prompted some positive discussions on a regional basis regarding quality of care provision and the terms and conditions of care workers.

Committee have previously received details of current terms and conditions of staff including rates of pay and provision of uniforms in a written briefing given in response to a petition from some home care workers.

### 3.2.5 Petrol Prices

Petrol price rises have a significant effect for many care workers who are required to use their cars to cover home care visits. The majority of providers do not pay petrol costs or travel expenses and for those that do this is often included as a payment within their hourly rate so the care workers themselves are sometimes not aware that they are receiving this towards their petrol. Exit interviews undertaken by providers has shown that the rising cost of fuel has had a significant impact upon staff retention figures.

It is recommended that there is a 2% increase in the rates paid for home care provision in recognition of the rising costs in this market.

### 3.2.6 Quality issues

Within the last 12 months all but one provider has been seen by the CQC and all are compliant with CQC requirements.

Quality is monitored using a range of information including Safeguarding and complaints data, service user feedback provided by the Lay Assessors Scheme and contract auditing activities. Where quality issues are identified the Provider is expected to produce an action plan to ensure improvements are made and progress is monitored through the contract monitoring process. No significant quality issues have arisen since the introduction of the new contract and there has been no recurrence of the difficulties experienced by some providers during the summer months last year. There has been a general improvement in continuity levels and one provider who was previously failing in this area has now improved.

The Electronic Care Monitoring System provides a valuable source of data and is used to monitor certain key performance indicators.

The targets set for these key indicators are:

Punctuality -85% of calls should be punctual (care workers arrive within 20 minutes of expected time)

Continuity- Continuity targets are set for the average number of care workers who visit a service user, proportionate to the intensity of the care package. The overall target is for 90% of service users to have continuity within the desired range.

CM2000 compliance levels- 90% of calls are logged at the service users home by the care worker.

For the quarter July- Sept most providers are reaching the targets for continuity, punctuality, and compliance with call monitoring.

Where providers are not meeting the targets for these indicators they are required to put an action plan in place to improve and this is monitored by the contract officers.

The Home Care Quality Portal is in development and will enable the Council to publish this information together with other quality data. This portal is expected to be available in 2013 and will provide valuable, transparent information on the

quality of home care provision to assist people in making decisions about a home care provider. Each provider will be rated using a simple Gold, Silver or Bronze code according to their quality standards.

3.2.7 New providers: Four new providers were awarded a place on the Council's Home Care framework following the tender process.

**Martlets Care** was already operating as a home care provider within the city and was awarded a contract as a back –up provider in 3 areas

**Ark Home Health Care** was awarded a place as Main District provider in Area 1 and back- up provider in three areas.

**BS Home Care** was awarded Main District provider in Area 3 and back-up in 2 adjacent areas.

**Seva Care** was awarded Main District provider in Area 10 and also one back up area. Unfortunately they have now withdrawn from the framework as they feel that the area they were offered did not offer the volume of hours that they needed to support development of a local office. These districts have been awarded to the remaining providers.

BS home care have started to take referrals from the first week in November and have 40 care workers in the recruitment pipeline. They have an interim manager and are training a new manager to take over the branch in around 6 months time. Ark have recruited and are training their staff they expect to be in a position to begin taking referrals after Christmas.

Since the new contract began on 4<sup>th</sup> June 2012 Martlets Care have received 63 requests for service from the Care Matching Team totalling 901.50 hours. They have accepted 29 requests totalling 344.75 hours.

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

4.1 Information was collected from a range of sources to inform this review. This included:

A consultation questionnaire, sent to each of the 14 framework providers covering the period June-Aug 2012 asking for information about recruitment and retention, the impact of the new contract and the new home care rates.

12 providers (86%) returned a completed questionnaire. The results of this are included within the body of this report.

Information from Lay Assessors reports following interviews with service users; Safeguarding information; complaints information and other contract monitoring activities were also used to inform the review.

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

5.1 Financial Implications:

The current gross costs against the home care framework contract are approximately £10.2 million per annum. The estimated savings following the introduction of the new rates are in the region of £0.5 million for a full year.

The 2% increase in fees and the enhanced rate to be paid to providers for covering calls beyond 8pm in the evening is expected to cost £0.235m and can be met from the inflationary uplift included in the budget proposals for 2013-14. In addition the home care contract together with the Electronic Care Monitoring System is expected to deliver a saving of £0.170 million in 2013/14 as reflected



within the budget proposals. The proposals are subject to agreement by Council in February 2013 as part of the budget setting process.

*Finance Officer Consulted: Michael Bentley 20/12/12*

5.2 Legal Implications:

Committee is asked to approve an increase in fee levels paid to Home Care Providers within the budget proposals for 2013/14 but prior to such proposals being agreed by Council. The approval sought can therefore only be on the basis of budget proposal agreement.

There are legal risks in imposing terms and conditions that go beyond the subject matter of a contract. The Procurement rules require that we only take into account matters that properly relate to the subject matter of the contract and are proportionate to the authority's legitimate requirements. However, the Council has recently agreed a new procurement approach as part of the process of seeking Living Wage accreditation. As part of this, steps will be taken to secure the Living Wage where possible.

*Lawyer Consulted: Sandra O'Brien 08.01.13*

5.3 Equalities Implications:

A budget EIA has been completed and this identified a need to complete a full EIA.

5.4 Sustainability Implications:

The recommended increase in fee levels is intended to maintain the stability of the home care market and keep businesses 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:

Variations to the recommendations were considered. The proposals balance risk, responsiveness, sustainability and quality issues within the current budget proposals.

5.7 Public Health Implications:

Home care services are key in maintaining individual service users' independence enabling them to remain at home, supporting them to maintain or improve their health, assisting with medication, nutrition, personal care and all aspects of daily life.

5.8 Corporate / Citywide Implications:

Home Care providers work in wards across the city and the recommendations in this report will ensure that the service remains sustainable and responsive to need beyond 8pm.

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

- 6.1 The option of making no increase to the rates paid for home care was considered however there is a risk that this could lead to loss of experienced staff in the sector and there would be little incentive for care workers to take on work beyond

8pm which limits the choice available to service users who need a late evening call.

6.2 A range of different rates were considered . The recommendations included in this report are consistent with the current budget proposals.

## **7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 The recommendations of this report support home care providers to sustain the service and reflect the additional burden of increased petrol prices that have a particular impact upon some home care workers.

7.2 There is a need for some home care visits to be delivered beyond 8pm and an enhanced rate for this work will incentivise home care providers to respond to this need.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Schedule of Rates for Home Care
2. Comparison of Terms and Conditions for Home Care workers

### **Documents in Members' Rooms**

None

### **Background Documents**

None

### Schedule of Rates for Home Care (including proposed uplift of 2% and enhanced rate for evenings beyond 8pm)

	Standard Care 2012/13 rate	proposed increase 2% 2013-14	Special Care 2012/13 rate	proposed increase 2% 2013-14
<b>60mins</b>	£14.50	£14.80	£16.50	£16.80
<b>45 &amp; 30 mins.</b>	pro- Rata	Pro-rata	pro- rata	pro- rata
<b>15mins</b>	£6.00	£6.10	£7.00	£7.10
<b>Beyond 8pm</b>				
60 mins	£15.00	£15.30	£17.00	£17.30
45& 30min	Pro rata	Pro rata	Pro rata	Pro rata
15 mins	£6.50	£6.60	£7.50	£7.70

These rates cover the whole day, 7 days per week.

Services supplied to individuals will attract either standard care rates or special care rates but not both. The decision about which rate will apply will be made by the practitioner who has commissioned the care.

**Standard Care** rates will apply for personal care and practical support as described in the service specification including support with, and administration of, medication, and safe manual movement including use of hoists if required.

This rate will apply to care provided to *most* service users.

**Special Care** rates will apply where home care workers require *additional training* or *special skills* because the service user has identified needs such as:

End of life or Continuing Health Care

Mental health problems and/ or Learning Difficulties of a severity that requires additional skills to support and manage effectively. ( including conditions such as severe dementia, confusion, other cognitive difficulties)

Challenging behaviour such as aggressive, abusive or unpredictable behaviour and other situations of high risk where the service user is a risk to themselves or others.

## Appendix 1

Service users who require Level Three Medication tasks as described in the Council's Medication Guidelines for People Living in the Community.

This requires administering medication via a specialist technique in exceptional circumstances. Such techniques include

- Administration of medication through a Percutaneous Endoscopic Gastrostomy (PEG)
- Rectal or vaginal medication
- Injections
- Nebulisers

(NB this is not an exhaustive list)

A specific period of intensive home care (usually for up to 8 weeks) to increase levels of independence and reach identified outcomes, eg following a period of illness or a change in circumstances.

### **Bank Holiday arrangements**

Care delivered on a standard bank holiday will attract an enhanced rate 1.25 x hourly rate (pro rata) and 1.25 x 15min rate

Care delivered on Christmas Day, Boxing Day and New Year's Day will attract an enhanced rate 2 x hourly rate (pro rata) and 2 x 15min rate.

When these holidays fall on a weekend any *additional* bank holidays will be paid at 1.25 x hourly rate (pro rata) and 1.25 x 15 min rate.

example : Christmas Day on Friday, calls attract 2 x hourly rate  
Boxing Day on Saturday, calls attract 2 x hourly rate  
Bank Holiday on Monday (in lieu of Boxing Day), calls attract 1.25 x hourly rate.

Provider															TOTALS													
		1	2	3	4	5	6	7	8	9	10	11	12	13	Yes	No												
1	Do your care workers receive enhanced pay for working in the evening?	Y		N	Y		Y (9pm)		N		N	Y		N		N	Y		6	46%	7	54%						
2	Do you pay care staff enhancements for working at the weekend?	Y		Y		Y		Y		Y		Y		N	Y		Y		Y		Y		12	92%	1	8%		
3a	Do you have a uniform for care workers?	Y		Y		Y		N	Y		Y		Y		N	Y		Y		Y		Y		11	85%	2	15%	
3b	If so, is this free of charge for the care worker?	Y		Y	deposi	Y		N	Y		Y		Y		N	Y		Y		Y		Y		11	100%	2	NA	
4	Do you pay staff when they attend training?	Y		Y		N	Y		Y		Y		Y		N	Y		Y		Y		Y				2	15%	
5	Do you pay travel time to care workers?		N		N		N	Y		N		N		N	Y		N		N		N		N		2	15%	11	85%
6	Do you pay petrol costs or travel expenses (bus fares etc) to care workers?	Y		Y (pm)		Y		N		N		N		N	Y		Y		N		N	Y		6	46%	7	54%	
Please provide details of pay rates for home care workers.																												
Range of rates provided																												
1 hour standard care weekday - New care worker from £6.30 - £7.60																												
Experienced staff from £6.55 – £8.65																												
1 hour standard care weekend- New care worker from £ 7.00 to £8.76																												
Experienced staff from £ 7.65 to £9.75																												

Some providers pay evening enhancements, special care enhancements and petrol or mileage costs. The highest hourly rate reported was £9.98			
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<b>Subject:</b>	Fee Level for Adult Social Care Services 2013-14
<b>Date of Meeting:</b>	21 January 2013
<b>Report of:</b>	Director of Adult Social Services
<b>Contact Officer:</b>	Jane MacDonald <a href="mailto:jane.macdonald@brighton-hove.gov.uk">jane.macdonald@brighton-hove.gov.uk</a>
<b>Ward(s) affected:</b>	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 and Brighton and Hove Clinical Commissioning Group. 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 adults with a learning disability. Service providers include care homes, supported accommodation, home care and community support, community service and direct payments.
- 1.2 With regard to the fees paid to local care homes, work continues internally within the council and with a range of stakeholders including providers of care. Recommendations for fees to providers of home care have been influenced by the recent tender. The price for delivering a range of community based services has been agreed through the Commissioning Prospectus processes, and will be in place from April 2013. Further activity will be included in future prospectuses. The recommendations in this report are in line with those of Commissioners of other services in the council. It is expected that they are also broadly in similar with other local authorities in the region.

#### 2. RECOMMENDATIONS:

- 2.1 Subject to the budget set by Council in February 2013: The recommendations are for the Adult Care and Health Committee to agree the changes set out in Table Two Section 3.9, to come into place for the financial year 2013/14.

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

##### 3.1 Brighton and Hove current financial position

The 2013/14 budget strategy for Adult Social Care will be agreed by Budget Council in February 2013. This will set out the need to ensure that the quality of services provided in the independent sector is maintained both through ensuring adequate funding and through tight quality control and monitoring by the council.

### 3.2 Terminology

In this report the term 'care home' includes both residential and nursing homes. The report refers to care homes in the city and those out of the city. Some people choose to live outside Brighton and Hove others may be placed outside the city if there is not provision that meets their needs within the city. 'Set rates' are for placements in care homes for older people and older people with mental health needs. Fees for adults under 65 generally are individually negotiated ie 'non set rates'. Work is currently being undertaken to address differences in approach to funding.

Supported living and supported accommodation refer to services where service users have a tenancy or licence agreement for their accommodation, with separate agreements for care and support.

The report refers to third party payments; these are 'top ups' paid by a third party, usually a family to secure a placement at a price that is greater than the council would fund.

The report refers to Service Contracts. These are contracts that are provided for services, such as advocacy and day services that are provided in the community generally by voluntary and community groups.

### 3.3 Care homes and supported Living out of city

It is recommended that Brighton and Hove match the applicable host authority set rates for new and existing care home placements out of the city; and that any adjustments in these rates be reflected in any third party payments which apply.

For those care home places that are not set rate, the owners will be advised to contact the council to discuss future fees if this is necessary eg if a client's needs have changed and a reassessment is needed or if the provider is in financial difficulty.

For supported living out of the city, owners will be requested to contact the council to discuss future rates, again if this is appropriate. This includes supported living and community support for people with learning disabilities and accommodation services for people with mental health needs.

### 3.4 Care homes set rates in the city

For the year 2012-13 it was agreed that set rates paid to residential and nursing homes for older people, people with a physical disability, older people with mental health needs were uplifted 5%. This rise was significantly more than most other national, regional and local authorities.

It was expected that providers used a proportion of the fees to increase the salary of the lowest paid staff towards the living wage. A recent survey showed that out of 25 care homes for older people and older people with mental health needs, 17 homes increased wages and 68% of respondents were paying their lowest paid workers over £7.00 per hour.



**Table One – Set fees paid by the council 2012-13**

Type of care home	Service users	Cost of single room
Nursing home	Older People	£565.70
Nursing home	Older People with Mental Health Needs	£611.70
Residential home	Older People (high need)	£460
Residential home	Older People with Mental Health Needs	£504

In the last year there has been much work both internally within the council, with Improvement and Efficiency Social Enterprise and with a range of local stakeholders. Stakeholders have included a range of local providers and assessment teams. Currently work is being undertaken on an audit of care home costs. Results from this will inform future fee setting.

The council is also working closely through the Association of Directors of Adult Social Services to inform and learn from other local authorities about how best to develop a local fee model.

The council continues to provide a range of support and quality training that is free to access and which is much appreciated by providers and is a cost saving to them.

Given that the work on how best to develop a local fee model is not complete; the recommendation is for 1% uplift on set rates and care home block contract rates for the financial year 2013 / 2014. This recognises that providers have increased outgoings in providing 24 hour building based care, particularly with fuel and food costs having risen in the last year. This approach is supported by NHS commissioners.

### 3.5 Care homes and Supported Living non set rates in the city

The recommendation is for residents who are on rates lower than set rates to be uplifted to the set rate.

For those care home places that are not set rate, the owners will be advised to contact the council to discuss future rates, if this is needed.

For supported living in the city, owners will be encouraged to contact the council to discuss future rates, if this is necessary. This includes supported living and community support for people with learning disabilities and accommodation services for people with mental health needs.

### 3.6 Home care

The review of the Home Care contract report details the home care market. Following this it is recommended that a 2% increase is applied to home care rates for the financial year 2013/14 in recognition of the impact that rising fuel rates has had on the home care market. It is also recommended that an enhanced rate of 50p per hour is added for all evening calls beyond 8pm. Monitoring has shown that it can take longer to arrange a care package where there is a need for evening calls; having an enhanced rate will enable care providers to recruit staff who are willing to work beyond 8pm.

### 3.7 Direct payments

Similar issues that affect home care costs also apply to direct payments as these are used in the main to purchase hours of personal assistant time. It is therefore recommended that a 2% increase is applied to the direct payment hourly rate.

### 3.8 Service Contracts

The Commissioning Prospectus introduced a new approach to funding organisations operating locally. In the first prospectus the Council and NHS sought applications from parties interested in working in the areas of mental health, disability, carer support and older people's community services. The price for delivering services was agreed through the Commissioning Prospectus processes with agreed rates in place from April 2013.

Both council and NHS commissioners are working with providers on an individual basis and discussions are being held regarding planned service activity. The overarching recommendation for those providers not in the Prospectus is for no change to fees for the 2013/14 financial year. Any provider that experiences financial difficulty is encouraged to make the council aware and they will be offered advice and support. If the council cannot assist directly, business support partners might be able to help [www.brighton-hove.gov.uk/index.cfm?request=b1000040](http://www.brighton-hove.gov.uk/index.cfm?request=b1000040)

### 3.9 Recommended Fee Rates 2013/14

The table below sets out recommended fee rates for the financial year 2013/14.

**Table Two – Summary of recommendations**

	Rate	Comment
In city care homes set rate	1% increase	5% paid last year
In city care homes/ Supported Living Non set rate	0% change	owners will be encouraged to contact the council to discuss future rates, if this is necessary
Out of city care home supported living set rate	To reflect the host authority rate	owners will be encouraged to contact the council to discuss future rates, if this is necessary
Out of city care home Non set rate	0% change	owners will be encouraged to contact the council to discuss future rates, if this is necessary
Home care	2% increase	
Direct payments	2% increase	
Service Contracts	0% change	

- 3.10 Other local authorities are working on their fee rates at present. Further to discussions at a regional level, it is expected that the proposals from Brighton and Hove will be in line with the broad spectrum of recommendations from other areas in the region.

## **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 The council is continuing to take forward work on fees to care homes and working with providers on this activity. The Director of 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 is continuing to take forward work on fees to care homes and working with providers on this activity. A copy of the draft and final report has been shared with the Registered Care Homes Association.

The Area Chairman highlighted the rise in pay, food and energy costs and the possible increases in Living Wage. He argued that a 2.5% gross increase was necessary to maintain good quality care and financial viability and that there had been no increase between 2009 and 2012. Evidence from the latest Laing and Buisson report was quoted.

If the recommendations in this report are agreed care homes in the city on set rates will have been awarded a 6% uplift over two years. This balances the need to protect services to vulnerable adults with the duty to manage public money.

Home care providers have had the opportunity to inform the council of their financial position in the recent review.

This report has been shared with commissioners in the NHS Clinical Commissioning Group and they support the recommendations. Public Health confirms that none of the locally set public health contracts include a financial uplift on their contract price for 2013/14. Commissioners for other community services said that they do not routinely uplift their grant funding to any community organisation. Some organisations may receive enhanced or additional funding but this would be as a result of applying for new grant funding or through new contracts.

This report has been shared with the Older Peoples Council where a presentation was given. The Link was asked to comment but none were received.

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

### **5.1 Financial Implications:**

Current annual spend on care services is approximately £70 million. The proposed fee uplifts set out in section 3.9 can be met from within the 2% inflation allowance included in the budget model for 2013/14. Those fees not being increased in line with inflation will help contribute to the delivery of the overall budget strategy for Adult Social Care which will be considered by Budget Council in February 2013.

As described in the report, levels have been benchmarked and assessed against current costs. It is anticipated that a new model for care home fees will be in place to calculate fee levels from April 2014.

Finance Officer Consulted: Michael Bentley                      10 December 2012

### **5.2 Legal Implications**

The Local Authority has dual duties to assess and provide services to eligible vulnerable adults in the City and to the public purse to ensure adherence to budget. This report describes how those duties are to continue to met, informed by consultation and work with the CCG and stakeholders. The variance in funding of some service is recognised and addressed by systems in place for individualised consideration of specific non-set rates and provision of advice and support to providers.

The approval sought can therefore only be on the basis of budget proposal agreement.

There are no specific Human Rights Act 1998 implications arising from this Report.

Lawyer consulted:     Sandra O'Brien                                      8 January 2013

### **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 main body of the report.

5.7 Risk and Opportunity Management Implications:

Variations of the recommendations were considered. The proposals balance risk, ongoing quality and sustainability of services in the city with the budget pressures.

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 service user's health and prevent deterioration and reliance on more intensive provision.

5.9 Corporate / Citywide Implications:

The fees paid to provider services will impact on all wards of the city, keeping businesses sustainable and able to provide ongoing quality services.

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

6.1 A range of different uplifts were modelled. The recommendations included in this report fit within current budget proposals. They will provide those delivering services on behalf of the council with sufficient funds to remain robust.

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 Given the position of public sector finances where there are uplifts these are targeted to where they are most needed.

**SUPPORTING DOCUMENTATION**

Appendices

*None*

Documents in Members' Rooms

*None*

Background Documents

*None*



# Adult Care & Health Committee Meeting

## Agenda Item 40

Brighton & Hove City Council

<b>Subject:</b>	<b>Adult Social Care Charging Policy (Non Residential Services)</b>		
<b>Date of Meeting:</b>	<b>21<sup>st</sup> January 2013</b>		
<b>Report of:</b>	<b>Director of Adult Social Services</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Angie Emerson</b>	<b>Tel: 29-5666</b>
	<b>Email:</b>	<b>Angie.emerson@brighton-hove.gov.uk</b>	
<b>Key Decision:</b>	<b>Yes/No</b>		
<b>Ward(s) affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 Adult Social Care services are generally chargeable to service users. Most charges are subject to a means test but the charging policy for Non-Residential Care Services includes fixed rate charges and maximum charges for in-house services. These rates are usually reviewed in April of each year when state benefits increase. The recommended revised charges are listed in the next section.
- 1.2 The charging policy takes account of legislation, regulations and relevant Government Guidance.

#### 2. RECOMMENDATIONS:

- 2.1 That the following table of maximum charges for in-house services are agreed with effect from 8<sup>th</sup> April 2013

<b>Current Maximum Charges</b>	<b>2012/13</b>	<b>Proposed 2013/14</b>	<b>People Affected</b>	<b>Income Adjustment</b>
In-house home care/support	£21.50 per hour	£20.00 per hour	40	<b>-£9,438</b>
In-house day care	£23.50 per day	£25.00 per day	100	+£ 7,644
Maximum weekly charge	£900 per week	£900 (under review)	0	0
<b>Current Fixed Charges</b>				
Fixed Rate Transport	£2.15 per return	£2.50 per return	170	+£7,640
Fixed Meal charge at Day Care	£3.10 per meal	£3.50 per meal	140	+£8,300
Fixed Carelink charge £14.50 month – with 2 key holders £18.50 month – with 1 key holder £21.50 month – no key holders but with a key safe		No change	3000	+£0.00

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

- 3.1 Charges for Adult Social Services are discretionary under Section 17 of HASSASSA 1983 (Health and Social Services and Social Security Adjudication Act). This policy is compliant with the requirements of that Act and the Department of Health's "Fairer Charging" Guidance.
- 3.2 A package of non-residential care can include home care, day care, community support, adaptations and direct payment services. One financial assessment covers all services and the amount a person must pay will depend upon their income, savings and expenditure, (except for the fixed charges for meals, transport and carelink).
- 3.3 Most people receive home care services from the independent sector where lower fee rates are set and agreed by the council.
- 3.4 There are around 1850 service users with non-residential care services and this includes older people and adults with physical disabilities, learning disabilities and mental health difficulties. Around 46% of service users have minimal savings and limited income from state benefits and therefore they will continue to receive free means tested care services. The revised charging policy will not affect people in this group unless they receive meals, transport or carelink with increased fixed rate charges.
- 3.5 About 45% of service users are assessed to contribute an average of £20 to £60 per week, usually based on their entitlement to extra disability benefits. The proposed new maximum charges will not affect the assessed charge for these people but they may be affected by the fixed rate charges.
- 3.6 Around 8% of service users (140 people) currently pay the maximum charge for in-house home care and day care services. This affects people with savings over the savings threshold (currently £23,250 or £45,500 for couples) and also affects those people who have higher private incomes, and those who have a very small care package, eg. one day per week attendance at a day centre.
- 3.7 Historically this is one of the highest hourly charging rates for in-house home care in the country and this maybe seen as inequitable comparative to charges levied in other local authority areas.
- 3.8 A small survey shows that some councils no longer provide any in-house home care services at all and just under half of the others do not have any maximum hourly or maximum weekly charges. They set a personal budget to cover the service costs for each person's assessed needs and any person who has savings over a certain limit (usually £23,250) is required to pay the total cost of the budget from their own monies. For those who do set maximum charges, there is a significant variation across the country and in this survey they ranged from £13 per hour in Leeds to £26.50 per hour in Islington.
- 3.9 This report recommends that our hourly maximum charge for in-house home care should be reduced. This will lead to a small loss of income amounting to around £3,000 per year for each 50p per hour reduction. A maximum charge of £20 per



hour, as recommended, would cause an income reduction of just under £9,500 per year.

- 3.10 The survey of 14 councils also showed that nearly all of them had a higher charge for Day Care Services. This is generally because the actual cost of providing day care is much higher than the maximum charging rate as councils often provide a subsidy. In these circumstances it is recommended that the maximum charge for day care should be increased with a view to decreasing the council's subsidy for people who have high savings. This increase will help to defray the loss of income from reducing the home care charge. An increase of £1.50 per day for day care would result in an increase in income of around £7,600 per annum.
- 3.11 The current charging policy has a maximum weekly charge of £900. It is proposed to remove the maximum weekly charge as there are no current service users affected by this decision. The highest charge among service users is £602 per week. However, this decision would require prior public consultation which will be held in the summer. In the meantime it is proposed that the maximum of £900 remains the same.
- 3.12 Most charges are means tested under the "Fairer Charging" Guidance and they are also subject to an appeals procedure for exceptional circumstances.
- 3.13 The proposed charging policy for means tested services is estimated to reduce the council's annual income by around £1800 but the increase in fixed rate charges is estimated to increase income by around £32,500 per annum.

#### **FIXED RATE CHARGES (not means tested)**

- 3.14 Flat rate charges for transport provided by the council for day care attendance or other activities have fallen behind inflationary increases in fuel costs and bus fares. It is, therefore, recommended that the return journey charge is increased from £2.15 to £2.50.
- 3.15 The increase in charges for meals delivered in the community was decided by Adult Care and Health Committee on 25<sup>th</sup> June 2012. It was agreed to increase the charge from £3.30 to £3.50 per meal from April 2013. Meals charged at £3.50 will affect around 300 people and increase annual income by around £16,600. It is now recommended that the fixed charge for meals provided in the council's day centres should also be increased to £3.50 per meal. This includes beverages and small snacks throughout the day.
- 3.16 The fixed charges for Carelink, over the last 2 years have increased by £1.50 per month which represents an 11.5% increase over 2 years. Prior to this there has been no charge increase for over 10 years. The administration costs of implementing a small inflationary increase would not be cost effective.
- 3.17 The current pricing structure needs to be reviewed in due course and needs careful analysis of budget, unit cost, systems, pathways, risk assessment and marketing strategy. It is therefore recommend to freeze Carelink charges for next year pending further review.

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 The Department of Health first issued the “Fairer Charging” Guidance in 2002, and, at that time, the council carried out public consultation as required by the DH. Further public consultation took place several years later relating specifically to charges for Learning Disability services.
- 4.2 Further public consultation is planned in the summer of 2013 and will include feedback related to this charging policy.
- 4.3 This report has been shared with the Older Peoples Council.
- 4.4 Consultation with relevant officers and service managers has taken place.

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

##### Financial Implications:

- 5.1 Charges for Adult Social Care non residential services are reviewed annually in line with the Corporate Fees and Charges policy. The annual income from charging for these in-house services is approximately £1.4 million, out of the estimated total for non-residential services fees across Adult Social Care of £4.9 million. The proposed changes in fees are in overall terms in line with the inflation assumptions within the 2013/14 Council budget proposals but only apply to those who are assessed as having the income to cover the charges and are expected to generate additional income of approximately £31,000.

*Finance Officer Consulted: Michael Bentley Date: 11/12/12*

##### Legal Implications:

- 5.2 The relevant Law and Guidance in relation to charging is specifically referred to in the body of this report. Any proposed changes to the current maximum weekly charge which as indicated is under review will need to be subject to consultation with affected and interested parties and that is planned to take place later this year as indicated.

*Lawyer Consulted: Sandra O'Brien Date: 08.01.13*

##### Equalities Implications:

- 5.3 All service users are subject to the same means test and will only be affected by this revised policy if they are able to pay. There is an existing EIA relating to financial assessments and it is not considered necessary to produce a revised EIA.

##### Sustainability Implications:

- 5.4 There are no sustainability issues

Crime & Disorder Implications:

5.5 There are no identified implications

Risk and Opportunity Management Implications:

5.6 No implications have been identified

Public Health Implications:

5.7 No implications have been identified

Corporate / Citywide Implications:

5.8 This policy will take effect across the city.

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

6.1 The option of making no increases to maximum charges was considered but this would lead to a loss of income which would effectively result in a reduced budget to spend on social services.

6.2 The option of making higher increases was considered but these would be difficult to justify with regard to the current level of inflation and the general economic downturn that our service users are experiencing.

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 Charges for non-residential services are usually increased in April of each year in line with the general increase in state benefits.

7.2 Those who are unable to pay the maximum charge rates are means tested and will only be required to pay in relation to the outcome of their financial assessment.

**SUPPORTING DOCUMENTATION**

**Appendices:**

None

**Documents in Members' Rooms**

None

**Background Documents**

None



# Adult Care & Health Committee Meeting

## Agenda Item 41

Brighton & Hove City Council

<b>Subject:</b>	Developments at Craven Vale		
<b>Date of Meeting:</b>	21 January 2013 24 January 2013 – Policy & Resources Committee 28 January 2013 – Joint Commissioning Board		
<b>Report of:</b>	Director of Adult Social Services		
<b>Contact Officer:</b>	name:	Jane MacDonald	
	email:	Jane.macdonald@brighton-hove.gov.uk	
<b>Ward(s) affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 Craven Vale a Brighton and Hove City Council owned Resource Centre, currently (winter 2012) has 24 community short term service beds, 7 crisis care/planned breaks beds; a current total of 31 beds. This report outlines the proposal and recommendation for an additional 20 bedrooms to give a total of 51 bedrooms at Craven Vale, 44 of these would be Community Short Term beds.
- 1.2 Proposals outlined in this report are consistent with recommendations in the Short Term Services Strategic review. This is for fewer sites to provide short term service beds across the city.

#### 2. RECOMMENDATIONS:

That the Adult Care and Health Committee:

- 2.1 Agrees to the development of Craven Vale to create an additional 20 bedrooms and to a formal collaboration agreement between the Council and Brighton and Hove Clinical Commissioning Group in relation to the development to enable both parties to fulfil their statutory functions;
- 2.2 Agrees to delegate power to the Director of Adult Social Services/Lead Commissioner Adult Social Care and Health to sign the collaboration agreement on behalf of the Council; subject to satisfactory terms being agreed;

That the Policy & Resources Committee:

- 2.3 Notes that the development will be delivered by Property and Design using the Council's existing Strategic Construction Partnership;
- 2.4 Agree that delegated power is given to the Director of Adult Social Services and Director of Finance and to enter into a building contract with an estimated value of £2.2million.

- 2.5 Agree that the Craven Vale Development be added to the Capital Programme at a total cost of £2.883m (£1.442m in 2013/14 and £1.441 in 2014/15) to be funded as detailed in paragraph 5.2.

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

#### **3.1 Current Service**

- 3.1.1 The community short term service is a joint funded integrated care and health service. Craven Vale currently has 24 community short term service beds, 7 crisis care/ 7 planned breaks beds. This is a current total of 31 beds.
- 3.1.2 It is proposed that an additional twenty bedrooms are constructed with ancillary areas which would require building another floor. This would make a total of 51 beds. 44 of these beds would be Community Short Term beds.
- 3.1.3 The development will be managed and contract administered by the Council's Property and Design Team and will be delivered using the existing Strategic Construction Partnership. The Partnership has already been procured through OJEU and has an established track record of delivering projects on time and on budget. The partnering process uses an 'open book' approach which ensures Best Value and will deliver the project in a timely manner as there is no need to go through a traditional tendering process. Use of the Partnership also ties in with the roles and responsibilities associated with Corporate Landlord.
- 3.1.4 The project includes re-providing Craven Vale day centre. This was reported to Adult Social Care Committee in September 2012 as part of the Day Services Review. Following a decline in numbers over a few years and consultation with existing members it is anticipated that the centre will close at the end of January 2013. The last few members will be moving to Tower House in January 2013.

#### **3.2 Short Term Services Review**

- 3.2.1 The joint Adult Social Care and Health Short Term Services Review has been underway for the last two years. It has made recommendations for current and future service commissioning and a number of reports have been presented to both Adult Social Care Cabinet Member and the Joint Commissioning Board. Many of the proposed changes to the service model have already taken place. These are delivered under the new service name which is the Community Short Term Service, these developments include:
- A joint 'short term' service with an integrated intermediate care and transitional care service working together
  - A non means tested service
  - An improved prevention of avoidable admissions to hospital and long term residential/nursing care homes
  - A more timely discharge from hospital and prevention of avoidable admission
  - Streamlined pathways
  - Improved user experiences and outcomes

3.2.2 Key to the success of Community Short Term Service is the on going savings to both the Council and Health. A recent National Audit provided evidence that following intermediate care there was a 77% reduction in admissions to long term care, 62% reduction in hospital repeat admissions and 62% reduction in length of stay for certain conditions. *National Audit of Intermediate Care Report 2012*

### **3.3 Community Short Term beds**

3.3.1 The Short Term Services Review recommended that the total number of community short term service beds is reduced in favour of more provision in the community within service user's own homes. The Review also proposed a reduction in the number of sites from which bed based services are delivered, ideally to one site but with a maximum of three. Beds are currently provided in 3 venues, Craven Vale, Knoll House and Highgrove Nursing Home. Following the closure of Newhaven Rehabilitation Centre the number of beds was reduced from 92 to 65. Currently there are an additional 13 extra capacity beds in the system, partly to mitigate the impact of the bed closures and partly to provide additional flexibility in winter.

3.3.2 The Community Short term Beds at Craven Vale and Knoll House are funded jointly by the Clinical Commissioning Group (CCG) and Council. The services are jointly provided by Sussex Community Trust (SCT) and the Council under a section 75 agreement. The CCG also has a separate contract with the Victoria Nursing Home Group for 21 beds at Victoria Highgrove Nursing Home. SCT provide the in reach service to all these bed based services.

3.3.3 The development of the Craven Vale site to provide an additional 20 beds gives the opportunity to reduce the number of sites to two Council owned resource centres. A decrease in sites reduces the length of time spent on travel and thus increases the amount of time staff can spend on service user care.

### **3.4 Rationale for Developing Craven Vale**

3.4.1 The rationale for developing Craven Vale is:

- Craven Vale is a Council owned building that is underdeveloped. Community care analysts Laing & Buisson have developed an 'efficient' care home for older people model. They argue that size is key to efficiency and those homes with fewer than 50 beds are likely to be inefficient  
<http://www.jrf.org.uk/sites/files/jrf/2252-care-financial-costs.pdf>
- Public services in the city have a track record of providing quality short term services. Craven Vale has a proven history of delivering a high quality complex service.
- There is a long history of close partnership working between the council and health colleagues. The White Paper, Caring for our future published in July 2012 alongside the draft Care and Support Bill emphasize the importance of joint working. Developments at Craven Vale will build on this integrated model of care.

### 3.5 Advice on Developing Craven Vale

- 3.5.1 Legal advice has confirmed that it is possible for public bodies to enter into joint arrangements including the provision of services in order to achieve a goal which they mutually have to perform, and which is not commercial in nature, without having to go out to tender, provided that certain conditions are fulfilled. This would apply to the integrated developments at Craven Vale.
- 3.5.2 The proposed mechanism is for the parties to enter into a collaboration agreement in which the Council will agree to fund the development subject to the CCG agreeing to continue to purchase the Council's services for a fixed period. The final terms of the agreement are yet to be confirmed (e.g. Length of the agreement, service levels and occupancy levels)

### 3.6 Finances

- 3.6.1 The Council's gross direct expenditure revenue budget for the existing 31 residential beds at Craven Vale is £1.356m which with overheads increases to £1.540m. Approximately £1.050m (£1.192m including overheads) relates to the 24 Short Term Service beds. An outline business model has been developed for the 20 additional beds which demonstrates that costs for these beds are likely to be £1111 per bed per day. The contribution from the CCG as described in paragraph 3.6.2 below is expected to cover these costs. Any additional risks on revenue costs are expected to be managed within the Craven Vale budget.
- 3.6.2 The CCG state that the expectation is broadly that current financial levels would be maintained and transferred, but ultimately that there would be some economies of scale in terms of locating the majority of the resource on one site.

	<b>Resources for 24 plus 20 beds at developed site</b>	
	<b>£m</b>	<b>£m</b>
<b>Craven Vale - Current 24 beds</b>		
NHS contribution to be costs	0.671	0.671
In reach provided by SCT	0.521	0.521
Medical cover	0.055	0.055
<b>Highgrove - current 21 beds</b>		
NHS bed costs	0.843	0.803
In reach provided by SCT	0.512	0.512
Medical Cover	0.046	0.046
<b>Revenue that would transfer to ASC</b>		<b>0.803</b>

- 3.6.3 The CCG Board are considering revenue expenditure commitment on the 15th January. Following this, further details will be made available to Committee.

### 3.7 Capital project

- 3.7.1 The construction period is likely to be 15 months with approximately six months lead in for detailed design, consultations, planning and other approvals. It is proposed that the project will be designed and Contract Administered by Property



and Design and procured through the existing Strategic Partnership, which is also managed by Property and Design.

3.7.2 If funding is secured in January, design work can commence in March 2013 with a target completion in late autumn of 2014.

3.7.3. It is proposed that the Council fund all the capital costs.

#### Estimated Capital Costs (Over Project Life)

	<b>£m</b>
Build (inc. professional fees) <i>contingency</i>	2.448 <i>Figures include a 5% construction</i>
Fixtures and Fittings	0.342 <i>Figures include a 10% contingency</i>
Project manager	<u>0.093</u> <i>Figures include on costs</i>
<b>Total</b>	<b><u>2.883</u></b>

The Capital Costs include details of a Project Manager and the professional fees associated with build costs.

3.7.4 The project will need support from other Council teams as it develops eg Communications, Finance, Legal, Procurement, Human Resources. The amount of input needed will depend on how the project develops.

## **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

4.1 There has been a range of consultation undertaken as part of the Short Term Services Review. This has included cross organisation and lay engagement.

4.2 An Equalities Impact Assessment has been started for the project. This includes the re-provision of the day service currently based at Craven Vale. If recommendations are agreed this will be kept live throughout the project, with full consultation and engagement.

4.3 A number of discrete processes eg Planning will have engagement attached to them.

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

### Financial Implications:

5.1 The estimated capital costs of the development at Craven Vale are £2.883m as detailed above with the anticipated profile being £1.442m in 2013/14 and £1.441m in 2014/15.

5.2 The provisional allocations for the Adults Personal Social Services (PSS)/ Community Capacity capital grant for 2013/14 and 2014/15 have been announced by the Department of Health as £0.661m and £0.674m respectively. It is therefore proposed that the capital costs are funded from anticipated PSS grant together with the as yet unallocated PSS grant for 2012/13 of £0.447m and the ASC Long Term Capacity Reserve of £0.753m. It is further proposed that the

balance of £0.348m be funded from revenue through a contribution in the current financial year. This would be dependent on an agreement being met with the CCG regarding the ongoing revenue costs of the additional beds.

- 5.3 The Council's gross direct expenditure revenue budget for the existing 31 residential beds at Craven Vale is £1.356m which with overheads increases to £1.540m. Approximately £1.050m (£1.192m including overheads) relates to the 24 Short Term Service beds. The CCG currently contribute £0.671m p.a. towards the 24 CSTS beds which is based on a combination of calculations towards costs. Using the latest bed per day contribution agreed with the CCG, an additional 20 beds would equate to approximately £0.800m p.a. and it is understood that the CCG would divert funding from CSTS beds currently provided for elsewhere in the city to support the new beds at Craven Vale.
- 5.4 It is anticipated that efficiencies will be achieved as a result of delivering the service from one site although costings are still being quantified. It is intended to rationalise the funding contributions from the CCG and council as part of the ongoing development of the scheme for mutual benefit. Agreement is being sought from the CCG for their commitment to the ongoing revenue costs and it is expected that a verbal update will be given at Committee. There is a risk that the CCG may choose to withdraw from this joint working in future and it is intended that the contractual arrangements will mitigate this. However, should this happen, the asset would remain under the council's control and it would present an opportunity to review service delivery across all client groups.

*Finance Officer Consulted: Anne Silley*

*Date: 09/01/13*

Legal Implications:

- 5.4 The power for the parties to enter into this type of partnership agreement is set out in section 75 of the National Health Service Act 2006. The legal advice confirming the ability of the Council to enter into this type of arrangement is set out above. Given the value of the proposed building contract, the process followed in letting that contract must comply with the Procurement Rules. The Strategic Partnership Agreement is EU compliant, having been the subject of an OJEU when the Agreement was entered into.

*Lawyer Consulted: Jill Whittaker*

*Date: 21/12/12*

Equalities Implications:

- 5.5 Development of Craven Vale is an investment in short term services that people say they want and need. An EIA has been completed. Unions have been advised of the proposed developments and staff have received a briefing paper which outlines the proposed developments at Craven Vale contained within this report. If the recommendations are agreed, management will work within the Council's Change Management Framework in order to consult with staff who may be affected by any proposed changes.

#### Sustainability Implications:

- 5.6 Development of the Craven Vale site will mean that fewer sites across the city are delivering short term services. This will result in significant economies of scale and rationalisation of resources. Less time will be spent on travel.
- 5.7 At the same time there will be improvements made to the existing Craven Vale building. The Council's Asset management will oversee the project and they are compliant with Council strategy and directives.
- 5.8 Craven Vale is in the east of the city and the developments will have a positive impact on the very local area.

#### Crime & Disorder Implications:

- 5.9 There are no specific crime and disorder implications.

#### Risk and Opportunity Management Implications:

- 5.10 An on going risk log for the project will be maintained. Each risk will have mitigating action listed against it.

#### Public Health Implications:

- 5.11 Short term beds are in high demand and many are used to help people move out of hospital. It is essential that there is the right number of beds in the system and they are managed well. Having the beds on fewer sites will lead to efficiencies.

#### Corporate / Citywide Implications

- 5.12 Care will be taken through out the project to adhere to Council's policies. The new service will generate new opportunities for people to receive a joined up service delivered by Health and Adult Social Care at Craven Vale.

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

- 6.1 Below are two options that were considered and not taken forward

#### Tender for new provider

- Craven Vale have a history of providing a high quality service (currently 31 beds is less than an 'efficient' size)
- The current undersupply of older people care home could if impacted if the process if the tender was awarded to a current provider – ie beds already used in the system would be changed and thus not available for other use

#### Do nothing

- The current 'short term' service is spread across the city (efficiency savings are possible)

- Craven Vale is not an 'efficient' size

## **7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 The recommendations are consistent with recommendations in the Short term Services Review.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

*None*

### **Documents in Members' Rooms**

*None*

### **Background Documents**

*None*