

**BRIGHTON & HOVE CITY COUNCIL**  
**ADULT CARE & HEALTH COMMITTEE**  
**4.00pm 20 JANUARY 2014**  
**COUNCIL CHAMBER, HOVE TOWN HALL**  
**MINUTES**

**Present:** Councillor Jarrett (Chair)  
Councillors K Norman (Opposition Spokesperson), Meadows  
(Opposition Spokesperson), Barnett, Bowden, Marsh, Mears,  
Summers, Sykes and Wakefield

**Co-optees:** Geraldine Hoban (Clinical Commissioning Group), Dr George Mack  
(Clinical Commissioning Group) and Janice Robinson (Clinical  
Commissioning Group)

**Non-voting co-optee:** Jane Viner (Healthwatch)

**PART ONE**

**44. PROCEDURAL BUSINESS**

**44A Declarations of Substitute Members**

44.1 Councillor Sykes declared that he was substituting for Councillor Phillips.

**44B Declarations of Interests**

44.2 There were none.

**44C Exclusion of the Press and Public**

44.3 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.

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

**45. MINUTES**

- 45.1 Councillor Mears asked for an amendment to paragraph 36.8 in relation to the £1.64 Supported Living and Extra Care Housing savings target. Councillor Mears considered these savings were unachievable.
- 45.2 **RESOLVED** – That the minutes of the meeting held on 25 November 2013 be agreed and signed as a correct record subject to the amendment above.

**46. CHAIR'S COMMUNICATIONS****Healthwatch Representation**

- 46.1 The Chair reported that Healthwatch currently had non voting co-optee status on Part A of the meeting in relation to the Section 75 jointly funded work. It was felt that Part B – Council Business would also be of interest to Healthwatch and he proposed that Healthwatch should have co-optee status for both parts of the meeting.
- 46.2 **RESOLVED** – That Healthwatch have non voting co-optee status on both parts of the agenda (Part A – Jointly Commissioned – (Section 75) Business and Part B – Council Business.)

**Brookmead**

- 46.3 The Chair reported that Planning permission was granted in December to develop 45 extra care flats on the site of this former sheltered housing scheme. The next steps would be a tendering exercise undertaken in March/April to appoint a contractor to develop the scheme. At this stage was planned that works would start on site in July. The Chair thanked officers in Adult Social Care, and Housing for helping the development to come to fruition.

**New Models of service delivery for ASC Provider Services**

- 46.4 The Chair informed members that a report went to Policy and Resources Committee in December and it was agreed:
- (1) That a business case be developed to demonstrate whether establishing a Local Authority Trading Company (LATC) to deliver ASC Services is in the best interests of the City Council;
- (2) That the Business Case be brought back to Policy & Resources Committee for a decision on whether to establish an LATC for ASC services; and
- (3) That a detailed analysis in relation to alternative models (for example, in-house provision and social enterprise), as recommended by the Scrutiny Review, be brought back to Policy & Resources Committee alongside the Business Case.
- 46.5 Councillor Meadows expressed concern that committee members had not seen the Policy and Resources Committee report and had not been involved in the decisions

taken. The Chair replied that he would seek constitutional advice and would respond to the Committee in writing.

**47. CALL OVER**

47.1 **RESOLVED** – That all items be reserved for discussion.

**48. PUBLIC INVOLVEMENT****(a) Petitions**

48.1 Sue Beatty presented the following Petition which was signed by 2100 people.

“We the undersigned believe that a proposal to outsource the Integrated Community Equipment Store is fundamentally wrong. Council-run services are the best due to the commitment and training of committed staff who work within the service. This service deals with some extremely vulnerable people in the community and profit should not be the motivation of such a service. We therefore call upon Brighton & Hove City Councillors to reject this proposal and retain in-house services for both the interest of those vulnerable service users and staff alike.”

48.2 **RESOLVED-** That the petition be noted.

**(b) Written Questions**

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

**(c) Deputations**

48.4 The Chair noted that two deputations had been received and invited Sue Beatty and Alex Knutsen to come forward and present their deputations to the meeting.

48.5 Sue Beatty presented the following deputation:

**(i) Integrated Community Equipment Service**

“It is imperative to have a highly responsive equipment service with delivery targets which are in line with the increasingly tighter timeframes for discharging patients from the acute hospital. Those services which are contracted to a commercial provider do not fully understand the requirements and pressures that prescribers are under to discharge their patients and therefore do not always fulfil agreed delivery targets. Commercial providers need to understand that plans for patients leaving hospital can change within hours and there is a real pressure to discharge a patient on that day. The vast majority of delays related to equipment provision from the acute Trust are related to those individuals who reside in East or West Sussex, both of whom are under commercial provider contracts.

ICES has struggled to deliver within its' budget; this is primarily due to the ongoing increase in the elderly population who are becoming frailer, living longer with complex health needs and resulting dependence. This will not change anytime in the future and tendering to an alternative provider will not create savings commissioners want to see. This is borne out in East and West Sussex where the demand is still on the increase and budgets are overspent. This needs to be recognised and a budget set in line with demand; finding a new provider is not the answer if the service is to be maintained as a first class one. The only way in which a new provider could make a saving would be through employing less staff on worse terms and conditions. This, as we all know, is not the answer either and leads to lack of commitment to a job or service, poor health etc. The staff currently employed within this service are highly motivated and committed and have a real sense of the worth of the role they play in supporting some of the most vulnerable people in our city.

ICES' recycling of equipment occurs whenever possible; A high priority is for Infection Control and that adequate provision of spare parts are considered. This ensures that items purchased are recyclable in the future. Recent updated IT systems and bar-coding of equipment will also enable expensive items to be tracked. On-line ordering systems will also bring the service in line with other equipment providers. These systems will allow for equipment currently not recycled to become so as time goes on.

The most vulnerable people who currently receive this service and will need a service in the future deserve the best money can buy. "Value for Money" is not always as it seems on paper; often outsourced services show a saving but at what cost? This is a relatively small budget in comparison to other AC&H services and we would therefore ask you to really consider whether outsourcing at this time is really beneficial to both the people who use it, now and in the future, and for those committed and longstanding employees who want to continue to provide for our elderly and vulnerable citizens. Employees are very keen to work with management to look at ways savings could be made including looking for alternative premises for the store. They are often the ones with the brightest ideas for ensuring a service survives and produces the best it can in the future."

48.6 The Chair thanked Ms. Beatty for attending the meeting and putting forward the deputation and provided the following response.

"Thank you for your deputation. Yes, it is crucial that there is a highly responsive equipment service and this is why Brighton & Hove Council are working with the CCG and Sussex Community Trust to identify exactly how responsive the current service is, what is being recycled and identify exactly how much is being spent and on what equipment. The report being heard today highlights the need for this information before decisions are made about the future of this service.

It is true that ICES has struggled to deliver within budget and additions to the budget by the Council and the CCG have been made to allow for this. Where budgets are overspending Sussex Community Trust (SCT) need to create the case for increasing demand but this service has not so far been highlighted by SCT as a service pressure. Similarly there has, as yet, been no evidence to suggest that the ICES budget is small compared to other services but if there has been any benchmarking carried out we would be interested to see this.

It is true a bar-coding system was introduced 2 years ago that was funded by the CCG in order to track equipment but as yet the system has not been able to provide all of the information required. SCT are working on providing more accurate and detailed data on spend and recycling, and have agreed to report this regularly to commissioners.

With regard to the comments about East and West Sussex, we are here to talk about Brighton and Hove but it would be unfair to allow the comments about our neighbouring authorities to go unchallenged. We would be interested to see any evidence that shows that the vast majority of delays related to equipment provision from the acute Trust are related to people in East and West Sussex.

East Sussex have not been made aware of any delays in the Acute Trust caused by equipment provision and in fact were not overspent on the budget. With efficiencies achieved through the contract, the increased demand within 2012/13 was met within the existing financial resource and customers and prescribers have reported very high levels of satisfaction with the service.

West Sussex also report extremely high levels of customer and prescriber satisfaction with their service which has been outsourced for 8 years. The service supports 3 times as many prescribers and customers than before, meets all of its delivery targets and does not overspend on the budget.

It is clear that staff are highly motivated and committed to this work and what this deputation does not address is the ongoing issue with the building and facilities. The building is not fit for purpose and any decisions about the future of the service will need to take account of the cost of developing the existing building or providing an alternative facility. The management of SCT are working closely with staff to ensure they are fully informed of the ongoing work.

Some of the information used in the Deputation was drawn from a section of a recently produced Prescriber Survey. SCT have not fully interpreted the results as yet, and need to review the conclusions that have been drafted.

The most important driver behind the change is to ensure there is a high quality service for customers, that is 'fit for future' service needs, and addresses current estates and IT limitations in producing accurate data."

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

48.8 Alex Knutsen presented the following deputation:

**(ii) New Larchwood**

"When staff and unions met with management of the New Larchwood service (Karin Divall and Kim Philpott) they outlined their plans for the future of the service; that all services users would fall into the category of "reablement" or hospital discharge. This then would mean that a service such as that provided at New Larchwood would be outsourced as it would no longer be part of "core business". To both employees affected by the proposals for NL and to union representatives, this was yet more of the same, dating back several years when the service of Independence at Home was

“restructured” to provide reablement and hospital discharge only. It was not successful, hence the need for management to look at this once again and now here we are years later being asked to accept yet another version of this. Meanwhile, both service users and staff alike have to live with the consequences of this. Clearly these proposals are budget led and home care services in house are deemed too expensive but there are reasons for this:

Home Care Support Workers across Independence at Home consistently report to us that too much “deficit” time exists; this means that instead of being fully utilised on a daily basis for their contracted hours, many of them are sitting around waiting for a call to attend a service user. Management would seem to refute this idea; it is difficult to give a view as to why this problem exists but exist it does. Planning of rotas for HCSW staff would seem to be problematic, possibly the systems in place need reviewing? If savings are to be made within this budget then this should be the first place to look.

Many of the staff working at NL also work within the community providing home care. They do not wish to be out-sourced to a private organisation but to continue working for the council; many home care providers do not provide the terms and conditions that our staff currently enjoy (this is well documented); many do not provide the excellent and first class training that BHCC provides and which current service users receive the benefits of.

The savings being made regarding these proposals is very small. This should be considered alongside what out-sourcing such a service would mean for both service users and staff alike. The proposal to cease charging for short term home care services should be reconsidered so that any savings not made by outsourcing NL could be offset against income from continuing to charge for the service from Independence at Home.

I have been informed by affected staff that some of the information contained within the report submitted to you is inaccurate with regard to latest information around service users/staff numbers etc. I am happy to answer any questions on this at the time of the deputation to committee.”

- 48.9 The Chair thanked Mr Knutsen for attending the meeting and putting forward the deputation and provided the following response.

“Over the last 4 years, Independence at Home have been moving to a position where the service concentrates on providing short term reablement services to support people being discharged from hospital and to help them maintain their independence. The team has a high success rate, and there is evidence to confirm that service users have been enabled to become more independent in their daily lives.

Through concentrating on providing short term services, the Independence at Home team optimise the skills of their staff, and this also makes the best use of resources.

In 2009 the first phase of the in house personalisation agenda commenced with a staff restructure followed in 2011 with phase 2 where the management and office based functions were reorganised. The committee report sets out the next phase of developments for Independence at Home. If Committee accepts the proposal to withdraw from New Larchwood, this will enable the service to respond to demand and to

work more effectively with health colleagues to deliver a more joined up service for the public.

As with any change in focus, Independence at Home has experienced some difficulties. The main difficulty has been the capacity to respond to conflicting demands on what the service was being asked to provide including reablement, hospital discharge, terminal care, extra care housing, complex needs etc.

Over the Autumn period there was a higher than usual decrease in demand, which has seen some employee periods of down time increase (“deflect time”). However all indications are that this was a temporary transitional dip, which is now over and demand on the service is increasing again. It took time to build up the service and in early December the service took another step forward and commenced work directly with Community Short Term services.

The Community Short Term Services homecare team is now being managed under Independence at Home and the teams are starting to work together.

Demand for the service from the hospital and community varies on a daily basis and will always be subject to peaks and troughs. In addition, it is the nature of reablement that service packages will increase or decrease over a period of time. To respond quickly and effectively to varied workloads and demand it is essential that Independence at Home is a flexible service. Consequently, it is inevitable there will be times when the service is not working at full direct capacity since if it was doing so all the time it would not be able to respond adequately to increased demand.

The proposal for the Independence at Home service to become non chargeable was considered carefully. As the service will be joining up with the home care service in Community Short Term Services, it was logical and more equitable for service users to make both services non chargeable.

Managers have confirmed that the staffing information is correct on the report. Service user information can change on a daily bases but was correct at the time of writing the report.“

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

#### **49. MEMBER INVOLVEMENT**

49.1 The Committee noted that there were no petitions, written questions, letters or Notices of Motion received from members.

#### **50. FINANCE REPORT AT TBM7**

50.1 The Committee considered a report of the Executive Director of Finance & Resources and the Chief Finance Officer, Brighton and Hove CCG which set out the revenue and capital financial position on Adult Services, NHS Trust Managed S75 Budgets and Public Health. The report included extracts from the Council’s 2014/15 budget strategy

and budget proposals covering Adult Services, and Public Health and provided indicative information on the CCG budget strategy for 2014/15. The report was presented by the Head of Business Engagement, Financial Services.

- 50.2 Councillor Bowden raised the issue of prescribing. He commented that the council had not budgeted for the payment of prescriptions. He assumed that this would be a long term burden on the CCG rather than the council's budget.
- 50.3 Geraldine Hoban explained that the function and responsibility for prescriptions had transferred to the council, whereas the prescribing costs had stayed with the CCG. A decision would need to be taken as to whether prescribing costs were transferred to the council or remained with the CCG, with the council making a payment for them.
- 50.4 Councillor Bowden asked if costs would be recovered from the local authority if a person was prescribed a course of smoking cessation. Geraldine Hoban replied that the budget could be transferred or the CCG could keep the budget and pick up the cost of prescribing.
- 50.5 Councillor Sykes asked if the spend on the Community Care budget was a blip or part of a trend. The Head of Business Engagement confirmed that it was a trend.
- 50.6 Councillor Summers asked for an explanation of 'double running' on page 20 of the agenda. She further asked for an explanation of the £1m assessed risk against the achievement of savings targets in Adults Provider.
- 50.7 The Executive Director of Adult Services explained that double running referred to people in the council's service who were moving to the independent sector. Savings had to be shown from the provider service. The £1m was referring to unachieved savings. The TBM9 report would show a reduction in the overspend.
- 50.8 Councillor Meadows was pleased prescribing costs had been sorted out. This was good news. However, she was disappointed that the report only related to TBM7. Councillor Meadows remarked that there was a need to see full year accounts, before budget council.
- 50.9 Councillor Mears stated that a year ago she had requested to see the full detailed adult care & health budget before budget council and that the Chair had said he would ensure members would have a full detailed budget paper.
- 50.10 The Chair replied that opposition members had an opportunity to comment on the agenda and make requests at the Cross Party Pre-meetings.
- 50.11 Councillor Meadows remarked that the pre-meetings were private meetings and all the councillors needed information in order to make rational decisions.
- 50.12 The Head of Business Engagement explained that TBM9 would be the next report to Policy and Resources Committee. TBM7 was a forecast for the whole year based on actuals at month 7. The forecast was subject to change.



- 50.13 The Committee Lawyer explained that the budget was agreed by full Council. Policy and Resources Committee were responsible for monitoring the budget.
- 50.14 Councillor Bowden commented that the current report was a snapshot of the current position.
- 50.15 Councillor Mears stated that her understanding was that Adult Care & Health Committee was an executive committee and had to agree how the budget was spent. She asked how decisions could be taken when there was no overview of the full budget.
- 50.16 The Chair replied that he would ask for a constitutional ruling on exactly what budget information should be presented to the Committee. He would request a detailed response for the next meeting.
- 50.17 The Head of Business Engagement reported on the projections for TBM9 which are in development and informed members that this latest forecast indicated an improvement of £800,000 over the TBM7 forecast overspend.
- 50.18 Janice Robinson asked if there had been discussions with the CCG on future savings that might have to be made. The Executive Director reported that there had been a growth in mental health funding and there was no change in commissioning budgets. One off resources had been set aside in the light of the changes taking place with the introduction of the Better Care Fund.
- 50.19 Councillor Mears referred to paragraph 3.10 of the report in relation to people placed out of the city. She stated that the Committee had been reassured last year that measures were in place to deal with this matter. Councillor Mears referred to page 19 in relation to the Community Care Budget – Older People. Councillor Mears stated that she had informed the Chair two years ago that the options were complex but the overspend had been carried forward. Councillor Mears stressed that there was an issue around older people and the Director of Public Health had carried out a 10 year project. There needed to be in depth work regarding the long term.
- 50.20 Councillor Mears stated that there was an issue with regard to Craven Vale. The Committee had been assured it was the best option. The Committee was now being told it was not a priority.
- 50.21 Councillor Mears made some observations on the budget in relation to anti-social behaviour. She stressed that when people were discharged from Millview, there needed to be a care package provided, otherwise there could be anti social behaviour patterns.
- 50.22 Councillor Mears referred to a Brighton Housing Trust contract for a 20-22 room hostel which had been used for rough sleepers who were now out on the street.
- 50.23 Councillor Mears made reference to the announcement by the Leader of the Council regarding a proposal for a referendum for a council tax increase of 4.75%. Funding for adult care & health had been mentioned as one reason for this proposal. Councillor Mears noted that this matter was not included in the committee papers.
- 50.24 The Chair stressed that there had been no radical changes in adult care & health. Funding had decreased which increased service pressure.

- 50.25 The Executive Director answered Councillor Mear's questions. Firstly, service users had been brought back to the city but this process took time and was complex. Specialist flats had been built in Poets Corner and officers continued to explore options. With regard to older peoples' services, the resource centres received joint funding and officers were looking to increase funding from the NHS.
- 50.26 The Executive Director explained that the Craven Vale Centre had worked well in terms of short term nursing services, but it was now felt that resources were better spent on extra care. Meanwhile, Section 75 arrangements were in place with regard to people with mental health issues. The total care of the person was considered and the Director stated that she would like to hear of any people whose needs were not being met.
- 50.27 **RESOLVED** - (1) That the financial position for the 2013/14 financial year as reported at TBM7 (October 2013) be noted.
- (2) That the 2014/15 budget strategies for the health and social care arrangements set out for development and agreement by Budget Council and the CCG Governing Body be noted.

## 51. COMMUNITY SHORT TERM SERVICES - AN UPDATE

- 51.1 The Committee considered a report of the Chief Operating Officer, Brighton and Hove Clinical Commissioning Group and the Executive Director of Adult Services which proposed changes to Independence at Home (the Council's directly provided home care service) as a result of developments in the home care element of Community Short Term Services. The report also provided a general update on Community Short Term Services including those areas highlighted in the June 2013 report. The report was presented by The Clinical Commissioning Manager, Short Term Services.
- 51.2 The Clinical Commissioning Manager explained that a multi-agency group had been established to look at the arrangements for commissioning home care within CSTS. In order to offer service users a more streamlined service and to make the best of existing resources, the CSTS Project Board agreed that Independence at Home and the CSTS home based care team should become one team, integral within the CSTS model. The implications for this decision were set out in paragraph 4.6 of the report.
- 51.3 As Independence at Home focused on CSTS work it was considered necessary to withdraw from providing care at New Larchwood. To enable this to move forward, the care element at New Larchwood would need to be provided by an independent provider. The implications for service users and staff at New Larchwood, should the service be tendered to a private provider, including the TUPE process, was set out in paragraph 5.5 of the report.
- 51.4 Councillor Summers reported that New Larchwood was in her ward and she was aware of concern as to whether service users would receive the same level of care if the proposals were implemented. Councillor Summers referred to the TUPE arrangements and asked what this meant in terms of protected conditions of employment. Would it be to the detriment of current working arrangements?

- 51.5 The Clinical Commissioning Manager, Short Term Services replied that there would always be an assurance that the care provided at New Larchwood would be the same or better than at present.
- 51.6 The Executive Director of Adult Services reported that staff could transfer to a new provider on the same terms and conditions through TUPE arrangements. However, it was possible that the new employer could change the terms and conditions. Staff had an opportunity to apply for vacancies within the council.
- 51.7 Councillor Bowden commented that he thought the process of TUPE was to protect workers' rights. He was pleased that staff had the option of applying for jobs within the council and asked if there were jobs available.
- 51.8 The Committee Lawyer explained the TUPE arrangements. At the point of transfer, current terms and conditions were protected. However, terms and conditions could be changed at a later date.
- 51.9 Geraldine Hoban stressed that although the implications for people working in the service were important, Commissioners had to consider how to make use of scarce resources.
- 51.10 The Head of Commissioning & Partnerships agreed that it was important to make the best use of available resources. It made sense to combine teams to provide a joined up service. The proposal was for Independence at Home to be part of Short Term Services. This would make the best use of the staff concerned.
- 51.11 Councillor Meadows informed the Committee that she remembered New Larchwood opening in 2004. It was considered to be gold star care for the elderly, with care being delivered in a holistic way. Staff were skilled and highly regarded, and people praised the care and facilities. Councillor Meadows asked if service users and community needs had changed. She further asked if proposals were in place to make money or to provide a better service. Councillor Meadows stated that she did not believe that service user's needs had changed.
- 51.12 Councillor Mears also remembered the opening of New Larchwood. She stated that over the years there had never been any report of concern about the facility. The clients at New Larchwood were content and happy and Councillor Mears was concerned that service users would have to face changes at their time of life. She expressed the view that it would be interesting to make comparisons between the care at New Larchwood and Patching Lodge. Councillor Mears had a number of concerns about Patching Lodge.
- 51.13 Councillor Mears referred to paragraph 5.7.1 in the report. This stated that the proposals for savings in the Adult Social Care budget for 14/15 included proposed savings of £150k in 2014/15 from New Larchwood. Councillor Mears did not believe that that amount of savings equated to changing the service.
- 51.14 The Head of Commissioning & Partnerships agreed that staff at New Larchwood had worked extremely well over the years.. However, when New Larchwood was

established, it was always the intention to have an in-house care team for a temporary period. It was necessary to make the best use of resources. Meanwhile the quality of the work of the independent sector was regularly monitored.

- 51.15 The Executive Director of Adult Services stressed that the concept of the service was not being changed and it had been originally planned to transfer the service to Patching Lodge. The main reason for the proposals was to change to Community Short Term Services so that service was free at the point of delivery.
- 51.16 The Executive Director referred members to paragraph 5.2.2 which reported that 8 tenants at New Larchwood received support from independent providers.
- 51.17 Councillor Summers considered that that £150k was a 'drop in the ocean'. Although she accepted that the service would be monitored, she expressed concern that staff performance might be affected if the same staff were transferred and later found themselves on less favourable terms and conditions. Councillor Summers stated that she was inclined to say that officers would have to find the £150k elsewhere.
- 51.18 Geraldine Hoban referred to the charging issue set out in paragraph 4.6 of the report and asked how this would be addressed. This stated that 'currently people are subjected to a financial assessment and might contribute to the cost of Independence at Home, but people who receive CSTS homecare do so free of charge which is inequitable. This model will require the Independence at Home service to be free of charge for service users of CSTS for up to 6 weeks.'
- 51.19 The Clinical Commissioning Manager, Short Term Services replied that the main reason for the proposals in the report was not to provide savings but to have a better model for Community Short Term Services. The proposal would provide a more equitable service.
- 51.20 Councillor Wakefield was pleased to see the work being carried out in relation to a discharge planning task and finish group and subsequent action plan (paragraph 6.5.3 in the report). Councillor Wakefield said she knew New Larchwood and was concerned about the proposals for changes. It was a service that worked well. She knew how difficult it was for staff to keep up moral when terms and conditions changed. Councillor Wakefield wanted reassurance that these matters had been fully considered.
- 51.21 Councillor Bowden asked if staff at New Larchwood would be made redundant if they were unable to find jobs within the council.
- 51.22 The Executive Director of Adult Services replied that there were a number of jobs available within Adult Social Care but not enough for everyone.
- 51.23 The Head of Adult Social Care (Provider) explained that up until the TUPE transfer, staff could apply for other jobs within the council. Jobs were available at the same grade and pay. Any remaining staff working at New Larchwood would be transferred over through the TUPE arrangements.
- 51.24 Janice Robinson asked what the consequences would be if the Committee did not agree to bring the two skilled teams together.

- 51.25 The Executive Director replied that it would leave a smaller chargeable service at New Larchwood, plus the need to make £150k savings elsewhere.
- 51.26 The Head of Commissioning & Partnerships informed members that she appreciated that clients at New Larchwood did not want change; however that issue would be carefully managed. Some people were currently receiving a free service and some were charged. This was not equitable.
- 51.27 Councillor Meadows stressed that the service was only free for a 6 week period and she did not see why the current arrangements were inequitable. She could not see why Independence at Home was withdrawing from New Larchwood.
- 51.28 The Head of Commissioning & Partnerships explained that Independence at Home was a reablement service and the majority of work was short term and generated from hospital discharge. The Executive Director stressed that the proposals brought two teams together to have a more flexible service. New Larchwood was a long term service which was provided in the main by the independent sector.
- 51.29 The Committee Lawyer pointed out that paragraph 2.2 was a hybrid recommendation. Independence at Home was for short term reablement and a matter for the whole committee. The decision to withdraw from New Larchwood was a matter for the council members. The Committee Lawyer proposed splitting the recommendation to (2.1) To agree to the proposal to withdraw from New Larchwood (council members only to vote on this recommendation). (2.2) To agree the proposals for Independence at Home to concentrate on providing short-term reablement services (The whole committee to vote on this recommendation, if applicable). Recommendation 2.2 would become 2.3.
- 51.30 At this point in the proceedings the council members of the committee voted on the new recommendation 2.1 – To agree the proposal to withdraw from providing Independence at Home services at New Larchwood. There were no votes in favour of the recommendation. Members were then asked to vote against the recommendation. 8 members voted against the recommendations and two members abstained from voting. This was Part B – Council Business.
- 51.31 The Service Manager, Home Care was asked to explain how the Independence at Home Service could be split in two. She explained that this was possible by having one team for the short term service and one at New Larchwood. However, at the moment the two teams worked together and this course of action might cause problems.
- 51.32 Councillor Mears commented that if agency staff were being used it could cost more than £150k. The Service Manager, Home Care replied that there were currently vacancies in the service which would need to be filled if the council retained the service. Councillor Mears commented that if there were vacancies, staff were doing an excellent job.
- 51.33 The Committee Lawyer asked if there was any reason on a practical level why the two teams could not merge and work together with Independence at Home staying as it was. If the result was just a shift in working patterns it begged the question why the committee had to make a decision. The Executive Director of Adult Services replied that there is a difference in the type of service provided and charging. Officers wanted

to move Independence at home so that it forms a part of the short term reablement service which is required to be free at the point of delivery.

51.34 At this point in the proceedings the whole committee voted on the new recommendation 2.2 – that approval be given for the proposals for Independence at Home to concentrate on providing short-term reablement services, with the exception of those services provided at New Larchwood. This was Part A Jointly Commissioned Section 75 business. The recommendation was agreed.

51.35 **RESOLVED** – (1) That the proposal to withdraw from providing Independence at Home services at New Larchwood is not agreed.

(2) That approval be given for the proposals for Independence at Home to concentrate on providing short-term reablement services, with the exception of those services provided at New Larchwood.

(3) That the general update on Community Short Term Services be noted.

## **52. INTEGRATED COMMUNITY EQUIPMENT SERVICE**

52.1 The Committee considered a report of the Executive Director of Adult Services which provided an update on the joint work that is taking place between Brighton & Hove City Council, Brighton and Hove Clinical Commissioning Group and Sussex Community NHS Trust to determine the future of the Integrated Community Equipment Services. The equipment service was commissioned jointly between Brighton & Hove City Council and Brighton and Hove CCG. The Service had been provided via a Section 75 agreement with Sussex Community Trust since 2004. The SCT managed the integrated service, delivering daily living and community health equipment to adults and children. The report was presented by the Commissioning Manager, Learning Disabilities.

52.2 Councillor Mears informed members that she had visited the equipment store and considered that staff were providing a fantastic service. It was the building that made it difficult for staff to deliver the service. Councillor Mears said she would like to see some work around finding a suitable building, where the service could be delivered on a larger scale. Councillor Mears referred to recommendation 2.2 and said that the recommendation should state that a report should come back to the Committee.

52.3 Councillor Wakefield informed members that she had been on the visit to the equipment store and had been impressed by the dedicated staff. Councillor Wakefield was pleased that bar-coding was now being carried out. She was also pleased that more resources were being used than previously. Councillor Wakefield was more concerned at the state of the building being used. The roof was leaking and this resulted in equipment becoming contaminated. Councillor Wakefield considered that outsourcing should be a last resource. She asked if officers were looking for a suitable building in South Portslade. There was a need to look for a new building in the same area.

52.4 Councillor Meadows was in agreement. She stated that she would like to have a report back to the Committee. Councillor Meadows was concerned that the service could be lost from Brighton and Hove altogether. Whilst Councillor Meadows agreed that officers

should look at the feasibility of working with West Sussex, there was a need to have a report back to the next meeting with more information.

- 52.5 Geraldine Hoban asked who was responsible for the building. The Head of Commissioning & Partnerships explained that the current building was owned by the council. Sussex Community Trust might provide another building. Ms Hoban replied that provision of the building would impact on the cost of the service.
- 52.6 Councillor Mears stressed that it would be useful if the Property & Design Team provided a list of possible council buildings.
- 52.7 Councillor Sykes agreed that a report should be brought back to the Committee. The report should also provide information on the implications for staff as a result of the proposals.
- 52.8 Councillor Bowden asked for the report back to give details on the costs of fitting out a new building.
- 52.9 **RESOLVED** – (1) That It be noted that B&HCC and the CCG will be named in the OJEU contract notice published by WSCC as an authority that may utilise the contractual arrangements that WSCC will put in place, during the life of the contract; and that whilst this provides an opportunity to benefit from the procurement process run by WSCC, this does not mean a commitment on the part of B&HCC or the CCG to purchase any particular services.
- (2) That it be agreed that Commissioners continue to work closely with SCT to enable B&HCC and the CCG to measure their current performance against the targets in the service specification and also to identify accurate unit costs and the costs of an alternative building, as set out in section 4 of the report.
- (3) That a report updating members be submitted to the next meeting of the Committee.

### 53. COMMISSIONING GRANTS PROSPECTUS

- 53.1 The Committee considered a report of the Executive Director of Adult Services and the Chief Operating Officer, CCG which explained that the second annual Adult Social Care & Health Commissioning Grants Prospectus was published in May 2013 bringing together investment from different parts of the Council (Adult Social Care, Public Health and Communities) and the Clinical Commissioning Group. The report gave details of the procurement process, the outcomes and funding awards that had resulted from this process and services that would be in place from 1 April 2014 for three years. The report was presented by the Commissioning Manager.
- 53.2 Councillor Sykes referred to the Brunswick Older Peoples Project and asked when documentation would become available regarding its ongoing performance. The Commissioning Manager explained that there would be a seven day service at St Johns in future. The befriending service would be increased within the same financial envelope. The service would be subject to a twice yearly review.

- 53.3 Councillor Meadows stated that it was a good report and good news. She asked if the Grants Prospectus was linked to the Council's Prospectus. Councillor Meadows referred to section 3.5 – Overview of outcomes and funding available. She asked for an explanation of the different amounts and whether the amounts were based on the numbers of older people.
- 53.4 The Commissioning Manager explained that the Commissioning Grants Prospectus was linked to the wider commissioning register, and to public health and commissioning. It was in line with other commissioning of services. With regard to figures for older peoples locally based activities, officers had wanted to place the same amount of funding into each of those areas, but were mindful that services were changing. Officers were working with city wide co-ordinators to be mindful of how funding needed to be more fluid. Embrace were providing officers with information.
- 53.5 Councillor Norman thanked everyone involved with this work and congratulated them on a good project.
- 53.6 The Chair thanked the Commissioning Manager for her work on the Grants Prospectus. He asked for a report back at the appropriate time.
- 53.7 **RESOLVED** - (1) That the Adult Social Care Commissioning Prospectus funding agreement awards be noted, as detailed in paragraph 3.11 of the report.

#### **54. ADULT SOCIAL CARE CHARGING POLICY**

- 54.1 The Committee considered a report of the Executive Director of Adult Services which explained that Adult Social Care Services were generally subject to service user charges. Most charges for Non-Residential Care Services were subject to a financial assessment to ensure affordability but the charging policy included several fixed rate charges. The Charging policy took account of current legislation, regulations and Government Guidance. Maximum charge rates were usually reviewed in April of each year when state benefits increased. However, this year the recommendation was to agree a three year plan for future charges as listed in paragraph 2. The report was presented by the Head of Financial Assessments and Welfare Rights.
- 54.2 Councillor Bowden made the point that pensions were not necessarily increasing with inflation. He asked how many people would be able to afford the increases proposed. Councillor Bowden expressed concern at the idea of no maximum weekly charge in 2016-17.
- 54.3 The Head of Financial Assessments and Welfare Rights informed members that the report had been submitted to the Older Peoples Council. All the charges were means tested. People paying the higher charges would have over £23,000 in savings. When the no maximum charge was introduced the government might or might not have a maximum requirement.
- 54.4 The Chair stated that it was not sensible to place a figure in the 2016-17 column as there would be changes in legislation.



- 54.5 Councillor Norman asked if the recommendations were agreed, whether the figures would have to be adhered to until 2016-17. The Committee Lawyer explained that the figures could be changed by future committee decisions or by future legislation.
- 54.6 Jane Viner expressed concern at the cumulative impact on vulnerable people. She was worried that very vulnerable elderly people would stop attending day services. She asked if the comments of the Older Peoples Council had been taken into account.
- 54.7 The Head of Financial Assessments and Welfare Rights explained that because charges were means tested it meant that if someone could only afford £50 they would only pay £50. The only exception was the fixed rate transport. No-one would be disadvantaged unless they had savings at the higher level.
- 54.8 Colin Vincent informed members that the Older Peoples Council did have a presentation on the proposed charges. The proposals did not engender any great concern. There had been reassurance that the vast majority of older people would not be affected by the increases. Mr Vincent was not aware of people giving up access to services in the previous year.
- 54.9 The Executive Director of Adult Services reported that if officers did find that someone was refusing services they would arrange for that person to be visited. The situation would be monitored.
- 54.10 Councillor Norman questioned why officers were proposing charges for a three year period rather than submitting the usual yearly report on charges. Councillor Norman supported the no maximum charge and thought this should have been implemented before.
- 54.11 The Executive Director of Adult Services explained that Community Meals had already gone down the three yearly route, and it had been decided that in order to deal with the subsidy, Adult Social Care charging should follow suit.
- 54.12 Councillor Meadows stated that the yearly increases were normally small incremental rises. This could have an impact on income. She was cautious about the three year plan as the impact of the Care Bill was not known. Councillor Meadows suggested keeping annual reports for the time being.
- 54.13 The Executive Director informed members that the Care Bill would receive Royal Assent in May 2014.
- 54.14 The Chair noted that the committee were not happy with the proposal to agree increases for a three year period and suggested a vote on the recommendations.
- 54.15 **RESOLVED** - (1) That the following table of maximum charges are agreed with effect from 7<sup>th</sup> April 2014.

Maximum charges		2013-14	2014-15
Means tested charges			
In-house Care	Home	£20 per hour	£20 per hour
Day Care		£25 per day	£30 per day
Max Charge	Weekly	£900 per week	£900 per week
<b>Fixed Charges</b>	<b>Rate</b>		
Transport Charge		£2.50 return	£3.00 return
Meals at Day Centre		£3.50 per meal	£3.90 per meal

Freeze **CareLink** charges for 2014/15 at: £14.50 p.month (2 key holders) £18.50 p.month (1 key) holder £21.50 per month with no key holders, but with a key safe.

Continue to review these charges annually.

Additional charge for **new 'Mcare' CareLink service** – see para 3.15

Free for first month then £5 per month for current CareLink users and £12 for non CareLink users.

(2) That the Transport Policy be agreed as set out in the appendix to the report.

## 55. FEE LEVEL FOR ADULT SOCIAL CARE SERVICES 2014-15

- 55.1 The Committee considered a report of the Executive Director of Adult Services concerning fees paid to independent and voluntary sector providers that supply care services on behalf of Brighton & Hove City Council Adult Social Care and Brighton and Hove Clinical Commissioning Group. The report included fees paid to providers of services for older people, people with physical disabilities, adults with mental health needs and adults with a learning disability. Service providers included registered care homes, supported accommodation, home care and community support, community service and direct payments. The report was presented by the Commissioning Manager.
- 55.2 Councillor Bowden asked why there was no Equalities Impact Assessment attached to the report. He expressed concern that the care sector had been blighted by low pay. Councillor Bowden stressed that numerous quality problems had occurred in the sector.
- 55.3 The Commissioning Manager replied that the EIA had been made available and published. In terms of quality, care homes were monitored through the Council's Contracts Unit. Officers were mindful of monitoring quality to ensure the best service could be provided.
- 55.4 The Executive Director of Adult Services explained that when the council retendered the homecare contract, the increases were based on the living wage. The Executive Director stated that officers would be mindful of any changes in the year, especially changes to the minimum wage. The council did monitor quality and officers were not seeing a reduction in quality at the moment.

- 55.5 Councillor Norman mentioned that there had been a 5% increase to independent care homes. He asked if that payment had led to wages increasing. The Executive Director replied that she could arrange for another report to be submitted back to the committee on that subject.
- 55.6 Colin Vincent asked if the council had any way of assuring that homes contracted to the council were paying the national minimum wage. The Executive Director replied that the council were not able to stipulate what providers paid to their staff. However, when the council set the rate it was made quite clear that there was an expectation that wages should be increased. All providers were required to pay the minimum wage.
- 55.7 **RESOLVED** - (1) That the proposed fee increases as set out in the table below be agreed.

Description of service	Recommended fee increase
In city care homes set rate where older people set rates apply	1% increase
In city care homes set rate where older people mental health set rates apply	2% increase
In city care homes/ Supported Living Non set rate	0% change
Out of city care homes/ Supported living set rate	0% change
Shared lives carers	1% increase
Out of city care homes Non set rate	0% change
Home care	0% change
Direct payments	0% change
Service contracts	0% change

## 56. DAY ACTIVITIES REVIEW UPDATE

- 56.1 The Committee considered a report of the Executive Director of Adult Services which provided an update on the progress of the Day Activities Review. As a result of the review, consideration had been given as to how people could be offered a wider choice of day activities. This has resulted in some individuals receiving innovative personalised services. Information was provided in the report on the ongoing savings that needed to be realised within day services, taking into account that the Council would receive considerably less money from central government. It provided an update on the in-house learning Day Options services and its building bases. The Committee was asked to agree a consultation process on a proposal for the future of the service. The report was presented by the Commissioning Manager, Learning Disabilities and the General Manager, Learning Disability Provider Services.
- 56.2 Councillor Mears stated that she was not happy with taking the proposals out for a 12 week consultation with service users. Councillor Mears was concerned at the proposals in paragraph 4.2 which would affect 100 people. Councillor Mears felt that there was not enough information provided in the report. For example, she asked what support

service users would receive within their community or residential care home?  
Councillor Mears stated that she would not support the report.

- 56.3 The Executive Director replied that the proposals were part of a process. There was a need to carry out a review and have conversations with service users to enable them to have personalised services.
- 56.4 Councillor Mears stated that she wanted to see more details of the proposals before the proposals went to the consultation stage. The Committee needed to know what was being provided in the city and in residential homes.
- 56.5 The Commissioning Manager, Learning Disabilities explained that day services for those in residential care and supported living had been discussed in other reports to the Committee and particularly highlighted within the case studies presented to the November Committee. For example, the Grace Eyre Foundation go into a care home and support people to access community activities. Councillor Mears remarked that she had had many questions when there had been previous reports to the Committee.
- 56.6 Councillor Meadows informed the Committee that she had concerns about the 12 weeks consultation. The recommendation referred to family carers. Councillor Meadows stressed that not all families are carers. Councillor Meadows referred to paragraph 4.6 and stated that she considered that the proposal was to privatise this service. The proposals all seemed linked to an arms length management.
- 56.7 The Chair stated that there was no link between this report and the proposal for a Local Authority Trading Company.
- 56.8 The Executive Director of Adult Services explained that the proposals were about existing providers in the city who could increase capacity if required. The proposals were mainly about working with third sector providers. The Council had a duty to meet assessed need.
- 56.9 Councillor Meadows stated that she considered the proposals were trying to put people into cheaper options when there were no cheaper options. She considered that there was not enough information in the report to make an informed decision. Councillor Meadows was concerned about what it would mean for service users at home. She stressed that carers needed breaks. These proposals would make a difference to carer's responsibilities.
- 55.10 The Executive Director agreed that the needs of carers would have to be taken into account. There was a need for more personalised services. The council also needed to ensure that services were provided equally across the board.
- 55.11 Councillor Norman remarked that until the consultation process was completed it would not be known what was required. Approving a consultation would be the only way of knowing what people wanted. He had no problem with the report.
- 55.12 Councillor Wakefield concurred with Councillor Norman. Councillor Wakefield stated that she would like the opportunity to visit more day care facilities across the City. She was very impressed with the Grace Eyre Foundation Day Service.

- 56.13 **RESOLVED** – (1) That the contents of the report be noted.
- (2) That it be agreed to have a formal 12 week consultation with users of the Council's learning disability Day Options service, their family carers and key stakeholders regarding the future service as set out in the proposal in section 4 of the report.
- (3) That a report returns to Committee in June 2014 with the outcome of the consultation to enable Committee to make a decision regarding the future of the learning disability Day Options service.

## **57. DEVELOPMENT OF SHARED LIVES**

- 57.1 The Committee considered a report of the Executive Director of Adult Services which requested permission to consult on the potential transfer of the Sussex Foundation Trust Shared Lives Scheme (SPFT Shared Lives) to the Brighton & Hove Shared Lives Scheme (In-House). The report was presented by the Shared Lives Project Care Manager.
- 57.2 Councillor Mears asked for clarification regarding the appendix to the report. She asked if the Grace Eyre Foundation was the only provider that included mental health. The Shared Lives Project Care Manager explained that the In-House team have vacancies to pilot two service users with mental health needs. It was proposed to have a more general service dealing with the specific needs of each person.
- 57.3 Councillor Meadows supported the proposal for an in-house service but queried whether this would be placed under arms length management. She referred to the recent report on New Models of Service Delivery for Adult Social Care Provider Services which was submitted to Policy and Resources Committee. Councillor Meadows stated that she had not seen this report.
- 57.4 The Executive Director of Adult Services reported that Policy and Resources Committee approved the report on developing a business case for new models of service delivery. As a result, each service would be reviewed to consider the best way of providing those services. One option was to remain in-house. There would be an analysis of all services.
- 57.5 The Chair stressed that the Shared Lives service was currently run by the Sussex Partnership Trust and that the service was more at risk in its current location.
- 57.6 Councillor Meadows asked if the work of the Grace Eyre Foundation would be taken in-house. The Shared Lives Project Care Manager replied that the Grace Eyre Foundation would continue to support people with mental health needs and that their work would not be taken in-house. The proposed transfer of services related to the 16 SPFT Shared Lives service users as they are in a scheme with not contractual framework and not officially allocated staff provision.
- 57.7 Jane Viner stressed that it was vital that a quality service was provided. Some people had been supported for two decades. Changes in service needed to be carried out in a gradual and careful way. Ms Viner noted that fees paid to carers were different and

asked if they had been consulted. The Shared Lives Project Care Manager assured Ms Viner that changes would be made with service users in 'the driving seat'. Consultation would help to start those conversations. The point about carer's fees was important and to avoid a lack of equality or resentment it was proposed that SPFT carers received the same amount of money for two years.

- 57.8 Councillor Mears asked what would happen to carer's fees after two years. She further asked for an explanation of paragraph 3.6 of the report relating to staffing implications. The Shared Lives Project Care Manager explained that with regard to carer's fees it was necessary to ensure placements were secure and safe. Carer's fees needed to be harmonised and there would be conversations with carers about this matter. The In-house team had a banding system and SPFT had one fee. There needed to be a conversation with carers about this matter. With regard to staffing implications, SPFT staff were currently providing a service in addition to their normal duties. The current In-House team was able to absorb the service. It was also discussed that upfront investment on an extra Shared Lives In-House member of the staff has already been agreed by senior management as part of the overall development of Shared Lives. This investment is independent of this transfer.
- 57.9 **RESOLVED** - (1) That it be agreed to have a 12 week consultation, with relevant stakeholders, on the intention to transfer SPFT Shared Lives to the In-House scheme.
- (2) That it be agreed that once the consultation process is completed, a further report including consultation outcomes and an Equalities Impact Assessment will be presented to Committee for a decision about the potential transfer.

## 58. ITEMS REFERRED FOR COUNCIL

- 58.1 **RESOLVED** - That no items be referred to Council

The meeting concluded at 8.30pm

Signed

Chair

Dated this

day of