





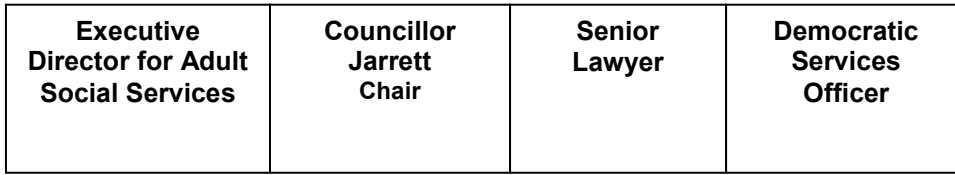
**Brighton & Hove
City Council**

Adult Care & Health Committee

Title:	Adult Care & Health Committee
Date:	20 January 2014
Time:	4.00pm
Venue	Council Chamber, Hove Town Hall
Councillors:	Jarrett (Chair), Phillips (Deputy Chair), K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Barnett, Bowden, Marsh, Mears, Summers 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)
Contact:	Caroline De Marco Democratic Services Officer 01273 291063 Caroline.demarco@brighton-hove.gcsx.gov.uk

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Democratic Services: Adult & Care & Health Committee



Officers

Councillor Phillips
Deputy Chair

Councillor K Norman
Opposition
Spokesperson

Councillor Bowden

Councillor Barnett

Councillor Wakefield

Councillor Mears

Geraldine Hoban
CCG

Councillor Meadows
Group
Spokesperson

Janice Robinson
CCG

Councillor Marsh

Dr. George Mack
CCG

Councillor Summers

Officer

Jane Viner
Healthwatch

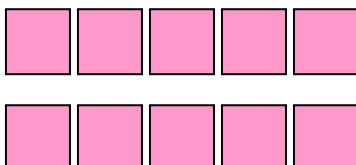
Officer

Officer

Public
Speaker

Councillor
Speaking

Public Seating



Press

AGENDA

PART ONE

Page

44. 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:

- (a) Disclosable pecuniary interests not registered on the register of interests;
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(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.

45. MINUTES

1 - 12

To consider the minutes of the meeting held on 25 November 2013 (copy attached).

Contact Officer: Caroline De Marco

Tel: 01273 291063

46. CHAIR'S COMMUNICATIONS

ADULT CARE & HEALTH COMMITTEE

Healthwatch Representation.

47. CALL OVER

- (a) Items 50 to 57 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.

48. PUBLIC INVOLVEMENT

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;
- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 13 January 2014;
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 13 January 2014.

49. 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.

PART A - JOINTLY COMMISSIONED - (SECTION 75) BUSINESS

50. FINANCE REPORT AT TBM7

13 - 48

Report of Executive Director of Finance & Resources and Chief Finance Officer, Brighton and Hove CCG (copy attached),

Contact Officer: Anne Silley, Michael Schofield
Tel: 01273 295065, Tel: 01273 574743
Ward Affected: All Wards

51. COMMUNITY SHORT TERM SERVICES - AN UPDATE

49 - 60

Report of Chief Operating Officer, Brighton and Hove Clinical Commissioning Group and the Executive Director of Adult Services (copy attached).

Contact Officer: Gill Brooks
Tel: 01273 574635
Ward Affected: All Wards

ADULT CARE & HEALTH COMMITTEE

52. INTEGRATED COMMUNITY EQUIPMENT SERVICE 61 - 66

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

Contact Officer: Anne Richardson-Locke *Tel:* 01273 290379

Ward Affected: All Wards

53. COMMISSIONING GRANTS PROSPECTUS 67 - 74

Report of the Executive Director Adult Services and the Operating Officer, Brighton and Hove Clinical Commissioning Group (copy attached).

Contact Officer: Debbie Greening *Tel:* 29-5739

Ward Affected: All Wards

PART B - COUNCIL BUSINESS

54. ADULT SOCIAL CARE CHARGING POLICY 75 - 90

Report of Executive Director Adult Services (copy attached).

Contact Officer: Angie Emerson *Tel:* 01273 295666

Ward Affected: All Wards

55. FEE LEVEL FOR ADULT SOCIAL CARE SERVICES 2014-15 91 - 98

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

Contact Officer: Jane MacDonald, Mark Hendriks *Tel:* 29-5038, *Tel:* 01273 293071

Ward Affected: All Wards

56. DAY ACTIVITIES REVIEW UPDATE 99 - 110

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

Contact Officer: Anne Richardson-Locke, Naomi Cox *Tel:* 01273 290379, *Tel:* 29-5813

Ward Affected: All Wards

57. DEVELOPMENT OF SHARED LIVES 111 - 118

Report of Executive Director of Adult Services

Contact Officer: David Pena-Charlon *Tel:* 01273-296810

Ward Affected: All Wards

58. ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to the 30 January 2014 Council meeting for information.

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, any

ADULT CARE & HEALTH COMMITTEE

Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee 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.gcsx.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Friday, 10 January 2014

BRIGHTON & HOVE CITY COUNCIL

ADULT CARE & HEALTH COMMITTEE

4.00pm 25 NOVEMBER 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair)
Councillors Phillips (Deputy Chair), K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Barnett, Bowden, Jones, Marsh, Mears and Summers

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

30. PROCEDURAL BUSINESS

30A Declarations of Substitute Members

30.1 Councillor Jones declared that he was substituting for Councillor Wakefield.

30B Declarations of Interests

30.2 Councillor Jones declared an interest in Item 42 – Extra Care Housing – Brooke Mead, as he is Deputy Chair of the Planning Committee. He informed the Committee that he would leave the meeting room during this item.

30C Exclusion of the Press and Public

30.3 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.

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

31. MINUTES

- 31.1 Councillor Mears referred to paragraph 17.4 in relation to allocations policy. Councillor Mears had received a written response to her query after the last meeting but considered that the response was not clear. The Executive Director confirmed that there was a Housing Allocation Policy. Councillor Mears replied that she wanted confirmation in writing that the council was only operating one housing allocation policy.
- 31.2 The Executive Director referred to paragraph 22.7 in relation to the numbers of people in residential care. She reported that with regard to long term care admissions, for people with mental health aged 18-64 there were 8 long term admissions in 2012/13 to care homes. Of the 8 admissions, 2 were in privately rented, 2 in supported accommodation, 1 Housing Association tenant and 1 in temporary accommodation.
- 31.3 **RESOLVED** – (1) - That the minutes of the meeting held on 23 September 2013 be agreed and signed as a correct record.

32. CHAIR'S COMMUNICATIONS**Healthwatch**

- 32.1 The Chair reported welcomed Jane Viner to the meeting as Healthwatch representative. Jane reported that representatives would be trained in the new year and that she would be attending further meetings of the Adult Care & Health Committee.

33. CALL OVER

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

34. PUBLIC INVOLVEMENT

- 34.1 The Committee noted that there were no petitions, written questions or deputations from members of the public.

35. MEMBER INVOLVEMENT

- 35.1 The Committee noted that there were no petitions, written questions, letters or Notices of Motion received from councillors.

36. FINANCE REPORT AT TBM5

- 36.1 The Committee considered a report of the Executive Director of Finance & Resources which set out the financial position on Adult Services, NHS Trust Managed S75 Budgets and Public Health budgets as assessed at August 2013. The Head of Business Engagement reported that she would include more information on capital in the TBM7 report.
- 36.2 Councillor Meadows referred to the section on the Corporate Critical Community Care Budget (older people), relating to extra care. She asked if the overspend would leave people in unsatisfactory accommodation. Councillor Meadows asked for more

information about projected shortfalls in residents' contributions (Adult Provider). Councillor Meadows asked about the NHS overspend in adult mental health. How could further pressures be predicted? There was a further pressure in community equipment and options on service models reported to the Committee in September. Councillor Meadows asked how further growth could be funded. She asked how the £1m risk on prescribing costs would affect the Section 75 budget and public health. Councillor Meadows asked why there was a small pressure in civil contingences. She asked if this was due to severe winter weather pressures.

- 36.3 The Executive Director explained that people would still be placed in suitable accommodation, the placement would be based on their assessed needs. It was difficult to predict the client contribution. This varied as people were not financially assessed until they required the service, the budget assumption is based on previous trends. There was a 9% growth pressure in mental health and more people were entering the service making it difficult to predict. There would be a need for more supported living. With regard to the Integrated Community Equipment Store, there was a need to think about supporting more people at home. There would be further report about this matter.
- 36.4 The Head of Business Engagement informed members that there was a small staffing pressure against the civil contingencies budget. Civil Contingencies was a Public Health function. The Chair stated that the Director of Public Health could be asked to give a briefing on this matter. On this query on prescribing costs officers have gone back to the local assumptions agreed with health in setting the 2013/14 budget – prescribing costs were not included in the calculations of grant. Negotiations were taking place with Public Health England.
- 36.5 Councillor Norman referred to prescription costs. He asked when and how this matter would be resolved. The Head of Business Engagement stated that this matter had been highlighted at the Policy & Resources Committee. It was a national issue. An update would be provided at the next meeting.
- 36.6 Councillor Mears referred to vacancy management. She asked how many vacancies had been offered as budget savings. The Executive Director stated that she did not have figures to hand but could share the figures later.
- 36.7 Councillor Summers referred to the Community Care Budget (Older People). She asked if the 1.64m saving target was for the whole year. The Head of Business Engagement confirmed that the variances were for the whole year as at month 5. There had been a 1.3m overspend. There was a 1.64 saving target which was unlikely to be achieved. This would be partly offset by other savings.
- 36.8 Councillor Mears stated that only way to reduce the 1.64m deficit would be to change 30 housing units to extra care housing. Unless the budget projection changed the deficit would be carried forward. The Chair stated that this matter would be dealt when the budget was considered.
- 36.9 **RESOLVED** - (1) That the financial position for the 2013/14 financial year as reported at TBM5 (August 2013) be noted.

37. INTEGRATED TRANSFORMATION FUND

- 37.1 The Board considered a presentation with slides from the Executive Director of Adult Services, BHCC and the Chief Operating Officer, CCG. The presentation set out the background to the Integrated Transformation Fund and the financial implications for Brighton and Hove. Members were informed how councils and CCGs would develop and agree a joint plan and how they would be rewarded. The presentation stressed the need for joint working with providers.
- 37.2 Members were informed how the ITF would be managed. The Department of Health was considering what legislation was required for the ITF. Options would be laid out in the Care Bill. Members were informed of the draft template for developing an integrated plan and were informed about the national conditions.
- 37.3 Members were informed that plans needed to be in place by 14 February 2014.
- 37.4 The Chief Operating Officer reported that the plans would prioritise frailty.
- 37.5 Councillor Marsh asked why the frail elderly were a priority and asked if there would be other priorities. She commented that the timescale was challenging and that she would like reassurance about data sharing among organisations.
- 37.6 The Chief Operating Officer replied that frailty would be prioritised rather than the frail elderly specifically. This would include frail people of all ages, although many would be elderly. She stressed that many younger people had complex needs. There needed to be strengthened capacity and better planning within teams. The Chief Operating Officer agreed that the timescales were challenging as plans needed to be in place quite quickly. The guidance had not yet been received and the Council and CCG were being proactive. The Chief Operating Officer agreed that there was a need to invest in IT over the next year. A working group would consider how data was shared across all organisations.
- 37.7 The Executive Director reported that some mechanisms were already in place. The independent sector provided a great deal of care as well as the NHS. She was working with colleagues to resolve these issues.
- 37.8 Councillor Bowden queried the figure in the presentation slide for New under financial implications for Brighton & Hove. It was confirmed that this figure should be 10.1 (not 10.0). It was agreed that this would be corrected before the Health & Wellbeing Board meeting on 27 November.
- 37.9 Councillor Jones asked how funding would be allocated and what the criteria would be. He asked how the money would make a difference to young people. He mentioned camh (Child and Adolescent Mental Health) as an organisation that might benefit from the fund.
- 37.10 The Chief Operating Officer replied that she was not sure about the allocation of funding. She would have to ask her Finance Director to provide this information. The Executive Director informed the Board that there had been mixed messages about how the money would be allocated and who could receive it.

- 37.11 Councillor Mears expressed concern about information sharing and IT. She mentioned that the council were currently going through a process of having gcsx encrypted email addresses. She asked if the CCG were going to have the same system. She stressed that systems needed to be compatible if information was to be shared.
- 37.12 The Executive Director explained that officers were currently investigating having a warehouse where all data could go. There was a pilot in West Sussex and officers were looking at how other areas were dealing with this issue.
- 37.13 Councillor Meadows asked for information about the membership of the ITF Programme Board and whether there would be representatives of the community and voluntary sector.
- 37.14 The Chief Operating Officer explained that the Integrated Transformation Fund Programme Board would involve commissioners, the CCG, Council, hospital and independent sector and third sector.
- 37.15 Dr Mack expressed concern that there would be a risk in the first year if half of the funding was payment by result. This could penalise the more efficient. The Executive Director agreed with Dr Mack. There would be a real risk in setting targets.
- 37.16 Councillor Bowden asked who would be setting Key Performance Indicators. The Chief Operating Officer explained that the programme would be overseen by the Health and Wellbeing Board, who would authorise the plans. Having a risk sharing agreement would be essential.
- 37.17 **RESOLVED** – That the presentation be noted.

38. SUPPORTING CARERS

- 38.1 The Committee considered a report of the Executive Director of Adult Services which gave information on the current support available for carers within Brighton and Hove, funded through joint commissioning arrangements between Adult Social Care and the Clinical Commissioning Group. The report also outlined the future developments aimed at further improving the support to carers locally. The report was presented by the Commissioning Manager.
- 38.2 Councillor Meadows referred to Appendix 2 – Outcomes and Action Plan. She asked about the cost implications of having services in place long enough for carers to work full day (8am to 6pm). Councillor Meadows referred to Appendix 3 which reported that the government were providing additional funding. She asked what the percentage would be for Brighton & Hove and whether the money would be ring fenced for carers. Councillor Meadows referred to the fourth bullet point on the first page of Appendix 4 relating to local intelligence. This showed that most carers who did not feel safe had either been jointly assessed, assessed by non-statutory agencies or assessed at access point. Councillor Meadows asked how agencies disseminated information.
- 38.3 The Commissioning Manager replied that there was an aspiration for carers to be in employment. There would be a work plan in the New Year which would support carers in obtaining employment. Officers would work with local businesses to help achieve this

aim. The funding would be made from the community care budget. Work would be commencing in the New Year to look at data regarding carers. The Commissioning Manager said she would be happy to bring this information back to the Committee. The percentage of government funding was not yet known. Meanwhile, there was a great deal of work being achieved around training and assessment.

- 38.4 The Executive Director reported that there was yet to be an announcement about funding.
- 38.5 Councillor Mears stated that it was an excellent report and presentation. She expressed concern that some young carers were as young as 7. She would be very interested in seeing further information on that subject.
- 38.6 Councillor Marsh hoped the 7 year olds had a dedicated person they could talk to. She wanted reassurance that young carers could go to school. She asked how branding could be taken forward.
- 38.7 The Commissioning Manager replied that young carer's assessments were carried out by the young carer's project. There were still some concerns about who took responsibility for young carers. Joint assessments were now planned. The role of adult social care was to eliminate inappropriate assessments. With regard to carers in school there was a project which helped children use Skype in school. With regard to rebranding, carers were now given a voucher or token.
- 38.8 Councillor Meadows asked how the health service impacted on this work. The Commissioning Manager explained that her role was jointly funded by the council and CCG. She stated that all health professionals should be more aware due to the carers register. The council and CCG worked closely with the hospitals.
- 38.9 Geraldine Hoban informed the Committee that carers support was a key part of the service. She stressed that carers support would need to be strengthened even further.
- 38.10 **RESOLVED** - (1) That the support available for carers, funded jointly between Adult Social Care and the Clinical Commissioning Group, is noted.
- (2) That the projects and activities, aimed at further improving the services for carers, are noted.

39. DAY ACTIVITIES REVIEW PROGRESS REPORT 25 NOVEMBER 2013

- 39.1 The Committee considered a report of the Executive Director of Adult Services which focused on the consultation about the relocation of the Connaught day service and also provided information about the outcomes of the individual social care assessments that have been undertaken as part of the Day Activity Review. The report was presented by the Commissioning Manager, Learning Disabilities and the General Manager, Learning Disability Provider Services. Members were informed that 38 assessments had been carried out to date. The assessments were summarised in appendix 2. Appendix 1 set out the analysis of the consultation about the move of the Connaught Day Service to the Belgrave Day Options Base in Portslade. A paper setting out case studies was also made available to members.

- 39.2 Councillor Norman asked about ongoing work and particularly mentioned the art project moving to Montague Place. He thanked the officers for their involvement in the project. The Executive Director replied that a more detailed report would be submitted to the January 2014 meeting of the committee in terms of day activities.
- 39.3 Councillor Meadows referred to paragraph 3.3.1 which stated that no specific concerns had been raised during the consultation period. She reported that not all carers had been consulted and some carers had only been given 2 hours notice to attend a carers' meeting. Councillor Meadows considered that the consultation document gave the impression everything had gone well when it did not go well.
- 39.4 Councillor Meadows referred to paragraph 5 of appendix 1 concerning the estimated costs of the building works at the Belgrave Day Options Base. She asked if the money would come from Children's Services or Adult Social Care.
- 39.5 The Executive Director noted the issues raised by Councillor Meadows. She stated that lessons had been learnt from the process and officers were doing everything to ensure the process was managed smoothly. With regard to the budget, the estimated cost was £150,000. It had been agreed that £100,000 would be funded from Children's Services. Adult Social Care would pay the difference.
- 39.6 Councillor Mears thanked officers for the report and said she had found the tour of sites interesting. She referred to paragraph 2.5 of the appendix relating to assessments. Councillor Mears noted that 2 people required an alternative service but no alternative service had been identified due to the complexity of need. Councillor Mears asked for an explanation of paragraph 2.7. This stated that 1 person had been assessed as needing an alternative service (to the Longer Lives service) but was waiting to identify someone to share the service with.
- 39.7 The Commissioning Manager, Learning Disabilities explained that for some people specialist input is required from, for example Psychology or the Behaviour Support Team around certain behaviours (paragraph 2.5). It might be necessary in this case to commission a specialist service for the 2 people concerned. With regard to Paragraph 2.7 officers want to maintain friendship groups and not leave people isolated. Once more assessments have been completed officers will ensure that individuals who have similar needs or interests are grouped together.
- 39.8 The Chair asked for a further update on the two people mentioned in paragraph 2.5, where specialist support was required.
- 39.9 Councillor Summers noted that 20 people with complex needs currently used the Connaught Learning Disability Day Options Service. 14 had been assessed. Did this mean 6 had not been assessed? Councillor Summers asked for clarification about the number of people moving to the Belgrave Day Options Base.
- 39.10 The General Manager, Learning Disability Provider Services explained that all assessments were now complete. 14 people had been identified as needing to move to the Belgrave Day Options Base.

39.11 **RESOLVED** - (1) That it is noted that, in consultation with the Chair of Adult Care & Health Committee, the Executive Director of Adult Services used her constitutional Delegated Authority on 5th November 2013 to approve the relocation of the Connaught Day Service to the Belgrave Day Options base in Portslade following consideration of the outcomes from the formal consultation.

(2) That the outcomes of the social care assessments be noted.

40. COMMUNITY MEALS

40.1 The Committee considered a report of the Executive Director of Adult Services which informed members that the community meals service was retendered in March 2013 and the Royal Voluntary Service (RVS) were successful in retaining the contract. A new model for meal provision and for the role of volunteers was outlined within the tender document and RVS ran a pilot to test the new arrangements during August 2013. The report gave details of the outcomes of the pilot and described the future plans for introducing the new model across the city. The report was presented by the Contract Manager.

40.2 Councillor Norman thanked the Contracts Manager for the excellent report and stated that the only issue he wished to raise was the chronology of events as set out in paragraph 3.1. Councillor Norman mentioned that he had had a vision for better, more locally sourced meals and that he and the Executive Director had visited City College three or more years ago to discuss a way of providing locally sourced and locally cooked food. Councillor Norman stated that he had sampled the old meals and the new Steamplicity meals and he considered the new product was excellent. He hoped the meals could be sourced more locally in the future and looked forward to the meals being rolled out across the city.

40.3 Councillor Meadows referred to the safe and well check referred to in paragraph 3.4.3 and appendix 1, paragraph 2.1. She asked about the timeframe for this check. Councillor Meadows further referred to section 11 of the quality statement set out in the appendix, concerning the supply of freezers and microwave ovens to customers who required them. She asked how this was carried out along with the safe and well check.

40.4 The Executive Director replied that the model allowed volunteers to spend a great deal more time with customers. The rounds could be carried out according to what the person required. The Contract Manager reported that the service could deliver meals a day in advance. Local volunteers could then visit to heat the meal and spend time with the customer. The delivery van also had a microwave which could be used when customers did not have that facility. The RVS would also consider lending microwaves or funding the cost of microwaves.

40.5 Councillor Bowden asked if the contractors had stated how many volunteers they had and whether they had a sufficient number. Councillor Bowden made the point that St Albans was still a long way from the City.

40.6 The Contracts Manager replied that there were a large number of volunteers in Brighton and Hove and there had never been a problem in recruiting RVS volunteers.

- 40.7 Councillor Barnett asked if there was a start date for the new contract. The Contract Manager replied that if the report was approved, she would meet with the RVS later in the week. The proposal was to start the process in January 2014 and have everything in place to enable all customers to receive the service by March 2014.
- 40.8 **RESOLVED** - (1) That the report be noted.
- (2) That the new model for community meals should be introduced in a phased way across the city.
- (3) That the new model of volunteer support suggested by the RVS should also be adopted and introduced across the city.

41. MARKET POSITION STATEMENT: ADULT SOCIAL CARE INTENTIONS

- 41.1 The Committee considered a report of the Executive Director of Adult Services informed members that the Department of Health had urged Local Authorities to create a Market Position Statement that would be useful for providers of care services in planning their businesses. The Market Position Statement would outline what adult social care services Brighton & Hove City Council would commission in the future, and what services the council would need to provide directly. A completed market position statement would be presented to Adult Care & Health Committee in March 2014.
- 41.2 The Head of Commissioning & Partnerships set out the report and stressed the need for a different way of working to make best use of declining resources. She referred to paragraph 6 of Appendix 1, concerning Adult Social Care's commitment in challenging times. She highlighted the need to commission services that offered more choice and more flexible support to individuals and exploring cost effective and innovative accommodation solutions to meet individual outcomes.
- 41.3 **RESOLVED** - (1) That the key messages in the summary document attached in Appendix 1: Market Position Statement: Adult Social Care Intentions be noted.

42. EXTRA CARE HOUSING - BROOKE MEAD UPDATE

- 42.1 The Committee considered a report of the Executive Director of Environment, Development and Housing and the Executive Director of Adult Services which sought approval for HCA and Housing Revenue Account (HRA) capital and HRA and Adult Social Care (ASC) revenue funding to support the Brooke Mead extra care scheme and authority to enter into a Funding Agreement with the HCA for provision of extra care housing under the Care & Support Specialist Housing Fund; and to award a contract or contract following procurement to secure the development of the scheme as outlined in the report.
- 42.2 The Head of Housing Strategy informed Members that the Housing Committee had approved the report at their meeting on 13 November 2013. The scheme was subject to final planning approval at the Planning Committee to be held on 11 December 2013. Any significant variations to the proposed capital scheme and funding would need to be reported back to Policy & Resources Committee.

- 42.3 Councillor Bowden thanked the Head of Housing Strategy and his team for their work on the report and asked if 45 units was a viable economic option. The Head of Housing Strategy confirmed that it was a viable scheme.
- 42.4 The Project Officer, Housing Commissioning, informed Members that at one point, the scheme had dropped from 45 to 40 units due to planning issues. This had led to doubts about the viability of the scheme. However, this matter had been resolved and the scheme would have 45 units. 44 units would be one bedroom and one unit would be a 2 bedroom ground floor flat. All would be affordable units to rent. Originally, some two bedroom homes had been proposed for sale.
- 42.5 Councillor Bowden asked if the height issue was resolved. The Project Manager confirmed that this matter had been resolved following extensive discussions with planning officers. Planning officers were satisfied with the scheme and would be recommending approval.
- 42.6 Councillor Meadows referred to paragraph 3.7 of the report and asked if the change in the proposals to have all affordable units for rent would affect the grant from the Homes & Communities Agency. The Project Manager replied that the total grant from the HCA would remain intact regardless of the changes. The Head of Housing Strategy confirmed that the HCA were happy with the scheme and had stated that it was possible to substitute shared ownership funding with affordable rented funding.
- 42.7 Councillor Mears commented that she considered that planning had made the process unnecessarily difficult. She also commented that this was the only extra care scheme that would have no parking. This concerned her as it was a highly congested area in the evening. Councillor Mears stated that she had been told in the past that the scheme would lead to Adult Social Care saving £300,000 per year; however there was no mention of this in the report. Councillor Mears further commented that there could be difficulties in only having 1 bedroom units. Some couples did not share a bedroom and some people might need a carer to stay on site.
- 42.8 The Executive Director of Adult Services reported that it was often more difficult in practice to let 2 bedroom units. The Head of Finance – Business Engagement explained that with regard to savings, the original model was based on 39 units at £330,000 a year. The new modelling was £330,000 to £500,000 a year based on 44-45 units.
- 42.9 **RESOLVED** - (1) That the Policy & Resources Committee is recommended to agree to fund up to £2.1 million (with maximum increase limited to 10%) to enable Brooke Mead to be built.

NOTE: Councillor Jones left the meeting during discussion of this item as he is Deputy Chair of the Planning Committee.

43. ITEMS REFERRED FOR COUNCIL

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

The meeting concluded at 6.54pm

Signed

Chair

Dated this

day of

**ADULT CARE & HEALTH
COMMITTEE (JOINTLY
COMMISSIONED (SECTION 75)
BUSINESS**

Agenda Item 50

Brighton & Hove City Council

Subject:	Finance Report at TBM7		
Date of Meeting:	20 January 2014		
Report of:	Executive Director of Finance & Resources Chief Finance Officer, Brighton & Hove CCG		
Contact Officer:	Name:	Anne Silley	Tel: 29-5065
		Michael Schofield	Tel: 574743
		Anne.silley @ brighton-hove.gcsx.gov.uk	
	Email:	michaelschofield@ nhs.net	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This reports sets out the revenue and capital financial position on Adult Services, NHS Trust Managed S75 Budgets and Public Health.
- 1.2 The report includes extracts from the Council's 2014/15 budget strategy and budget proposals covering Adult Services, and Public Health and provides indicative information on the CCG budget strategy for 2014/15.

2. RECOMMENDATIONS:

- 2.1 That the Committee notes the financial position for the 2013/14 financial year as reported at TBM7 (October 2013).
- 2.2 That the Committee consider 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.

3. CONTECT/ BACKGROUND INFORMATION

Financial Position – Month 7 – 2013/14

- 3.1 The Targeted Budget Monitoring (TBM) report is a key component of the council's overall performance monitoring and control framework. This report sets out the forecast outturn position as at Month 7 as reported to Policy & Resources Committee on 5 December 2013.

Adult Services– Month 7 – 2013/14

- 3.2 The Adult Services forecast is an overspend of £3.189 million (5.0% above budget) as set out in the table below. The main reason for the overspend is the underachievement against savings targets at the same time as continuing demand pressure on the budget as described in Appendix 1. The mitigation strategy to manage the overspend includes implementing savings plans, management of placements, corporate strategic work and continuing to identify appropriate funding streams.

Forecast Variance Month 5 £'000		2013/14 Budget Month 7 £'000	Forecast Outturn Month 7 £'000	Forecast Variance Month 7 £'000	Forecast Variance Month 7 %
	Adult Services				
1,834	Adults Assessment	48,095	49,988	1,893	3.9%
762	Adults Provider	14,713	16,013	1,300	8.8%
(9)	Commissioning & Contracts	496	492	(4)	-0.8%
2,587	Total Adult Services	63,304	66,493	3,189	5.0%

- 3.3 The NHS Trust-managed Section 75 Services represent those services for which local NHS Trusts act as the Host Provider under Section 75 Agreements. Services are managed by Sussex Partnership Foundation Trust (SPFT) and Sussex Community NHS Trust (SCT) and include health and social care services for Mental Health, and Community Equipment.

These partnerships are subject to separate annual risk-sharing arrangements and the monitoring of financial performance is the responsibility of the respective host NHS Trust provider. The forecast outturn (after risk share) is an overspend of £0.283 million (2.3%) as explained in Appendix 1.

Forecast Variance Month 5 £'000		2013/14 Budget Month 7 £'000	Forecast Outturn Month 7 £'000	Forecast Variance Month 7 £'000	Forecast Variance Month 7 %
	S75 Partnership				
228	SPFT	11,429	11,649	220	1.9%
61	SCT	641	704	63	9.8%
289	Total Revenue - S75	12,070	12,353	283	2.3%

The CCG contracts with SCT and SPFT are currently forecast to breakeven. Regular discussions are being held with the Trusts during the year to ensure that pressures materialising are addressed.

Public Health– Month 7 – 2013/14

3.4 The expenditure forecast is within the ring-fenced public health grant from the Department of Health of £18.2 million.

Forecast Variance Month 5 £'000	Unit	2013/14 Budget Month 7 £'000	Forecast Outturn Month 7 £'000	Forecast Variance Month 7 £'000	Forecast Variance Month 7 %
0	Public Health	35	35	0	0.0%
0	Community Safety	1,595	1,595	0	0.0%
8	Civil Contingencies	177	184	7	4.0%
8	Total Public Health	1,807	1,814	7	0.4%

The figures in the table above are net of the ring- fenced public health grant of £18.2m from the Department of Health

Capital– Month 7 – 2013/14

3.5 The capital position for Adult Services against the revised budget at month 7 of £2.3 million is set out in Appendix 2. The approval request for the Belgrave Centre link extension scheme of £0.15 million, to accommodate the move of the Connaught Day Centre is also at Appendix 2.

Council Planning for 2014/15

3.6 The Council budget strategies for 2014/15 cover financial and service pressures and savings proposals as presented to the Council's Policy & Resources Committee on 5 December 2013 and are in the process of consultation. A revised set of proposals will be presented to Policy & Resources Committee on 13 February 2014 taking into consideration the feedback from further consultation and scrutiny and the most up to date financial information. The final responsibility for agreeing the council's budget for 2014/15 rests with Full Council on 27 February 2014.

Adult Services 2014/15 budget strategy

3.7 The strategy (Appendix 3) sets out the strategic financial context, local and national developments that will have a significant impact on social care, and progress against Council priorities. The budget strategy supports delivery of the Corporate Plan, however the financial position will require strengthened commissioning and integration with health partners, greater consistency in meeting statutory assessed needs and a continuing challenge to the value for money of all services.

3.8 A summary of the 2014/15 Adults budget is below; this shows a reduction of 4.3% over the 2013/14 budget

Adults Services	£000
2013/14 Adjusted budget	74,538
Add Inflation	1,144
Add service pressure funding	1,500
Less savings	5,376
2014/15 proposed budget	71,806

- 3.9 In addition, one off resources of £0.5 million have been set aside in light of the scale of Adult Social Care Reforms and the lack of certainty about the adequacy of funding to support those changes.
- 3.10 Adult Services (including S75) is expected to generate savings of £5.3 million in 2014/15 (with a full year effect of £5.8 million). The savings proposals are set out in Appendix 3 and approaches include:
- Ensuring equality of service across client groups
 - Encouraging people to take up personalised services
 - Enabling people placed outside the city to receive services locally
 - Using reablement and telecare and community equipment services to support people to live at home
 - Working with the care sector on care home fees
 - Exploring models for providing care and other opportunities that the Care & Support Bill may offer.
 - Exploring opportunities for Able & Willing to become financially sustainable, and reducing investment in the non statutory Employment Service.
 - Working with other services, including Public Health to deliver efficiencies in the commissioning process
 - Maintaining service quality across the city
- 3.11 The savings proposals reflect the fees and charges reports being considered at this meeting.
- 3.12 The corporate budget strategy provides for investment in Adult Services to meet known demographic and other cost pressures relating to Learning Disability transitions and demands across mental health services. Funding of £1.5 million has been set aside in the budget proposals to avoid severe impacts on these service budgets.
- 3.13 The Care and Support Bill and Better Care Fund (previously known as Integration Transformation Fund) will bring new responsibilities, expectations to join up services across NHS and social care and joint funding. The City expects to receive approximately £1 million in 2014/15. Appendix 5 outlines the current assumptions and associated risks of these changes.

Public Health 2014/15 budget strategy

- 3.14 In 2013/14 councils gained responsibility for Public Health. The Department of Health awarded a ring fenced grant of £18.3 million in 2013/14 and £18.7 million for 2014/15 to cover the public health responsibilities transferred to the local authority. The public health budget strategy (Appendix 4) sets out the strategic financial context, and how it will support the delivery of the corporate plan. Joint working and joint commissioning with other directorates and the Clinical Commissioning Group (CCG) is expected to result in greater efficiency and effectiveness. Modest savings proposals of £0.093 million are proposed which are expected to support the achievement of Public Health Outcomes across the Council.

CCG Planning for 2014/15 and future years

- 3.15 NHS England has published its planning framework Everyone Counts: Planning For Patients 2014/15 to 2018/19. The CCG has been notified of its Allocation for the next two years, but is still waiting for further detailed financial planning guidance.
- 3.16 Of most significance is the requirement to generate additional funds to contribute to the Better Care Fund (previously the Integration Transformation Fund). Although additional funding is expected in 2014/15, for 2015/16 there is the need to generate additional funding, a 3% savings requirement in addition to the existing 'QIPP' savings target. The CCG and the Council are working up joint plans on collective spending against this Fund.
- 3.17 The CCG is in the process of developing financial plans for 2014/15 to 2018/19 for submission to NHS England.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The budget process allows engagement in the proposals.

5. COMMUNITY ENGAGEMENT AND CONSULTATION

- 5.1 Consultation approaches included a survey (on line and on paper) and engagement opportunities as described in the budget report to Policy & Resources Committee 5 December 2013.

6. CONCLUSION

- 6.1 The Council is under a statutory duty to set its budget and council tax before 11 March each year.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The financial implications are contained within the main body of the report, highlighting the performance against agreed budgets in 2013/14 and the budget strategies for 2014/15 for social care and health.

Finance Officer Consulted: Anne Silley/ Debra Crisp Date: 07/01/14

Legal Implications:

- 7.2 This Report is for noting and consideration only.

Lawyer Consulted: Sandra O'Brien Date: 07/01/2014

Equalities Implications:

- 7.3 In Brighton & Hove City Council a Budget Equality Impact Assessment (EIA) screening process has been used to identify the potential disproportionate impacts of proposals on groups covered up by legislation. All service areas that have identified proposals with a potential equalities impact have completed an EIA, included at Appendix 10 of the Budget Update and Savings 2014/15 report to Policy and Resources Committee 5 December 2013, and this is cross-referenced within the savings proposals.

Sustainability Implications:

- 7.4 A carbon budget has been set for 2014/15 and sustainability implications are set out in the Budget Update and Savings 2014/15 report to Policy and Resources Committee 5 December 2013

Any Other Significant Implications:

Risk and Opportunity Management Implications

- 7.5 The Council's budget proposals include recurrent risk provisions of £2 million and a one off risk provision of £1 million.

SUPPORTING DOCUMENTATION

Appendices:

1. Revenue budget summary Adults, S75 and Public Health- 2013/14
2. Capital summary- Adults 2013/14
3. Budget strategy- Adults 2014/15
4. Budget strategy- Public Health 2014/15
5. Care Bill and Better Care Fund (previously known as Integrated Transformation Fund) (extract from Policy and Resources Committee Budget Update and Savings 2014/15)

Background Documents

1. Budget Update and Savings 2014/15 report to Policy & Resources Committee 5 December 2013

Adult Services – Revenue Budget Summary

Month 5 Forecast Variance £'000	Service	2013/14 Budget Month 7 £'000	Forecast Outturn Month 7 £'000	Forecast Variance Month 7 £'000	Forecast Variance Month 7 %
1,834	Adults Assessment	48,095	49,988	1,893	3.9%
762	Adults Provider	14,713	16,013	1,300	8.8%
(9)	Commissioning & Contracts	496	492	(4)	-0.8%
2,587	Total Revenue - Adult	63,304	66,493	3,189	5.0%

Explanation of Key Variances

Key Variances £'000	Service	Description (Note: FTE/WTE = Full/Whole Time Equivalent)	Mitigation Strategy (Overspends only)
		The key variances across Adult Social Care are as detailed below:	Mitigating actions continue to be taken wherever practicable but there remain considerable pressures on the Adult Social Care budget.
Adults Assessment			
see below	Assessment Services	Assessment Services are showing an overspend of £1.893m (3.9% of net budget) at Month 7, broken down as follows: -	
1,350	Corporate Critical - Community Care Budget (Older People)	The pressure on the Older People community care budget relates to the Supported Living and Extra Care Housing savings target of £1.640m jointly commissioned with Housing which is now not expected to be delivered in year. The target includes options around Sheltered Housing, Shared Lives and other accommodation. These options are complex and there are significant service, legal, financial and commissioning considerations to work through for each option that will require a greater lead-in time than originally anticipated. Currently, there is a significant risk that units and/or alternative options will	Corporate strategic work is ongoing to deliver the extra care units required and explore/develop the other options - this includes the proposal for Brookmead, which is unlikely to deliver cost savings until 2014/15 or beyond. Placements are also being managed to contain the potential overspend in 2013/14.

Appendix 1 – Revenue Budget Performance

Key Variances £'000	Service	Description (Note: FTE/WTE = Full/Whole Time Equivalent)	Mitigation Strategy (Overspends only)
		not be deliverable in time to achieve the savings target for 2013/14.	As mentioned in the main report, available corporate risk provision is being used to mitigate the council's overall position which is primarily due to the pressures detailed here and under Adults Provider services.
(46)	Corporate Critical - Community Care Budget (Learning Disabilities)	Learning Disabilities are reporting an underspend of £0.046m at Month 7, which is a decrease of £0.108m from Month 5. A pressure of £0.070m relates to day services where double running will be necessary until the savings in provider services can be achieved. As highlighted previously, it should be noted that the potential impact from Ordinary Residence 'OR' claims against the budget is £0.755m full year effect, of which £0.127m is included in the forecast. All OR applications need to be reassessed by B&H and are prioritised against risk, therefore there can be a delay in acceptance. Although the majority of applications are legally justifiable, some are disputed successfully.	
715	Corporate Critical - Community Care Budget (Under 65's)	Under 65's are currently showing an overspend of £0.715m; a decrease of £0.015m from Month 5. The underlying pressure is largely due to the full-year effect of the increased complexity (e.g. Acquired Brain Injury) in small numbers of high cost placements against homecare and direct payments. Actual whole time equivalent client numbers are 149 more than budgeted (increase of 22%).	Continuing to explore alternative models of provision and funding.
(55)	Community Care Budget (HIV)	The underspend is a continuation of the activity and spending levels experienced over the last 2 financial years. Consideration needs to be given to realigning budget, given the pressures on other areas described above.	
(71)	Support & Intervention Teams	There is a risk around the delivery of the £0.340m savings target in respect of joint commissioning provider arrangements.	Planning service redesign, however this is unlikely to achieve savings in 2013/14. One off funding relating to a legal case on funding a learning

Appendix 1 – Revenue Budget Performance

Key Variances £'000	Service	Description (Note: FTE/WTE = Full/Whole Time Equivalent)	Mitigation Strategy (Overspends only)
			disability placement should cover the pressure for 2013/14 only.
Adults Provider			
1,300	Adults Provider	<p>The forecast overspend includes an assessed risk of £1.000m against the achievement of savings targets totalling £1.640m (2013/14 targets and unachieved targets in 2012/13). Achievement of the savings is dependent on the commissioning review of day options, the corporate VFM programme on transport, the review of options for different service models led by a corporate working group, and the Learning Disabilities accommodation review, all of which are underway.</p> <p>The forecast overspend also includes additional pressures on Adults Provider budgets due to increased staffing in the Resource Centres for Older People (£0.469m). This has been partly offset by one off and recurrent Department of Health Social Care funding (£0.262m) and projected shortfalls on Residents Contributions (£0.066m). There are minor overspends of £0.027m.</p>	<p>The services are working to implement the changes required to deliver the savings and to identify further opportunities to make efficiencies across all the services. There is an ongoing workstream to ensure that all appropriate funding streams are maximised. However, this is unlikely to address the potential overspend of £1.300m. As mentioned in the main report, available corporate risk provision is being used to mitigate the council's overall position which is primarily due to the pressures detailed here and under Adults Assessment.</p>
Commissioning & Contracts			
(4)	Commissioning & Contracts	There is a pressure of approximately £0.040m against delivery of the Community Meals savings target, which is offset against vacancy management savings across the service.	

NHS Trust Managed S75 Budgets - Revenue Budget Summary

Month 5 Forecast Variance £'000	S75 Partnership	2013/14 Budget Month 7 £'000	Forecast Outturn Month 7 £'000	Forecast Variance Month 7 £'000	Forecast Variance Month 7 %
228	Sussex Partnership Foundation NHS Trust (SPFT)	11,429	11,649	220	1.9%
61	Sussex Community NHS Trust (SCT)	641	704	63	9.8%
289	Total Revenue - S75	12,070	12,353	283	2.3%

Explanation of Key Variances

Key Variances £'000	Service	Description (Note WTE = Whole Time Equivalent)	Mitigation Strategy (Overspends only)
Sussex Partnership Foundation NHS Trust			
220	SPFT	Sussex Partnership NHS Foundation Trust are reporting an overspend of £0.440m at Month 7 (a decrease of £0.016m from Month 5), reflecting pressures from a lack of affordable residential and nursing placements across the board, potentially leading to increased use of high cost placements and waivers within Older People Mental Health. There continues to be a pressure from an increase in need and complexity in Adult Mental Health and forensic services within residential and supported accommodation. Overall activity shows that there are 79 whole time equivalent clients more than budgeted (increase of 9%). In line with the agreed risk-share arrangements for 2013/14 any overspend will be shared 50/50 between SPFT and BHCC and this has been reflected in the overspend of £0.220m reported here.	Ongoing scrutiny at Panel and identifying appropriate funding streams. The BHT Start project has been extended. Move on activity to remain a key element of work for Transitions team and Recovery services.
Sussex Community NHS Trust			
63	SCT	The pressure of £0.063m against the Integrated Community Equipment Store (ICES) budget reflects the continued increased demand for equipment and is a continuation of the trends seen in last financial year.	Options on service models were reported to Adult Care & Health Committee in September.

Public Health – Revenue Budget Summary

Month 5 Forecast Variance £'000	Service	2013/14 Budget Month 7 £'000	Forecast Outturn Month 7 £'000	Forecast Variance Month 7 £'000	Forecast Variance Month 7 %
0	Public Health	35	35	0	0.0%
0	Community Safety	1,595	1,595	0	0.0%
8	Civil Contingencies	177	184	7	4.0%
8	Total Revenue - Public Health	1,807	1,814	7	0.4%

Key Variances £'000	Service	Description	Mitigation Strategy (Overspends only)
Public Health			
0	Public Health	This is a ring-fenced grant of £18.2m from the Department of Health, which is being provided to give local authorities the funding needed to discharge their new public health responsibilities. The expectation is that funds will be utilised in-year, but if at the end of the financial year there is any underspend this can be carried over, as part of a public health reserve, into the next financial year. In utilising those funds next year, the grant conditions will still need to be complied with.	
Community Safety			
0	Community Safety	Community Safety are forecasting a break-even position at Month 7.	
Civil Contingencies			
7	Civil Contingencies	There is a small pressure being reported due to slightly increased staff costs	Non-pay budget areas will be closely reviewed and savings generated where possible to cover identified pressure.

Adult Services – Capital Budget Summary

Forecast Outturn Month 5 £'000	Service	2013/14 TBM 5 Budget £'000	Reported at other Meetings £'000	New Schemes (Appendix 4) £'000	Variation, Slippage / reprofile £'000	2013/14 Budget Month 7 £'000	Provisional Outturn Month 7 £'000	Provisional Variance Month 7 £'000	Provisional Variance Month 7 %
0	Adults Assessment	274	0	0	150	424	424	0	0.0%
0	Adults Provider	2,015	0	150	(1,442)	723	723	0	0.0%
0	Commissioning and Contracts	1,181	0	0	0	1,181	1,181	0	0.0%
0	Total Adult Services	3,470	0	150	(1,292)	2,328	2,328	0	0.0%

Details of Variation requests and explanations of significant Forecast Variances, Slippage or Reprofiles are given below:

Detail Type	£'000	Project	Description	Mitigation Strategy
Adults Assessment				
Budget Variation	150	Telecare	It is proposed to transfer budget from underspent Craven Vale Conversion Works to fund the forecast overspend and support this important preventive investment.	
Adults Provider				
Budget Variation	(200)	Craven Vale Conversion Works	It is proposed to transfer £0.200m from the existing 2013/14 budget to fund the forecast overspend on Telecare (£0.150m) and contribute to the capital costs in respect of the Belgrave Centre Link extension (£0.050m). See below for the reasons for the underspend on the Craven Vale scheme.	
Budget Reprofile	(1,242)	Craven Vale Conversion Works	The planned Craven Vale capital development (agreed at P&R 24 January 2013) will not be proceeding as council officers and the CCG have reconsidered the priorities and the scheme is no longer seen as a priority in the development of short term services. It is proposed that the	

Appendix 2 · Capital Programme Performance

Detail Type	£'000	Project	Description	Mitigation Strategy
			remaining 2013/14 Craven Vale budget of £1.242m and the 2014/15 budget of £1.443m be set aside to support future projects, including, for example, the Brookmead Extra Care Housing development as detailed in a separate report elsewhere on this agenda.	

New Capital Project Approval Request				
Service: Adults Provider				
Project title: Belgrave Centre – Link extension				
Total Project Cost (All Years) £150,000				
Purpose, benefits and risks:				
As part of the related schools project, Connaught Day Centre will be moving to Belgrave Centre to allow for expansion of school placements across the city. This capital scheme is for works at Belgrave Centre to link two buildings together to accommodate the move from Connaught Day Service to Belgrave Centre.				
Capital expenditure profile (£'000):				
Year	2013/14	2014/15	2015/16	TOTAL
Revenue Contributions	100	0	0	100
Other (please state) - See Financial implications	50	0	0	50
Total estimated costs and fees	150	0	0	150
Financial implications:				
£0.100m funding has been identified from the Children's General Fund budget underspend as a contribution towards the capital scheme with the remaining £0.050m to be transferred from the Craven Vale Capital project managed by Adult Services. Additional funds may be required once the tender has been finalised due to lift access at Belgrave Centre which will need to come from within the Adult Services budgets.				

Appendix 3

Budget Strategy: Adults Services

Strategic Financial Context and Direction of Travel

Adult social care continues to deliver services through personalised care and support plans, prevention and supporting carers.

There are local and national developments that will have a significant impact on social care in the coming years, these include:

- Demographic changes in the population of Brighton and Hove with:
 - a reducing number of people aged over 65, but an increased proportion of people aged 85 plus with high and complex needs;
 - a growing number of young adults with a higher complexity of need including mental health, substance misuse and homelessness.
- Major changes in the legislation and funding of social care. The Care and Support Bill puts the 'safeguarding' of vulnerable adults into a legal framework. There are other aspects of the draft bill including well-being, advice and information, national eligibility criteria, portability of assessment, the support needs of broader communities and legal entitlement of informal carers. All these will place additional or enhanced responsibilities on the council's social care duty.
- Additional duties linked to the final outcomes of the Dilnot report and implementing a 'cap' on care costs. This will require the authority to keep care accounts for self funders and imposes a duty to assess self funders. This will place significant additional demands on social care services.
- Government proposals on Integration with Health. The Integrated Transformation Fund (ITF), detailed in the government's spending review, requires local authorities to work with key partners on delivering key performance targets. These include minimising delayed transfers of care, and admission avoidance. These will demand a greater level of integration regarding how care in the community is delivered.
- Increased public expectations regarding the quality of care against growing public concern about the actual quality of care.

A key focus in adult social care services has been on commissioning. The majority of care services have been contracted out to the private and voluntary sector. We have carefully considered the unit cost and the value for money that services offer through our Commissioning Programme. Aligned to this, over recent years a significant procurement programme has been

undertaken to improve value for money, including home care, community meals, and accommodation services.

Where services are still provided in-house we need to demonstrate the rationale for retaining these services, focusing on their effectiveness and efficiency, and how they complement other provision in the city. We have reduced our in-house provider service over the years where this has provided value for money opportunities, but still retain a significant level of provision in relation to people with a learning disability and have been taking opportunities to improve efficiency and deliver savings whilst sustaining service quality. Our in-house care management services have undergone a significant restructure alongside the council's 'workstyles' programme which has delivered efficiencies and savings against improved outcomes.

Charges to service users for services are made in accordance with the national Fairer Charging guidance and related regulations. Councils do have some element of discretion in relation to charges for community based services, and local charges are comparatively higher in relation to many services. There is limited scope therefore to increase charges further.

The success of our budget strategy so far has enabled the council to maintain eligibility criteria under Fair Access to Care at the current level – i.e. "substantial and critical" – rather than to tighten this further. This is important as it is likely the Care & Support Bill will set national criteria at this level.

Delivering the Corporate Plan

Tackling inequality

Adult Social Care services remain focused on supporting the most vulnerable people in the city, promoting independence to enable people to fulfil their potential. Working with colleagues in mental health services under Section 75 Health Act arrangements, we work and support people with the most complex needs in the city through a range of interventions from a clinical nature through to helping people get back to work.

Further work on options for supporting the homeless community and those in temporary accommodation are under development, and we are working with the Stronger Families, Stronger Communities teams.

We will work with colleagues to look at low level prevention services across the council to promote social and financial inclusion.

Engaging people who live and work in the city

This year we held our first City Summit - a stakeholder event which brought together 80 representatives including those receiving services, informal carers and interested citizens. The event supported them to share their views on social care and identify the key areas they would like to see improved or developed. The event was supported by over 20 volunteer facilitators from across the council and the voluntary sector. In tandem with the event over 20 information stalls on local services were open to all. The event linked into the

production of our second annual Local Account (a public document that was based on the outcomes from user and carer surveys alongside performance information) and our involvement in the national Making It Real programme, a user led programme to promote genuine personalisation of services. We have developed an action plan in response to these events to enable a 'you said, we did' approach to this engagement.

There are also a range of regular forums with care providers across the city which promote a partnership approach, provide an opportunity to share best practice, enable commissioners to share their plans and ensure a dialogue on key issues.

Commissioners are working on producing a robust market position statement for the end of the year which will clarify to the sector and the public the areas we are planning to develop and those areas where we are looking to reduce our commissioning activity.

Annual surveys of service users and bi-annual carers' surveys are undertaken in line with national requirements; this information is benchmarked and used to inform service improvement and development.

All significant commissioning plans are informed by the views of people who use services.

Modernising the council

Service redesign and business process improvements have delivered efficiencies. Opportunities for a joint approach to prevention with Public Health need to be explored and for there to be a more systematic approach to commissioning, procurement and contract management across Public Health, Communities, Housing and Children's Services.

Key Aspects of the Budget Strategy

The budget strategy supports delivery of the Corporate Plan, however the financial position will require strengthened commissioning and integration with health partners, greater consistency in meeting statutory assessed needs and a continuing challenge to the value for money of all services. This will reduce the level of service received by some client groups where these are above statutory assessed needs but will ensure equality of service across client groups. Other approaches are:

- We will encourage people to take up personalised services, including the use of direct payments.
- We will review local service provision to enable people placed outside the city to have the opportunity to receive services locally, linked to a full understanding of the quality and cost of such services.
- We will continue to use our effective reablement and telecare services to support people to live at home, optimising their capacity to live

independently. We will also recommission community equipment services jointly with the NHS during 2014/15.

- We will work with the care sector on care home fees to inform decisions on levels of fees.
- We will continue to explore models for providing care, looking for opportunities that provide better outcomes and a more efficient service, both within the council and through other providers. For example, we will continue with the day services review and be clear about the role of in-house services within this. We will also explore other opportunities that the Care & Support Bill may offer to support our overall budget strategy.
- Similarly, we will explore the business case for our Able & Willing service and look to see if there are opportunities for this to become financially sustainable; if not, alternative options for re-providing this service will need to be considered.
- We propose to stop the non-statutory Employment Service and work with other providers in the city to ensure there is appropriate capacity and support into employment to meet the needs of people with a learning disability.
- We will work with other services such as Public Health and Communities to deliver wider efficiencies in the commissioning process using more innovative procurement vehicles such as the commissioning Prospectus approach. Through this work we will also seek to develop a co-ordinated approach to preventive services and promoting community involvement in the care and support of people with social care needs.
- We will sustain and keep under review the robust Care Governance arrangements that have been developed over the past 3 years to promote and assure ourselves of service quality. To date these have helped maintain service quality across the city.

Service Area: ADULTS SERVICES								
Service (including brief description)	Gross Budget £'000	Net Budget £'000	Total Establishment FTE	Description of Saving Opportunity	Impact on Outcomes / Priorities	Equalities Impact Assessment	Savings identified 2014/15 £'000	Full Year effect of 2014/15 savings £'000
Adults Assessment								
Learning Disabilities (LD)- Residential. Community Care Services provided by the Independent Sector to meet assessed needs.	13,797	12,693	n/a	Target all out of city placements with a purpose of bringing people back into supported living in the City. This will not only generate significant savings but it will reduce the risk of local places being taken up by other authorities where there is a possibility that the cost of care could later be passed to Brighton & Hove. Consider alternative models of care to include supported living.	Will deliver equality of levels of service across client groups by bringing expenditure on Learning Disabilities in line with other client groups.	EIA No. 1	1,270	1,270
Learning Disabilities(LD)-Home Care & Direct Payments. Community Care Services provided by the Independent Sector to meet assessed needs.	9,081	8,579	n/a	Implement Resource Allocation System (RAS), increase number of Direct Payments, achieve a 10% reduction on the budget by reviewing all care packages and ensuring only assessed needs are met.	Will deliver equality of levels of service across client groups by bringing expenditure on Learning Disabilities in line with other client groups.	EIA No. 2	730	730
Older People- Residential/Nursing(includes Older People with Mental Health needs (OPMH)). Community Care Services provided by the Independent Sector to meet assessed needs.	22,211	10,254	n/a	Reduce number of placements and the Cost of Out of Area Placements. Ensure all appropriate funding is available through targeting following a review. Continue to promote reablement and telecare to support people to stay in their own homes longer and to reduce the number of admissions into residential and nursing care. Identify alternative housing solutions where possible.	Those assessed against eligibility criteria will still receive care. Location of services and funding streams may vary.	EIA No. 3	1,150	1,150

Service Area : ADULTS SERVICES								
Service (including brief description)	Gross Budget £'000	Net Budget £'000	Total Establishment FTE	Description of Saving Opportunity	Impact on Outcomes / Priorities	Equalities Impact Assessment	Savings identified 2014/15 £'000	Full Year effect of 2014/15 savings £'000
Adults with Mental Health-Home Care & Direct Payments. Community Care Services provided by the Independent Sector to meet assessed needs.	791	473	n/a	Meet assessed needs, increase Direct Payments and identify community based options.	Those assessed against eligibility criteria will still receive care. Location of services and funding streams may vary. These services are delivered jointly with Sussex Partnership Foundation Trust under S75 arrangements.	EIA No. 4	70	70
ALL COMMUNITY CARE-across all client groups. Fees for services provided by the Independent Sector	incl above	incl above	n/a	Limited inflation increases on fees in view of the levels of increase in the last two years and ensure comparable with other authorities; increase targeted on specific areas in the care sector.	Those assessed against eligibility criteria will still receive care. Location of services may vary.	EIA No. 5	1,000	1,000
S75 SPFT Assessment Services. Assessment and Review staffing	3,306	2,855	50.1	Service Redesign to increase effectiveness of Interventions. Review to meet statutory functions (including admissions under the Mental Health Act) and deliver savings to the community care budget.	Reduced management oversight of cases and spend.	Not needed	56	56
Adults Assessment Total							4,276	4,276
Adults Provider								
Resource Centres Older People (Craven Vale, Knoll House, Ireland Lodge (MH), Wayfield Avenue (MH))	4,961	2,717	139.3	Make best use of in-house capacity through minimising voids. Ensure full recovery of health costs.	No expected impact on outcomes provided that full cost recovery of health costs is achieved.	Not needed	150	300
LD Accommodation Services. (14 services)	4,630	3,707	121.7	Commence Phase 2 of LD accommodation plan. Close some houses and commission alternative services to meet statutory assessed needs.	Those assessed against eligibility criteria will still receive care. Location of services and funding streams may vary.	EIA No. 6	150	300

Service Area : ADULTS SERVICES									
Service (including brief description)	Gross Budget £'000	Net Budget £'000	Total Establishment FTE	Description of Saving Opportunity	Impact on Outcomes / Priorities	Equalities Impact Assessment	Savings identified 2014/15 £'000	Full Year effect of 2014/15 savings £'000	
Home Care. (6 services including Independence at Home)	4,416	3,813	131.2	There has been growth in service through joint funding of the Independence at Home services that offer respite services and maximise independence. The services provided at night and at New Larchwood offer a more traditional support service which is not part of the council core business. Can be provided by the independent sector.	The in-house service will focus on respite home care which maximises independence and reduces reliance on long term care. Services at New Larchwood and at night will be reviewed with a view to re-providing or stopping provision. Those who receive a service at night will continue to have assessed needs met but this may mean a change in the service provider. People living at New Larchwood will continue to receive services but this may be delivered by another provider.	EIA No. 7	150	150	
Day Services-including LD day options and older people day services	2,005	1,782	64.8	Close some provision and commission alternative services to meet statutory assessed needs, maximise cost recovery/funding.	Service users will continue to receive a service during the day to meet their needs, and the assessed needs of their carers. The service may be different from the existing service, may be provided in another venue or through another provider within the voluntary sector.	EIA No. 8	300	300	
Able & Willing (A&W) Supported Business	716	508	22.3	Plan to reduce the subsidy invested by the council in A&W by generating additional new business.	If the new business is not generated to balance the budget then this will result in the loss of some posts.	Not needed	125	250	
Employment Support	223	223	6.0	Plan to reduce investment in the service by Adults Services. Investigate other opportunities in private and voluntary sector.	Impact on delivery of supported employment in the city.	EIA No. 9	50	100	

Service Area : ADULTS SERVICES								
Service (including brief description)	Gross Budget £'000	Net Budget £'000	Total Establishment FTE	Description of Saving Opportunity	Impact on Outcomes / Priorities	Equalities Impact Assessment	Savings identified 2014/15 £'000	Full Year effect of 2014/15 savings £'000
Provider Management	602	599	13.5	Review management and administration across the service and across localities.	Reduced management oversight of service.	Not needed	50	50
Adults Provider Total							975	1,450
Commissioning & Contracts								
Contracts	2,504	2,239	n/a	Hold contracts at current prices as a result of procurement of home based services.	Opportunity through procurement to ensure contracts are outcome focussed.	EIA No. 5	85	85
Contracts Unit	365	319	7.2	Increase charges for non residential services above inflation.	Impact on service users through recovery of costs.	EIA No. 10	20	20
Commissioning	2,600	-1,872	20.0	Review non statutory services, fee assumptions and opportunities to combine with public health and communities in advance of grants prospectus.	Outcomes focussed approach remains.	EIA No. 5	20	20
Commissioning & Contracts Total							125	125
ADULTS SERVICES TOTAL							5,376	5,851

Budget Strategy: Public Health

This budget area also includes Community Safety and Emergency Prevention, Preparedness and Response (EPPR).

Strategic financial context and direction of travel

The Public Health spend is currently measured regularly against prescribed and non-prescribed functions aligned to the national public health outcomes framework, and it is anticipated that there will be additional future payments for achievement against the framework.

Currently, the Public Health budget is ring-fenced until April 2016 which provides a degree of stability, however there are financial pressures on the Community Safety budget, and to a lesser extent EPPR as for other General Fund services. Any savings identified within Public Health will be reinvested in eligible expenditure across council services.

A key plank of the Public Health strategy will be to work with other directorates to identify shared objectives and outcomes, particularly those identified in the Public Health Outcomes Framework, and develop joint working, including joint commissioning initiatives.

Further integration of community safety services with those of Public Health, Housing, Police, Children's and Adults services to reduce costs, increase value for money and contribute to the achievement of corporate outcomes.

We will continue to work with the Clinical Commissioning Group (CCG) to identify opportunities to jointly commission programmes for greater efficiency and effectiveness.

We will review the Public Health grant uplift with a view to maximising savings.

Delivering the corporate plan

Tackling inequality

Tackling inequality is the bedrock of much of public health and community safety. Significant areas of work include recommissioning tobacco control services and healthy weight management. The Health and Wellbeing Board has established reducing inequalities as an over-riding objective and will be monitoring progress on this throughout the year. The Public Health Outcomes Framework includes tackling inequality as a top line objective, and it is likely that any future public health premium paid to local authorities for good performance in public health will include some reference to reducing inequalities.

Creating a more sustainable city

The Public Health team works closely with colleagues across the local authority and beyond to create a more environmental, economic and socially sustainable city. The team will continue to work on several fronts this year, contributing to the review of the impact of the 20 mph speed limit, working with colleagues in housing including private landlord owned properties, and

undertaking health impact assessments on major planning initiatives. The team will also be progressing the work emerging from the Director of Public Health's Annual Report for 2012/13 – 'Happiness, the Eternal Pursuit' which links to the One Planet Living Framework where improving Health and Happiness forms a key programme of action.

Engaging people who live and work in the city

The success of most of the public health and community safety agenda is premised on successful community engagement. The team will be looking for improved synergies across the local authority with other departments who hold a similar remit on community engagement. Our joint strategic needs assessment work and our health and wellbeing strategy will continue to have explicit requirements for meaningful community engagement. We will continue to run public engagement campaigns around key strands of work, such as the recent successful Big Parenting Debate and the Big Alcohol Debate.

Modernising the council

As the public health team becomes established in the local authority we will be moving to a more local authority model of practice. The Public Health Team however do bring an established track record of annual appraisals, personal development plans and most recently for senior public health staff – revalidation. This approach ties in very clearly with the Values Framework which has been established within the local authority in the last year.

The team will continue to integrate public health principles and practice by extending the public health realm into the wider local authority.

Key aspects of the budget strategy

Tackling Inequality

Enhanced services: We will review enhanced service contracts with primary care/pharmacies to better address inequalities and to improve their flexibility and effectiveness. Consideration will be given to compiling initiatives into a single Public Health Local Enhanced Scheme (LES).

Tobacco control: There is a current service redesign ongoing in smoking cessation / tobacco control with new contracts in place from April 2014. Smoking cessation is considered one of the most cost effective interventions in public health, however, in the shorter term savings can be delivered by moving to a payment-by-results framework rather than fixed contract prices.

Weight management: The retender for Tier 2 Weight Management Services is underway. This is an opportunity to test the market and deliver more comprehensive services across the city within the existing budget. The new contract should be awarded in December 2013 for April 2014 implementation of new services.

Alcohol and substance misuse: The alcohol and substance misuse service redesign is underway and new contracts are planned to be in place in 2015.

There could be scope to jointly commission some areas with fellow commissioners within BHCC, or with commissioners in East and West Sussex local authorities.

Sexual health: The re-procurement for clinical sexual health services is also underway with new contracts due to commence in April 2015. This will provide the opportunity to improve value for money and performance and will investigate the possibility of introducing a local tariff for sexual health services. The procurement will involve a service redesign to provide a more integrated service which will reduce overheads and duplication.

Crime reduction: We will agree crime reduction and safety priorities with the Police & Crime Commissioner (PCC) which will secure PCC investment in those interventions which are of the highest priority for Brighton & Hove.

Victim and Witness services: We will identify early opportunities for joint commissioning with East and West Sussex including new commissioning arrangements for Victim and Witness services, which will lead to reduced costs and efficiency savings.

Creating a more sustainable city

One planet living: We will support the implementation of One Planet Living, in particular Principle 10 Health and Happiness. This includes several areas mentioned above as well as the following:

- **Mental wellbeing**: working jointly with the CCG to ensure that the care pathway for emotional health and wellbeing includes creative and effective opportunities for prevention as well as treatment services.
- **Physical activity**: With several contracts ending in 2015 including Bike It, Active for Life, Exercise Referrals and Healthwalks, there is potential to retender these services in partnership with co-commissioners in sustainable transport and sports development respectively.

Engaging people who live and work in the city

JSNA engagement: We will use the Joint Strategic Needs Assessment programme (JSNA), overseen by the Health and Wellbeing Board, to inform the further development and implementation of our budget strategy. Making effective use of engagement with local people is an integral part of the JSNA development.

NHS Health checks: We plan to review the current service with a view to reducing health inequalities as opposed to focusing on numbers offered and provided with a check.

Health at work: the current model is being reviewed to identify new opportunities for closer working across directorates for staff within the council and for wider initiatives throughout the city.

Modernising the Council

Resilience: We will continue to work with the Communities and Equalities team to eliminate duplication and reduce costs of commissioned neighbourhood services.

Improved commissioning: We will continue to build on the initial proposals identified at our Commissioners' Network Meeting to support other directorates delivering the wider public health agenda.

Service Area : PUBLIC HEALTH									
Service (including brief description)	Gross Budget £'000	Net Budget £'000	Total Establishment FTE	Description of Saving Opportunity	Impact on Outcomes / Priorities	Equalities Impact	Savings identified 2014/15 £'000	Full Year effect of 2014/15 savings £'000	
Public Health									
Smoking & Tobacco	810	0	0.9	Re-rendering of service, and changing to Payment by Results.	Potential inability to meet any increase in demand for the service.	Not needed	20	20	
Obesity services for adults and children, including community based programmes	683	0	1.8	Retender of service.	minimal impact.	Not needed	6	6	
NHS Health Check Programme	440	0	1.5	Rework of current contract to focus on reducing inequalities could reduce costs and improve health outcomes. Support could come from PH budget uplift. New approach approved by PHE.	Expected to reduce inequality and improve health outcomes.	Not Needed	40	40	
Physical Activity - a range of contracts aimed at increasing the activity levels of the least active adults and children	431	0	2.2	The development/ introduction phase for Refer-all has ended and a co-ordinator to 'roll the system' out is no longer necessary.	Physical activity is an important element of a healthy lifestyle, significantly reducing the risks of ill health and premature death.	Not Needed	19	19	
Miscellaneous, Services described below including:	1,780	0	8.4						
General prevention activities: Healthy City Programme	incl in miscellaneous budget			Potential to: Discontinue WHO aspect - saving £5k p/a - payment will be due early 2014. Review steering group so no need for vice chair - saving £2k pa - could be done from Jan 2014.	From Jan 2014.	Not Needed	8	8	
Public Health Total							93	93	

Service Area : PUBLIC HEALTH								
Service (including brief description)	Gross Budget £'000	Net Budget £'000	Total Establishment FTE	Description of Saving Opportunity	Impact on Outcomes / Priorities	Equalities Impact	Savings identified 2014/15 £'000	Full Year effect of 2014/15 savings £'000
Community Safety Commissioning, co-ordination and delivery of core community safety and crime reduction services including, domestic violence, violence against women and girls, ASB and hate incidents, preventing radicalisation, youth justice, physical crime prevention, substance misuse and public engagement relating to community safety	1,289	1,254	16.0	A saving against rent costs has arisen due to sharing of premises with Children's Services who now occupy 70% of premises at 3 Palace Place.	No negative impact on outcomes and priorities.	Not needed	20	20
				Potential to reduce staffing costs by sharing performance and analytical capacity with Public Health. Two community safety staff to spend 30-40% of time on Public Health enables the forging of stronger links and opportunities between Public Health and Community Safety and jointly working on analysis, strategic assessments, policy and performance reports.	This could result in reduced capacity for performance monitoring and analysis within community safety and could impact on informed decision making by managers and less transparency with communities, but is likely to be managed within current resources.	EIA No. 11	20	20
				Potential to generate savings from new commissioning arrangements for IDVA and ISVA service, the existing levels of service to victims of domestic violence and sexual violence would be maintained.	No negative impact on outcomes and priorities.	EIA No. 11	20	20

Service Area : PUBLIC HEALTH									
Service (including brief description)	Gross Budget £'000	Net Budget £'000	Total Establishment FTE	Description of Saving Opportunity	Impact on Outcomes / Priorities	Equalities Impact	Savings identified 2014/15 £'000	Full Year effect of 2014/15 savings £'000	
				Income generated by ASB staff to offset staff costs. ASB Team already provides some professional support and guidance to housing providers. This offer is being extended and formalised with the possible opportunity of recharging housing providers.	This will result in better outcomes for ASB and Hate victims in the city regardless of tenure.	EIA No. 11	5	10	
				Potential to reduce staffing costs by sharing community engagement element of Prevent and Hate Crime staff costs with the council's Policy Team. Two officers with strong community engagement experience and strong links to BME, faith communities and disability to develop wider community engagement opportunities for community engagement element of Policy Team.	This will lead to improved performance relating to community engagement for the Policy Team. It could also lead to reduced engagement capacity for community safety and Prevent but this may be mitigated by reductions in overlaps.	EIA No. 11	15	20	
				Third sector services to the street community are commissioned separately by police, housing, health and community safety. In the first instance a saving could be made on outreach work by jointly commissioning third sector providers to provide wrap around services to the street community.	More effective delivery on Cohesive and Safe Communities outcome.	EIA No. 11	20	20	
Community Safety Total							100	110	
PUBLIC HEALTH TOTAL							193	203	

The Care Bill and the NHS/Social Care Better Care Fund(Previously known as Integrated Transformation Fund)

The Care Bill is currently in the House of Lords and is expected to receive Royal Assent some time in May 2014. It represents the most profound change to adult social care framework, since the National Assistance Act 1948. The bill will repeal most of the legislation that has been implemented since then and will replace this with a range of new legislation and statutory guidance. The changes that will follow include:

- The cap on care costs proposed following the Dilnott review. The current level of the cap is being suggested at £76k over a person's lifetime and is based on a financial assessment – depending on whether they receive residential or home based support.
- A requirement for councils to assess on an annual basis all adults who receive care to determine whether their needs meet the national eligibility criteria. The national criteria are expected to be broadly in line with the council's current local eligibility criteria which is based on critical or substantial needs.
- All eligible adults will need to have a Care Account set up so that the council can track their spend (against agreed cost profiles) and determine when they meet the cap. This will mean an annual assessment and review process for a much wider group of adults than is currently the case, including those self-funding their residential or home based care. These changes are being planned to commence in April 2015, with assessments of current self funders commenced in 2014/15.
- Putting safeguarding of adults on a statutory footing.
- New rights and entitlements for carers to receive appropriate assessment of their needs and support.

The long term financial consequences for the council are impossible to assess at this stage and will depend on the national funding model, the city's demographic profile and the wealth of residents, particularly in terms of property values. However there are substantial costs that need to be incurred now to ensure that the system can operate from 1 April 2015, including increased resources for assessment of both care and finance needs, technological investment to establish the Care Accounts and effective communications.

As well as the care cap there are other important changes in the Care Bill including putting safeguarding of adults on a statutory footing, with the bill carers will have new rights and entitlements to receive appropriate assessment of their needs and support by new burdens funding from central government, there is always a real risk that this will be insufficient to meet the costs.

In the July Spending Review, the government announced £3.8bn per annum nationally from 2015/16 for an Integrated Transformation Fund (ITF) across adult social care and health. £1.9 billion of this funding is already in local authorities in the existing NHS Funding for Social Care or in other sources of grant funding such as Carers Grant and Disabled Facilities Grant. The council

needs to have joint plans with the clinical commissioning group (CCG) on how we will collectively spend this money. This funding is an ambitious programme to better join up health and social care in order to reduce pressure on the acute sector – in particular emergency admissions. The requirements are still emerging for this funding but it certainly includes 7 day a week working across the health and social care system. It will cover the range of services that support discharges from hospital and prevent admissions especially out of hours, require whole systems change across local authority boundaries and will be dependent on improved information sharing across health and social care. The City expects to receive approximately £1 million in 2014/15 to support preparations for 2015/16. We believe 50% will be received at the start of the year with the remainder based on performance.

The scale of these changes and the service, financial and reputational risks associated with them are enormous. If successful then the ITF in particular could be a crucial part of the council's response to dealing with ongoing funding reductions and pressures on adult social care and should lead to lower numbers of individuals in long term residential and nursing home care. If it proves more challenging to deliver the required results then the council potentially could see increased financial risks, particularly if the NHS and the acute hospital trust are unable to show the anticipated savings on which the funding transfer to the council so depends.

One off resources of £0.5m has provisionally been set aside in the council's budget to facilitate the changes from the Care Bill and ITF changes, some of which is likely to be covered by new burdens funding from government but there is too much uncertainty for a change of this scale for the council not to plan ahead and set aside funding to ensure it can be implemented effectively.

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ⁱ The above text is an extract from Appendix 3 of the Budget Update and savings 2014/15 report to Policy and Resources Committee 5 December 2013

Subject:	Community Short Term Services – an update		
Date of Meeting:	20 January 2014		
Report of:	Chief Operating Officer, Brighton & Hove Clinical Commissioning Group and Executive Director Adult Services		
Contact Officer:	Name:	Gill Brooks	Tel: 01273 574635
	Email:	Gill.brooks1@nhs.net	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The Community Short Term Services (CSTS) provides a range of health and social care services that provide rapid assessment and time limited support to:
- Prevent avoidable hospital attendances and/ or admissions;
 - Support people to recover from a spell of illness/injury following a stay in acute hospital; and
 - Maximise a person's independence through rehabilitation and reablement.
- 1.2 **There are two purposes to the report:**
- To propose changes to Independence at Home (the Council's directly provided home care service) as a result of developments in the home care element of CSTS; and
 - Provide a general update on CSTS including those areas highlighted in the June 2013 report.

2. RECOMMENDATIONS

- 2.1 Adult Care & Health Committee are asked to agree the proposals for Independence at Home to concentrate on providing short-term reablement services and to withdraw from providing services at New Larchwood.
- 2.2 Adult Care & Health Committee is asked to note this general update on Community Short Term Services.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 CSTS is provided by:
- Brighton and Hove City Council (Knoll House and Craven Vale);
 - Sussex Community NHS Trust (home based services and in-reach to Knoll House and Craven Vale for nursing and therapies, and in-reach to Highgrove for therapy);
 - Age UK Brighton and Hove (Crisis and day sitting);
 - Integrated Care 24 Ltd (roving GP and out of hours district nursing);

- e. Victoria Nursing Homes Group (Highgrove); and
- f. Brighton and Sussex University Hospitals NHS Trust (Care of the Elderly Consultants).

4. HOME CARE SERVICE

- 4.1 A multi-agency group was established to look at the arrangements for commissioning home care within CSTS. The purpose of this group was to:
- a. Ensure that all home care provision for service users with short term needs was used optimally; and
 - b. Explore the inter-relationships between services, and make suggestions for improvements.
- 4.2 It was established that the home care team in CSTS were struggling to cope with the demand for their service and as a result additional temporary support was being provided by an independent agency (Mi-Home care), in order to meet demand.
- 4.3 The Independence at Home team (home care directly provided by the Council) are specifically trained to provide a reablement service and these skills were well matched to the needs of the CSTS team. The majority of their work is short term and generated from hospital discharge but not all the cases they receive have a reablement need. They also provide:
- a. Support to community assessment teams;
 - b. End of life care;
 - c. The care element of Extra Care housing at New Larchwood including a 24 hour on-site staff team;
 - d. A Community night service operating from 19.30 to 07.30; and
 - e. Care to a small number of long-term service users with very complex needs.
- 4.4 Independence at Home has a high success rate for achieving good outcomes through reablement and the team has been concentrating on short term work for several years in order to optimise the skills of staff and the make the best use of resources.
- 4.5 To offer service users a more streamlined service, and to make the best use 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.
- 4.6 **There are 4 main implications for the decision:**
- a. **Independence at Home:** the team will focus on the provision of short term reablement services
 - b. **New Larchwood:** As Independence at Home focus on CSTS work it will be 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. **(See section 5 below).**
 - c. **Home care staff in CSTS:** A consultation will take place with staff from the home based care team in CSTS about their transfer into the Independence at Home team. Protocols for clear and robust

communication will need to be agreed to ensure that the homecare service remains integrated with the other elements of CSTS.

- d. **Charging:** Currently people are subjected to a financial assessment and may 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. This issue is also covered within the separate report on charging to Adult Care & Health Committee.
- 4.7 An element of Independence at Home would continue to provide a service to enable Adult Social Care to fulfil its statutory duties.
- 4.8 **Advantages of the proposed changes to home care services in CSTS:**
- a. Having one integrated home care team within CSTS will enable a more streamlined approach to reablement home care;
 - b. This will reduce inequality for service users;
 - c. There will be increasing levels of co-operation and joint working between the health & social care organisations working within the CSTS team; and
 - d. Pathways between the different disciplines and organisations will be clear and direct, and duplication of effort should be reduced.
- 4.9 A project plan has been created to scope the next steps to take this work forward in the coming months with a target date of April 2014 for amalgamation of the home care team.

5. NEW LARCHWOOD

5.1 Background information

- 5.1.1 There are 39 flats at New Larchwood extra care housing facility. The building is owned by Hanover Housing Association.
- 5.1.2 The 'Extra Care' element of New Larchwood is currently provided by a combination of Independence at Home (I@H) Brighton and Hove City Council (BHCC) in house domiciliary care team and private providers
- 5.1.3 The care provided to service users living in NLW is generally longer term as opposed to short term reablement.

5.2 New Larchwood Service User Information

- 5.2.1 Tenants at New Larchwood range between 63 and 100 years of age. The average age is approximately 75 years. Profile of needs include people with a physical disability, learning disability, alcohol dependency, mental health requirements and age-related frailty.
- 5.2.2 I@H currently provides care to 22 of the 36 tenants (269 hours per week.) In total 8 tenants receive support from Independent Providers.
- 5.2.3 The average care package for tenants is 12.2hrs per week, with the lowest care package at 0.25hrs and the highest being 45.50hrs.

- 5.2.4 There are three care packages that are split and have support from both Independent providers and BHCC I@H service. I@H provides the night calls.
- 5.2.5 Due to increased dependency of tenants and demands for increased hours of care, some tenants were reviewed and now have their care packages provided by an independent care provider.
- 5.2.6 The mix of different providers that has developed over time has created some confusion for service users and other professionals working at New Larchwood.

5.3 New Larchwood Staffing

- 5.3.1 Staff from I@H are available at New Larchwood to provide care over a 24 hour period. Service users have an allocated care package, but may require some assistance in between calls.
- 5.3.2 A total of 22 staff currently work at NLW. This is broken down into 7 night staff and 15 day staff. In addition there are currently 3 vacancies on days.
- 5.3.3 Management and administration time is also allocated to NLW however this is managed via the main homecare service.

5.4 Proposals for a new model of care at New Larchwood

- 5.4.1 Section 4 of this report outlines the reason for considering a new model of care at New Larchwood. Members are asked to agree the proposals for Independence at Home to concentrate on providing short-term reablement services and to withdraw from providing long term services at New Larchwood.
- 5.4.2 This will mean that an alternative new care service at New Larchwood will have to be commissioned for service users using the Council's tendering process. The current home care contractual arrangements for the city allow for the framework providers to take on extra care work if it is within the district locality where they are the main district provider. This allows for a hub and spoke model to develop in the locality of New Larchwood (Coldean area).

5.5 Implications for service users and staff at New Larchwood if the service is tendered to a private provider

- a. Service users will be assured that they will continue to have their needs met, although the care will be provided by another provider.
- b. The transfer of the extra care work to another framework provider is likely to be a TUPE event for the purposes of the Transfer of Undertakings (Protection of Employment Regulations). A TUPE event occurs where a 'distinct undertaking' (e.g. work location, work unit, team) changes contractor or ownership.
- c. This would mean that, based on current staffing, 22 contracted council employees (14.4 FTE) would potentially be entitled to transfer to the new provider on their current terms and conditions. This may make the contract less attractive to independent providers as organisations cannot opt out of TUPE if it applies.

- d. Staff covered by TUPE but who do not want to transfer to another provider could potentially have the opportunity to apply for vacant posts across the council (which may include vacancies in the I@H service). Consideration would need to be given to supporting staff in a recruitment and selection process. If a transferring employee commenced in an alternative council post outside of New Larchwood prior to the point of transfer they would not transfer to the new provider.

5.6 Benefits for service users & staff:

- a. This is a tried and tested model and has been adopted successfully by many other Local Authorities across the UK and a private provider is contracted to provide care at Patching Lodge.
- b. Service users can be involved in the service specification and selection process for the new provider.
- c. This option offers the least risk, since it would be tied into a clear specification with a dedicated service provider bound by a contract that BHCC can enforce.

5.7 Budget savings and New Larchwood

- 5.7.1 The proposals for savings in Adult Social Care budget for 14/15 includes proposed savings of £150k in 2014/15 from New Larchwood.

6. COMMUNITY SHORT TERM SERVICES UPDATE

6.1 Knoll House

- 6.1.1 Knoll House has 20 intermediate care beds provided for CSTS. From March 2013 until November 2013 Knoll House was only open to 12 beds due to safeguarding concerns and work needed to address the Care Quality Commission (CQC) improvement plan. A recent CQC visit (September 2013) stated that Knoll House was fully compliant with all eight standards and the establishment is now working at full capacity.

6.2 Needs Assessment Audit

- 6.2.1 The commissioners regularly monitor the CSTS to ensure it continues to fulfil the needs of the service users and that there is the right balance between beds and home based services and appropriate skill mix. A needs assessment audit was carried out in January 2012 focussing on bed based services and a re-audit was undertaken in August 2013 on all aspects of the CSTS.
- 6.2.2 Although it is recognised that the demographic population of Brighton and Hove does not reflect the regional older population growth, the city has a relatively larger group of people living in isolation who are more vulnerable and dependent on public services¹ including CSTS. The audit did show that most service users were female and over 75 years old.

¹ Brighton and Hove Information Service 2012 Joint Strategic Needs Assessment Chapter 7.3
<http://www.bhlis.org/jsna2012>

- 6.2.3 Most users of CSTS were referred for rehabilitation post-operatively or following a fall. The outcomes were favourable with the majority of patients maximising independent living and returning to or remaining in their usual place of residence.
- 6.2.4 For both nursing and therapy support in CSTS, the most intensity required was 2-3 visits/ reviews per day with the majority just requiring 1 visit/ review each day for nursing and 1-2 visits/ reviews per week for therapy.
- 6.2.5 One of the main findings was that the social and personal care element of a service user's needs was extremely important to them achieving their goals and being discharged from CSTS. In the audit, 80% of the patients benefitted from this level of care.
- 6.2.6 The findings from this audit will be used to improve the CSTS model further. This will include further resource in home based services, social care and reablement to provide proactive prevention and ultimately reducing unavoidable hospital attendances and provide a step-down to CSTS bed based services, as well as supporting early discharge from the acute sector.
- 6.2.7 The recommendations following the audit are:
- a. To review the pathways from the acute to CSTS;
 - b. To review the admission and discharge processes within CSTS;
 - c. To continue to improve the model to reflect user needs that ensures patients can remain in their own home as much as possible, wrapped around the patient, the right care at the right time in the right place;
 - d. To ensure that the resources and workforce are available to achieve the optimum model; and
 - e. To ensure learning from the needs assessment informs the future frailty model within Brighton and Hove.
- 6.2.8 Consideration was given to developing additional beds at Craven Vale Resource Centre. This is not being taken forward as the focus is on growing community services rather than developing more bed based services. Currently other options are being considered for Craven Vale.

6.3 Clinical governance

- 6.3.1 The committee are asked to note there is agreement with regards clinical governance arrangements, and roles and responsibilities within CSTS.
- 6.3.2 The service specification has been re-drafted to ensure there is clarity about roles, responsibilities and accountability, in particular for the medical accountability and roles and responsibilities for in-reach services to the beds.

6.4 Service improvements

- 6.4.1 In December 2012 Age UK (Brighton and Hove) commenced a dementia day sitting service pilot as part of the CSTS. The success of this pilot resulted in the CCG formally commissioning this service from June 2013 and extending it to include all day sitting needs not just those people with dementia.

- 6.4.2 The medium term (next two years) commissioning intentions include an integrated model of care for frail people in Brighton and Hove. This will mean the development of an overall system of care centred round keeping frail and/ or vulnerable people well in the community. Significant work has already been done to improve the frailty pathway in Brighton and Hove (for example, development of Integrated Primary Care Teams, to provide a more holistic model of care and Care of the Elderly Consultants supporting community patients). However the approach that has been taken has been relatively piecemeal and whilst there have been improvements to the range of services and collaboration between providers; the system of care does not always provide seamless holistic care and there continues to be demand on acute services. This proposed development will include people cared for within CSTS.
- 6.4.3 In December 2013 the Independence at Home team commenced joint working with CSTS by assisting with in-coming work where referrals started to exceed capacity. This is enabling pathways and communication to be “tested” and refined as well as increasing capacity within CSTS homecare ahead of the team becoming one.

6.5 Service Developments

- 6.5.1 The services have been working on a number of service improvements involving patient flow through the system.
- 6.5.2 One example of this is the development of both a bed based and home based CSTS escalation flow diagram. This outlines the trigger points in the system when a number of patients waiting for CSTS services reach a certain level there are clear actions and responsibilities that are followed.
- 6.5.3 Another example is the formation of a discharge planning task and finish group and subsequent action plan. This has enabled the bed based services to pilot new ways of working, such as daily board rounds, multi-disciplinary meetings with patients and carers/ family, as well as the establishment of a dependency tool.

6.6 Quality monitoring

- 6.6.1 There is a monthly CSTS Board meeting with representation from the joint commissioners in BHCC as well as all providers and a representative from Healthwatch.
- 6.6.2 The Board recognised the importance of including quality assurance in the monitoring of the service to ensure that service users are well supported in their journey through all elements of the service. Both the CCG and Adult Social Care jointly work together to monitor care governance and quality.
- 6.6.3 A quality part of the agenda has been established and the membership of the Board now includes the Lead Nurse, Director of Clinical Quality & primary Care, a Care of the Elderly Consultant and a Lead Nurse for community services. The key performance indicators associated with quality are currently being agreed.

6.7 Winter/ surge planning

- 6.7.1 The CSTS recognises its importance in supporting secondary care, Brighton and Sussex University Hospitals NHS Trust and other community and social care services during the winter surge which often results in increased demand.
- 6.7.2 CSTS has increased resources and capacity. The CSTS winter projects include:
- a. Additional resource in Community Rapid Response Service (CRRS);
 - b. Additional social worker resource in CRRS;
 - c. Additional resource in Age UK Brighton and Hove crisis service;
 - d. Extended roving GP hours;
 - e. Additional night sitting service;
 - f. Dedicated transport for CSTS patients to support discharge;
 - g. Additional homecare capacity; and
 - h. 4 additional short term service beds.
- 6.7.3 All the projects will be monitored and measured to ensure they relieve the pressure within the system.

6.8 Summary of any on-going work

- 6.8.1 The Committee are asked to note that the commissioners have mechanisms in place to assure that the service delivers quality care and continues to have sufficient capacity to meet demand. The on-going work includes:
- a. Sign off of the service specification by CSTS Board;
 - b. Monitoring and evaluation of the surge/ winter projects;
 - c. Homecare consultation and implementation; and
 - d. Aligning any service improvements to the integration agenda.

7 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 7.1 Considerable work had been undertaken by health & social care professionals to redesign services to make them more accessible to individuals, and to reduce handoffs and duplication.

8 COMMUNITY ENGAGEMENT & CONSULTATION

- 8.1 The Brighton and Hove CCG and Adult Social Care engage with the residents of the city on a regular basis. The CCG meet with Healthwatch on a quarterly basis discussing key commissioning themes and intentions that include community services. A summary document on all draft commissioning intentions will be sent to Patient Participation Groups across the city over the coming months.

9. CONCLUSION

- 9.1 The committee is asked to agree the proposals concerning Independence at Home to ensure it makes the best use of resources, promotes increased joint working, and results in the more streamlined service to the individual.
- 9.2 The committee is asked to note and consider the update on CSTS.

10. FINANCIAL & OTHER IMPLICATIONS:

- 10.1 It is anticipated that the recommendation for Independence at Home to concentrate on providing short-term reablement services and to withdraw from providing services at New Larchwood will deliver improved value for money and contribute to the Home Care savings proposals included in the BHCC budget strategy which is subject to approval by Budget Council in February 2014.
- 10.2 The total cost for the winter/ surge projects for CSTS is £694,000 and additional funding has been identified and allocated as follows in table one:

Winter/Surge Funding	£k	Allocated to
<u>Winter Contingency - funding held by CCG</u>		
Additional resource in Community Rapid Response Service (CRRS)	105	SCT*
Additional social worker resource in CRRS	100	BHCC
Additional resource in Age UK Brighton and Hove crisis service	20	AUK**
Additional homecare capacity	75	BHCC
	300	
<u>Reablement Fund - funding held by CCG</u>		
Additional short term service beds	190	
<u>Winter/ surge central money - joint bid funding</u>		
Extended roving GP hours	42	IC24***
Additional night sitting service	47	IC24
Dedicated transport for CSTS patients to support discharge	40	SMS****
Additional resource in CRRS to supplement above	75	SCT
	204	
Total Funding	694	

Table One: summary of winter/ surge projects costs

*SCT – Sussex Community NHS Trust

**AUK – Age UK (Brighton and Hove)

***IC24 – Integrated Care 24 Ltd

****SMS – Sussex Medical Services

Finance Officer Consulted: Michelle Herrington

Date: 06/01/2014

Finance Officer Consulted: Debra Crisp

Date: 06/01/2014

Legal Implications:

- 10.3 CSTS is a jointly commissioned service so that approval of the recommendations in this report is required from both the Council and CCG.
- 10.4 The re-commissioning of the extra care services at New Larchwood has both contractual and employment implications.
- 10.5 From a contractual perspective, the services are classed as 'Part B' by the EU Procurement Rules. This means that the process of awarding the work to a new

provider or new providers must be fair and transparent. The Council's Contract Standing Orders (CSO's) require that all contracts for social care services are able to demonstrate value for money. The use of the existing Framework Agreement to appoint a new provider or providers will ensure that these requirements are satisfied.

- 10.6 The legal position in relation to the current BHCC employees is set out in the body of the report at paragraphs 5.5 a-d. In summary, it is likely that TUPE will apply, giving staff an entitlement to transfer to any new provider or providers.

Lawyer Consulted: Sandra O'Brien

Date: 07/01/2014

Equalities Implications:

- 10.7 The commissioning of CSTS is a key element of the Mental Health and Community Services Commissioning Plan for the CCG which has been subject to a full equalities impact assessment. The model for CSTS strives to improve equity, creating a new more streamlined, efficient, tailored and effective service to improve patient outcome and experience.

Sustainability Implications:

- 10.8 The commissioning of CSTS ensures a sustainable model of care which will make a positive on-going contribution to preventing inappropriate admissions and facilitating effective discharge. Any future development of existing estate within the city will take due account of sustainability implications in line with the LA sustainability principles and duties. The proposal for New Larchwood makes the best use of resources and enables Independence at Home to concentrate on reablement and rehabilitation services.

Any Other Significant Implications:

- 10.9 No other significant implications to note.

Crime & Disorder Implications:

- 10.10 There are no crime and disorder implications arising from this work.

Risk and Opportunity Management Implications:

- 10.11 Commissioning level risks are recorded via CCG risk management systems and monitored by the internal Project Management Office at the CCG as well as at the CSTS board.

Public Health Implications:

- 10.12 The CSTS is focused on prevention and aims to avoid and reduce the severity of patient illness, improving both patient outcomes in addition to being more efficient. The inclusion of the integrated CRRS and Independence at Home ensures service users who do require intervention receive this in a timely and more effective way improving outcomes and reducing the need for long term care.

Corporate / Citywide Implications:

- 10.13 The CSTS continues to have a positive impact on all wards of the city, reducing inequalities and improving patient outcomes and experience.

SUPPORTING DOCUMENTATION

None

ADULT CARE & HEALTH COMMITTEE (JOINTLY COMMISSIONED SECTION 75) BUSINESS

Agenda Item 52

Brighton & Hove City Council

Subject:	Integrated Community Equipment Service		
Date of Meeting:	20th January 2014		
Report of:	Executive Director of Adult Services		
	Chief Operating Officer, Brighton & Hove Clinical Commissioning Group		
Contact Officer:	Name:	Anne Richardson-Locke	Tel: 29-0379
	Email:	Anne.richardson-locke@brighton-hove.gcsx.gov.uk	
Ward(s) affected:	All		

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The report provides an update to Committee on the joint work that is taking place between Brighton & Hove City Council (B&HCC) and Brighton & Hove Clinical Commissioning Group (CCG) and Sussex Community NHS Trust (SCT) to determine the future of the Integrated Community Equipment Service (ICES).
- 1.2 The equipment service is commissioned jointly between B&HCC and the CCG. The service has been provided via a Section 75 agreement with SCT since 2004. SCT manages the integrated service, delivering daily living and community health equipment to adults and children.

2. RECOMMENDATIONS:

- 2.1 That Committee note the contents of the report 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.
- 2.2 That Committee agree for Commissioners to 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.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 A report on ICES was presented to Adult Care & Health Committee in September 2013 setting out various options for the future delivery of the service. The report recommended Option 4 which was to formally approach West Sussex County Council (WSCC) to discuss the feasibility of working in collaboration to tender for a new service model for the provision of community equipment services. This

option highlighted the time pressures as WSCC were recommending to their Cabinet in December 2013 that they commence a tender for an equipment service and this could be a good opportunity to collaborate.

- 3.2 Members asked for more information and were keen that a map be included in a future report and this is attached as Appendix 1. There were also questions about the Shoreham Harbour development and the impact this may have on the ICES building. The Shoreham Harbour Development Manager has reported that in terms of timescales for the development the earliest proposals are estimated to come forward in 3-5 years. Members also asked about the tracking and recycling of equipment and how it is collected and reported on and this data is still outstanding, see 3.5.2 below.
- 3.3 Committee agreed the following:
- (1) That Option 4 of the report be agreed: To enable Adult Social Care and Brighton and Hove Clinical Commissioning Group (CCG) to formally approach West Sussex County Council to discuss the feasibility of working in collaboration to tender for a new service model for the provision of community equipment services.
 - (2) That until such time as a new contract is awarded, it is agreed that services shall continue to be delivered with Sussex Community NHS Trust (SCT), and that commissioners will work with SCT to develop the requirements of the existing service specifications.
 - (3) That a further report be presented to the Committee at its meeting on 25 November. In the meanwhile, a site visit should be arranged for Members.
- 3.4 A visit to the ICES store was arranged for Members on 19th November and was attended by 4 Members. Members were given a tour of the building by the Service Development Manager, Assistant Manager and Operations Manager and saw the main storage area and decontamination area.

West Sussex County Council tender

- 3.5 Discussions have started with WSCC as agreed by Committee, and although some early conversations have proven to be helpful, Adult Social Care and the CCG are not in a position to actively participate in the competitive dialogue process being run by WSCC at the present time due to the timing of that process. Nevertheless WSCC are proposing to procure a Framework Contract, which would enable B&HCC and the CCG to call off a contract from that Framework at a later date.
- 3.6 To enable this possibility BHCC is to be named on the WSCC OJEU Contract Notice tender. If Committee did wish to pursue this option in the future the advantage would be that BHCC wouldn't have to engage in a full procurement exercise. This would therefore be more cost effective. It must be emphasised that this does not commit BHCC to purchase any particular services under the WSCC Framework, but it permits this potential option being available alongside all other options for consideration at a later date. Not including BHCC would remove the possibility of utilising the WSCC Framework at any point in the future.
- 3.7 WSCC intend to commence the tender process in January 2014, award the contract in September 2014 and start the new contract in April 2015.

- 3.8 A recommendation about whether or not to use the WSCC Framework can only be made once we have been able to obtain accurate information about the unit costs of the current service, together with details of recycling and expenditure against specific items and by specific teams. SCT has agreed to work collaboratively with the commissioners to help identify this information.
- 3.9 Consultation with current and future customers and prescribers is required to identify what the local needs are, particularly around self assessment and self purchase, and soft market testing is also needed to identify what providers are in the market and any potential costs.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 As agreed by Committee Commissioners from B&HCC and the CCG are continuing to work closely with ICES to develop the requirements of the existing service specification. Discussions about the performance of this service have been taking place since 2011 and a service specification with Key Performance Indicators was produced in 2012 and refreshed in 2013. Commissioners will closely monitor performance against this specification before making a recommendation about the future of the service.
- 4.2 The September Committee paper reported a 30% initial recycling rate which was a figure produced by SCT as at the time 70% of the equipment that they were purchasing was new rather than recycled. SCT have also reported that in the region of 90-95% of items are recycled but on further investigation this figure relates to the recycling of items that are collected and therefore is a lower figure. More recent data indicates that the recycling levels have improved but further analysis is needed before producing accurate collection and recycling data.
- 4.3 B&HCC and the CCG will explore what equipment services will be required in the future .This will include talking to current and future customers and prescribers.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 No community engagement or consultation has been carried out other than the regular service user satisfaction surveys and prescriber surveys collected by ICES.

6. CONCLUSION

- 6.1 That further joint work is needed with SCT to identify their current performance, accurate unit costs and the costs of an alternative building before making decisions about the future of the equipment service.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The 2013/14 jointly commissioned budget for ICES is £1.420m, of which £0.799m (56%) is funded by Health and £0.641m (44%) by Adult Social Care.

As noted in the report, further work is needed to fully understand the unit costs of the ICES service in order to help make an informed decision on any change in future service provision.

Finance Officer Consulted: Mike Bentley

Date: 17/12/13

Legal Implications:

- 7.2 When reviewing service provision, the Council has a legal duty to deliver Best Value. Members need to take into account the overall value of the service, including economic, environmental and social value,
- 7.3 The EU Procurement Rules also require that the principles of fairness and transparency are applied to any process leading up to the award of a new contract for services of this nature.
- 7.4 It is considered that the Recommendations set out above comply with these requirements.

Lawyer Consulted:

Name Jill Whittaker

Date: 06d/01/14

Equalities Implications:

- 7.5 An Equalities Impact Assessment will be carried out to ensure that equalities issues are considered in the development of any future model.

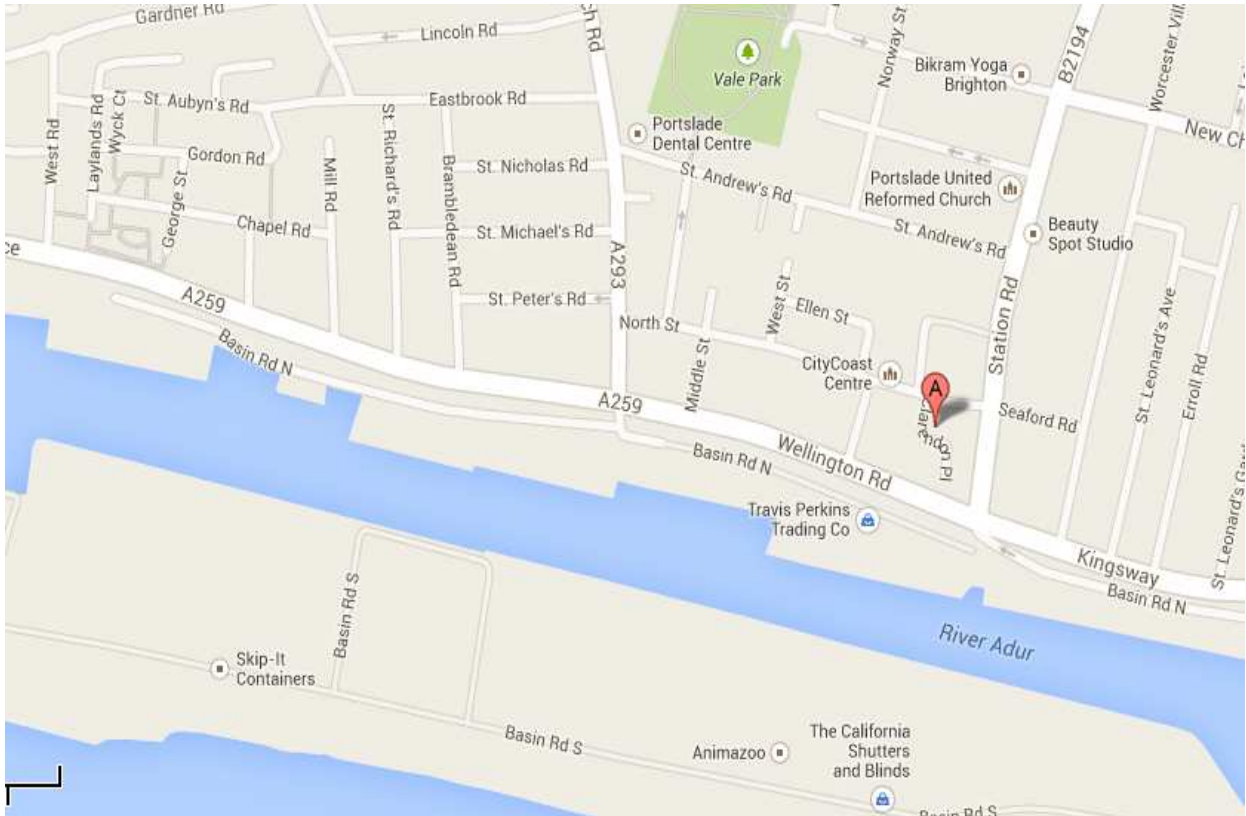
Sustainability Implications:

- 7.6 There are sustainability implications within this report. The decontamination and recycling of equipment is essential for any equipment service and commissioners will continue to work with SCT to identify accurate collection and recycling data. In addition, sustainability implications will need to be considered when deciding on the future of any buildings and delivery system.

SUPPORTING DOCUMENTATION

Appendix 1

1. Map locating ICES building.



Subject:	Commissioning Grants Prospectus		
Date of Meeting:	20th January 2014		
Report of:	Executive Director Adult Social Care and Health Chief Operating Officer, Brighton & Hove Clinical Commissioning Group		
Contact Officer:	Name:	Debbie Greening	Tel: 295739
	Email:	Debbie.greening@brighton-hove.gcsx.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 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.
- 1.2 This report gives details of the procurement process, the outcomes and funding awards that have resulted from this process and services that will be in place from 1st April 2014 for 3 years.

2. RECOMMENDATIONS:

- 2.1 That Committee note Adult Social Care Commissioning Prospectus funding agreement awards as detailed in Point 3.11.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS

- 3.1 The Adult Social Care Prospectus is aimed at the voluntary & community sector and is designed to develop local services that promote and improve the health, social care and well-being of people living in the city.
- 3.2 The Prospectus was produced by Adult Social Care working in partnership with commissioning colleagues from Public Health, Corporate Performance, Equalities and Communities, and Brighton and Hove Clinical Commissioning Group.
- 3.3 Jointly funded by the NHS and the Council, the Prospectus provides an alternative procurement approach that give equal weighting to elements of quality, cost and social capital. A key aim is to encourage partnership arrangements that use resources to best effect and provide local people with more choice and control.

- 3.4 The commissioners used a range of processes to inform development of outcomes in the following areas:
- Specialist advocacy services
 - Activities for older people in localities across the city
 - A city-wide co-ordination function to facilitate connections between organisations working in the city
 - Psychosocial support for the BME community. Funding for each outcome area was agreed for 3 years to provide some security for the voluntary and community sector organisations to develop their services and improve their capacity to meet emerging need

3.5 Overview of outcomes and funding available

Commissioning Prospectus Outcome Areas		
1.Specialist Advocacy		
Outcome		
1.1	Independent, free, local advocacy services to support adults using, or seeking to use, adult social care and health services	190,000 (including 85,311 ring-fenced for people with learning disabilities)
1.2	Independent mental health advocacy (IMHA) and community mental health advocacy	£ 210,000
2. Locality based activities for older people		
Central and North area		142,566
East area		124,382
West area		145,566
Outcome		
2.1	Supporting people to be as independent as possible	
2.2	Reducing social isolation	
2.3	People remain healthy and well for as long as possible	
2.4	Providers compliment city-wide and locality provision to maximise support for older people's activities	
3.City -wide co-ordination		96,997
Outcome		
3.1	Partnership working across and between localities to support wider outcomes	
3.2	Mechanisms are in place to ensure that users are involved at all stages of activity	
3.3	Organisations and activities flourish to provide quality services	
3.4	People remain healthy, well and independent	
3.5	Co-ordinating city-wide information	
4 Psychosocial support in the Black, Minority and Ethnic Community		36,593
Outcome		
4	To improve the mental health management and well- being of black and ethnic minority communities who live in Brighton and Hove, in particular those who have limited knowledge of , or access to, community mental healthcare services	

3.6 These outcomes were developed in partnership with stakeholders to ensure that the future shape of services focus on what matters most to residents. This process involved use of existing information, evidence and research and the knowledge and experience of local providers in the community and voluntary sector to review and design the outcomes.

3.7 Governance arrangements

A steering group was set up in January 2013 to oversee the prospectus process. Membership consisted of all the relevant commissioners with an interest in the Prospectus together with officers from procurement, finance and contracts departments. The group was chaired by the head of Commissioning and Partnerships in Adult Social Care and the Community Voluntary Sector Forum (CVSF) was also invited to sit on the steering group to represent the sector and to act as a critical friend throughout the process.

3.8 Procurement process

3.8.1 Various consultation events took place during autumn 2012 and spring 2013 to determine the final outcomes in each area. Invitees included both current and potential new providers and were used to facilitate partnerships.

The prospectus was published on the South East Business Portal on May 1st 2013.

3.8.2 Two training sessions were arranged through the CVSF to assist potential bidders to understand the process, increase bid writing skills and to assist with partnership bids for those providers who had not had this experience before. This was widely advertised through the CVSF to reach as many potential bidders as possible.

3.8.3 Bidder's briefings were held for each outcome area of the prospectus during May and all questions asked and answers given were published on the SE Business Portal to ensure a fair and transparent process. Applications were received for the first stage of the process by 28th June 2013.

3.9 Evaluation

3.9.1 Evaluation teams were formed consisting of the relevant commissioners, procurement manager and a representative group of service users, known as the "people's panel." The CVSF recruited these volunteers and they were provided with evaluation training to ensure they understood their role and the process.

3.9.2 The application form was split into sections on quality, social capital and cost. The section on social capital included a question set by service users in East Sussex and this incorporated a number of themes, this section of the application was evaluated by the people's panel.

3.9.3 The first stage of the evaluation process was completed by the end of July 2013. Each bidder was then invited to a meeting to discuss their submission and they were given feedback to indicate any areas for improvement. Following this process they were invited to resubmit a revised bid by 20th September 2013

3.9.4 The evaluation teams then made adjustments to scores to reflect the content of the revised bids.

3.10 Awards Process

To comply with governance requirements a report was taken to the Clinical Commissioning Group (CCG) governing body on 26th November with a recommendation to approve the award of contracts which had part of all CCG funding. This was agreed.

3.11 The bidders were contacted on 27th November to inform them of the outcome of their bid. **The awards for each outcome area are detailed below:**

Commissioning Prospectus Funding Awards

	Outcome area	Award
1.1	Specialist Advocacy	Partnership bid: Mind-in Brighton and Hove – Lead Partner
		Brighton and Hove Impetus - Interact
		Brighton & Hove Speak Out
		Brighton & Hove Age UK
		The Fed Centre for Independent Living
1.2	IMHA and MH community advocacy	Funding award not finalised – Procurement team are advising on next steps
2.	Older people activities	
	West	Hangleton And Knoll
		Impact Initiatives- St Johns
		LGBT Switchboard
		Trust For Developing Communities
	East	Somerset Day Centre
		Impetus - Neighbourhood Care Scheme
		Community Service Volunteers- Lifelines
	North / Central	Impact Initiatives- St Johns
		LGBT Switchboard
		Trust for Developing Communities
3.	City-wide co-ordination	The Fed Centre for Independent Living
4.	BME Psychosocial support	Trust For Developing Communities

3.12 Implementation

Following award, commissioners and the contract team will work with the successful bidders to establish a clear set of performance indicators; to finalise the specification and to confirm contractual arrangements; prior to the new service starting at the beginning of April 2014.

3.13 Where bids from the incumbent provider were not successful the commissioner and the contract team will support providers through the process of transferring the service to the new provider.

3.14 Evaluation of the Prospectus process

This is the second commissioning prospectus produced by Adult Social Care and partners. There was much learning following last year's prospectus and this has helped to improve the arrangements for this year. The CVSF have been very helpful in providing feedback at the steering group throughout the process and this will contribute to changes that should improve the experience for the next prospectus.

3.15 Other departments within the Council are also using prospectus approach to some commissioning activity and the intention going forward is to produce one annual Prospectus containing various strands of commissioning activity rather than having a number of different Prospectus documents. To achieve this commissioning cycles will need to be aligned.

4. **COMMUNITY ENGAGEMENT AND CONSULTATION**

4.1 A range of consultation was undertaken with a variety of stakeholders to identify the desired outcomes for each area of the prospectus. This included use of existing information and research, co-production with residents and community and voluntary sector providers to develop the outcomes and inclusion of representative service users through the evaluation process.

4.2 The CVSF have been actively involved throughout the process to represent the sector and to advise and assist with engagement activity.

5. **FINANCIAL & OTHER IMPLICATIONS:**

Financial Implications:

5.1 'The Commissioning Prospectus funding awards, totalling £0.736m, will be jointly funded by the NHS and the Council within existing budget resources.'

Finance Officer Consulted: Mike Bentley Date: 08.01.2014

Legal Implications:

5.2 There are no specific legal or Human Rights Act implications arising from this Report which is for noting only.

Lawyer Consulted: Sandra O'Brien

Date:08.01.2014

Equalities Implications:

- 5.3 The Prospectus has a strong equalities statement that reflects the Council's intention to embed good practice across all services.
- 5.4 Some areas of prospectus activity had Equality Impact Assessments completed prior to the start of the process. Others considered the impacts on groups with protected characteristics as part of the process of developing the outcomes and included specific objectives around vulnerable groups within the requirements of the prospectus.
- 5.5 As part of the implementation process commissioners will work with the successful bidders to ensure Equality Impact Assessments are completed, monitored and reviewed.

Sustainability Implications:

- 5.6 Improving health and wellbeing, providing high quality advice and information and tackling inequality are key outcomes identified within the Prospectus and all support the Councils sustainable community strategy. Public Health funding has been included within the outcome area for activities for older people to ensure that specific outcomes relating to health and well-being and behaviour change can be met through the prospectus.

5.7 Any Other Significant Implications

The outcomes identified within the Prospectus support the Council's priorities through:

- Tackling inequality
- Supporting vulnerable adults to live healthy independent lives;
- Reducing health inequalities;
- Increasing leisure opportunities for vulnerable older people;
- Providing accessible and responsive services to diverse communities;
- Improving community cohesion by promoting stronger partnerships between community and voluntary sector organisations;
- Working collaboratively with CVS partners to ensure resilience within the sector and to provide improved transparency and openness.
- Ensuring value for money and assessing social value.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 Following procurement advice and the success of the previous prospectus the Prospectus approach was taken forward. This was rather than taking a traditional tending approach.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

None

Subject: Adult Social Care Charging Policy
Date of Meeting: 20 January 2014
Report of: Executive Director Adult Services
Contact Officer: Name: Angie Emerson **Tel:** 29-5666
Email: Angie.emerson@brighton-hove.gcsx.gov.uk
Ward(s) affected: All

FOR GENERAL RELEASE**1. SUMMARY AND POLICY CONTEXT:**

- 1.1 Adult Social Care services are generally subject to service user charges. Most charges for Non-Residential Care Services are subject to a financial assessment to ensure affordability but the charging policy includes several fixed rate charges. The charging policy takes account of current legislation, regulations and Government Guidance.
- 1.2 Maximum charge rates are usually reviewed in April of each year when state benefits increase. However, this year the recommendation is to agree a three year plan for future charges as listed in paragraph 2.

2. RECOMMENDATIONS:

- 2.1 That the following table of maximum charges are agreed with effect from 7th April 2014.
- 2.2 Agree the proposed increases for April 2015 and April 2016

Maximum charges	2013-14	2014-15	2015-16	2016-17
Means tested charges				
In-house Home Care	£20 per hour	£20 per hour	£20 per hour	£20 per hour
Day Care	£25 per day	£30 per day	£35 per day	£40 per day
Max Weekly Charge	£900 per week	£900 per week	£900 per week	no maximum
Fixed Rate Charges				
Transport Charge	£2.50 return	£3.00 return	£3.50 return	£4.00 return
Meals at Day Centre	£3.50 per meal	£3.90 per meal	£4.30 per meal	£4.70 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.

- 2.3 Agree the Transport Policy (see attached document)

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Means tested 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. The Government intend to review the charging regulations for care services in April 2016 under the Care and Support Bill which is currently under consultation. This may affect future policy.
- 3.2 A package of non-residential care services can include home care, day care, community support, telecare, adaptations and direct payments. Service users have one financial assessment to determine the amount they can reasonably pay, and this covers all services. The amount a person must pay will depend upon their income, savings and expenditure, (except for the additional fixed charges for meals, transport and carelink).
- 3.3 Charges are also subject to an appeals procedure for exceptional circumstances.
- 3.4 There are just over 2000 service users with non-residential care services and this includes older people, adults with physical disabilities, learning disabilities and mental health difficulties. Around 42% of service users who have minimal savings and limited income from state benefits are not required to make any contribution towards their care services. The revised charging policy will not affect people in this group unless they receive meals or transport with increased fixed rate charges.
- 3.5 Most people receive home care services from the independent sector where lower fee rates are set and agreed by the council. The current rate for an hour of home care with approved home care agencies is £14.80 but charges can vary with other agencies. These rates are not being increased in 2014. People who have over £23,250 in savings will be required to pay the full fees charged by private agencies.
- 3.6 Around 48% of service users are assessed to contribute from £3 to £80 per week, usually based on their entitlement to extra disability benefits. Most of the people in this group will not be affected by the proposed new maximum charges, other than any applicable fixed rate charges
- 3.7 Only 3% of service users pay the maximum charge for in-house home care and day care services. This affects
 - a) people with savings over the threshold (currently £23,250 or £45,500 for couples)
 - b) people who have a high income
 - c) people who have a very small care package eg. only one day care attendance per week.
- 3.8 The in-house home care service is under review to increase the provision of intermediate care services and reablement services which must be free of charge for up to 6 weeks. If the service continues beyond 6 weeks then the service user is means tested and may be charged up to £20 per hour. There will continue to be a limited in-house general home care service but as very few people will be affected it is recommended that the hourly charge of £20 remains the same over next 3 years.
- 3.9 The survey of 9 councils below shows that there is a significant variation in home care charges across the country ranging from £13 per hour in Leeds to £26.23 per hour in Islington.

3.10 The survey also shows that almost all councils have a higher charge for Day Care Services, although many have a matrix of charges depending upon assessed need levels. The actual cost of providing day care in Brighton and Hove is much higher than the maximum charging rate. Over a number of years, other local authorities have eroded the subsidised cost of day care by increasing their day care charges to the true unit cost.

It is recommended that BHCC should erode the subsidy provided to those service users who can afford to pay the true cost of providing day centres by increasing the current maximum charge by £5 per day per annum for the next 3 years. The current charge of £25 per day would increase to £30 per day in 2014, £35 per day in 2015 and £40 per day in 2016.

LOCAL AUTHORITY	Home Care Per Hr	Day Care - Per Day	
SHEFFIELD	£23.52	£45.00	ALL
RICHMOND	£12.50	£48.00	OLDER PEOPLE
LEEDS	£13.00	£42.00	PD / LD
POOLE	£13.34	£39.00	
BOURNEMOUTH	£13.95	£37.00	HIGH NEEDS
SOUTHEND	£14.10	£20.50	ALL
HERTS CC	£16.88	£39.34	
NOTTS CC	£17.85	£32.64	COMPLEX NEEDS
	£20.00 -		
BRIGHTON & HOVE	£14.80	£25.00	ALL
ISLINGTON	£26.23	£40.00	OLDER PEOPLE

3.11 The current charging policy has a maximum weekly charge of £900. However, the Department of Health is currently consulting nationally on the future funding of Adult Social Care and will revise the charging legislation in April 2016. It is therefore recommended that the maximum weekly charge should remain the same for now but should be removed in April 2016 when implementing the revised national charging regulations.

FIXED RATE CHARGES (not means tested)

3.12 Flat rate charges for transport to day centres and other activities have fallen behind inflationary increases in fuel costs and bus fares. It is, therefore, recommended that the contribution for a return journey is increased from £2.50 to £3.00 in 2014 and by 50 pence each April for the next 3 years. Transport is provided in line with the attached policy.

3.13 The committee has already approved an increase in charges for the community meals service at £3.90 from April 2014.

3.14 It is recommended that the fixed charge for meals provided in the council's day centres should remain in line with the approved charges for community meals and should therefore be increased to £3.90 per meal in 2014 and by 40 pence each year for the next 3 years.

3.15 Whilst CareLink charges are low compared with some other authorities, service users are significantly price sensitive. The last charging increase (2011/12) of £1 per month led to 40 users withdrawing from the service. Charges have recently been deliberately kept at a low value to increase the service user base. CareLink and telecare services are seen as preventative services and provide a vital communication link for many

vulnerable people in the city. A telecare project led by Adult Social Care has increased the number of users and the number of telecare options available to support their independence.

It is, therefore, recommended that the charge for 14/15 is frozen at current rates to continue to facilitate more users to benefit from this preventative service. An additional charge is recommended for a new 'Mcare' CareLink service which enables the user to use mobile phone technology to summon help in emergencies. Aside from the standard carelink charges, this service will be free for the first month, then £5 per month for current CareLink users and £12 per month for non CareLink users.

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 This report has been shared with the Older Peoples Council in December 2013.
- 4.3 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 £0.9 million, out of the estimated total for non-residential services fees across Adult Social Care of £4.8 million. It is anticipated that the proposed charges will deliver the level of income assumed in the 2014/15 budget proposals.

Finance Officer Consulted: Mike Bentley

Date: 07/01/14

Legal Implications:

- 5.2 The legal basis for charging policy is specifically referred to in the body of this report. Committee has responsibility under the terms of the Constitution for making decisions regarding discretionary charging for services and when exercising this responsibility must have regard to best value and implications for the public purse. There are no specific Human Rights Act implications arising from this Report.

Lawyer Consulted: Sandra O'Brien

Date:07/01/2014

- 5.3 Equalities Implications:

A separate Equalities Impact Assessment has been completed. 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.

5.4 Sustainability Implications:

There are no implications

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:

No issues have been identified.

5.7 Risk and Opportunity Management Implications:

No implications have been identified

5.8 Public Health Implications:

No issues have been identified

5.9 Corporate / Citywide Implications:

This policy will take effect across the city.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The option of making no increases to care 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 were considered to be difficult to justify with regard to the current level of inflation.

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. It would be beneficial for future financial budgeting to have a 3 year plan, indicating the general direction of charging rates.

7.2 People who are unable to pay the maximum charge rates are means tested and will only be required to pay an amount relative to their personal financial circumstances.

SUPPORTING DOCUMENTATION

Appendices

ASC Transport Policy

Documents in Members' Rooms

None

Background Documents

First Round Budget EIAs 2014-15 – summary of impacts and actions

Note: EIA 10 in this document

Brighton & Hove City Council

Eligibility Policy for Provision of Transport for Adult Social Care service users

Contents

1. Policy Statement
2. Scope
3. Legal Framework
4. Strategic links to Local and National Priorities and plans
5. Principles
6. Eligibility and Practice Guidance in determining the need for transport
7. Implementation
8. Periods of Absence
9. Monitoring, Review and Reassessment
10. Complaints

1. Policy Statement

1.1 Adult Social Care provides transport through a variety of options to people with learning disabilities, people with mental health problems, people with physical disabilities and older persons across Brighton & Hove. This policy outlines how we will move towards a consistent and equitable way of supporting older people, adults with disabilities and/or mental ill health in provision of Council funded transport.

1.2 This policy is aimed at promoting the maximum possible independence for the service user, and sets the criteria that will be used to assess whether the service user's transport needs can be met best through independent travel arrangements or whether Council provided transport services are necessary.

1.3 This policy rests upon a general assumption and expectation that service users will meet their own needs for transport to access and take advantage of existing services or support.

1.4 Transport is not a service in its own right – it is a means of accessing services or support. The overriding principle is that the decision to provide transport is based on needs, risks and outcomes and on promoting independence.

1.5 Funded transport will only be provided if, in the opinion of the assessor, it is the only reasonable means of ensuring that the service user can be safely transported to an assessed and eligible service. Where there is appropriate transport available (either personal or public transport), it will be assumed that the service user will use this as a first option. Transport will only be provided if alternatives are unavailable or inappropriate for some reason.

2. Scope

2.1 The assessment of need forms the basis on which Adult Social Care responds to requests for assistance and is concerned with exploring a persons presenting needs and determining their eligibility for services. The provision of transport will only be considered in relation to meeting the needs of adults aged 18 years and over who have been assessed as eligible for services and/or support from Adult Social Care. As part of the Assessment and Care Planning process, the need to attend a community service and/or to pursue other activities away from the service user's home may be identified.

The need for transport to any community service or activity service must be part of the assessment of a persons needs and any subsequent review(s) and can only be provided where the person is eligible for a service as set out in Brighton & Hove City Council's Fair Access to Care Services Policy Eligibility Framework and Guidance.

2.2 Where an individual requests a Direct Payment to meet their assessed needs for care, the same principles will apply as to those people opting to receive support directly from Adult Social Care. The cost of transport will only be included in the Direct Payment where it is considered that the service user is eligible for this support.

2.3 The provision of transport is subject to a charge under the Council's Fairer Charging Policy. This policy may be reviewed from time to time, and changes may affect the charge which will be made for the provision of transport. All changes will be notified to all individuals who receive supported transport.

3. Legal Framework

3.1 Adult Social Care has a legal duty to provide transport to service users who are eligible for social care support in certain circumstances. The following legislation sets out that duty as follows:-

Section 47 (1) of the National Health Service and Community Care Act 1990 sets out the council's duty to assess an individual's need for community care services. It states that:

Where it appears to a local authority that any person for whom they may provide or arrange for the provision of community care services may be in need of any such service, the authority:

- a) shall carry out an assessment of his needs for those services; and
- b) having regard to the results of that assessment, shall then decide whether his needs call for the provision.

Section 29 (1) of the National Assistance Act 1948 provides a power to local authorities to make a variety of welfare arrangements for disabled people; the power becomes a duty by virtue of directions given by the Secretary of State.

Section 2 (1) of the Chronically Sick and Disabled Person's Act 1970 supplements and extends section 29(1) by placing a duty on local authorities to make arrangements for a range of welfare services where satisfied that it is necessary to do so to meet the needs of disabled persons to whom the section applies. Section 2(1) includes the provision of or assistance with, facilities for travel.

The Carers (Equal Opportunities) Act 2004, which commenced on 1 April 2005, promotes cooperation between authorities and requires councils to inform carers of their right to an assessment which takes into account their outside interests (work, study, leisure).

The arrangement for assessment and care management to meet the requirements of the NHS and Community Care Act 1990 and the Department of Health's guidance on 'Fair Access to Care Services' is set out in Brighton & Hove City Council's Adult Social Care Fair Access to Care Services Policy Eligibility Framework and Guidance.

4. Strategic links to Local and National Priorities and plans

4.1 The policy context is reflected by local and national priorities and plans which are set out in a number of key documents:

"Our Health, Our Care, Our Say" (2006) which gives a framework for the Adult Social Care to achieve a fresh approach in the delivery of all community based services and outlines that services need to centre on the person, promote increased choice and control, be flexible and responsive, promote a healthy lifestyle with an emphasis on maintaining a person's independence.

Putting People First, Transforming Social Care (2007) sets out the shared aims and values which will guide the transformation of Adult Social Care, which consists of 4 themes:

- Facilitating access to Universal Services – ensuring support and services are available to everyone locally including things like transport
- Building Social Capital – building a society where everyone has the opportunity to be part of the community and experience the support that can come from family and friends
- Prevention and Early Intervention – supporting people to stay independent for longer
- Choice and Control – developing self directed support and ensuring that services/support are able to meet people's needs

Valuing People – A new strategy for Learning Disability sets out the Government's commitment to improving people's lives, based on rights, social inclusion, choice and independence.

Valuing People Now (2009) sets out the priorities for Learning Disability Services. The main priorities are personalisation, so that people have choice and control, increased opportunities for day time and evening activities and inclusion in their communities.

5. Principles

5.1 The overarching principle is that as part of the Council's commitment to inclusion and independence individuals who can travel to a community activity, either independently or with assistance from family, friends or support providers will do so. Staff from Adult Social Care will act as facilitators in indicating appropriate transport options.

5.2 Following an assessment of need Brighton & Hove City Council funded transport will only be provided to meet an eligible assessed need. The transport provided will be appropriate for that need, will provide value for money and be cost effective.

5.3 People who qualify for concessionary travel i.e. bus passes, will be expected to apply and use this as and when appropriate according to assessed needs.

5.4 A principle of reasonableness will be adopted i.e. an exploration will be undertaken in any given situation as to whether it is reasonable to expect individuals to make their own arrangements, all transport options have been examined and the outcomes have been identified and evidenced.

5.5 This policy recognises that a reasonable charge will be applied for the provision of Brighton & Hove City Council funded transport. This is a low, fixed rate, charge which is not subject to a financial assessment but is compliant with the Council's Fairer Charging Policy.

6. Eligibility and Practice Guidance in determining the need for transport

6.1 The decision to provide assistance with transport must only follow a full assessment of mobility needs and the risks associated as part of the support planning process. The purpose of transport should be clearly stated on an individual's Support Plan.

6.2 In general, this Policy is based on the assumption that service users will travel independently except where assessment shows that this is not possible. The test used in the assessment should be 'what will happen if the Adult Social Care does not provide transport' i.e. are there other ways in which the service user can reasonably be expected to attend services and/or support making his/her own arrangements to get there. The provision and/or funding for transport should only be considered if the service user has needs categorised in accordance with the Council's Fair Access to Care Services Eligibility Framework and Guidance.

6.3 There are 4 stages in the process for assessment of eligibility for the provision of assistance with transport and the identification of appropriate transport as follows:

- Access to existing transport
- Assessment of mobility
- Assessment of ability to travel independently

- Identification of appropriate transport provision for those eligible

6.3.1 Stage 1: Access to existing transport

Service users will not be eligible for transport if:

- They have a “Motability” vehicle which they drive themselves. In this instance there will be consideration of whether it is reasonable to expect that the service user will use that vehicle in order to travel to the location of the care service/activity.
- They have a mobility vehicle of which they are not normally the driver themselves. Similarly, there will be consideration of whether it is reasonable to expect that the service user will use that vehicle in order to travel to the location of the care service/activity.

Service users with the following will only be eligible for transport if they are assessed at Stage 3 as not capable of independent travel:

- Mobility component of Disability Living Allowance

6.3.2 Stage 2: Assessment of mobility

An assessment will be made of the service user’s mobility. This will involve assessing issues such as:

- Ability to walk outside
- Requirement for wheelchair/ other walking aid
- Ability to get in and out of property
- Ability to get in and out of vehicle
- Risk of falling without support
- Ability to bear weight to transfer
- Whether mobile but at a risk when mobilizing due to uncontrollable movements
- Ability to use stairs, manage gradients, steepness of stairs in home, safety, energy levels

Service users will be categorized for this purpose as follows:

- No mobility problems
- Limited mobility problems
- High/ complex mobility problems

6.3.3 Stage 3: Assessment of ability to travel independently

This assessment considers both physical and social reasons that enable or prevent the service user from travelling independently. This will include:

- Extent of the mobility problems identified in Stage 2
- Availability of family/carers
- Communication difficulties (for example ability to order taxi or use public transport)
- Psychological factors e.g. mental health, loss of confidence, agoraphobia, and lack of insight into dangers associated with independent travel.
- Experience or risk of harassment
- Any other factors affecting personal safety

The assessor will determine whether the service user:

- Is capable of travelling independently
- Requires some training, support or assistance that will enable them to be capable of travelling independently in the near future
- Not capable of travelling independently

Stages 1 to 3 will determine the eligibility of the service user for some form of transport or transport assistance.

6.3.4 Stage 4: Identification of appropriate transport

Once eligibility has been assessed as above, it will be the duty of the Adult Social Care to make appropriate arrangements for transport. Directly provided transport services – whether internal or external – will be provided only once other alternatives have been considered and ruled out, and not as a matter of course.

6.4 The range of transport service provision includes:

- Assistance with using public transport, e.g. travel buddies.
- Transport by parents/carers - supported by a direct payment to cover payment of mileage allowance if appropriate
- community transport or a taxi service (council managed or via direct payment)
- Transport in Council vehicles, e.g. minibuses

6.5 Resources from Adult Social Care are unlikely to be allocated specifically to meet transport related needs where an individual

- Is in receipt of the higher rate mobility component of the Disability Living Allowance, the purpose of which is to assist those who have mobility problems, with severe difficulty walking or who need help getting around out of doors. Under normal circumstances no-one in receipt of the higher rate mobility allowance would receive funded transport, unless there are factors limiting their ability to fully utilise the benefits of the allowance e.g. geographical location, the nature of the disability, wheelchair type or carer support requirements. The support plan will determine the level of support offered in these circumstances as part of the assessment process.

NB. The Social Security Contributions and Benefits Act 1992 section 73(14) states that while social services authorities are empowered but not obliged to charge for such transport services, in assessing a persons ability to pay, his/her mobility component of DLA if received must be ignored.

- Lives in a registered residential care home and the individual is assessed as having the ability to travel independently, or with minimal intervention, then the care home will make provision to support independent travel if they are responsible for transport arrangements. If the individual is a tenant in supported accommodation or adult placement scheme, they will be subject to the same assessment and care planning arrangements as people living in their own homes or with relatives. In some circumstances the cost of the placement covers the full range of support needs, including transport, to attend community activities including college.
- Where transport costs are included in residential care fees, the person should be charged the fixed rate contribution in the same way as all others are charged for funded transport.

6.6 There is no single definition of what is reasonable distance/time to access services or activities that meet social care needs. An assessor should be able, having information about an individual's abilities and the transport options available, to define "reasonable" for that individual. It will be for each person to decide how far they are willing to travel in order to extend their choice and this will need to be balanced between distance, value for money and choice. In addition, the time taken to travel to the service destination or the cost of alternative means of transport should

also be taken into account by the assessing officer as these may be prohibitive for the individual.

6.7 Where people incur extra expense for transport, in addition to normal daily living costs, related to their impairment (Disability Related Expenditure - DRE) this will be assessed and agreed as part of the financial assessment process and allowances made in accordance with the Council's Fairer Charging Policy. This may reduce the amount the person would otherwise have to pay for means tested charges e.g. for Day Care services.

6.8 Part of the individuals' assessment or review will identify their potential to learn road safety and orientation skills so that they can travel independently, thus maximising their skills and autonomy. This may require a planned programme of transport training by a support worker, or a system of pairing people up or forming small groups, so that people can travel together and support each other. Programmes of support must be identified in Support Plans and be subject to regular review to monitor progress.

6.9 The Council's policy on Sustainability highlights the promotion of walking, cycling and public transport. The focus should be that where practicable activities should be sought within the local community and closer to people's homes e.g. using "It's Local Actually". The services of Shopmobility and mobility scooters also should be promoted.

6.10 Where a person cannot attend their nearest community activity including college or a day opportunity because there is no placement available the assessor may make a case requesting additional resources to be allocated. However, where a person chooses to attend community activities, college or a day centre that is not the nearest and the nearest service is available to meet their assessed need, any additional cost of any transport considered necessary will be met by the person.

6.11 Geographical isolation may be a factor in an individual's ability to access services outside the home. People living in outlying areas of the City may experience additional barriers in terms of the frequency and number of buses they are required to use, or the prohibitive cost of taxi fares. The availability of alternative accessible and affordable means of transport must be considered when assessing an individual's ability to travel independently.

6.12 Where a person, who has previously been using Special Education Needs transport (SEN), is assessed as needing continued transport after the age of 19, Adult Social Care may consider allocating resources that will not be adequate for individualised transport options (i.e. not arranged to meet individual convenience). This may mean the provision of any of the following but not exclusively: shared transport or transport arranged at set times for college days.

6.13 Where a person contributes towards the provision of a shared community vehicle, there is an expectation that this would be used to transport them to community activities including college, assuming it is available to do so.

6.14 Where the individual is reliant on a relative or other carer to drive a mobility car, consideration must be given to supporting carers respite needs, including enabling them to work. None the less, if an individual or carer makes the decision that the car will not be used for the intended purpose the onus must be on the individual and/or

carer to make alternative appropriate arrangements. Assessing officers must also ensure that a carer's reluctance or inability to assist with transport does not prevent an individual from accessing a service that meets their assessed needs and the individual/carer will need to make alternative arrangements.

6.15 Where there is conflict between the individual and carer, regarding "Motability" cars, officers may need to consider the possibility of reverting back to a monetary allowance with the Department for Work and Pensions, if the individual so wishes. This would promote independence and allow the individual to take control of their own transport requirements. Consideration will be given to the impact of this option on service user/carer relationships and the need to avoid creating unnecessary conflict. In some circumstances support from an independent advocacy service should be sought for the individual and, if necessary, the carer.

6.16 Where it is identified that a carer will provide transport it is important that the assessor is able to demonstrate that the impact of this has been appropriately considered in an assessment of the carer's needs. Where it is concluded that the carer cannot provide transport because it would place an unreasonable demand on them, then the assessment should lead to an allocation of resources to meet the critical and substantial needs that can be met by enabling access to transport. Where carers or friends have been identified as being able to provide transport, alternative arrangements should be detailed in the contingency plan to cover periods where they are unable to do so.

6.17 In all other circumstances where a person has no access to their own transport and cannot walk, use assisted mobility (wheelchair/aids) or use public transport, either independently or with support, then the assessment should lead to an allocation of resources to meet critical and substantial needs that are adequate to access funded transport to and from services or activities.

6.18 There may be a need for periodic transport support for individuals in times of illness of themselves or their carer, or in relation to family circumstances, and a flexible approach will be taken in these situations. A review of the Care/Support Plan is appropriate in these cases.

6.19 Once it has been agreed that the individual will be provided with funded transport, a referral must be made to the Transport Section who will undertake an evaluation to procure suitable transport provision, taking into account the needs and wishes of the individual, the views of any carer or representative/advocate, health and safety risk assessment factors and value for money.

7. Implementation

7.1 This policy will be applied from 1st April 2014 to any new adult social care service users and also to existing service users. For existing service users this Policy will be implemented at the time of their annual review.

7.2 For those existing service users who will lose their eligibility for transport under this Policy, their circumstances will be considered sympathetically and it is envisaged that there will be a transitional period of up to 3 months to support them to travel independently or to make use of alternative arrangements following their re-assessment/annual review.

8. Periods of Absence

8.1 Where an individual does not require their transport, then providing they give 48 hours notice, to the Access Point (Adult Social Care) they will not be charged for the transport but will still be required to contribute to the cost of any other support they continue to receive. Where notice has not been given, charges may only be waived at the discretion of the appropriate Service Manager, e.g. emergency admission to hospital. (This is in accordance with the Fairer Charging Policy).

8.2 If an individual is allocated a place on supported transport, it is essential that the place is fully utilised. Therefore, if the individual is absent for more than a month, either through illness or on a planned basis, they will be subject to a review to ensure that continuation of the previous service will be appropriate to meet their needs. Their place may be re-allocated during this time if the need arises. In some cases it may be appropriate to keep the place open, but this must be by agreement with the care manager, day service provider, transport provider and the individual.

9. Monitoring, Review and Reassessment

9.1 Travel arrangements and any impacts this policy has had on the ability of vulnerable people to access appropriate services to meet their eligible social care needs, will be considered by assessing officers at a review or reassessment of the individual's needs.

9.2 An individual or their authorised representative can request a review of their social care assessment at any time.

9.3 If the individual disagrees with the assessment and wishes this to be reconsidered then they should contact the Team Manager within 10 days of receipt of the assessment outcome. Following such a notification from the service user the Operations Manager will review the assessment carried out by the assessing officer. This will normally be completed within 10 working days and a written reply provided detailing and setting out the reasons for maintaining or revising the assessment. The Operations Manager will acknowledge receipt of the service users request and notify them of the timescales involved and when they will be receiving a response.

9.4 At any time in this process the individual or their representative can make a complaint under the Council's Corporate Complaints Procedure.

10. Complaints

10.1 Brighton & Hove Adult Social Care's Complaints Policy welcomes and responds positively to all comments, compliments and complaints as a means of demonstrating it's commitment to working in partnership with individuals and carers.

10.2 The Adult Social Care Complaints System comprises of one stage after which the complainant should be advised to refer the matter to the Local Government Ombudsman. A copy of the Complaints Procedure is available on request.

10.3 Although complainants can refer their complaints from the outset, or at any stage, to the Local Government Ombudsman, they will not normally be investigated until the Council has conducted its own investigation and made a response.

More information is available from:
complaints@brighton-hove.gov.uk

01273 291229

Standards and Complaints
146 Kings House
Hove
BN3 2SL

Subject: Fee Level for Adult Social Care Services 2014-15
Date of Meeting: 20 January 2014
Report of: Executive Director Adult Services
Contact Officer: **Name:** Jane MacDonald **Tel:** 29-5038
 Mark Hendriks
Email: jane.macdonald@brighton-hove.gov.uk
mark.hendriks@brighton-hove.gov.uk
Ward(s) affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report concerns fees paid to independent and voluntary sector providers that supply care services on behalf of Brighton and Hove City Council Adult Social Care and Brighton and Hove Clinical Commissioning Group.
- 1.2 It includes 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 include registered care homes, supported accommodation, home care and community support, community service and direct payments.

2. RECOMMENDATIONS:

- 2.1 That Adult Care and Health Committee agree the proposed fee increases as set out in the table below.

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

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Terminology

- This report refers to **care homes** and care homes with nursing; care homes are also known as rest or residential homes and care homes with nursing are known as nursing homes. In this report the term registered care home is a term used to mean both care homes and care homes with nursing, all of which are registered with the Care Quality Commission.
- **Set rates** are usually used for placements in homes for older people and older people with mental health needs. Fees for adults aged 18 - 65 generally are individually negotiated ie 'non set rates'.
- **Supported living** and **supported accommodation** refer to services where a person has a tenancy or licence agreement for their accommodation, with separate agreements for care and support.
- **Third party payments** 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.
- **Service contracts** are funding arrangements for services, such as advocacy and day services that are provided in the community generally by voluntary and community groups.

3.2 Project work

3.2.1 For a number of years there has been an issue about the costs of delivering decent quality care versus the prices which such care attracts; this is particularly true of care delivered in registered care homes. The debate has tended to be different in older people's care in relation to care provided for younger people with disabilities, particularly learning disabilities.

3.2.2 It has largely been providers of registered care homes for older people and older people with mental health needs, who have expressed concern that prices paid by councils do not reflect the cost of care.

3.2.3 In April 2012, Brighton and Hove Council commissioned Information and Efficiency South East to review the way fees are agreed across all care sectors and develop a clear rationale for allocation of resources that take account of the cost of care. The project is now in its latter stages which includes on going work with providers to gather information about how their finances are constructed. This is with a view of making an offer that is easier to understand. Work on this is more complex than originally envisaged and is likely to be nearing completion in spring 2014. It will need to take into account the Care bill 2014. The work will help inform fee setting for 2015/16.

3.3 Care homes and supported living out of city

3.3.1 It is recommended that Brighton and Hove match the applicable host authority set rates for new and existing registered care home placements out of the city where these rates apply; and that any adjustments to these rates is reflected in any third party payments which apply. This is recommended as each local area is best placed to arrange local fee settlements.

- 3.3.2 For those registered care home places that are not covered by set rate arrangements, the owners will be advised to contact the council to discuss future fees if this is necessary eg if a resident's needs have changed and a reassessment is needed or if the provider is in financial difficulty.
- 3.3.3 For supported living out of the city; if appropriate, owners will be requested to contact the council to discuss future rates. This includes supported living and community support for people with learning disabilities and accommodation services for people with mental health needs.

3.4 Registered care homes rates in the city

3.4.1 An overview of current weekly fees paid to providers of care homes are set out below

Type of care home	Service users	Cost of single room
Nursing home	Older People	£572
Nursing home	Older People with Mental Health Needs	£618
Residential home	Older People (high need)	£465
Residential home	Older People with Mental Health Needs	£509

It is recommended that there is an uplift of 1.0 % for registered care homes where the older people set rates apply. Previous Committee agreements relating to fees are in Appendix one. A full breakdown of current fee rates is included as Appendix two.

- 3.4.2 Changes to Care Quality Commission registration have had an impact on how care for older people is provided. A few years ago before the relaxation of registration, once a person had a diagnosis of dementia they could no longer stay in a mainstream care home, but would have to move to a care home registered for dementia. Following the registration change many people with dementia stay in mainstream care homes, which on the whole is a positive outcome. A consequence though, is that those people who do go to care homes registered for dementia can be those with the most complex (and costly) needs. This is likely to have contributed to some undersupply across the South East region.
- 3.4.3 Supply in Brighton and Hove is complex, with some new providers targeting self funders entering the city and others choosing to leave the market. The city has a historic undersupply of homes for people with dementia needs. This shortage impacts on delayed transfers of care, further undersupply will exacerbate this and cause problems in the wider health economy. In West Sussex 2013-14 rates for registered care homes providing dementia care were increased by 8.4%. Although West Sussex still pays less than Brighton and Hove the magnitude of increase for registered care homes supporting people with dementia is not unusual. It is recommended that there is an uplift of 2.0 % to care homes and care home with nursing where the older people mental health rates apply.
- 3.4.4 The fees for mental health placements for people aged 18 - 65 vary significantly according to provider and generally the fees are significantly higher than placements for older people and older people with mental health needs although many of the 'hotel'

costs are similar. It is recommended that there is no uplift to providers of adult placements. This includes providers of registered care homes, supported living and supported accommodation. Any provider experiencing financial difficulty is urged to contact the council. If the council cannot assist directly, business support partners might be able to help www.brighton-hove.gov.uk/index.cfm?request=b1000040

3.4.5 Fees for providers where the primary need is learning disability and physical placements, vary considerably, and will be reviewed through the Care Home Fees Project. Each placement tends to be negotiated on an individual basis. This includes providers of registered care homes, supported living and supported accommodation. Although these services have not received any uplift to fees for several consecutive years, the sector broadly understands and accepts the need for continued efficiency. As above any provider experiencing financial difficulty is urged to contact the council. There is also a recommendation for any resident who is on rates lower than set rates to be uplifted to the set rate.

3.5 Shared Lives: All Client Groups

There is a review of fee structures which links to the care home fees project. There has been no uplift in council supported Shared Lives since 2009 and feedback indicates significant financial pressure on carers and service providers. The proposed expansion of Shared Lives may be jeopardised with no uplift. It is recommended that there is 1% uplift in fees paid to Shared Lives carers

3.6 Home care

An uplift to fees was paid to home care providers last year. This was to support those who were experiencing difficulties in recruitment, particularly for people to work in the evening beyond 8pm and also in recognition of the high cost of petrol for home care workers. The home care market continues to have recruitment difficulties locally and nationally, but it is likely that there is range of contributing factors aside from fees. Increased monitoring is required to ensure providers use funds to achieve the desired outcomes. It is recommended that there is no uplift in fees 2014-15.

3.7 Direct payments

Similar issues that affect home care costs apply to direct payments as these are used in the main to purchase hours of personal assistant time and an uplift was paid to providers last year. In line with recommendations made regarding home care fees it is recommended that there is no uplift in fees 2014-15.

3.8 Service Contracts

3.8.1 Service contracts are funding arrangements for services, provided in the community generally by voluntary and community groups. This category includes day activities and community meals. The Prospectus approach to commissioning is used for funding arrangements. This includes the facility for a bidder to set their price for overall delivery of service, including management and operations costs. Thus any relevant cost of living or uplift within the scope of the available funding would be built into the bid and this would be agreed for the length of the funding agreement.

3.8.2 Both council and NHS commissioners are working with providers on an individual basis. The overarching recommendation for all providers not in the Prospectus is for

no change to fees for the 2014/15 financial year. Any provider that experiences financial difficulty is encouraged to make the council aware and they will be offered advice and support.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 This report has been shared with:

4.1.1 The Brighton and Hove Clinical Commissioning Group. The Manager and Clinical Lead for NHS Continuing Healthcare and Head of Commissioning Mental Health and Community Services both supported the recommendations in the report.

4.1.2 Public Health. The Business Manager confirmed that Public Health will not be giving a financial uplift to any of their contracts in 2014.

4.1.3 Corporate Policy, Performance and Communities have given comment on the report. In line with the Communities & Third Sector Policy they are committed to the prospectus approach and this is in line with paragraph 3.8.1

4.1.4 Healthwatch Brighton and Hove. This report has been shared with Healthwatch Brighton and Hove. They have no concerns, providing the quality of the service is not affected by the recommendations and the proposal would not affect the contribution people have to make towards the cost of their care

4.1.5 Older Peoples Council. This report was discussed at Older Peoples Council in December 2013.

4.1.6 Brighton and Hove Registered Care Homes Association (RCHA). The RCHA is part of the care home fee project group and in regular dialogue with the Council regarding fees paid to care homes.

4.2 The recommendations within this report are broadly in line with the early indications from other Local Authorities in the South East.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The current annual gross budget on care services is £71.5 million and the inflation allowance for fees included in the budget model for 2014/15 is 2% as per the report to Policy & Resources Committee on 11th July 2013. The proposed fee uplifts set out in section 2.1 will help deliver the £1 million savings within the Adult Social Care budget strategy for 2014/15 included elsewhere on this agenda, by limiting inflation increases on fees in view of the levels of increase in the last two years and ensure comparability with other local authorities.

Finance Officer Consulted: Anne Silley

Date: 08/01/2014

5.2 Legal Implications:

Alteration of rates for care requires approval of this Committee. This report describes the analysis applied to rate setting in the context of comparison with other authorities, previous increases, local provision data, the ongoing review of fees and matching care needs and consultation. In addition to consideration of these variables the Council must have regard to the public purse. As described in the body of this Report provision is made for any individual care provider to receive support and assistance if financial difficulties arise.

Lawyer Consulted: Sandra O'Brien

Date: 08/01/2014

5.3 Equalities Implications:

A separate Equalities Impact Assessment has been completed.

5.4 Sustainability Implications:

Fee rates awarded are intended to meet Council budget pressures and keep businesses sustainable.

5.5 Any Other Significant Implications

Significant implications are included in the body of the report.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Various options and permutations were considered. The recommendations in the report balance the council's financial position with provider need. Any provider experiencing financial difficulty is urged to contact the council.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 See above.

Appendix one

Table showing changes to Fees paid 2011 to present

	2011-2	2012-3	2013-4
In city care homes set rate	0% change	Older People, Mental health, Physical Disability - 5% increase Learning Disability - individually negotiated	1% increase
In city care homes/ Supported Living Non set rate			0% change
Out of city care homes/ supported living set rate	Match Applicable host area	Match Applicable host area 0% change	Match Applicable host area
Out of city care homes Non set rate			0% change
Home care	0% change	0% change	2% increase
Direct payments		2% increase	2% increase
Service Contracts		2% increase/ individually negotiated	0% change

Appendix two

Weekly fee rates for 2013/14 for in City Nursing Homes for Older People and Older People Mental Health (OPMH) applicable from 8th April 2013

Care Homes with Nursing for Older People	Weekly Rate including Social Care Rate and RNCC
Shared Room	£534.79
Single Room	£571.79

Care Homes with Nursing for Older People with Mental Health needs	Weekly Rate including Social Care Rate and RNCC
Shared Room	£580.79
Single Room	£617.79

RNCC	
Single Nursing Band	£109.79
Contenance Payment	£6.90

Weekly fee rates for 2013/14 for in City Residential Care Homes for Older People and Older People Mental Health (OPMH) applicable from 8th April 2013

Residential Care Homes for Older People	Weekly Rate
Low Need - single room	£344
Low Need – shared room	£309
Medium Need - single room	£418
Medium Need – shared room	£380
High Need - single room	£465
High Need – shared room	£427

Residential Care Homes for Older People with Mental Health Needs	Weekly Rate
OPMH - single room	£509
OPMH – shared room	£472

SUPPORTING DOCUMENTATION

Documents in Members' Rooms

None

Background Documents

None

Subject:	Day Activity Review Update		
Date of Meeting:	20th January 2014		
Report of:	Executive Director of Adult Services		
Contact Officer:	Name:	Anne Richardson-Locke	Tel: 29-0379
	Email:	anne.richardson-locke@brighton-hove.gcsx.gov.uk	
Contact Officer:	Name:	Naomi Cox	Tel: 29-5550
	Email:	naomi.cox@brighton-hove.gcsx.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report provides an update on the progress of the Day Activities Review. Previous reports to committee have noted:
- The increase in demand for different community based day opportunities.
 - More flexibility in existing day services is required to promote independence for individuals, and to support carers.
 - The need for individuals to have a personalised day service.
- 1.2 As a result of the review consideration has been given to how people can be offered a wider choice of day activities. This has resulted in some individuals receiving innovative personalised services.
- 1.3 Information is provided in this report on the ongoing savings that need to be realised within day services, taking in to account that the Council will receive considerably less money from central government. It provides an update on the in-house learning disability Day Options service and its building bases.
- 1.4 There is a savings target against the in-house learning disability Day Options service and a corporate drive to review the use of buildings. This has led to a change in the way that two Council run learning disability Day Options buildings bases are used.
- 1.5 There are local and national developments that are having a significant impact on social care and these include demographic changes that predict increases in complex needs, legislative changes such as the Care Bill and unprecedented financial challenges.
- 1.6 All Adult Social Care directly-provided services are considering how best to meet statutory needs; provide crisis response services, support those people with the greatest needs and look to deliver short-term services that maximise independence. Brighton & Hove has a thriving independent and voluntary sector and 90% of all Adult Social Care services are already delivered at lower cost

through the Council purchasing these services rather than directly providing them.

- 1.7 The Council has a discretionary power to provide a day service when it is required to meet an eligible need and this may be within a building or within the community.
- 1.8 Committee is asked to agree to a consultation process on a proposal for the future of the service.

2. RECOMMENDATIONS:

- 2.1 That Committee note the contents of the report.
- 2.2 That Committee agree to 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.
- 2.3 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.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 Day activities were first discussed at Adult Care & Health Committee in June 2012. It was acknowledged that the traditional model of building-based provision segregated by client group and age, coupled with a projected increase in demand, needed reviewing and modernising. This was particularly important in light of the personalisation agenda and service users being supported to exercise choice and control of the service they receive. Members agreed for Adult Social Care to commence consultation on the development of a commissioning plan for day activities that would include all client groups.
- 3.2 A full needs assessment was carried out in 2012 and this was reported to Committee in November 2012 and this highlighted that:
 - Day services are highly valued by service users and carers
 - Potential future users of adult social care services are reluctant to use the traditional day centre model
 - There are a range of costs, purchasing and contractual arrangements across the sector
 - There is a lack of awareness of what activities and/or alternative services are available in the city and how to access them
 - There is very little knowledge of personal budgets and direct payments
 - There is greater need for services for people with more complex needs
 - It is important that friendship and social groups are sustained as to some people these are more important than the activities that they engage in.

The Vision for Day Activities:

- 3.3 The new Vision for Day Activities, that was co-produced with providers and service users, was agreed by Members in November 2012 and is a vision where:
- Day activities provide flexible, personalised care and support for service users and their carers.
 - Information is widely available about what activities and/or alternative services are on offer in the city, how to access them and what they cost for those who use personal budgets.
 - Council-provided services specialise in supporting people with the most complex needs
- 3.4 As part of the Day Activity Review, commissioners have worked closely with the Council's directly-provided day services for all client groups to ensure that any remodelling is in line with the agreed vision. Work is ongoing at Tower House to support older people and people with physical disabilities and to signpost them to activities in the community. The two day centres for older people with mental health needs (Ireland Lodge and Wayfield Avenue) are working closely with the third sector to ensure that buildings are used effectively, are open to the community more and make the best use of volunteers.
- 3.5 Providers of independent day activities have also been involved by ensuring that their services meet the aims of the vision. The Commissioning Prospectus has been used to commission older people services and from April 2014, day activities will be provided in three different locality areas across the city with the aim of supporting older people to be as independent as possible, reducing social isolation and supporting people to remain healthy and well for as long as possible. There will also be a city wide co-ordination service which will work in partnership across the sector and across client groups to support and facilitate a more joined-up approach.
- 3.6 Where necessary, independent sector providers of learning disability services are modernising to meet the aims of the vision by making the best use of community resources, providing more flexibility around opening times, such as at evenings and weekends, and ensuring that they are accessible for people with personal budgets. These providers are also subject to scrutiny with regard to their unit costs and value for money and the Budget Strategy highlights the need for a 10% reduction of the budget for commissioned services by ensuring only assessed needs are met. Commissioners are also exploring the best way of commissioning day activities in the future with colleagues in Assessment, Procurement and Finance.

Review of Council buildings:

- 3.7 Independent of the Day Activity Review, the Council has been evaluating the use of its owned buildings in order to make the best use of its resources and three day services have been affected by the outcome:

3.7.1 **Craven Vale** no longer provides day services to older people from its resource centre and service users have since transferred to Tower House day centre along with service users with physical disabilities who transferred from Montague House day service.

3.7.2 **Connaught Day Service.** The learning disability Day Options service at Connaught Day Centre is required to move as the building is needed by Education for additional school places. As reported to Committee in November 2013, service users will be relocating to the Belgrave building once building works are completed in March 2014.

3.7.3 **Buckingham Road Day Service.** In September 2013, Policy & Resources Committee agreed to grant a long lease at Buckingham Road and it is anticipated that Property & Design will start marketing this property in the spring of 2014 with the view to completing a sale in 2015. Members were informed at the September and November Committee meetings that Montague Place had been suggested as an alternative location for the Our Art project but the building would have needed additional capital funding of £156k to make it accessible.

Assessments of need:

- 3.8 To ensure that people with learning disabilities using day services are receiving services that accurately reflect their needs and aspirations, and to enable effective planning, thorough assessments of individual service user needs are being carried out by a dedicated team of care managers. A detailed report was submitted to the November 2013 Adult Care & Health Committee with the numbers and outcomes of assessments. To date, approximately 50 assessments have been completed resulting in some really positive changes to services and consequently, some new and creative person-centred care packages, as highlighted in the case studies presented to the November 2013 Committee.
- 3.9 Priority for assessments have been given to people affected by the changes to the learning disability Day Options service and to people who have been identified as not having their current needs met. All learning disability Day Options service users will receive an assessment as well as some service users who are receiving a service from the independent sector. These assessments are holistic and will take account of all aspects of their day to day living including their accommodation circumstances and their carers' needs.
- 3.10 People who live in residential care and supported living who attend day services will be assessed to ensure that the current arrangements meet their needs. The needs assessment identified that some of the people who live in 24hr accommodation, both Council-provided and independent sector services, would sometimes prefer to stay at home but that they were unable to due to levels of staffing in their home and thus, limited activities were available for them. There are however some good examples of residential care providers facilitating person-centred activities for people during the day and this needs to be explored further.

- 3.11 The assessment process will offer service users and their carers the opportunity to reflect upon where they need support and encourage choice about how such needs can be met now and in the future. This will also provide an opportunity to consider what is important to and for the person and their carers and what alternative person-centred opportunities may exist to meet assessed need. These assessments will be undertaken in the context of budget savings but eligible needs will continue to be met. The outcomes of these assessments will contribute to, but not take the place of, any future consultation with service users and their family carers.
- 3.12 The outcomes of these assessments will also be used to improve choice and control for individuals and greater value for money by contributing to commissioning plans. The combined data from assessments will enable commissioners to plan services, meet individual needs and also make collective provision where appropriate.

Budget and Learning Disability Day Options Day Service:

- 3.13 The 2013/14 direct expenditure budget for Learning Disabilities services is £32.9million of which Day Services is £3.4million, excluding the savings target of £0.4million, and represents 10.3% of the total budget.
- 3.14 The unit costs for in-house is £301 per client per week and £239 per client per week for the independent sector. These unit costs are taken from the 2012/13 Personal Social Services Expenditure & Units (PSSEX1) return after deducing Support Services, Capital Costs and Supported Employment.
- 3.15 There is however, a significant budget pressure on this service. There is a savings target of £400k as yet unachieved from 2012/13 and 13/14. Subject to council approval in February 2014, additional savings of £300k are required of it in 2014/15. To work towards achieving these savings within the 2014/15 year it is essential that formal consultations on proposed changes should commence in January 2014, as this would enable an informed decision to be made by Adult Care & Health Committee in June 2014.
- 3.16 Against this background, commissioners have been working closely with the Learning Disability Day Options Day Service and have jointly identified priorities for the service. The priorities are:
- People with additional needs: specifically those with profound and multiple needs who require access to a centre-based service as well as support to access the local community.
 - People with complex needs, specifically those whose behaviours may be challenging and who require a centre-based environment as well as support to access the local community.
 - A Day Options Matching Service for all client groups to support groups of people to meet up with friends and access community groups and facilities e.g. sport, leisure, volunteering.
 - That the Day Options Service will be able to respond to last minute emergency and crisis requests from the assessment team.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Careful consideration has been given to what the Council can offer in terms of providing more flexible personalised services, and what it can continue to provide within the given budget and the requirement to make savings. Work has been ongoing for the past year to find alternative sites for the activities at Buckingham Road, as reported to Committee but an alternative venue in-house is not financially viable. Montague Place was considered for Our Art and Wellington House for Feast but capital funding would be required in order to relocate the projects: Feast would need £52k to create a suitable kitchen in Wellington House and Montague Place requires £156k to make it accessible. As well as additional capital funding continuing these activities would result in no savings being achieved. In addition there are good quality art and catering activities provided within the community and voluntary sector.

Proposal - Provide a reduced In-house learning disability Day Options service

- 4.2 The proposal is to reduce the learning disability Day Options service to support people with learning disabilities and the most complex needs including additional physical health needs and/or challenging needs. To meet the savings target it is estimated that the service could support 20-30 people and the remaining service users (currently approximately 100 people) would receive assessments and be supported by the independent sector or within their community or residential care home.
- 4.3 This proposal would result in the following implications:
- 4.3.1 Adults Provider In-House Day Services would need to achieve savings in excess of the combined savings target of £0.7million, subject to Council approval in February 2014, in order to accommodate the re-provision costs of approximately 100 clients.
 - 4.3.2 If Committee were to implement the proposal and reduce in-house provision there would be an impact on staffing numbers. Formal staff consultation on these implications and how they would be managed would commence once decisions about the future of the service have been made.
 - 4.3.3 There would be a need to work closely with other day service providers in the city to enable them to increase their capacity. The outcome of social care assessments may mean that some providers of 24 hour accommodation services will provide the day activity element of support to their residents, subject to capacity.
 - 4.3.4 If approved full implementation of these changes would need to be timed to coincide with the re-provision of day support to service users whose needs would be met in the independent and voluntary sector.
- 4.4 The timescales for the proposals are as follows:
- 4.4.1 The timescales for completion relate to the outcomes of the remaining social care assessments which will take place during the consultation period and the provision of alternative day activities for approximately 100 learning disability Day Options service users.

- 4.4.2 Once the consultation with service users and families has been completed and a decision has been made formal consultation with affected staff if appropriate and necessary would then take place.
 - 4.4.3 Service users would continue to have their eligible needs met until their new service was ready to start.
 - 4.4.4 To ensure a contribution towards the savings target within 2014/15 it is essential that formal consultations commence in January 2014, as this would enable a decision to be made in June 2014.
- 4.5 There are risks associated with this proposal, particularly around the concerns of service users, carers and staff and about any delays to the consultation and the timeframe for completing assessments. A risk assessment has been completed for this proposal, with a summary attached as Appendix 1. Some of the risks are only relevant if the Committee were to decide to implement the proposal and reduce in-house provision following consideration of the results of the consultation.
- 4.6 Commissioners have been working closely with the city's 5 contracted independent sector providers of learning disability day services to look at their ability to potentially increase their capacity to support additional service users, subject to Committee approval. The 5 day services support the range of need in the city, from mild learning disability through to moderate, severe and profound and have some capacity to support additional service users. There are various factors that could affect the providers' ability to increase their services by large volumes, such as whether a building-base is needed and the complexity and level of service user need(s). With these variables in mind, most providers estimate that they would require on average of between 6-9 months in order to acquire a building (if needed), to successfully enable a service user's transition (where needed) and to recruit, induct and support staff. There will be a requirement of these services to work collaboratively with commissioners and assessment colleagues to establish where additional savings can be made in their services.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 If Committee agree to the recommendations in this report consultation will take place with people with learning disabilities who currently use the in-house learning disability Day Options service, carers, and other stakeholders including assessment staff and commissioners.
- 5.2 Service users and carers would be informed about the proposal for the future of the learning disability Day Options service. People would be asked for their views about the proposal and what they see as important in their current service and other alternative services. (For example service users and carers have previously said that friendship groups, varied activities and respite services are important to them).
- 5.3 Service users and carers will be reassured that they will have an individual reassessment, and that their assessed needs would continue to be met. This process will also ensure that their views inform the consultation process.

- 5.4 There are several communication channels that are already in place to support an effective consultation process. These are set out below. Additionally, more frequent meetings and individual sessions would be offered to service users and their families. Information would be produced in accessible formats for service users.
- 5.5 **Service users.** Each day centre has a regular user meeting which can be used to gather peoples' opinions about any proposed change to their services. The advocacy organisation, Speak Out, use the buildings to hold bigger meetings which could focus on consultation, and individual keyworkers can support people to complete questionnaires where appropriate.
- 5.6 Information would be communicated to service users in accessible formats and independent advocacy would be available to service users. This would include individual support sessions prior to assessments of need as well as the facilitation of group meetings.
- 5.7 **Families and Carers:** learning disability Day Options already has regular carer meetings which would be scheduled more frequently during any consultation process and held at a variety of times so that all carers could attend. Feedback would also be requested via the carer distribution list by questionnaires in addition to face to face meetings. Feedback would be gathered formally into one report. The Carers Centre would be engaged with to ensure family Carers have independent support if they required this. Regular newsletters would be issued
- 5.8 **Staff:** Formal staff consultation would commence once council decisions have been made about the future of the service. Prior to formal consultation current informal staff engagement processes will continue:
- The learning disability Day Options Service Manager meets with individual staff teams monthly and each service has regular team meetings where views on proposed changes can be collated.
 - Regular newsletters would be issued. Learning disability Day Options has a Staff Focus Group which meets monthly.

6. CONCLUSION

- 6.1 In conclusion the recommendation is that Committee agree to consult on the proposal to reduce the in-house Day Options service, and continue to meet service users' eligible needs through alternative provision. A full report on the outcome of the consultation, stakeholder views, the budget implications, the implications of the individual assessments and potential impact on staff and premises would be brought to the June Committee for a decision on future provision.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The 2013/14 direct expenditure budget for learning Disabilities Day Services is £3.4million, of which £1.9million is allocated to in-house services and

£1.5million to the independent sector. This excludes the Day Activities savings target of £0.4million in 2013/14 and there is a further savings proposal of £0.3million in the 2014/15 budget strategy, subject to Council approval in February.

- 7.2 Day activities have been provided for approximately 270 service users during 2013/14 of which approximately 140 used the learning disability Day Options in-house services and 130 used independent providers. There are currently 124 in-house learning disability Day Options clients.
- 7.3 The 2012/13 unit cost for learning disability Day Options in-house services was £301 per client per week compared to £239 per day client per week for services provided in the independent sector. These figures are taken from the 2012/13 Personal Social Services Expenditure and Unit Cost Return (PSSEX1), published in December 2013 after deducting the cost of support services, capital costs and employment support services to provide a like for like comparison to the day services direct expenditure budget.
- 7.4 The reassessments of the current in-house service users need to be completed in order to determine the cost of re-providing services in the independent sector where appropriate. This will then enable the resources required for the in house service to be determined and the net contribution to the savings targets and timescales identified.

Finance Officer Consulted: Neil J Smith Date: 8.01.14

Legal Implications:

- 7.5 As described in the body of this Report the Council has a discretionary power to provide in-house day services to meet assessed need. Further, as also described the Council must have regard to the personalisation agenda and individual choice and control in ensuring any service it provides or commissions complies with these requirements and is person centred. Savings targets have not been achieved for the last two financial years in this area of provision and fiscal constraints imposed require further savings. Therefore when choosing to exercise its power to provide day services the Council has the dual task of providing a service that meets individuals' assessed needs within the available funds. Committee is asked to approve a consultation process over 12 weeks in accordance with national guidance. Consultation should be undertaken with all interested and potentially affected persons and take account of the specific needs and circumstances of the consultees. The outcome of the consultation will be necessary to inform future decision making on the exercise of the power to provide in-house day services in the city.

Lawyer Consulted: Sandra O'Brien

Date: 8.01.14

Equalities Implications:

- 7.6 An Equalities Impact Assessment has been carried out that takes account of the proposed changes to the learning disability Day Options service and the impact to service users and carers. This has been updated to incorporate the proposal set out in the report and is available in Members' Rooms. This will be revisited after the outcome of the consultation.
- 7.7 In addition, a separate Equalities Impact Assessment has assessed the impact of the proposal set out in the report on the independent and voluntary sector. This should be considered alongside the Needs Assessment November 2012 and both documents are also available in Members' Rooms. This will also be revisited after the outcome of the consultation.

Sustainability Implications:

- 7.8 The Day Activity Review continues to promote effective use of existing resources with positive implications for building occupancy and for the wider community,
- 7.9 There is an ongoing Transport review which will enable better understanding (and therefore, enable improved planning for the future) of how people use transport across the city. In the interim, some people may have to travel further to their new day service whilst some people may have less distance to travel.
- 7.10 The Council's review of its buildings demonstrates sustainability in practice. Those buildings that are part of the Workstyles evaluation programme typify best use of resources; enabling its workforce to work flexible and creatively whilst minimising the costly expenditure of ongoing maintenance charges alongside the usual running costs.

Any Other Significant Implications:

- 7.11 None

SUPPORTING DOCUMENTATION

Appendices:

1. Learning disability Day Options Proposal – Risk Assessment Summary

Documents in Members' Rooms

1. EIA 1 – Learning disability Day Options
2. EIA 2 – Independent Sector
3. Day Activities Needs Assessment 2012

Appendix 1

Learning disability Day Options Proposal – Risk Assessment Summary

Risk	Mitigation
1. Users/Carers concerns	The consultation and communications will stress that eligible needs will continue to be met, with no change to the criteria. The assessment process and communications will ensure this is clear. The consultation process will be clear and fair. Personalisation continues to offer choice and control.
2. Delay in undertaking reassessments for service users	Delay would mean prolonged uncertainty for service users, carers, staff and providers, and more difficult decisions at a future date. These risks will be made clear to decision makers to ensure delay is minimised. Resources for assessments will be maintained to ensure assessments are completed in parallel with the proposed consultation on changes to provision.
3. Service users moving on to alternative services to have their needs met	Commissioners are developing options with alternative providers as quickly as possible, informed by data from assessments. Some transitional funding is agreed for those whose needs are not currently being met. Service users can 'move on' to other services when ready to do so.
4. Providers ready to meet service users needs.	Commissioners are in discussion with providers on their potential capacity and resource issues. Provider capacity and their potential timetable will be reported for the Committee's future decision on in-house provision.
5. Staff concerns about the implications of the review	Regular staff forums are held to maintain good lines of communication. Managers are available for one-to-one meetings. Full consultation will be held with staff once a decision on the future for the in-house service has been made (anticipated at June Committee). HR are fully involved.
6. Under-occupancy of remaining bases if a decision is made to reduce in-house capacity.	Options for the future of day services premises will be explored as part of the consultation and presented to Committee.
7. Financial – Budget/Savings	Ongoing pressure on Adult Social Care day activities budget resulting from the delay in implementation. Achievement of savings is dependent on completion and outcomes of reassessments, costs of implementation and timescales/lead-in-time.
8. Legal framework	The consultation will be in accordance with legal advice and complementary to the separate assessments of need for individual service users and carers.

Subject: Development of Shared Lives
Date of Meeting: 20th of January 2014
Report of: Executive Director of Adult Social Services
Contact Officer: Name: David Peña-Charlón **Tel:** 29-6810
Email: David.pena-charlon@brighton-hove.gov.uk
Ward(s) affected: All

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report focuses on a request to Committee to grant permission to consult on the potential transfer of the Sussex Partnership Foundation Trust Shared Lives Scheme (SPFT Shared Lives) to the Brighton & Hove Shared Lives Scheme (In-House)

2. RECOMMENDATIONS:

- 2.1 That Committee agrees to a 12 week consultation, with relevant stakeholders, on the intention to transfer SPFT Shared Lives to the In-House scheme
- 2.2 That Committee agrees 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.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1. Brighton & Hove personalisation agenda aims to give people who access services greater choice and control. This means transforming the way services are organized, practiced and delivered. Shared Lives is a model of adult placements with the required flexibility to offer personalised services following this agenda. Shared Lives schemes recruit, assess and support carers who offer accommodation or care and support in their family home to people who are unable to live independently. As a result, users are given the opportunity to remain in the community in a family environment, developing their independence and confidence in daily living. (See Appendix 1: Shared Lives Schemes in the city)
- 3.2 Shared Lives follows national guidance presented in *Putting People First* (2007), *The Care and Support White Paper* (2012) and *Caring for our Future* (2012). This guidance focuses on people's wellbeing and the quality of the support offered to

stay independent for as long as possible, ensuring services are of high quality and safe. The above guidance also stimulates the development of initiatives that help people share their time, talents and skills with others in their community.

Shared Lives upholds the following points stated by the *Adult Social Care Outcomes* in Brighton & Hove City Council:

- Enhancing quality of life for people with care and support needs
- Delaying or reducing the need for care and support
- Ensuring that people have a positive experience of care and Support
- Value for money

3.3 Adult Social Care commissioners in the City Council have recently considered the expansion to Shared Lives across all care groups. This in part has been driven by a fiscal need to provide a realistic alternative to residential care but also related to improved outcomes for service user, preventing premature admission to residential care, promoting choice and independence

3.4 SPFT Shared Lives

3.4.1 SPFT Shared Lives is funded by the Mental Health Community Care Budget and managed by SPFT. It supports sixteen Mental Health service users. The service is delivered by six carers.

This scheme is a historical arrangement which was inherited by SPFT following the amalgamation of South Downs NHS Trust in 2006. It was registered with the Care Quality Commissioning as a Shared Lives provider three years ago.

3.4.2 The scheme is not part of the S.75 Partnership Agreement with SPFT and is not under any contractual arrangement. Consequently, the management support offered to the SPFT Shared Lives scheme is being delivered by SPFT employees who have additional core duties. The cost of this arrangement is absorbed into their time and wages. Under this arrangement the Shared Lives project is being maintained, supervised, and reviewed, and has worker time dedicated. In this respect the service is being maintained but not developed.

The scheme, therefore, is not contractually framed and has not officially appointed staff to manage and develop it. This poses a risk for carers and service users

3.5 Financial Impact

3.5.1 Shared Lives costs funded by the Community Care Budget are formed by the care component of the Shared Lives placement and by a 'management fee'.

The 'management fee' is used by providers towards payments of Shared Lives Officers' wages – Shared Lives Officers recruit and support carers / place service users.

SPFT Shared Lives has no costs towards staff wages due to the scheme contractual position described above. SPFT Shared Lives, consequently, does not charge any management fee

Shared Lives In-House currently has a management fee of £53 per person per week to cover Shared Lives Officers' wages. The scheme has agreed not charging any fee for the SPFT Shared Lives 16 service users. This would mean avoiding an extra cost against the Community Care Budget of £44,096 per year.

3.5.2 It is proposed that payment rates to SPFT Shared Lives carers will be maintained for an interim period of up to two years in order to sustain the progressive harmonisation with the payment rates sponsored by the In-House scheme

3.6 Staff implications

3.6.1 Transfer to the In-House scheme would ensure a contractual framework to SPFT Shared Lives and provide on-going support to carers and service users from Shared Lives Officers. It would not involve the move of any staff member from SPFT Shared Lives to the In-House scheme.

3.7 The transfer would ensure the continuity of the service for SPFT Shared Lives carers and service users, the strengthening of the In-House Scheme and it will ensure key support for the overall development of Shared Lives in Mental Health

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 This report seeks Committee permission to carry out a Consultation regarding the transfer of SPFT Shared Lives to the In-House scheme. Creating one Shared Lives scheme

4.2 Analysis and consideration of alternative options will be presented to Committee in a further report, once the Consultation process has taken place and its outcomes included

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 This report is presented to Committee members in order to obtain permission to complete a Consultation about the transfer of SPFT Shared Lives to the In-House scheme. A Consultation will take place once Committee grants permission.

5.2 Stakeholders to be consulted will include: SPFT Shared Lives Carers, SPFT Shared Lives Service Users, staff at SPFT Shared Lives (1 x manager and 1 x Shared Lives officer) and staff at the In-House scheme (1 x manager and 3 x Shared Lives officer).

5.3 During the 12 weeks of consultation, the gathering of relevant quantitative and qualitative data will take place.
Techniques to be used will include: questionnaires to carers, service users and to the staff of both the SPFT Shared Lives and the In-House schemes; semi-structured individual interviews with each carer and each service user; different focus groups with Shared Lives officers, carers and with service users; feedback sessions to stakeholders.

6. CONCLUSION

6.1 A Consultation would provide Committee with a clear steer about the potential transfer of the SPFT scheme. It would also give an opportunity to carers, service users and stakeholders to become involved in structuring the proposed transfer

in the best possible way, making it person centred, effective, efficient and outcome focused.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The total net cost of 'SPFT Shared Lives' to the Section 75 Community Care budget held jointly by BHCC and SPFT is approximately £0.150m per annum. These placement costs would remain unchanged if the service was transferred.

The actual weekly gross cost of each placement is £431 per week; offset by housing benefit of £170 per week; client contribution towards utility bills of £70 per week and client contribution following financial assessment (ranging from £0 to £88 per week)

Finance Officer Consulted: Mike Bentley

Date: 17/12/13

Legal Implications:

- 7.2 This Report seeks Committee agreement to undertake a 12 week consultation in accordance with national guidance. Any consultation must involve potentially affected and interested parties and accommodate the needs of stakeholders, in particular the client group. There are no other specific legal or Human Rights Act implications arising from this report.

Lawyer Consulted: Sandra O'Brien

Date:07/01/2014

Equalities Implications:

- 7.3 An Equalities Impact Assessment will be carried out once the Consultation process commences

Sustainability Implications:

- 7.4 None

Any Other Significant Implications:

- 7.5 None

SUPPORTING DOCUMENTATION

Appendices:

1. Shared Lives Schemes in the city

Documents in Members' Rooms

None

Background Documents

None

Crime & Disorder Implications:

None

Risk and Opportunity Management Implications:

None

Public Health Implications:

None

Corporate / Citywide Implications:

This report aims to obtain Committee approval to initiate a Consultation process. There are not Corporate/Citywide implications to this request.

Shared Lives Schemes in Brighton & Hove - Nov 2013

Providers	Client group supported	Number of carers & service users supported	Number of staff	Fees paid to carers: (Care component + Housing Benefit + Financial contributions)	Cost to the Community Care Budget	Average Savings attained	Management fee (Used towards payments of Shared Lives Officers)	Housing benefit component	Contractual Framework
Brighton & Hove Shared Lives (In-House)	Learning / Physical Disabilities	26 carers. 44 service users	1 x Manager supporting the scheme one day a week 3 x part-time Shared Lives Officers.	Banding System Band 1 £370 pw Band 2 £403 pw Band3 £459 pw	Banding system Band 1 £149.05 pw Band 2 £185.05 pw Band 3 £238.05 pw	£17,000 per person per year (compared to costs of residential accommodation)	£53 per person per week	£177.95 per week. It returns to the Community Care Budget	Service Level agreement
SPFT Shared Lives	Mental Health	6 carers 16 service users	1 x Shared Lives Officer (No contractual Framework)	£436pw	£180 pw		No management fee	£170pw – one exception, £167.76pw It returns to the Community Care Budget	No contractual framework - Managed by SPFT
Grace Eyre Foundation	Learning / Physical Disabilities & Mental Health	22 Carers 34 Service Users	1 x Manager (full time) 1x Senior Shared Lives Officer (FT) 1x Senior Shared lives Officer (PT – 0.25) 1x Shared Lives Officer (FT)	£401.88 /week	£305.46 pw.		£63.4 per person per week	£159.00/week It does not return to the community budget	Rolling Contract with ASC Fixed Subsidy contract with Supporting People due to expire March 2015 (130 K for 9 Places – Not included in this table)

