





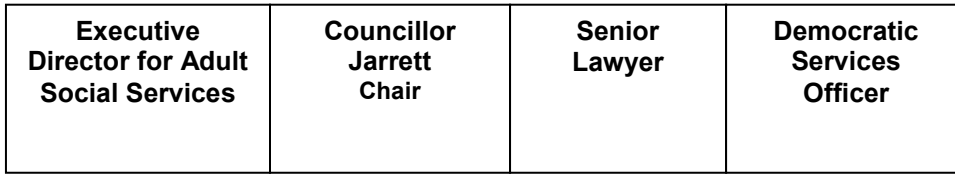
**Brighton & Hove  
City Council**

# Adult Care & Health Committee

Title:	<b>Adult Care &amp; Health Committee</b>
Date:	<b>17 March 2014</b>
Time:	<b>4.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
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:	<b>Caroline De Marco</b> 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

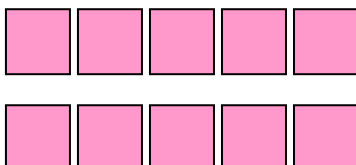
**Officer**

**Officer**

**Public Speaker**

**Councillor Speaking**

**Public Seating**



**Press**

## AGENDA

### PART ONE

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#### 59. 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.*

#### 60. MINUTES

1 - 22

To consider the minutes of the meeting held on 20 January 2014 (copy attached).

Contact Officer: Caroline De Marco

Tel: 01273 291063

#### 61. CHAIR'S COMMUNICATIONS

## ADULT CARE & HEALTH COMMITTEE

### 62. CALL OVER

- (a) Items 65 to 68 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.

### 63. 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 10 March 2014;
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 10 March 2014.

### 64. 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

### 65. FINANCE REPORT TBM9

23 - 38

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

Contact Officer: Anne Silley

Tel: 01273 295065

Ward Affected: All Wards

## PART B - COUNCIL BUSINESS

### 66. MARKET POSITION STATEMENT

39 - 74

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

Contact Officer: Anne Hagan

Tel: 01273 296370

Ward Affected: All Wards

## ADULT CARE & HEALTH COMMITTEE

### 67. ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to the 27 March 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 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*

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

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

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk). Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Caroline De Marco, (01273 291063, email [Caroline.demarco@brighton-hove.gcsx.gov.uk](mailto:Caroline.demarco@brighton-hove.gcsx.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

Date of Publication - Friday, 7 March 2014



**BRIGHTON & HOVE CITY COUNCIL**

**ADULT CARE & HEALTH COMMITTEE**

**4.00pm 20 JANUARY 2014**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

- Present:** Councillor Jarrett (Chair)  
Councillors K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Barnett, Bowden, Marsh, Mears, Summers, Sykes and Wakefield
- Co-optees:** Geraldine Hoban (Clinical Commissioning Group), Dr George Mack (Clinical Commissioning Group) and Janice Robinson (Clinical Commissioning Group)
- Non-voting co-optee:** Jane Viner (Healthwatch)

**PART ONE**

**44. PROCEDURAL BUSINESS**

**44A Declarations of Substitute Members**

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

**44B Declarations of Interests**

44.2 There were none.

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

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

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

**45. MINUTES**

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

**46. CHAIR'S COMMUNICATIONS**

**Healthwatch Representation**

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

**Brookmead**

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

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

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



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

**47. CALL OVER**

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

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

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

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

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

**(b) Written Questions**

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

**(c) Deputations**

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

48.5 Sue Beatty presented the following deputation:

**(i) Integrated Community Equipment Service**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

48.8 Alex Knutsen presented the following deputation:

**(ii) New Larchwood**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 50.24 The Chair stressed that there had been no radical changes in adult care & health. Funding had decreased which increased service pressure.
- 50.25 The Executive Director answered Councillor Mear's questions. Firstly, service users had been brought back to the city but this process took time and was complex. Specialist flats had been built in Poets Corner and officers continued to explore options. With regard to older peoples' services, the resource centres received joint funding and officers were looking to increase funding from the NHS.
- 50.26 The Executive Director explained that the Craven Vale Centre had worked well in terms of short term nursing services, but it was now felt that resources were better spent on extra care. Meanwhile, Section 75 arrangements were in place with regard to people with mental health issues. The total care of the person was considered and the Director stated that she would like to hear of any people whose needs were not being met.
- 50.27 **RESOLVED** - (1) That the financial position for the 2013/14 financial year as reported at TBM7 (October 2013) be noted.
- (2) That the 2014/15 budget strategies for the health and social care arrangements set out for development and agreement by Budget Council and the CCG Governing Body be noted.

## **51. COMMUNITY SHORT TERM SERVICES - AN UPDATE**

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



and asked what this meant in terms of protected conditions of employment. Would it be to the detriment of current working arrangements?

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

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

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

If the result was just a shift in working patterns it begged the question why the committee had to make a decision. The Executive Director of Adult Services replied that there is a difference in the type of service provided and charging. Officers wanted to move Independence at home so that it forms a part of the short term reablement service which is required to be free at the point of delivery.

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

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

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

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

## 52. INTEGRATED COMMUNITY EQUIPMENT SERVICE

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

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

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

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

### 53. COMMISSIONING GRANTS PROSPECTUS

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

in future. The befriending service would be increased within the same financial envelope. The service would be subject to a twice yearly review.

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

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

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

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

54.15 **RESOLVED** - (1) That the following table of maximum charges are agreed with effect from 7<sup>th</sup> April 2014.

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

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

Continue to review these charges annually.

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

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

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

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

55.1 The Committee considered a report of the Executive Director of Adult Services concerning fees paid to independent and voluntary sector providers that supply care services on behalf of Brighton & Hove City Council Adult Social Care and Brighton and Hove Clinical Commissioning Group. The report included fees paid to providers of services for older people, people with physical disabilities, adults with mental health needs and adults with a learning disability. Service providers included registered care homes, supported accommodation, home care and community support, community service and direct payments. The report was presented by the Commissioning Manager.

55.2 Councillor Bowden asked why there was no Equalities Impact Assessment attached to the report. He expressed concern that the care sector had been blighted by low pay. Councillor Bowden stressed that numerous quality problems had occurred in the sector.

55.3 The Commissioning Manager replied that the EIA had been made available and published. In terms of quality, care homes were monitored through the Council's Contracts Unit. Officers were mindful of monitoring quality to ensure the best service could be provided.

55.4 The Executive Director of Adult Services explained that when the council retendered the homecare contract, the increases were based on the living wage. The Executive Director stated that officers would be mindful of any changes in the year, especially changes to the



minimum wage. The council did monitor quality and officers were not seeing a reduction in quality at the moment.

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

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

## 56. DAY ACTIVITIES REVIEW UPDATE

- 56.1 The Committee considered a report of the Executive Director of Adult Services which provided an update on the progress of the Day Activities Review. As a result of the review, consideration had been given as to how people could be offered a wider choice of day activities. This has resulted in some individuals receiving innovative personalised services. Information was provided in the report on the ongoing savings that needed to be realised within day services, taking into account that the Council would receive considerably less money from central government. It provided an update on the in-house learning Day Options services and its building bases. The Committee was asked to agree a consultation process on a proposal for the future of the service. The report was presented by the Commissioning Manager, Learning Disabilities and the General Manager, Learning Disability Provider Services.

- 56.2 Councillor Mears stated that she was not happy with taking the proposals out for a 12 week consultation with service users. Councillor Mears was concerned at the proposals in paragraph 4.2 which would affect 100 people. Councillor Mears felt that there was not enough information provided in the report. For example, she asked what support service users would receive within their community or residential care home? Councillor Mears stated that she would not support the report.
- 56.3 The Executive Director replied that the proposals were part of a process. There was a need to carry out a review and have conversations with service users to enable them to have personalised services.
- 56.4 Councillor Mears stated that she wanted to see more details of the proposals before the proposals went to the consultation stage. The Committee needed to know what was being provided in the city and in residential homes.
- 56.5 The Commissioning Manager, Learning Disabilities explained that day services for those in residential care and supported living had been discussed in other reports to the Committee and particularly highlighted within the case studies presented to the November Committee. For example, the Grace Eyre Foundation go into a care home and support people to access community activities. Councillor Mears remarked that she had had many questions when there had been previous reports to the Committee.
- 56.6 Councillor Meadows informed the Committee that she had concerns about the 12 weeks consultation. The recommendation referred to family carers. Councillor Meadows stressed that not all families are carers. Councillor Meadows referred to paragraph 4.6 and stated that she considered that the proposal was to privatise this service. The proposals all seemed linked to an arms length management.
- 56.7 The Chair stated that there was no link between this report and the proposal for a Local Authority Trading Company.
- 56.8 The Executive Director of Adult Services explained that the proposals were about existing providers in the city who could increase capacity if required. The proposals were mainly about working with third sector providers. The Council had a duty to meet assessed need.
- 56.9 Councillor Meadows stated that she considered the proposals were trying to put people into cheaper options when there were no cheaper options. She considered that there was not enough information in the report to make an informed decision. Councillor Meadows was concerned about what it would mean for service users at home. She stressed that carers needed breaks. These proposals would make a difference to carer's responsibilities.
- 55.10 The Executive Director agreed that the needs of carers would have to be taken into account. There was a need for more personalised services. The council also needed to ensure that services were provided equally across the board.
- 55.11 Councillor Norman remarked that until the consultation process was completed it would not be known what was required. Approving a consultation would be the only way of knowing what people wanted. He had no problem with the report.

55.12 Councillor Wakefield concurred with Councillor Norman. Councillor Wakefield stated that she would like the opportunity to visit more day care facilities across the City. She was very impressed with the Grace Eyre Foundation Day Service.

56.13 **RESOLVED** – (1) That the contents of the report be noted.

(2) That it be agreed to have a formal 12 week consultation with users of the Council's learning disability Day Options service, their family carers and key stakeholders regarding the future service as set out in the proposal in section 4 of the report.

(3) That a report returns to Committee in June 2014 with the outcome of the consultation to enable Committee to make a decision regarding the future of the learning disability Day Options service.

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

57.1 The Committee considered a report of the Executive Director of Adult Services which requested permission to consult on the potential transfer of the Sussex Foundation Trust Shared Lives Scheme (SPFT Shared Lives) to the Brighton & Hove Shared Lives Scheme (In-House). The report was presented by the Shared Lives Project Care Manager.

57.2 Councillor Mears asked for clarification regarding the appendix to the report. She asked if the Grace Eyre Foundation was the only provider that included mental health. The Shared Lives Project Care Manager explained that the In-House team have vacancies to pilot two service users with mental health needs. It was proposed to have a more general service dealing with the specific needs of each person.

57.3 Councillor Meadows supported the proposal for an in-house service but queried whether this would be placed under arms length management. She referred to the recent report on New Models of Service Delivery for Adult Social Care Provider Services which was submitted to Policy and Resources Committee. Councillor Meadows stated that she had not seen this report.

57.4 The Executive Director of Adult Services reported that Policy and Resources Committee approved the report on developing a business case for new models of service delivery. As a result, each service would be reviewed to consider the best way of providing those services. One option was to remain in-house. There would be an analysis of all services.

57.5 The Chair stressed that the Shared Lives service was currently run by the Sussex Partnership Trust and that the service was more at risk in its current location.

57.6 Councillor Meadows asked if the work of the Grace Eyre Foundation would be taken in-house. The Shared Lives Project Care Manager replied that the Grace Eyre Foundation would continue to support people with mental health needs and that their work would not be taken in-house. The proposed transfer of services related to the 16 SPFT Shared

Lives service users as they are in a scheme with not contractual framework and not officially allocated staff provision.

- 57.7 Jane Viner stressed that it was vital that a quality service was provided. Some people had been supported for two decades. Changes in service needed to be carried out in a gradual and careful way. Ms Viner noted that fees paid to carers were different and asked if they had been consulted. The Shared Lives Project Care Manager assured Ms Viner that changes would be made with service users in 'the driving seat'. Consultation would help to start those conversations. The point about carer's fees was important and to avoid a lack of equality or resentment it was proposed that SPFT carers received the same amount of money for two years.
- 57.8 Councillor Mears asked what would happen to carer's fees after two years. She further asked for an explanation of paragraph 3.6 of the report relating to staffing implications. The Shared Lives Project Care Manager explained that with regard to carer's fees it was necessary to ensure placements were secure and safe. Carer's fees needed to be harmonised and there would be conversations with carers about this matter. The In-house team had a banding system and SPFT had one fee. There needed to be a conversation with carers about this matter. With regard to staffing implications, SPFT staff were currently providing a service in addition to their normal duties. The current In-House team was able to absorb the service. It was also discussed that upfront investment on an extra Shared Lives In-House member of the staff has already been agreed by senior management as part of the overall development of Shared Lives. This investment is independent of this transfer.
- 57.9 **RESOLVED** - (1) That it be agreed to have a 12 week consultation, with relevant stakeholders, on the intention to transfer SPFT Shared Lives to the In-House scheme.
- (2) That it be agreed that once the consultation process is completed, a further report including consultation outcomes and an Equalities Impact Assessment will be presented to Committee for a decision about the potential transfer.

## 58. ITEMS REFERRED FOR COUNCIL

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

The meeting concluded at 8.30pm

Signed

Chair

Dated this

day of

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

**Agenda Item 65**

Brighton & Hove City Council

**Subject:** Finance Report at TBM9  
**Date of Meeting:** 17 March 2014  
**Report of:** Executive Director of Finance & Resources  
 Chief Finance Officer, Brighton & Hove CCG  
**Contact Officer: Name:** Anne Silley **Tel:** 29-5065  
**Email:** Anne.silley@brighton-hove.gcsx.gov.uk  
**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.

**2. RECOMMENDATIONS:**

2.1 That the Committee notes the financial position for the 2013/14 financial year as reported at TBM9 (December 2013).

**3. CONTEXT/ BACKGROUND INFORMATION:**

*Financial Position – Month 9 – 2013/14*

3.1 This report sets out the forecast outturn position as at Month 9 as reported to Policy & Resources Committee on 13 February 2014 as part of Targeted Budget Monitoring (TBM).

3.2 The Adult Services forecast is an overspend of £2.3 million (3.7% above budget) as set out in the table below. Although the current forecast has improved by £0.841m since month 7, projections indicate that pressures are likely to be persistent and higher than initially estimated both in the current year and in future years. The overspend results from the underachievement against savings targets at the same time as continuing demand pressure on the budget as described in Appendix 1. Demand for home care continues to grow as demonstrated by the chart at Appendix 2.

Forecast Variance Month 7 £'000	Unit	2013/14 Budget Month 9 £'000	Forecast Outturn Month 9 £'000	Forecast Variance Month 9 £'000	Forecast Variance Month 9 %
1,893	Adults Assessment	47,833	49,313	1,480	3.1%
1,300	Adults Provider	14,762	15,856	1,094	7.4%
(4)	Commissioning & Contracts	485	259	(226)	-46.6%
3,189	Total Adult Services	63,080	65,428	2,348	3.7%

- 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 improved position with an overspend of £0.186 million (1.5%) as explained in Appendix 1.

The chart at Appendix 2 shows the numbers of home care whole time equivalents and change in spend over three years reflecting the pressures on the Adult Mental Health budget.

Forecast Variance Month 7 £'000		2013/14 Budget Month 9 £'000	Forecast Outturn Month 9 £'000	Forecast Variance Month 9 £'000	Forecast Variance Month 9 %
	<b>S75 Partnership</b>				
220	SPFT	11,429	11,568	139	1.2%
63	SCT	641	688	47	7.3%
283	Total Revenue - S75	12,070	12,256	186	1.5%

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

- 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 7 £'000	Unit	2013/14 Budget Month 9 £'000	Forecast Outturn Month 9 £'000	Forecast Variance Month 9 £'000	Forecast Variance Month 9 %
0	Public Health	158	158	0	0.0%
0	Community Safety	1,481	1,481	0	0.0%
7	Civil Contingencies	177	187	10	5.6%
7	Total Public Health	1,816	1,826	10	0.6%

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

### Capital

- 3.5 The capital position for Adult Services against the revised budget at month 9 of £2.3 million which is unchanged since the last report is set out in Appendix 3.

### *Council Planning for 2014/15*

- 3.6 The Council budget strategies for 2014/15 and savings proposals are under discussion by Council. An update will be provided at the meeting. Detailed budgets will be available once the Budget Book for 2014/15 is published.

### *CCG Planning for 2014/15 and future years*

- 3.7 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.
- 3.8 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.
- 3.9 The CCG is in the process of developing financial plans for 2014/15 to 2018/19 and has submitted first cut plans to NHS England.

### *The Better Care Fund*

- 3.10 The Health & Wellbeing Board signed off the joint submission to NHS England. Our Better Care Plan in Brighton and Hove focuses on delivering an integrated model of care for frailty across the City. Agreement has been reached on indicative allocations of the joint pooled funds of £5.631m in 2014/15 and £18.065 in 2015/16. Further work to refine these allocations and agree performance metrics by the final submission date (April 2014) is underway.

## **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.1 Any overspend will need to be funded from available general reserves which may need to be replenished if the working balance falls below the approved level of £9.000m.

## **5. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 5.1 No specific consultation has been undertaken in relation to this report.

## **6. CONCLUSION**

- 6.1 The Adult Social Care position at month 9 has improved considerably since month 7. The use of remaining one-off risk provisions of £0.567m is now appropriate to partially mitigate the position.

## 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

*Finance Officer Consulted: Anne Silley/ Debra Crisp Date: 28/02/14*

### Legal Implications:

- 7.2 This report is for noting only so that there are no direct legal implications arising from this Report.

*Lawyer Consulted: Sandra O'Brien Date: 03.03.14*

### Equalities Implications:

- 7.3 There are no direct equalities implications arising from this report

### Sustainability Implications:

- 7.4 There are no direct sustainability implications arising from this report

### Any Other Significant Implications:

- 7.5 None

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Revenue Budget Performance – Adults, S75 and Public Health
2. Home Care costs & usage
3. Capital Budget Performance- Adults

### **Background Documents**

Targeted Budget Management TBM9 (Policy & Resources Committee 13 February 2014)



## Appendix 1 – Revenue Budget Performance

### Adult Services – Revenue Budget Summary

Month 7 Forecast Variance £'000	Service	2013/14 Budget Month 9 £'000	Forecast Outturn Month 9 £'000	Forecast Variance Month 9 £'000	Forecast Variance Month 9 %
1,893	Adults Assessment	47,833	49,313	1,480	3.1%
1,300	Adults Provider	14,762	15,856	1,094	7.4%
(4)	Commissioning & Contracts	485	259	(226)	-46.6%
3,189	Total Revenue - Adult	63,080	65,428	2,348	3.7%

### 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:	Further plans are being developed and mitigating action is being taken to reduce these forecast overspends.
<b>Adults Assessment</b>			
see below	Assessment Services	Assessment Services is showing an overspend of £1.480m (3.1% of net budget) at Month 9, which is an improvement of approximately £0.400m from Month 7. The overspend is broken down as follows: -	
1,390	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,	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

## Appendix 1 – Revenue Budget Performance

Key Variances £'000	Service	Description (Note: FTE/WTE = Full/Whole Time Equivalent)	Mitigation Strategy (Overspends only)
		there is a significant risk that units and/or alternative options will not be deliverable in time to achieve the savings target for 2013/14.	<p>2013/14.</p> <p>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.</p> <p>The pressures on the Adult Social Care budget have been reviewed further since draft budget proposals for 2014/15 were presented to Policy &amp; Resources Committee on 5<sup>th</sup> December. Current projections indicate that pressures are likely to be higher than initially estimated and revised budget proposals therefore provide for further service pressure funding of £1m; a total of £2.5m.</p>
(26)	Corporate Critical - Community Care Budget (Learning Disabilities)	Learning Disabilities are reporting an underspend of £0.026m at Month 9, which is a slight decrease from Month 7. 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 £0.766m full year effect, of which £0.187m 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.	The risk in relation to OR claims has been taken into account in the decision referred to above to increase the service pressure funding in 2014/15,
565	Corporate	Under 65's are currently showing an overspend of £0.565m (a	Continuing to explore alternative

Appendix 1 – Revenue Budget Performance

Key Variances £'000	Service	Description (Note: FTE/WTE = Full/Whole Time Equivalent)	Mitigation Strategy (Overspends only)
	Critical - Community Care Budget (Under 65's)	decrease of £0.150m from Month 7 following realignment of Financial Recovery Plan targets between this budget and Older People). 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 131 more than budgeted (increase of 19%).	models of provision and funding.
(54)	Corporate Critical - 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.	
(395)	Support & Intervention Teams	The forecast underspend now includes one-off release of Winter Pressure funding carried forward from 2012-13 of £0.353m and vacancy management savings identified across the service to help the overall TBM position across Assessment.	
<b>Adults Provider</b>			
1,094	Adults Provider	<p>The forecast overspend includes an assessed risk of £0.840m 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 (£0.448m) which has been partly offset by one off and recurrent Department of Health Social Care funding (£0.262m), projected shortfalls on Residents' Contributions (£0.048m) and other minor</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 £1.094m.</p> <p>See above in relation to 2014/15 service pressure funding assumptions.</p>

**Appendix 1 – Revenue Budget Performance**

<b>Key Variances £'000</b>	<b>Service</b>	<b>Description</b> (Note: FTE/WTE = Full/Whole Time Equivalent)	<b>Mitigation Strategy (Overspends only)</b>
		underspends of £0.020m.	
<b>Commissioning &amp; Contracts</b>			
(226)	Commissioning & Contracts	A detailed review of all areas of spending across the service has identified savings against contracts with voluntary organisations and vacancy management savings.	

## NHS Trust Managed S75 Budgets - Revenue Budget Summary

Month 7 Forecast Variance £'000	S75 Partnership	2013/14 Budget Month 9 £'000	Forecast Outturn Month 9 £'000	Forecast Variance Month 9 £'000	Forecast Variance Month 9 %
220	Sussex Partnership Foundation NHS Trust (SPFT)	11,429	11,568	139	1.2%
63	Sussex Community NHS Trust (SCT)	641	688	47	7.3%
283	Total Revenue - S75	12,070	12,256	186	1.5%

## Explanation of Key Variances

Key Variances £'000	Service	Description (Note WTE = Whole Time Equivalent)	Mitigation Strategy (Overspends only)
<b>Sussex Partnership Foundation NHS Trust</b>			
139	SPFT	Sussex Partnership NHS Foundation Trust are reporting an overspend of £0.278m at Month 9 (a decrease of £0.162m from Month 7). The overspend reflects 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 72 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 £0.139m 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.
<b>Sussex Community NHS Trust</b>			
47	SCT	The pressure of £0.047m 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. This is a slightly reduced pressure than reported at Month 7.	Options on service models were reported to Adult Care & Health Committee in September.



Public Health – Revenue Budget Summary

Month 7 Forecast Variance £'000	Service	2013/14 Budget Month 9 £'000	Forecast Outturn Month 9 £'000	Forecast Variance Month 9 £'000	Forecast Variance Month 9 %
0	Public Health	158	158	0	0.0%
0	Community Safety	1,481	1,481	0	0.0%
7	Civil Contingencies	177	187	10	5.6%
7	Total Revenue - Public Health	1,816	1,826	10	0.6%

Key Variances £'000	Service	Description	Mitigation Strategy (Overspends only)
<b>Public Health</b>			
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.	
<b>Community Safety</b>			
0	Community Safety	Community Safety is forecasting a break-even position at Month 9.	
<b>Civil Contingencies</b>			
10	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.



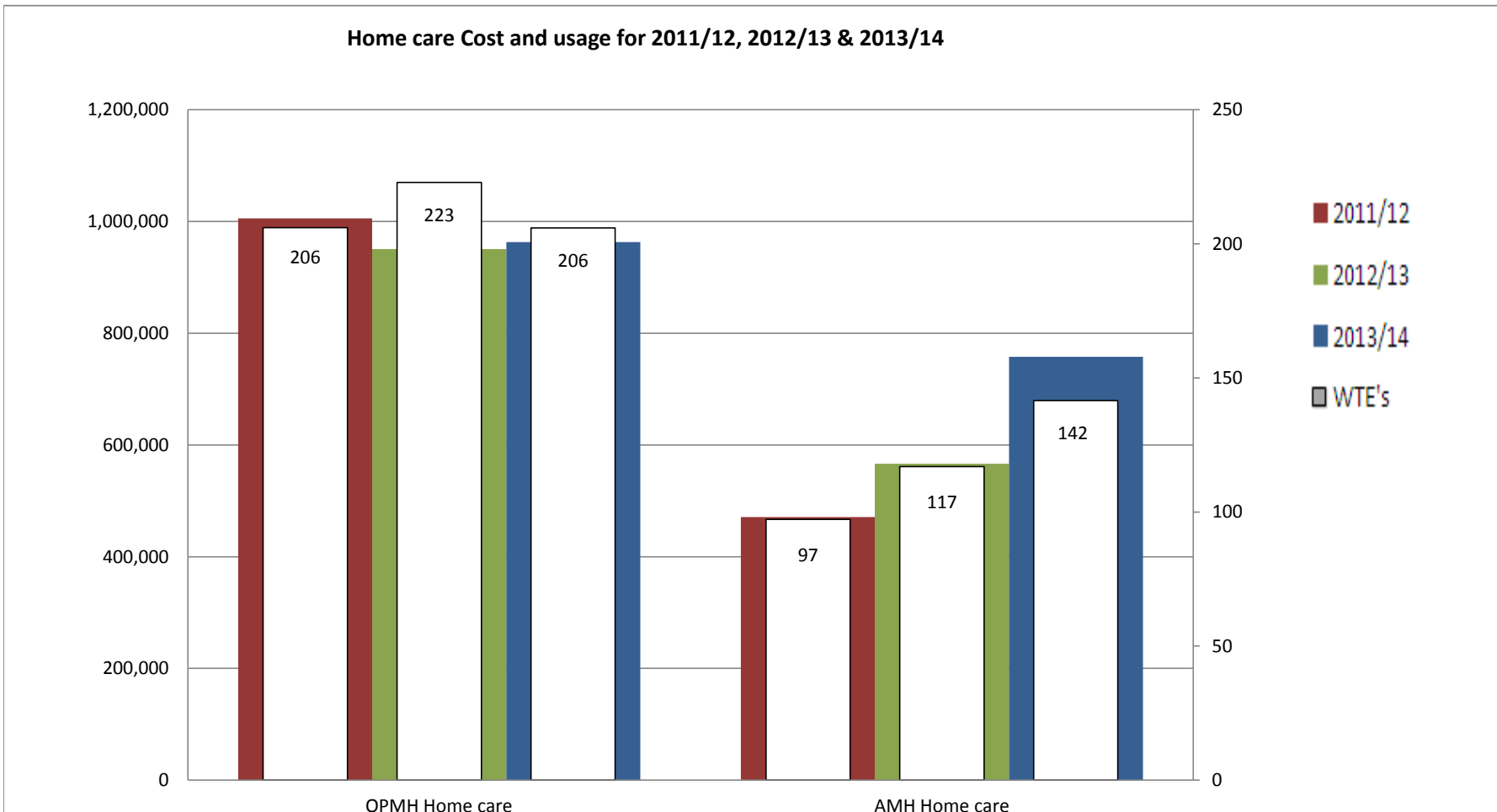


**Homecare cost and usage for the last 3 financial years**

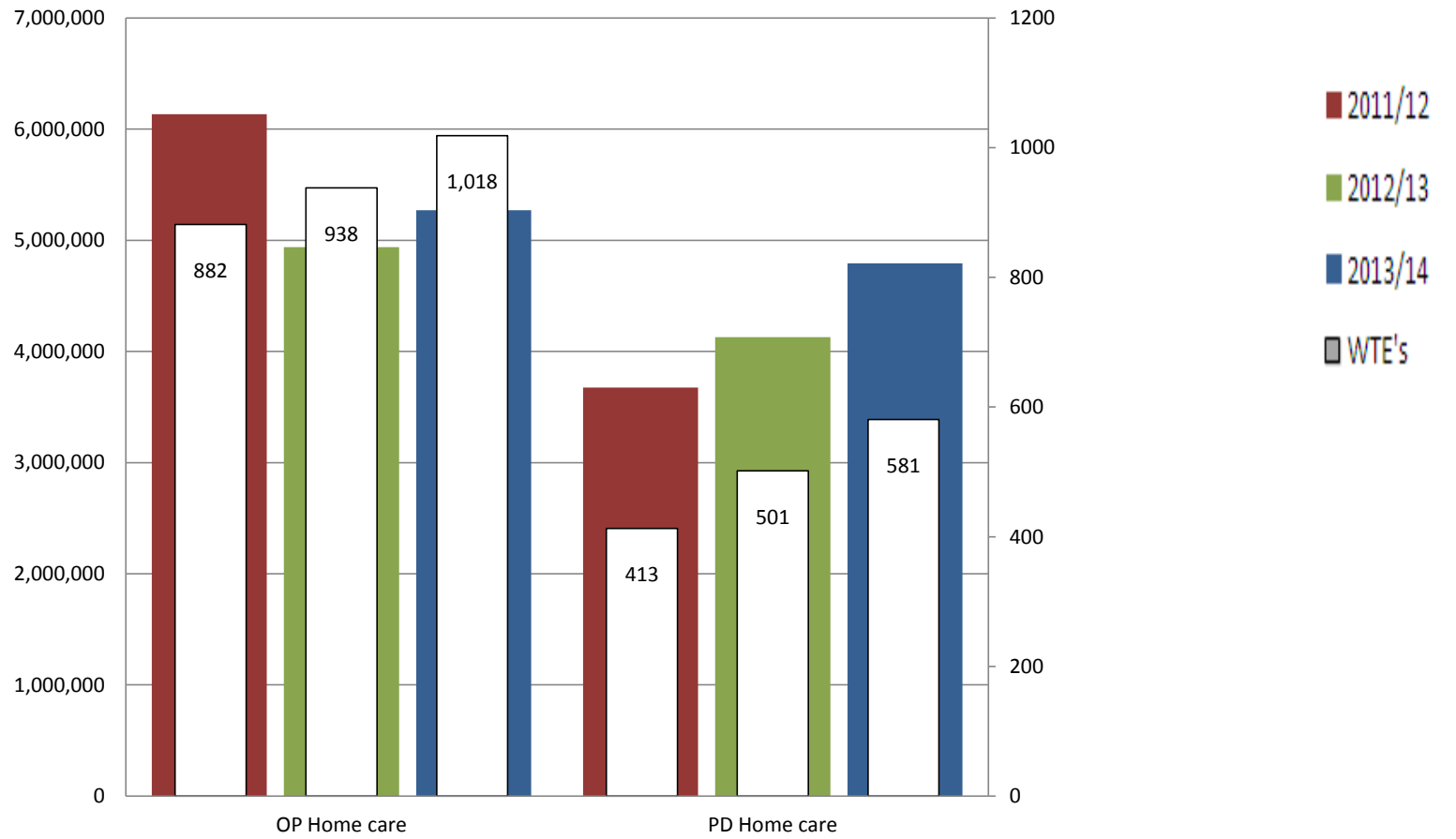
**APPENDIX 2**

Term	Description
<b>WTE (Whole Time Equivalent)</b>	The number of residential clients is often converted to "whole time equivalent (wte)" clients to allow direct comparison with the number of clients placed in previous financial years. The number of wte clients is different to the actual number of "live" clients at any one time because for wte, each contract is converted prorata to a full year, so a client who was in care for only 3 months would have a wte of 0.25.

**Section 75**



Homecare Cost and usage for 2011/12, 2012/13 & 2013/14



Adult Services – Capital Budget Summary

Forecast Outturn Month 7 £'000	Service	2013/14 TBM 7 Budget £'000	Reported at other Meetings £'000	New Schemes (Appendix 4) £'000	Variation, Slippage / reprofile £'000	2013/14 Budget Month 9 £'000	Provisional Outturn Month 9 £'000	Provisional Variance Month 9 £'000	Provisional Variance Month 9 %
0	Adults Assessment	424	0	0	0	424	424	0	0.0%
0	Adults Provider	723	0	0	0	723	723	0	0.0%
0	Commissioning and Contracts	1,181	0	0	0	1,181	1,181	0	0.0%
<b>0</b>	<b>Total Adult Services</b>	<b>2,328</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,328</b>	<b>2,328</b>	<b>0</b>	<b>0.0%</b>

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

Detail Type	£'000	Project	Description	Mitigation Strategy
<b>Adult Services</b>				
No Change				



<b>Subject:</b>	<b>Market Position Statement</b>		
<b>Date of Meeting:</b>	<b>17<sup>th</sup> March 2014</b>		
<b>Report of:</b>	<b>Executive Director of Adult Services</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Anne Hagan</b>	<b>Tel:</b> 296112
	<b>Email:</b>	<b>anne.hagan@brighton-hove.gcsx.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

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

- 1.1 The White Paper 'Caring for our Future' introduced a duty on Local Authorities to promote diversity & quality in the provision of care services. The Department of Health urged Local Authorities to create a Market Position Statement that would be useful for providers of care services in planning their businesses.
- 1.2 The Market Position Statement (MPS) outlines the Commissioning priorities for Adult Social Care services Brighton & Hove, and highlights the key factors influencing developments in the care market.
- 1.3 The MPS also details areas of work that Adult Social Care will be concentrating on in future.

**2. RECOMMENDATIONS:**

- 2.1 That Committee note the key messages in the document attached in Appendix 1: Adult Social Care Market Position Statement.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 A report was presented to committee in November 2013 which gave a summary of some information on the key messages and intentions in the Market Position Statement. Members noted the report.
- 3.2 The commissioning team in Adult Social Care have been working on developing a market position statement for providers in the council independent, community & voluntary sector.
- 3.3 **The Market Position Statement outlines:**
  - Key Messages for providers with regard to national and local developments that will have a significant impact on social care over the next 3 years
  - Areas of work that Adult Social Care are committed to support and develop
  - Information and analysis on what people need from Adult Social Care
  - Adult Social Care Commissioning priorities

**3.4 The Adult Social Care Commissioning Priorities outlined in the MPS are as follows:**

- **Priority 1:** Investing in preventive services that delay or reduce the need for social care services
- **Priority 2:** Supporting carers
- **Priority 3:** Enabling a range of personalised services that support people to achieve the outcomes they want
- **Priority 4:** Investing in community-based services that promote independence and well being
- **Priority 5:** Commissioning accommodation options that help people maintain their independence
- **Priority 6:** Developing care homes that are flexible and community facing
- **Priority 7:** Assuring quality services for people using them

**4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.1 The Department of Health consider it good practice for Local Authorities to have a Market Position Statement.

**5. COMMUNITY ENGAGEMENT & CONSULTATION**

5.1 Commissioners have been working with council colleagues, CCG colleagues and care providers across the city to gather their views on what information would be helpful to include in the Market Position Statement. This has included discussions at the various provider forums (home care, care home, and learning disability) and with key providers in the community & voluntary sector.

**6. CONCLUSION**

6.1 The Market Position Statement will clarify what services Adult Social Care will commission in the context of local & national developments. It will be useful for providers of care services in planning their businesses.

**7. FINANCIAL & OTHER IMPLICATIONS:**

Financial Implications:

7.1 The Market Position Statement includes a summary of current and future levels of resourcing to help inform the market about the financial pressures faced by the Council, and the direction of travel in terms of future spending priorities.

*Finance Officer Consulted: Michael Bentley*

*Date: 28.02.14*

Legal Implications:

- 7.2 The rationale for creating the Market Position Statement is contained in the body of this Report; whilst not a strict legal requirement there is an expectation on the part of Central Government that the Statement is created and produced. There are no other specific legal or Human Rights Act implications arising from this Report.

*Lawyer consulted: Sandra O'Brien*

*Date: 04/03/14*

Equalities Implications:

- 7.3 Specific Equality Impact Assessments will be carried out on the individual Commissioning Priority areas identified in the document.

7.4 Sustainability Implications:

The report highlights that a different approach will be required to deliver cost effective services. Organisations will have to work together to make the best use of resources.

7.5 Any Other Significant Implications

The Market Position Statement supports the council's priorities in relation to tackling inequalities, creating a more sustainable city and modernising the council.

**SUPPORTING DOCUMENTATION**

**Appendix 1: Adult Social Care Market Position Statement**

**Documents in Members' Rooms**

None

**Background Documents**

None





# Adult Social Care

## MARKET POSITION STATEMENT

March 2014



**Brighton & Hove  
City Council**

## CONTENTS

1. Introduction
2. Key Messages in this Market Position Statement
3. Commitments
4. **Adult Social Care Commissioning Priorities**
  - Priority 1: Investing in Preventive Services
  - Priority 2: Supporting Carers
  - Priority 3: Enabling a range of personalised services
  - Priority 4: Investing in community-based services that promote independence
  - Priority 5: Commissioning accommodation options that deliver good outcomes
  - Priority 6: Developing care homes that are flexible and community facing
  - Priority 7: Assuring Quality Services for people using them



‘Brighton & Hove Adult Social Care are committed to maintaining a positive and constructive partnership with providers in the statutory, private and voluntary sectors to deliver a range of quality services. It is vital that all sectors work together flexibly and creatively in response to national and local developments and to growing financial challenges’.



**Denise D'Souza**  
Executive Director  
Adult Services

## 1 INTRODUCTION

Brighton & Hove City Council (BHCC) needs a diverse care and support market to respond to the changing needs of local residents. To achieve this aim the Adult Social Care (ASC) department and its NHS partners need to know how best to influence and support the care market to meet the present and future needs of residents in the city.

The purpose of this Market Position Statement (MPS) is to give information on the kind of social care residents in Brighton & Hove will need, and the service provision that is required to meet those needs. It offers an analysis that will help providers to plan for the future and outlines the strategic direction for services commissioned by Adult Social Care.

### **Challenging times**

This Market Position Statement is being developed at a very challenging time in the care market. In Brighton & Hove the population in need of support is growing, levels of complexity are increasing and many related costs are rising. The following key factors will result in significant changes in how care is delivered:

- The Care Bill will place new responsibilities on ASC.
- The Better Care Fund requires integration of health and social care services in community settings.
- A reduction in central government funding requires BHCC ASC to reduce its spending by £19m over 3 years, decreasing from £105.3 million to £86 million in 2017.

## 2 KEY MESSAGES IN THIS MARKET POSITION STATEMENT

The demographic data for the city indicates a rise in the numbers of people who will require Adult Social Care services. The individuals who do require care are more likely to have increasingly complex needs and will require providers to work with health, social care and other professionals in a way that suits the individual, and makes best use of resources.

More emphasis will be placed on preventive services that keep people healthy and well, thereby reducing the need for statutory services. However there will be a reduction in the council's ASC budget of 18% by 2017. New and more cost effective approaches will be required to support those individuals who require care services.

The eligibility criteria for ASC services will not change and will remain at 'critical' and

'substantial.' Individuals will have their eligible needs met with an emphasis on ensuring that they are safe. Outcomes will vary for each person but it is important that there is fairness in the allocation of resources to meet people's needs across all client groups.

Increasingly, individuals will be purchasing care services using their personal budgets so it will be important that services are developed to respond to this demand.

### The budget

In the last financial year (2012/13), Brighton & Hove City Council's gross expenditure on adult services was approximately £105.4 million. The expenditure has reduced by 6% since 2010/11. The table below sets out the main areas of expenditure with a breakdown between council-provided and external provision:

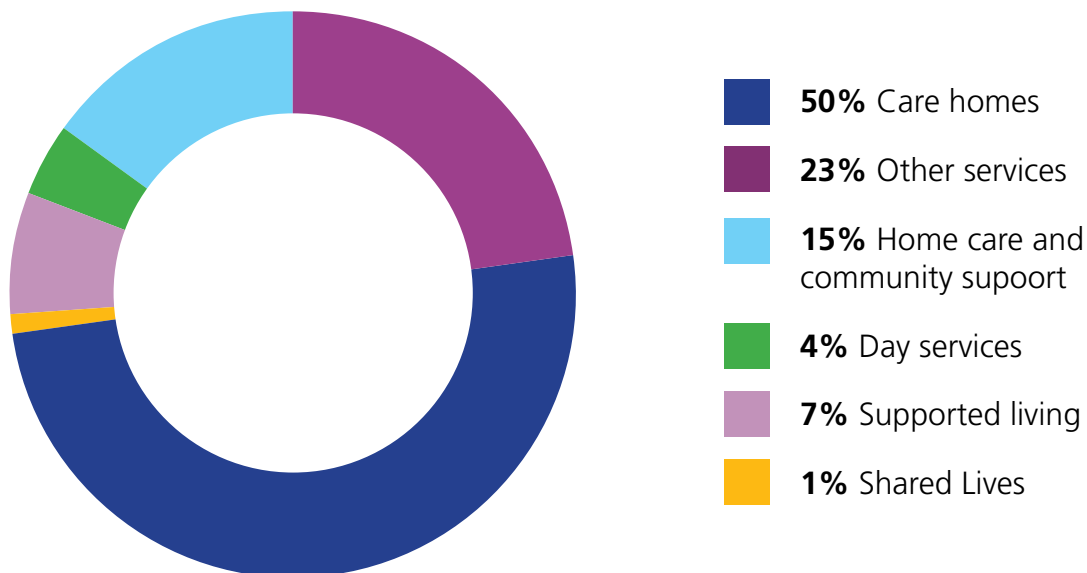
Adults and older people	External provision	Council provision	Gross expenditure
	£000's	£000's	£000's
Care homes	43,289	8,884	52,173
Home care and community support	10,494	5,215	15,709
Supported living	4,799	3,061	7,860
Direct payments	5,488	0	5,488
Day services	1,871	2,376	4,247
Shared Lives	1,518	59	1,577
Equipment	0	1,323	1,323
Carers	580	0	580
Other services*	1,374	15,115	16,489
<b>TOTAL</b>	<b>69,413</b>	<b>36,033</b>	<b>105,446</b>

\*Other services include assessment and care management, temporary accommodation, transport and employment support.





### Total Adult Social Care Gross Spend for 2012/13 by Care Type



ASC expenditure on supported living, extra care and shared lives continues to increase while care homes have seen a fall in expenditure in line with the council's policy to reduce admission to care homes. Whilst the local market now has adequate provision of supported living services

for people with learning disabilities, demand for Extra Care Housing for older people and Shared Lives support for people with mental health needs, physical disabilities and learning disabilities is growing. In time it will represent a real alternative to care home provision.

### 3 COMMITMENTS

The impact of the developments described means that Adult Social Care will concentrate on the following:

- Safeguarding adults remains a priority.
- Remaining focused on supporting the most vulnerable people in the city.
- Making full use of short-term reablement services, equipment and assistive technology to promote independence to enable people to fulfil their potential.
- Jointly commissioning short-term services with the NHS that keep people well at home and support them with a timely discharge from hospital.
- Commissioning services that offer more choice and more flexible support than traditional models. This includes developing outcomes-based commissioning approaches and using personal budgets creatively and cost effectively.
- Exploring and developing cost effective and innovative accommodation solutions that help people lead more independent and fulfilling lives.
- Working with the community and voluntary sector to strengthen assets in local communities, and encouraging more partnership working in the third sector to make best use of resources.
- Providing good information, advice and signposting services to make people aware of options available to them.
- Making more use of services in the independent, community and voluntary sector as the council reduces direct provision and focuses on facilitating care and support.
- Supporting providers who can demonstrate the quality of their services through reducing, minimising or delaying the need for care and maximising independence to deliver better outcomes for individuals.

#### The Changing landscape of Adult Social Care

- The Care Bill will result in major changes in the legislation and funding of ASC. Importance is placed on improving people's overall wellbeing, which shifts the emphasis to a system which promotes preventive and supportive measures. Other aspects of the Bill - including better advice and information, national eligibility criteria, portability of assessment, consideration of the support needs of wider communities and legal entitlement of informal carers - will place enhanced responsibilities on ASC.
- There is a national driver for services to consider people's combined health and social needs. The Better Care Fund will demand greater integration of how health and social care is delivered in community settings. Local authorities will work with strategic partners and providers to deliver key performance targets including delayed transfers of care, reduced numbers of people entering residential and nursing care and avoidance of hospital admissions.
- The Dilnot Commission on funding of Care and Support will result in additional duties for local authorities linked to the implementation of a limit on care costs that service users will pay. This will require authorities to assess people who fund their own care and to keep a care account for them.

## Equality Statement

At a time of significant public spending reform, the council recognises that many of the city's most vulnerable groups will face additional challenges during the next few years.

The community and voluntary sector have an important role in tackling inequality through its strong roots in service user involvement, community engagement and social justice. With a large proportion of small to medium sized businesses in the private sector, the council wants to work in partnership to support the promotion of community cohesion and sustainability.

Equality and inclusion are embedded in the ASC commissioning process as key criteria for decision making and impact assessments are undertaken as an integral part of the process.



## Engagement

BHCC is keen to engage with providers and local citizens in the commissioning and development of the ASC market. Good communication and regular dialogue will be increasingly important to inform how decisions are made. The Learning Disability Partnership Board is a good example of how people work with ASC and the community and voluntary sector to make their views known. The ASC Local Account is produced annually and gives information on the outcomes of user and carer surveys, together with an action plan on what needs to change as a result. ASC will also continue its involvement in the Making it Real Programme, a national user led programme to promote genuine personalisation of services.

ASC will sustain its commitment to involve providers through existing forums and in individual meetings to promote a partnership approach, to share best practice and to help develop ideas and approaches to manage, support and deliver services.



## Demographic and prevalence data

### What has changed between the 2001 and 2011 census in Brighton & Hove



### Our population

- The population of Brighton & Hove is projected to increase by (6%) by 2021. The greatest projected population increase will be seen in the 25-34 and 50-59 age groups. The city has a growing number of adults with higher complexity of needs including mental health, substance misuse and homelessness
- The number of people from BME groups increased by 80% since 2001 – rising from 12% to 20% of the population of the city.

### People who may have care and support needs

- The number of older people in the city fell by 10% between 2002 and 2011 but is projected to increase by 12% between 2011 and 2021.
- The number of older people aged 75 years or over is expected to increase by 10% from 2021
- By 2030, the number of people aged 65 years or over with dementia will increase by 26%, with the number of younger people with dementia also increasing.
- There were 32,500 people with disabilities aged 16-64 in Brighton & Hove in 2011,

11% of whom have a having a serious physical disability.

- There were an estimated 4,400 adults aged 18-64 years with a learning disability living in Brighton & Hove in 2011, with around 6% with a severe learning disability, and in 2012/13, 768 people aged 18 to 64 with learning disabilities were known to ASC.
- It is estimated that there will be a 3% increase in the number of adults with learning disabilities in the next five years and a 5% increase in the next 10 years, with the highest increase amongst people aged 55 or over and those with more severe learning disabilities.
- Over 30,000 people aged 18-64 were predicted to have a mental health needs in Brighton & Hove in 2012.
- The number of carers rose from 21,803 in 2001 to 23,967 in 2011 but remains 9% of the total population.
- The greatest projected population increase will be seen in the growing number of adults with higher complexity of needs including mental health, substance misuse and homelessness

Further information can be found here: [www.bhlis.org/census2011](http://www.bhlis.org/census2011) and [www.pansi.org.uk](http://www.pansi.org.uk) and [www.poppi.org.uk](http://www.poppi.org.uk)



## 4 Adult Social Care Commissioning Priorities

**Priority 1:** Investing in preventive services that delay or reduce the need for social care services

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**Priority 2:** Supporting carers.

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**Priority 3:** Enabling a range of personalised services that support people to achieve the outcomes they want

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**Priority 4:** Investing in community-based services that promote independence and well-being

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**Priority 5:** Commissioning accommodation options that help people to maintain their independence

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**Priority 6:** Developing care homes that are flexible and community facing

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**Priority 7:** Assuring quality services for people using them

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## Priority 1: Investing in preventive services that delay or reduce the need for social care services

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### What are we currently commissioning?

There is ongoing commitment from commissioners to support services that help keep people well and prevent deterioration of physical health and/or emotional well-being. Residents therefore need good information and effective signposting to community-based services.

Currently ASC and the local NHS commission a range of specialist advice and information services e.g. for carers and older people.

### How are we currently commissioning?

ASC and Health currently procure preventive services through the Commissioning Grants Prospectus. The Prospectus approach seeks to meet emerging need through recognising, valuing and building on the city's wealth of social capital. There has been close collaboration with individual providers and Brighton and Hove Community Works (the local organisation that champions the voluntary and community sector) in both engaging and supporting providers to develop their bid applications and enabling service user participation in evaluation. Partnership working arrangements have been positively encouraged.

ASC want to reduce duplication for providers through joint working and joint commissioning with health and other council colleagues

### What do we intend to commission in the future?

A range of developments will be required in community-based provision to respond to the national requirements of the Care Bill, Better Care Fund and the local priorities in ASC.

The Access Point is a single point of contact for new and existing service users of social care services. ASC is developing its website to improve the quality and accessibility of information

available. Improvements will be informed by both current and potential service users and will include a review of the existing information sources and links to changes as a result of the Care Bill.

From April 2014 social activities for older people have been commissioned in locality or activity hub areas across the city in the community and voluntary sector. There are three activity hubs – east, west and north central. Each activity hub will have a mix of services that include community-based groups, befriending services and building-based day services.

Activity hubs will work to minimise gaps in service. They will engage other providers to broaden the offer to older people. Other providers include independent care homes that are being encouraged to provide a menu of services to non-residents such as a lunch or an activity. Home care providers will be encouraged to make people who are socially isolated aware of the activities taking place in their area. Statutory services such as Housing, Health and council-provided day activities will also be linked into the activity hubs, as will faith groups.

A city wide coordination service supports all client groups and develops the activity hubs. They will work on city wide projects that support the activity hubs. These include supporting people to get to activities, supporting volunteering, identifying gaps in services and growing activities.

Advocacy services are key preventative services and will be increasingly important to people as they navigate their way around the social care and health system. Advocacy support has been commissioned via the Prospectus. A range of organisations will work in partnership to provide other specialist advocacy services across the city with new funding agreements in place until March 2017.



Mental Health services are jointly commissioned with the Clinical Commissioning Group (CCG). A new mental well-being strategy is being developed for the city that will take a preventative approach to addressing the wider determinants of mental well-being. It will outline the range of services to be commissioned in the future.

### **Implications for Providers**

The Better Care Fund will ensure that funding is targeted appropriately in the community and voluntary sector to maximise opportunities and keep people well. Key to developing preventative services is the need to increase the range of social care services available in the community for people to purchase using direct payments or their own funds. Providers are urged to make a menu of services available to customers. This includes day services that could be available to purchase by the session and care homes that could provide meals and activities.

Providers are being asked to work in partnership with each other. This includes everything from bidding for work in informal partnership, consortia bidding, to everyday working together and sharing of resources. All providers, including the council, will be expected to work more closely to make the most of assets and to minimise gaps in service.

‘A range of developments will be required in community-based provision to respond to the national requirements of the Care Bill, Better Care Fund and the local priorities in ASC’.

## Priority 2: Supporting Carers

### What are we currently commissioning?

9% of people in the 2011 census defined themselves as a carer.

Of those carers:



- 68%** provide 1 to 19 hours of care per week
- 12%** provide 20 to 49 hours per week
- 20%** provide 50 or more hours per week

ASC and the CCG provide a range of services to carers which are funded through joint commissioning arrangements. There is a statutory duty to support carers through both assessing their needs as a carer and by ensuring that the support they provide to individuals is recognised. Contracted services for carers include a range of information, advice, support, engagement, assessment and specialist training opportunities for adult and young carers as well as support for carers of people with mental health needs. In addition, the provision of home-based respite services is transitioning from carers services to Community Care services. The Carers budget for 2013/14 is £1.4 million funded £494,000 by CCG and £924,000 by ASC. Of this total budget, £874,000 is used to commission services in the community and voluntary sector.

### How are we currently commissioning?

Brighton & Hove has a Multi-Agency Carers Commissioning Strategy across ASC, CCG and the voluntary sector. The strategy reflects the five outcomes of the National Carers Strategy which focuses on:

- Identification and recognition of carers
- Realising and releasing potential of carers
- A life outside of caring for carers
- Supporting carers to stay healthy
- Young carers

A range of services directly relating to the outcomes of the Carers Strategy have been jointly procured by ASC and the CCG through the Commissioning

Prospectus and these are predominantly awarded to the voluntary sector. These services have funding agreements to 31st March 2016. They include providing comprehensive information and advice services for adult carers and young carers, as well as specialist support for carers of people with dementia and for end of life support.

Additionally, ASC has a Carers Self-Directed Support Budget from which carers can apply for funding towards a range of services and opportunities (e.g. leisure activities, training courses and breaks.)

### **What do we intend to commission in the future?**

The commissioning priorities for carers are driven by the outcomes of the carers survey (The Personal Social Services Survey of Adult Carers in England led by the Department of Health) and the five outcomes of the Carers Strategy, therefore any new funding opportunities from the joint ASC and CCG carers' funds will need to reflect these areas. The 2013 carer survey identified three key areas that local carers are seeking to improve and they are:

- increased social contact
- better (and more) accessible information and advice
- further options for respite

The commissioning intentions for carers will be outlined in the Carers Strategy due for publication in April 2014. It will draw on the local evidence of the Joint Strategic Needs Assessment Carers Summary, the feedback directly collected from carers through a range of consultations, the areas raised by carers through the annual carer's survey and the review of the current Carers Strategy. It is anticipated that the National Carers Strategy will be refreshed for 2014/15 and that a new strategy will be developed to coincide with the implementation of the Care Bill, beginning April 2015.

The Care Bill places a greater emphasis on supporting carers. For the first time, carers will be recognised in law in the same way as those they care for. The new duties that include providing greater information and advice, meeting assessed eligible needs of carers (which is equivalent to the duty to meet the needs of cared for people), and having a proactive approach in supporting carers to access carers assessments through increased identification and recognition.

### **Implications for Providers**

Nationally there is growing recognition of the benefits of providing assistive technology solutions to support carers within their caring role. This includes a range of monitoring and alarm equipment. Locally work has been carried out with a number of organisations to increase the awareness of the types of equipment that is available, and providing incentives for carers to pilot the equipment. This will develop a greater local evidence base for potentially further investing in these opportunities.

During the last year changes have been made with respect to the provision of home-based respite; the services that support people in their own homes in order for their carer to have a break. In line with legislation, these services are changing from a carers' service to a Community Care service.

There is an expectation that providers will continue to give priority to supporting the needs of carers such as through respite and telecare. Carers have informed us that the provision of respite is critical to them being able to continue with their caring role.

There are currently two main established voluntary sector providers of these services; one providing generic support for children and adults the other, a specialist provider of support for people with dementia. However, this area will provide future opportunities for additional providers, including the independent sector.



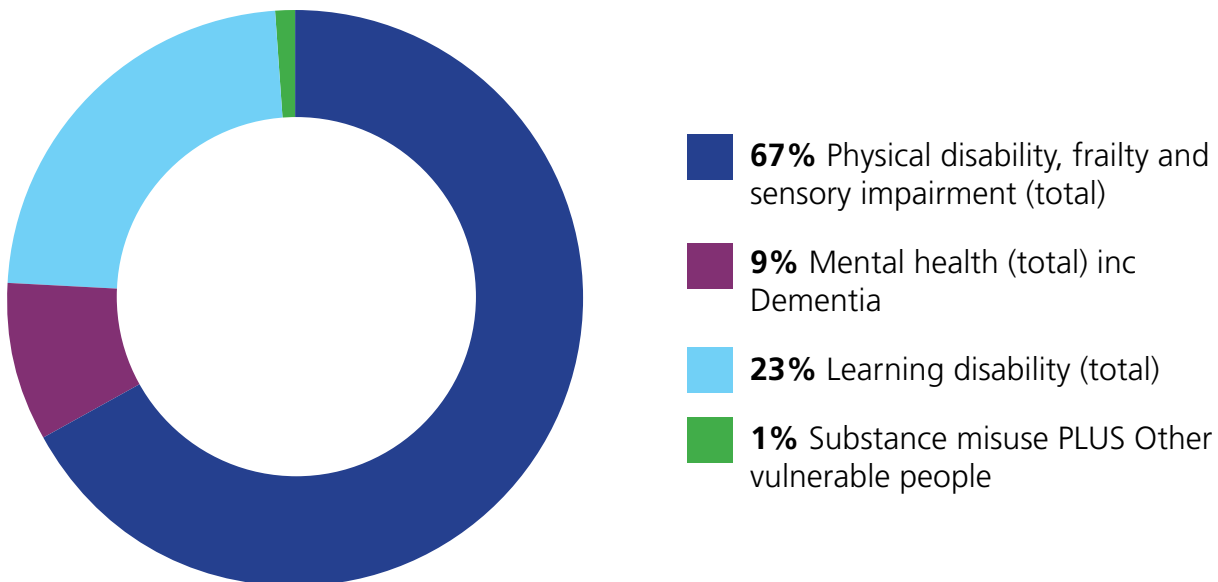
## Priority 3: Enabling a range of personalised services that supports people to achieve the outcomes they want

### What are we currently commissioning?

The data set that the Department of Health asks local authorities to collect to measure outcomes of providing adult social care indicates Brighton & Hove has made good progress in the personalisation of social care. The proportion of social care service users who have control over

their daily life is higher than the national average and local authority comparator groups. The city has a top quartile performance for people receiving services through self-directed support and an above average performance in relation to the number of direct payments used.

### Direct Payments by Client Category 2012/13



The number of people receiving direct payments rose from a total of 462 in 2010/11 to 479 in 2012/13. The number of people with learning disabilities using a direct payment is comparatively high. In line with reporting from the rest of the country the number of older people using direct payments is low. The levels of need of people using direct payments are similar to those using more traditional care services.

ASC currently spends £5,488,000 per annum on people self-directing their support; this figure includes both direct payments and personal budgets.

### How are we currently commissioning?

People directing their own support can choose how they have their needs met. People can elect to have Care Quality Commission (CQC) regulated home care providers or opt to have a Personal Assistant (PA) to provide their care.

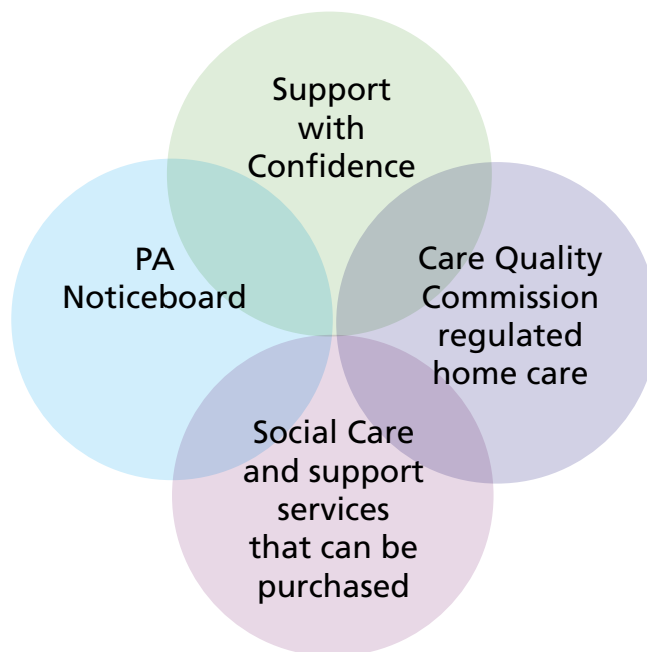
Locally, there is a PA Noticeboard which is a register of local PAs available for work. People can also advertise on the Noticeboard for PAs to undertake specific tasks.

'Support with Confidence' is the BHCC's approved PA scheme. All registered PAs have

undertaken an approval process that includes appropriate training and background checks. Training is provided by local contracted home care agencies. Trading Standards and independent home care providers are jointly responsible for

the approval process. All approved PAs receive on going mentoring from home care providers. ASC will continue to promote this scheme to increase the skill base of the PA workforce.

**The Market – choice for service users**



**What do we intend to commission in the future?**

The market is being developed so that services can be purchased by self-funders and service users who use direct payments. Services must become more flexible and all contracted services are being encouraged to have a menu of services that can be individually purchased. This means that instead of committing to a traditional day service, a person could purchase support to meet their needs in another way.

Direct payment processes are being made more attractive to potential users. This includes developing back up plans with out-of-hours providers and support for people who need help with the processes and practicalities of using direct payments.

BHCC is introducing prepaid cards as a cost effective method of simplifying processes and giving greater accountability to service users. The council is developing insurance options to protect people using direct payments and their PAs.

Work continues to ensure that direct payments are integrated into the wider safeguarding agenda.

**Implications for Providers**

Providers of social care and mainstream services need to be more aware and responsive to flexible and creative solutions to meet need in order to attract direct payment users and self-funders. More providers will have agreements directly with service users rather than the council so providers will need to consider new ways of supporting people and directly contracting with them.

It is anticipated that the growth of direct payments will be across all service user groups, although some developments are specifically aimed at people where there is low take up eg older people.

The growth of personal health budgets will require highly skilled and trained PAs to deliver health care tasks. Services that provide health care will need to market themselves to people purchasing through direct payments.

## Priority 4: Investing in community-based services that promote independence and well-being.

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### 4.1 Equipment including telecare

ASC is committed to raising the awareness and use of telecare as a tool to support safe and independent lifestyles. Nationally, the Department of Health believes that at least three million people with long term conditions and/or social care needs could benefit from the use of telecare and telehealth services and it has a programme of work to encourage the use of these technologies.

Telecare is shown to be an effective way of supporting people with a wide range of conditions to remain in their own homes. It can also offer support to carers and reduce or delay entry to hospital, residential or nursing care. The number of telecare users in the city is increasing, as is the range of telecare solutions to support safety and independence. There are currently over 5,000 telecare users in the city supported by the council's telecare service 'CareLink Plus'.

There is a need for telecare developers to continue to expand the range of innovative telecare devices, particularly those that support people in their home and out in the community using mobile technology. Areas in particular need of expansion are medication dispensing and reminding solutions.

Telecare developments should encompass a wide range of needs and not be solely designed for use by older people; attention needs to be equally paid to the needs of younger users, carers and to those with a learning or physical disability.

Home care providers need to consider using telecare as a cost-effective way of meeting an individual's outcomes and person-centred support planning goals.

ASC encourages care home and residential providers to use assistive technology such as telecare more within their homes. This could potentially improve outcomes for individuals

by managing risks more cost effectively, and develop the efficiency and effectiveness of staff interventions.

It is expected that organisations that provide support and advice to vulnerable people will highlight the benefits of telecare and will engage in initiatives that encourage the use of telecare, where appropriate, as a means of promoting safer, more independent lifestyles.

### Community Equipment:

Currently, ASC and the CCG jointly commission the Integrated Community Equipment Store which is provided by Sussex Community NHS Trust. The national drive to enable people to remain in their own homes has significantly increased the activity levels of community equipment with demand increasing by a third each year over the past two years. Brighton & Hove are in the process of exploring options for modernising the local provision and increasing the recycling and reusing rates.

### 4.2 Home Care and Community Support

#### What are we currently commissioning?

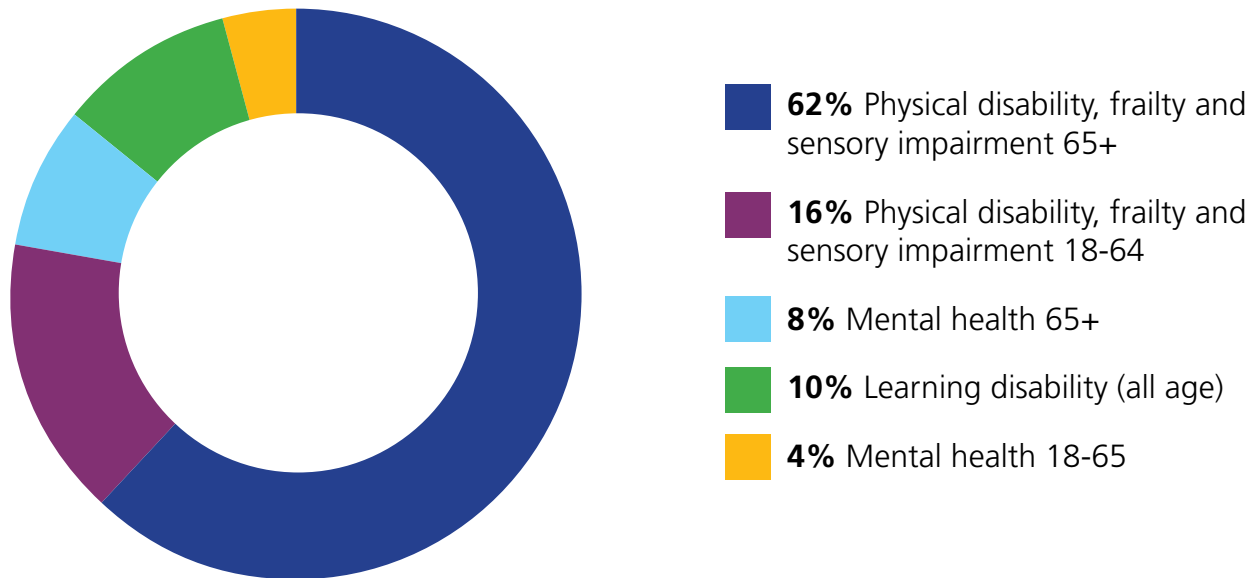
In 2012/13, ASC spent £15.7 million on domiciliary care. 67% of this was spent on services provided by the independent sector. The council's own home care service, Independence at Home, provides a short term reablement service and supports one Extra Care housing scheme.

In total, 2,012 people were supported in 2012/13 through BHCC's contracted services. In 2013 around 10,954 hours were provided each week and the majority of people (54.5%) received more than 10 hours of care per week.

The following pie chart gives a breakdown by client category of those people who received home care in 2012/13:



## Client Category



There are a number of monitoring processes in place to ensure the quality of the services provided. These include a requirement for contracted providers and the Independence at Home team to use an electronic care monitoring system to record visits. This enables the council to monitor those aspects of care that matter most to service users such as continuity of care workers, punctuality and length of visit.

### How are we currently commissioning?

In 2013 there were 43 domiciliary care providers in the city that are registered on the CQC website. 12 of these independent providers hold a contract on the council's framework, which was awarded through a competitive tender process in 2012. The contract is due to end in 2015 although it could be extended for up to a further two years.

The framework is arranged to cover geographical areas of the city. This enables providers to focus their resources within local communities. It is in line with the council's approach to sustainability which includes minimising travel time and developing good links with local resources such as locality based Integrated Primary Care teams.

The current framework contract also covers provision of care in some extra care housing establishments within the city and offers the opportunity to deliver future Extra Care services that are developed by the council.

All home care services are acquired on a spot purchase basis from framework providers. Those people who wish to have a direct payment to fund their care are able to choose to purchase their service from both contracted and non-framework providers or by employing their own PA.

Outside of the council's Home Care Framework services are commissioned from community support/outreach providers for specific client groups where there is a need or a demand for a specialist service. This includes services for people with a learning disability, sensory loss, acquired brain injury or a mental health needs. These services are spot purchased at agreed rates. It is the intention of ASC to continue to work with and develop these services to enable people to receive specialist support in the community that is flexible and responsive.



‘Providers will need to take a more significant role in identifying suitable solutions to support service users in achieving outcomes’.

### **What do we intend to commission in the future?**

The council’s Independence at Home team will focus on maximising opportunities for reablement. They will work with people being discharged from hospital as well as targeting their support at people at risk of hospital admission. This team will become integral to the jointly commissioned Community Short Term Services together with providers in the Health, social care, independent and voluntary sector.

Minimising delayed transfers of care from hospitals will remain a key consideration in future home care commissioning.

ASC will continue to work collaboratively with Health partners to ensure that home care services are commissioned to support and complement health provision. The council aims to develop opportunities that enable and support people to have End of Life care in their home.

As the number of people self-directing their support grows, ASC will increasingly commission services to meet specific service user outcomes. There will be an increased focus on how outcomes are achieved and consideration will be given to introducing a payment by results model.

### **Implications for Providers**

As increasing levels of support are required to care for people with more complex needs, home care providers must be prepared to work collaboratively with partners from a range of organisations including Health, social care, independent, voluntary, community and Housing sectors. There will be an emphasis on supporting people to receive a more personalised service. Use of technology, such as telecare, will become a key feature of care provision.

There will be further opportunities for independent home care providers to work in partnership with both statutory and non statutory housing providers to develop innovative solutions for tenants and home owners to maintain their independence. Providers will also be expected to work with the voluntary and community sector to help reduce social isolation.

Providers will need to take a more significant role in identifying suitable solutions to support service users in achieving outcomes. Innovative practice will be important in achieving improved levels of independence for service users. Care workers will need to be competent and confident in the use of such equipment and in supporting individuals to become familiar with its use.

Providers will need to ensure that their staff are appropriately trained and supported to maintain services that support people with challenging or complex needs.

Providers will need to be responsive both to fluctuations in demand for services and to changes in individual service user's needs. Staff recruitment and retention issues need to be given a high priority to ensure a robust and responsive service.

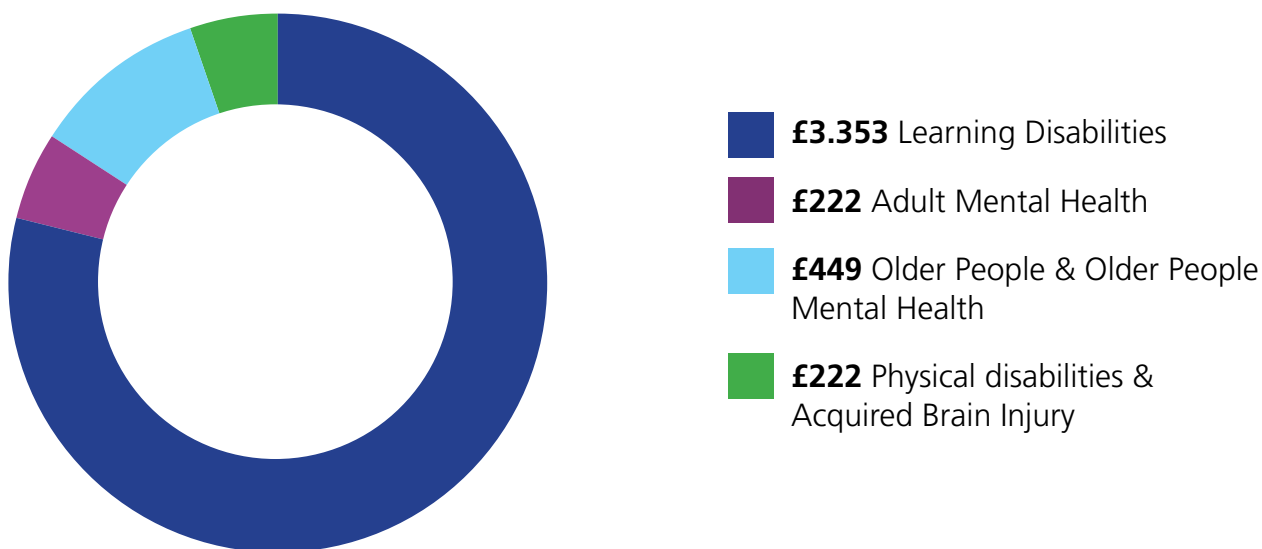
There is greater focus on reducing social isolation and enabling people to achieve identified outcomes. Home care providers will be encouraged to make people who are socially isolated aware of the activities taking place in their area and be actively engaged with the activity hubs.

### 4.3 Day Activities

#### What are we currently commissioning?

ASC currently commissions seventeen day services in the city for older people, older people with mental health needs, people with a learning disability, people with a physical disability and for people who have an acquired brain injury. Seven of these services are provided by the council and ten by external providers. Day Services based on a recovery approach for people with mental health needs are commissioned by the CCG. Employment support is integral to supporting individuals. The council will be providing fewer building-based services in the future with an aim to extend the flexibility and choice of services.

#### Day Services Spend by Client Group 2012/13 £000's



#### How are we currently commissioning?

In 2012, ASC commenced a city wide review across all client groups of day activities in the city and this is influencing how ASC will commission in the near future. There are a range of good quality local providers with whom the council has existing contracts. A number of people are now receiving a personalised day service that meets their particular needs

#### The review highlighted that:

- day services are highly valued by service users and carers
- future users of ASC services are reluctant to use the traditional day service model
- there are a range of costs, purchasing and contractual arrangements across the sector which needs to be considered
- there is a lack of awareness of what activities are available in the city and how to access them
- there is very little knowledge of personal budgets and direct payments
- it is important that friendship and social groups are sustained

## What do we intend to commission in the future?

ASC will encourage providers to offer a menu of services, with further promotion of self-directed support which will be better enabled through good quality information and advice.

BHCC is following the national trend to move away from provision based on day centre buildings, (except for those who support people with complex or challenging needs). Instead, the council are focussing on more personalised services which are provided, where possible, within the local community, in universal settings. Where building bases are still required, it is important that they are utilised effectively and are open as much as possible to other members of the community to ensure better integration.

In 2011 the following Vision was produced with providers and service users; of a modern, flexible day options model which provides personalised care and support for service users and their carers, with day activities that:

- are flexible enough to meet the needs of current service users and future users
- are, where feasible, accessible via a personal or managed budget and that opportunities to pool money to purchase services is enabled
- offer choice and control over activities that meet individual needs
- are reviewed regularly to ensure that they meet specified outcomes
- offer respite that is flexible to meet carers' needs
- are able to support those with the most complex social care and health needs
- are procured in conjunction with service users and stakeholders
- focus council-provided services on those with more complex needs

## Implications for Providers

The council is in the process of assessing the needs of people with learning disabilities who currently access day services to get a greater understanding of their needs and where the gaps in service are.

There is a need for a co-ordination/matching service to support people to find and access community activities to meet their needs. Early indications from young people with learning disabilities and/or autism is that more employment, voluntary work and vocational training is needed as well as having a social life and access to IT. The council is also looking to make small grants available for providers to set up sustainable community-based projects for people with learning disabilities and autism.

Across client groups, as the numbers of people self-directing their support increases, services should:

- operate flexibly and be person-centred in approach
- provide activities during times that enable carers to work
- offer a clear menu of activities and costs that individuals can directly purchase
- offer open access, low level support services that could support people who do not meet the council's eligibility criteria
- support service users to sustain friendship and social groups
- work toward more opportunities for employment, voluntary work and vocational training where appropriate
- promote pathways to independence and demonstrate value for money

## Priority 5: Commissioning accommodation options that help people to maintain their independence

### 5.1 Extra Care and Sheltered Housing

#### What are we currently commissioning?

The city is currently a high user of residential care accommodation. The Council is committed to providing alternative more cost effective housing options to enable people to live independently with dignity in their own home in a supported environment which enhances their quality of life. This includes developing alternative solutions for vulnerable adults.

ASC and housing are working together to meet the needs of the most vulnerable. Extra Care Housing and Sheltered Housing are preventative services which enable people to stay in their community and maintain their independence for as long as possible.

There is an estimated 92 housing schemes in Brighton & Hove providing 2,929 homes specifically for older people.

Schemes (Units)	Private Provider	Local Authority / Registered Provider		
	Leasehold	Leasehold	Mixed tenure	Social Rented
Retirement / sheltered	9 (515)	8 (304)	2 (78)	46 (1,457)
Extra care			2 (82)	2 (71)
Enhanced sheltered	1 (46)			1 (54)
Age exclusive housing			1 (18)	20 (304)
<b>Total</b>	<b>10 (561)</b>	<b>8 (304)</b>	<b>5 (178)</b>	<b>69 (1,886)</b>



‘Housing and care in the community is generally preferred by services users rather than traditional registered care homes’.



Additionally there is one Extra Care Housing scheme that provides ten younger people with physical disabilities with their own home.

Housing and care in the community is generally preferred by services users rather than traditional registered care homes. Schemes that actively involve tenants in how the service is developed and managed show increased levels of satisfaction among tenants.

### **How are we currently commissioning?**

Homes and Communities Agency (HCA) funding was secured in 2013 in support of Housing and Adult Social Care investment to allow work to start on Brookmead, a development of 45 one and two bedroom flats for older people and people with dementia. It will be built to the Lifetime Homes Standard with 10% of homes fully wheelchair adapted.

As Social Care becomes more personalised, more preventative and focused on outcomes, the provision of appropriate housing is a key element in the delivery services. Specialised housing solutions for older and vulnerable people can deliver benefits to individuals' well-being through increased independence while also providing significant cost savings to local budgets. This has been evidenced in the HCA report, 'Financial benefits of investment in specialist housing for vulnerable and older people', which analyses and quantifies the financial benefits of investment in terms of financial saving.

### **What do we intend to commission in the future?**

There is commitment to undertake local work that will inform the strategic development of appropriate housing solutions across the city. Detail on the care needs of vulnerable people and how this influences housing provision and the type of tenure required will be included in this work. Both Extra Care and council Sheltered Housing are part of this whole market approach. Adults currently using, and those needing, these accommodation options in the future will have a greater role in co-developing services.

The report on BHCC's Extra Care Housing Strategy 2011 considered a range of indicators that could be used to calculate the number of additional places needed. It made the case for just over 700 additional people by 2030 which indicates a growth rate of 39 additional places a year for the next 18 years. Further work is needed to consider detail of capital costs, housing revenue costs and care costs. Consideration must also be given to different sectors of the market and the impact of those who are publically funded against those who are self-funding.

Council Sheltered Housing has a significant role in preventative work and helping to keep people well. In consultation with existing residents, there is a range of value that these schemes could provide; this might include home care that is attached to a specific local area or scheme, the growth of community activities for people living in and around the scheme and possibly meals. Consideration could also be given to co-location of health and social care facilities. This links with developments in assistive technology.

As part of the whole market approach, work will be undertaken to ensure nomination and allocation processes are robust across all sectors of the market. Some growth may be possible through targeting of the resources provided by other Registered Providers including housing associations, to which the city council has nomination rights.

While some service users may be able to thrive in main stream Sheltered or Extra Care Housing, consideration must also be given to what specialist support will be needed to develop different models of care. Schemes will have to meet the needs and aspirations of people with a range of different conditions that may fluctuate as their health needs change. It is likely that a significant number of individuals will have mobility needs and that some will be wheelchair users.

Heed must be taken not to create additional demand; people living well at home may not require different housing. A whole market approach is needed. This includes clear messages to care home providers regarding the direction of travel. As residential and nursing home



‘Shared Lives is the way forward to becoming more independent’.

placements are avoided by commissioning appropriate housing solutions and the positive impact that has on health, scope for joint commissioning with Health will be explored.

The current home care contract allows for home care providers on the current home care framework contract to take on an increase of home care delivery (i.e. to new Extra Care Housing) within their designated area. This is cost effective delivery. Choice for the user means being in charge and getting the service needed, not necessarily stipulating the provider who delivers it. It may be possible to provide home care across a number of schemes which may provide additional savings.

### **Implications for Providers**

- ASC will work with Housing and partners to develop appropriate housing solutions to meet accommodation needs across the city
- It is envisaged that Extra Care Housing will be a major part of ASC provision in the future and will be jointly commissioned in the context of the city’s housing, social care and health care services

- The preventative role of council Sheltered Housing schemes is valued, and ways to build on this will be developed
- Housing developments and activity providers will need to consider how best to provide communal and community activities
- There may be opportunities for home care providers to operate within new or redeveloped schemes

## **5.2 Shared Lives**

### **What are we currently commissioning?**

Shared Lives is a CQC regulated service where individuals and families provide care and support to people who live with them in their family home. People using the service have the opportunity to be part of the carer’s family and social network. The provision of Shared Lives reflects the national drive for more preventative, personalised, community-based care and support.

### **How are we currently commissioning?**

ASC currently primarily commissions Shared Lives to support people with learning disabilities. However, in partnership with the CCG the council is expanding this service type to include people with mental health needs.

Shared Lives has high levels of service user satisfaction. For some adults with complex needs, it can provide a value for money care option.

### **What do we intend to commission in the future?**

The council seeks to develop the Shared Lives model as it provides excellent outcomes for service users against a Value for Money alternative to residential care. The service, although primarily for people with learning disabilities at present, will diversify to include more people with mental health needs and more people with physical disabilities.

### **Implications for Providers**

The council will be considering procurement options in 2014.

### **5.3 Supported Living and Supported Accommodation**

Supported Living and Supported Accommodation is about enabling individuals with significant support needs to live as independently as possible, to enjoy security of tenure, and to learn and develop new skills. This could involve daily living skills (including personal care), housing related support, health and well-being and assistance to access the local community including support to access paid employment and training opportunities.

### **What are we currently commissioning?**

#### **Learning Disabilities:**

In 2008, the BHCC Learning Disability Commissioning Strategy reported that there were 91 people with learning disabilities in Supported Living. In 2014 over 150 people with learning disabilities are living in 40 services provided by 17 providers across the city. This represents a 65% increase in the last 6 years.

Local market capacity exceeds BHCC usage; there are over 200 individual tenancies available in the city (for people with learning disabilities) and therefore Brighton & Hove service users account

for approximately 75% of the full capacity of local services. 15% of places are used by other authorities and 10% are voids (snapshot survey, Oct 2013).

There is the capacity in the local Supported Living market to offer more people the opportunity to move into Supported Living, to maximise independence and provide an alternative to residential care. ASC want to work with providers who have vacancies or work with other referrers to see how BHCC can prioritise and maximise their services in the best interests of local citizens. This is because there is a growing need for the Supported Living model to be extended to other service user groups.

#### **Mental Health:**

A multi-agency review of Supported Accommodation undertaken in 2012 identified insufficient supported accommodation for people with mental health needs, particularly for those with more complex needs and co-existing substance misuse. Additional Supported Accommodation capacity has been secured to support 100 people which will become available from February 2014. The impact of this additional capacity will be closely monitored to ensure it has the intended benefit and will inform any further commissioning plans.

#### **Overall:**

BHCC strongly encourages local Supported Living providers to work with local commissioners to develop partnerships to ensure that local supply is developed in line with local demand and priorities.

The majority of support is funded through ASC budgets. Housing related support monies (Supporting People) has reduced progressively over the years and is no longer a source of new funding. Some service users are funded through Continuing Health Care. ASC intends to bring people who are currently living in a long stay placement out of the city, back to Brighton & Hove.



## How are we currently commissioning?

Supported Living has developed in the city in a diverse number of ways, including:

- residential care services that have de-registered
- services actively commissioned by the council
- services created by providers
- services created by families

### Services locally:

- are commissioned via a combination of spot purchase framework agreements.
- are approved providers that operate under a framework contract for Supported Accommodation and Supported Living.
- have their costs modelled in different ways, with some providers stipulating a 'core' cost with a rate for extra hours, whilst some others use purely hourly rates.

### Adult Social Care:

- is in the process of reviewing the way that Supported Living for people with learning disabilities is funded – the current position is that as long as providers can be transparent about costs and demonstrate Value for Money, then a particular funding model will not be imposed.
- expects providers to be using support hours to specifically work towards goals and targets in people's support plans
- expects all providers to be embedding a culture of promoting independence, reducing dependency and reducing support and fees accordingly

## What do we intend to commission in the future?

- the objective will be to secure Value for Money services that achieve positive outcomes for individuals.
- ASC are not expecting to commission any more Supported Living in the city for people with a learning disability unless existing provision is unable to meet a person's specific needs.
- ASC will actively seek providers who use Assistive technology (telecare) to maximise the independence of individuals

### Implications for Providers

- this area of the market continues to grow, but supply currently exceeds local demand and no new services are required
- making best use of existing services involves building links with local commissioners
- providers should focus on increasing quality and outcomes
- providers must be able to demonstrate value for money
- providers should be outcome focussed, helping service users to achieve their goals
- increasing independence should be accompanied by reviewing support and reducing costs.

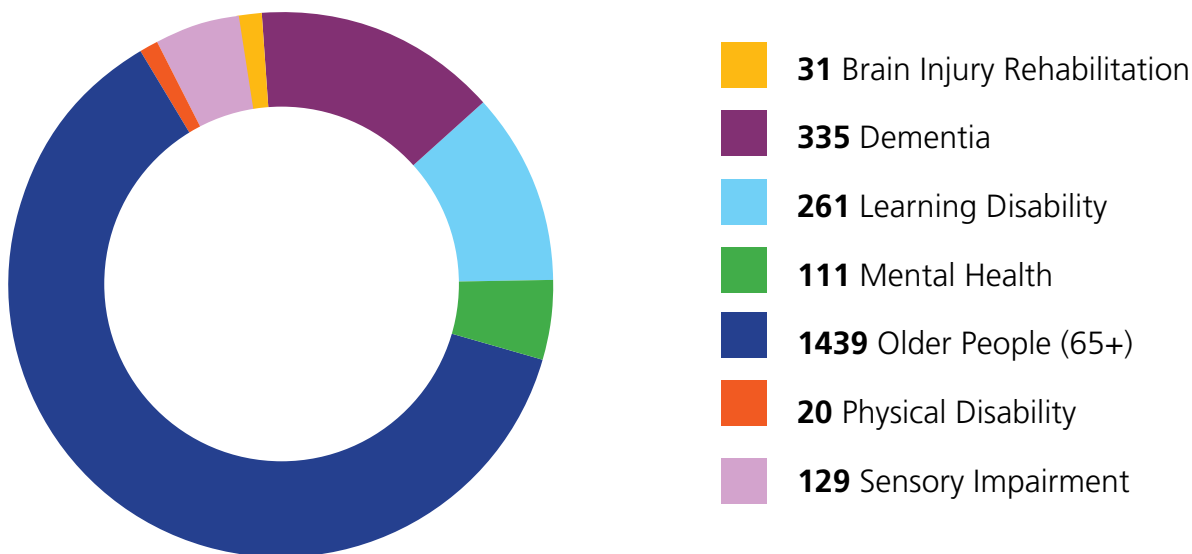
## Priority 6: Developing care homes that are flexible and community-facing.

### What are we currently commissioning?

There are 110 CQC registered care homes in the city. This includes 29 care homes with nursing and 81 care homes without nursing. Of these, 78 are for profit, 21 are not for profit, 10 are local authority and 1 is NHS. There are a total of 2326 beds in the city.

Registered care homes for older people and people with dementia tend to have more beds than the care homes for younger adults. The below chart shows a breakdown of beds in the city by primary CQC registration:

### Breakdown of beds in the city

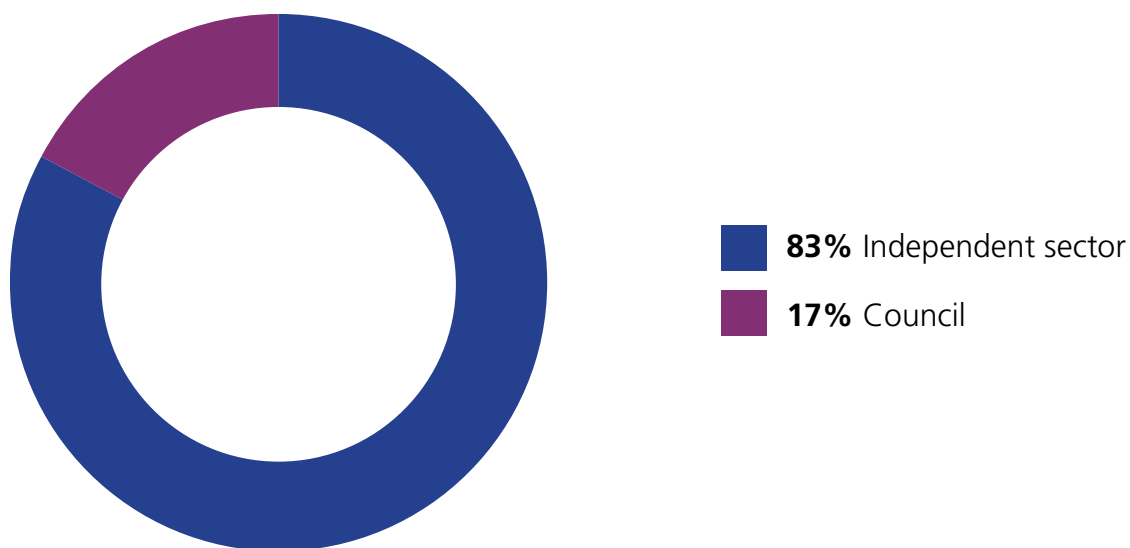


Registered care home places can be accessed by those in receipt of ASC funding or self-funders. It is estimated that there is presently a relatively low level of vacancies within care homes in the city.

The council spend on the independent sector registered care homes in 2012/13 was £43.289m which is over half of the ASC budget spent and almost double the amount spent on home care/ community support. The long term trend is for less money to be spent on care homes.

The majority of council money spent on registered care homes is on those in the independent sector. The 2012/13 spend on the independent sector was 83% with 17% on the council's own services.

## Breakdown of care home spend 2012/13



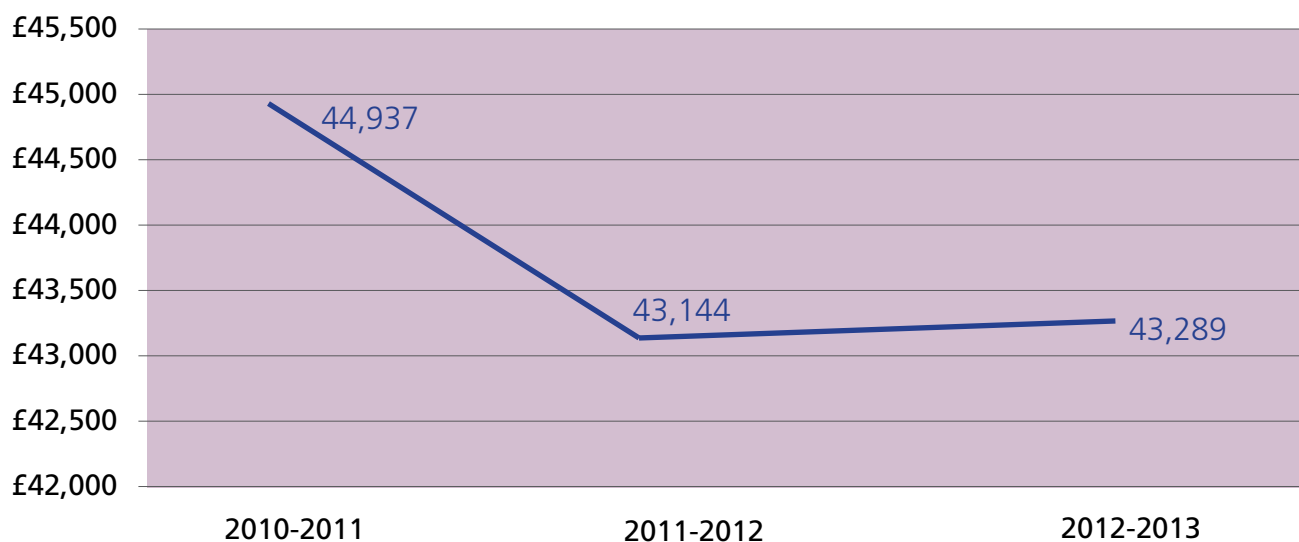
In common with many local authorities, information on the number of service users funding their own care home placement locally is uncertain but it is thought to be approximately 50%.

### How are we currently commissioning?

It has been the city's intention to support people in their community for longer and to place fewer service users in registered care homes.

The numbers of ASC funded permanent placements made in both residential and nursing care homes for younger adults (aged 18-64) is significantly lower than the national average and comparator authorities. For older people it is also lower than comparator authorities but higher than the national average.

### Independent sector care home spend



The average length of stay in a care home tends to be longer than the length of time spent in a

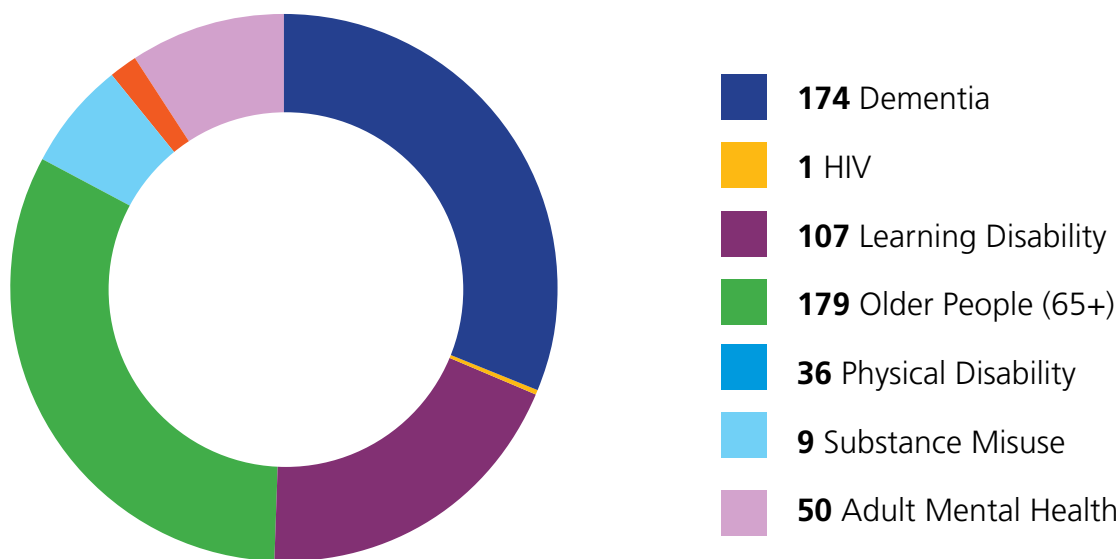
nursing home. The overall length of stay across all provision is 29 months. See table below.

2012 Average length of stay based on packages ending within 11/12				
	All	LD	18-64	65+
Care homes	35 months	72 months	55 months	33months
Care homes with nursing	21 months	14 months	26 months	21months
Overall	29 months	60 months	46 months	27months

A number of people are placed in care homes out of the city. Sometimes this is by choice, possibly to live near a family member and sometimes the registered care home is just outside of the city. There are however a significant cohort of

residents who, if given the choice, would select to live in the city if there was capacity. Where possible and appropriate people who are living in a long stay placement out of the city will return to Brighton & Hove.

### Number of care home residents placed out of city



## **What do we intend to commission in the future?**

The focus on reablement and living well, maximising independence, improving outcomes and improving quality will stimulate the Extra Care and Supported Living market and this might affect some care home viability.

It is expected that overall supply and demand for care homes without nursing in the city will continue to decrease as other options take precedent. New care homes for people with learning disabilities will not be commissioned. Instead, as vacancies arise, options will be explored to support existing providers to diversify their support to include other client groups

It is anticipated that demand will continue for care homes with nursing to support publicly funded residents. Specifically it is expected that the demand for care that supports high levels of need and/or dementia continues

Registered care homes will continue to be valued by the council and there is recognition that partnership working will remain important. BHCC is reviewing the way that fees are agreed across all care sectors with a view of making an offer that is more transparent and work on this will help inform the fee setting for 2015/16.

## **Implications for Providers**

Some care homes may wish to exit the market. Planning permission for a change of use will be made on an individual basis.

There will be a demand for care homes with nursing that can meet the requirements of people with complex nursing needs.

Different services that people can purchase with a personal budget or through their own funds are likely to be popular with the public. Care homes need to consider a menu of services which could include breakfast clubs or activities with lunch.

Providers will need to work with the council and health partners to manage the impact of the Care Bill and the affect this might have on fees and self-funders.

In the current economic climate, public money must be used to purchase care on a value for money basis. Home care packages of care and care home placements will be made to meet the needs of the individual but must also represent a good use of public funds.

There is a joint BHCC and NHS framework agreement with registered independent sector care homes in the city. It is an open agreement that care homes can join by application to become an 'approved provider'.

## Priority 7: Assuring Quality Services for people using them

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The provision of good quality care that provides positive outcomes for people using services is a key priority for ASC.

The council has a Care Governance framework in place through which it seeks to:

- promote good quality care across the sector
- assure itself of quality in each service, and
- ensure effective action is taken when quality is not achieving acceptable standards.

The framework seeks to work positively with all providers of care and support, seeking to identify concerns about quality early and intervene before they have a negative impact on service users. The safety and well-being of service users is always paramount.

The Care Governance framework is overseen by a Board of Senior Managers including CCG representation. It is supported by two panels:

- The 'Promoting Good Quality In Care Panel' actively promotes sector-wide improvement through informing a Learning and Development Programme (which is open to all social care providers in the city) and through its co-ordination of Dignity and Quality assurance networks. The Panel identifies key themes across the sector on which to focus improvement activity. The emphasis is on sharing best practice and exploring the difficult issues that face all providers in an open and outcome focused manner.

- The 'Service Improvement Panel' monitors the quality of individual services, co-ordinates action when services are not achieving acceptable standards and ensures effective service improvement planning.

The monitoring of quality includes gathering information from a range of sources including the CQC, health practitioners, the complaints team and the council's assessment team. The views and experiences of service users and their families are of particular importance in making judgements about the quality of services.

In developing the Care Governance framework ASC will continue to take account of national developments such as the learning gathered through the Think Local Act Personal consortium, the development of national quality ratings, the use of the NHS Choices website and national guidance such as the 'Bringing Clarity to Quality in Care and Support'.



For more information on this Market Position Statement please contact:

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