

**BRIGHTON & HOVE CITY COUNCIL**

**OLDER PEOPLE'S COUNCIL**

**10.15am 23 SEPTEMBER 2014**

**JUBILEE LIBRARY**

**MINUTES**

**Present:** Mike Bojczuk (Chair), Colin Vincent, Jack Hazelgrove, John Eyles and Harry Steer

**Co-opted Members:** Penny Morley

**Others Present:** Councillor Geoffrey Bowden

**PART ONE**

**22 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone and there were apologies from Marion Coldery, Sue Howley, Francis Tonks, Janet Wakeling, Val Brown and Jess Harper (Age UK, B&H). The Chair handed over to the Scrutiny Officer for election of officers.

**23 ANNUAL GENERAL MEETING (ANNUAL REPORT)**

The Scrutiny Officer reported that members of the OPC had submitted their nominations for the posts of Chair, Vice-Chair, Treasurer and Secretary. The existing officers were unanimously nominated, namely Chair – Mike Bojczuk, Vice-Chair – Colin Vincent, Treasurer – Harry Steer, Secretary – Penny Morley and were duly re-elected.

The Chair informed everyone that Annual Report was now published and it covered the key issues the OPC had dealt with including: the WHO Age-Friendly City, improvements in housing and social care; and more provision for older people in future years.

**24 ADULT SOCIAL CARE ISSUES**

**Philip Letchfield, Head of Performance and Contracting, B&HCC** (see powerpoint attached)

The Care Act came into force in May 2014 and there are three main parts. Part 1 covers ASC services and reform of care and support. Part 2 covers the response to the Francis Report and Part 3 covers health Education England and the Health Research Authority (education and training). It embodies the most significant change since 1948. The Act does three key things: consolidates and modernises existing plethora of law into one reasonably coherent piece of legislation; it brings into statute what is in policy and practice such as personalisation and making safeguarding statutory; and brings in new laws.

The new regulations and guidance that sets out the detail of the legislation has been consulted on and the final version will be available in October 2014. This covered clauses of the Act to be implemented on April 2015 - further guidance (on who pays for care) is due out for consultation. There are two phases of implementation – most of the legislation will be implemented by April 2015 but the reform of funding will be April 2016.

The provisions of the Act begin with a set of principles. The first clause sets out the purpose of social care (providing and promoting wellbeing) and a definition of wellbeing. The second clause is about prevention. The key strategy has to be about preventative services to keep people as well as long as possible. The third clause is about integration and links to better care. Better integration between NHS services and social care services are the way forward. The Act also contains information and advice for commissioners about market diversity and the consequences of provider failure.

The next part of the Act covers assessment, care planning, eligibility and charging with detailed guidance. The funding of care is largely in response to the Dilnot Inquiry and covers the cap of care costs, the care account, general living costs, thresholds and deferred payments.

There is a new national minimum for eligibility. Locally the significant level of need was set at 'substantial' and the national threshold is now 'substantial'. There is a new duty to assess and meet the needs of carers who may be friends and family. This is a big shift in policy and informal carers are entitled to services as carers. Continuity of care is new if a person moves from one council to another - their care is continued rather than starting again. There is a big shift in advocacy which is now offered to anyone who has difficulty at any point in the assessment process, including difficulty engaging. The Act also now covers ordinary residences and clarifies issues around who pays if someone moves area. There will be an independent appeal process by 2016 but there is no detail yet.

The issue of funding and who should pay is complex. A cap on care costs is a limit within a person's life as how much they will pay regardless of how much money they have. From April 2016 it looks like if you are over 65yrs then you pay £72,000 over your lifetime for care. If a person had social needs prior to 18yrs they won't pay.

Self-funders usually don't currently come to the council but will now come for an assessment. After that, they will have a 'care account' which details progress towards the £72,000. This is care costs not general living costs so people still pay for food lighting etc. In addition, often self-funders may pay more for services than the council but the council's rate will apply regardless of how much you pay. There are changes to the thresholds around financial eligibility from £23,000 to £118,000 on a tapering basis. Deferred payment is also covered (where someone does not want to sell a property, then the council pays for care and is re-paid when the estate is sold).

The legislation changes from 'should' have an adult safeguarding board to 'must'. There is a discussion around whether there should be an independent Chair.

Q – what about deprivation of liberty?

PL – this is the Mental Capacity Act. The safeguards came in 3 or 4 years ago when care plans are such that people are deprived of liberty: it is a minefield. Test cases have moved the boundaries and there are now 2 requirements: continuous and close supervision and monitoring; and if a person tried to leave they would be prevented from doing so. This has seen a significant increase in applications in recent months.

Q – did B&HCC respond to the Care Act consultation?

PL – there was local, regional and national feedback. The responses are on the Government's website. The broad feeling is that the Act is a good thing. The funding guidance is due to come out shortly.

Q – what about advocacy?

PL – the advocacy services have to be independent for people having difficulty engaging with the council. There is also a requirement to ensure people have good quality independent financial advice. The implementation plans are key.

Q – how much domiciliary costs are covered?

PL – Domiciliary care costs, indeed all eligible needs, count towards the cap not just residential. A national communication strategy is due to start and a big local campaign with a toolkit. There will be a lot of regional variation. A 'significant impact on wellbeing' is a key factor in making a judgement re eligibility but it is not defined.

Q – what planning has taken place?

PL – there has been some modelling on additional assessments for service users and carers around anticipated levels of demand. The ballpark figure is there are around 2000 self-funders and the Government will provide some additional funding from 2015. We have also estimated increase in deferred payments. A programme is in place to implement the Care Act with a programme manager to support this and progress is reported fortnightly into the Adult Social Care Modernisation Board. We are awaiting a national planning tool re the costs of implementation 2016 onwards.

The Chair thanked Philip Letchfield for an interesting and informative session.

**Ambrose Page, Contracts Manager, Commissioning and Contracts Team, B&HCC**

Ambrose came to talk about the monitoring of Adult Social Care services including independent sector and council run services and handed out copies of a flow chart explaining this process (*see attached*).

The team carries out audits to monitor care in the city. 90% of home care services are provided by the independent sector and only 10% are provided by the council and these are generally short term recuperation and rehabilitation services. The Care Governance Board (see flowchart) looks at all services for quality and safety. It is Chaired by Denise D'Souza (DASS) and meets quarterly. The Care Governance Board gets reports from 2 panels: Service Improvement Panel and the Promoting Quality in Care Panel.

Q – are audits announced?

AP – Historically the audits undertaken by the Commissioning & Contracts Team have been announced unlike the CQC which are unannounced. The team will do unannounced audits if required.

Q – how do you get base data?

AP – The Commissioning & Contract Team gather intelligence from a range of stakeholders, including service users, relatives, CQC and other professionals, including clinicians and social workers.. As part of any audit, we ask service users - and relatives if possible, about their view on the services. There are plans for people with special needs or dementia, who are unable to express their views, to be observed, especially regarding their interaction between staff and residents.

Q – how often do you monitor the independent home carers?

AP – In home care provision we audit each service in annually and go and talk to a selection of service users in their home. There are a set of questions asked such as how many different carers do you have in a week? How punctual are they?

Comment – if Age UK find someone is having problems they will contact the agency and the council on their behalf.

Q – what about combating loneliness?

AP – ‘meaningful’ activities should be provided for people and we will check they are there and originate from a person’s care plan and their needs and wishes. Care plans should cover lifestyle choices eg, church, dietary needs and their needs for socialising.

Q – what happens when the CQC raises concerns?

AP - there is a regular exchange of information between the CQC and B&HCC officers but the council are not privy to information from CQC prior to their reports being published unless there are safeguarding concerns. Additionally, CQC inspectors, the council and the CCG meet quarterly to exchange information.

Q – when will the council step in when there are concerns about a service? What is the policy on home visits?

AP –As previously mentioned, the council gathers intelligence from a variety of stakeholders. If the information received highlights concerns about a particular provider, timely and effective intervention will be taken to address these concerns, and support the provider in making the necessary improvements. If the concerns persist, more drastic action may need to be taken which could include suspension of new work, until the service has improved to an acceptable standard. For home visits there is the Electronic Care Management System with a current 90% compliance rate.

Q – what information is publicly available and where?

AP – the Care Act says the council must provide information to the public and the Commissioning & Contracts Team aim to publish their audit reports from April 2015.

The Chair thanked Ambrose Page for an interesting and informative session

**25 ADDITIONAL INFORMATION**

**26 MINUTES OF THE MEETING HELD ON 19 AUGUST**

The minutes were approved with minor amendments.

Matters arising:

Agenda item 17 - JH is going to speak to students at the University of Brighton on 7 October. JW suggested a book stand for the visually impaired.

**27 OPC WORK PROGRAMME**

21 October – Annie Alexander, Age Friendly City  
Charlie Gibbs, Victim Support

18 November – tbc

16 December and 20 January – Budget (James Hengelveld and Brian Doughty)

**28 SECRETARY'S UPDATE**

The Age Friendly Steering Group submitted a response to housing consultation. The OPC had sought an event at Hove Town Hall for Older People's Day but this had not been agreed.

The Economic Development Committee included a debate on the Hove Park Neighbourhood Forum. Hove Park will be a ward without the industrial estates which are Hove station.

There is a Royal Pavilion workshop coming up. The OPC have been invited to the City Support Awards and the Dementia Café Open Day on 25 October. There are courses in Whitehawk for over50s to be moneywise.

**29 MEMBERS' UPDATE**

JW – Planning Committee discussed the Circus Street project and there were mixed views. The conservation groups are against it. The funding is coming from private investors and the university and possibly the council. There will be a 13 storey tower for 605 students and a 11/12 tower for affordable housing but not social housing. Existing residents are concerned there will be a lack of light when the towers are built.

GB noted it is a very complex issue that has been running for many years.

It was agreed that the Secretary would write a letter expressing OPC concerns about affordable housing to the Leader.

JE – been involved in the Hove Neighbourhood Forum discussions.

HS – finally the cheque has arrived. Grey Matters Productions is flourishing. HS attended SE England Forum on Ageing there was a practitioner's alliance for a safeguarding adults meeting.

MB – attended Dementia Awareness in Hove, the Safe in the City Forum and the Centre for Ageing Better Forum.

CV – attended the Sheltered Housing Action Group. There is the housing stock review – do the OPC want to input? There is a transport consultation about easier access to local train services.

GB – has been talking to Latest TV. The OPC could use this to publicise the elections.

### **30 ELECTIONS JUNE 2015 UPDATE**

The elections are in June 2105. There will be a section on the OPC website to explain the process. The OPC need to plan for what needs to be done.

### **31 ANY OTHER BUSINESS**

There was no other business.

The meeting concluded at 1.10pm

Signed

Chair

Dated this

day of



# Care Act 2014

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## Overview



## 3 Parts to Care Act

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- i Reform of Care & Support
- i Response to Francis Report
- i Health Education England and Health Research Authority





# Overview

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- i Significant Change
- i Consolidates / modernises existing law
- i New law to support existing policy
- i New in law and practice
- i Regulation and guidance
- i Implementation



## Existing policy new in statute

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- i General duty of well being
- i Ensure provision of preventive services
- i Integration
- i Safeguarding
- i Information & Advice
- i Diversity and quality of provision
- i Provider failure



# Assessment and Care Planning

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- i Assessment / Review
- i Care Plans
- i Individual Budgets
- i Direct payments
- i Financial Assessment
- i Charging



# Funding of Care

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- i Cap on Care Costs
- i Care Account
- i Eligible needs/assessment
- i General living costs
- i Usual cost Council would pay
- i Thresholds
- i Deferred payments scheme



## What else is new

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- i National minimum threshold for eligibility
- i Duty to assess and meet carers needs
- i Continuity of care
- i Advocacy



## What else is new

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- i Ordinary Residence
- i Delegation of care and support duties
- i Independent Appeal process



# Implementation

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- i Modernisation Board
- i Enabling work streams
- i Specific workstreams ; themed
- i Regional and national working
- i £125,000 one off 2014/15
- i Financial modelling



## Consultation

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- i August 15<sup>th</sup> ; final versions October
- i ADASS response / Local
- i Encouraging local sector to respond
- i Lead Officer Role
- i [www.careandsupportregs.dh.gov.uk](http://www.careandsupportregs.dh.gov.uk)





# Council Values

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- i Customer Focus
- i Collaboration
- i Creativity
- i Efficiency
- i Respect
- i Openness



# Care Governance

Adult Social Care services, including independent sector and Council run services



