Who are we?

The Health and Wellbeing Board is a joint board of the Council and CCG which provides the strategic leadership for the health and social care in the city. Meetings are open to the public and everyone is welcome.

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber of Hove Town Hall on Tuesday 3 February 2015, starting at 5.00pm or at the conclusion of the Joint Meeting of the Children & Young People Committee. It will last about two and a half hours.
There is public seating and observers can leave when they wish.

What is being discussed?

There are four main items on the agenda

- The Outcome of the Learning Disability Review & 'A Good Happy & Healthy Life'. A Strategy for Adults with Learning Disabilities in Brighton & Hove
- Adult Social Care Fees Paid to Providers 2015/16
- Adult Social Care Services Charging Policy
- Update on the Development of the Joint Health & Wellbeing Strategy

What decisions are being made?

- The Board will consider the outcome from the Learning Disability Review and a new vision & strategy for adults with learning disabilities in Brighton & Hove
- The Board will agree fees to be paid to the independent sector care providers
- The Board will consider a revised charging policy for both residential and non-residential care
- The Board will receive an interim update on the Health & Wellbeing Strategy

Health & Wellbeing Board
3 February 2015
5.00pm or at the conclusion of the Joint Meeting of the Children & Young People Committee and the Health & Wellbeing Board
Council Chamber, Hove Town Hall

Who is invited:

J Kitcat (Chair),K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald, Dr Xavier Nalletamby (Brighton and Hove Clinical Commissioning Group), Geraldine Hoban (Brighton and Hove Clinical Commissioning Group), Christa Beesley (Brighton and Hove Clinical Commissioning Group), Dr Jonny Coxon (Brighton and Hove Clinical Commissioning Group) and George Mack (Brighton and Hove Clinical Commissioning Group), Denise D'Souza (Statutory Director of Adult Services), Dr Tom Scanlon (Director of Public Health), Pinaki Ghoshal (Statutory Director of Children's Services), Frances McCabe (Healthwatch), Graham Bartlett (Brighton & Hove Local Safeguarding Children's Board) and Fiona Harris (NHS England)

Who is unable to attend:

Contact: **Caroline De Marco**
Democratic Services Officer
01273 291063
caroline.demarco@brighton-hove.gov.uk

This Agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 26 January 2015


Health &
Wellbeing

AGENDA

Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

Page

54 Procedural Matters

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

55 Minutes **1 - 8**

The Board will review the minutes of the last meeting held on the 9 December 2014, decide whether these are accurate and if so agree them (copy attached).

Contact: *Caroline De Marco* *Tel: 01273 291063*
Ward Affected: *All Wards*

56 Chair's Communications

The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.

57 Formal Public Involvement

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting. Ring the Secretary to the Board, Caroline DeMarco on 01273 291063 or send an email to caroline.demarco@brighton-hove.gov.uk

The main agenda

58 The Outcome of the Learning Disability Review & 'A Good, Happy & Healthy Life. A Strategy for Adults with Learning Disabilities in Brighton & Hove **9 - 28**

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

Health & Wellbeing

Contact: *Mark Hendriks* *Tel: 01273 293071*
Ward Affected: *All Wards*

59 Fees Paid to Providers 2015/16 **29 - 42**

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

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

60 Adult Social Care Services Charging Policy **43 - 64**

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

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

61 Update on the Development of the Joint Health & Wellbeing Strategy **65 - 74**

Report of the Director of Public Health (copy attached).

Contact: *Dr Tom Scanlon* *Tel: 01273 291480*
Ward Affected: *All Wards*

WEBCASTING NOTICE
This meeting may be filmed for live or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act 1988. Data collected during this web cast will be retained in accordance with the Council's published policy (Guidance for Employees' on the BHCC website).

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

Health & Wellbeing

Public Involvement

The Health & Wellbeing Board actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public.

If you wish to attend and have a mobility impairment or medical condition or medical condition that may require you to receive assisted escape in the event of a fire or other emergency, please contact the Democratic Services Team (Tel: 01273 291066) in advance of the meeting. Measures may then be put into place to enable your attendance and to ensure your safe evacuation from the building.

The Town Hall has facilities for people with mobility impairments including a lift and wheelchair accessible WCs. However in the event of an emergency use of the lift is restricted for health and safety reasons please refer to the Access Notice in the agenda below.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

Fire / Emergency Evacuation Procedure

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:

- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

Do not re-enter the building until told that it is safe to do so.

Health & Wellbeing

1. Procedural Business

(a) Declaration of Substitutes: Where Members of the Board are unable to attend a meeting, a designated substitute for that Member may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

(a) Disclosable pecuniary 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 of the Board should seek advice from the Lawyer or Secretary preferably before the meeting.

(c) Exclusion of Press and Public: The Board will consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, that the press and public should be excluded from the meeting when any of the 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 from the Secretary to the Board.

4.00pm 9 December 2014

Council Chamber, Hove Town Hall

Minutes

Present: Councillor J Kitcat (Chair) Councillor K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald
Other Members present: Pinaki Ghoshal, Statutory Director of Children's Services; Denise D'Souza, Statutory Director of Adult Social Care; Dr. Tom Scanlon, Director of Public Health; Dr Xavier Nalletamby, Dr Jonny Coxon, Dr Christa Beesley, Geraldine Hoban, George Mack, Clinical Commissioning Group: Frances McCabe, HealthWatch; Fiona Harris, NHS England Surrey & Sussex Area Team.

Part One

42 PROCEDURAL MATTERS

42.1 There were no substitutes or declarations of interest.

42.2 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.

42.3 **Resolved** - That the press and public be not excluded from the meeting.

43 MINUTES

43.1 **RESOLVED –** that the minutes of the Health & Wellbeing Board meeting of 14 October 2014 be agreed and signed as a correct record.

44 CHAIR'S COMMUNICATIONS

41.1 The Chair asked members to note that some amendments to Item 46 (Joint Strategic Needs Assessment) had been circulated to members.

41.2 The Chair told members that he had agreed that Item 53 (letter from Cllr Morgan on the closure of Eaton Place GP Practice) should be considered as the first substantive item on the meeting agenda.

45 FORMAL PUBLIC INVOLVEMENT

45.1 There was none.

46 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

46.1 This item was introduced by Alistair Hill, Consultant in Public Health, and Kate Gilchrist, Head of Public Health Intelligence.

46.2 In response to questions on the planned children and young people emotional health needs assessment work, Ms Gilchrist assured members that young people would be actively involved in the needs assessment from an early stage. Schools will also be central to the process – there is a lot of useful information already provided by schools via the Safe and Well in Schools Survey.

46.3 In response to questions regarding the City Insight website, Ms Gilchrist told members that data held on the site could be used to inform discussions around providing city GP services (see Item 53 on this agenda).

46.4 Dr Scanlon reminded members that the data collected via the Joint Strategic Needs Assessment (JSNA) would underpin local health and wellbeing commissioning and provide the basis for the local Joint Health & wellbeing Strategy (JHWS).

46.5 Cllr Norman expressed concern about city rates for late diagnosis of HIV, and argued that this data should be included in the relevant JSNA sections. Alistair Hill responded that the issue of HIV and AIDS is a specific JSNA summary section and had been identified as a high impact area in the process of identifying areas for prioritisation for the JHWS. It was one of the small number of JSNA summary sections updated this year, but diagnosis of HIV remained a focus of ongoing work and focus of the Sexual Health Programme Board.

46.6 In response to a question from Cllr Theobald on mortality due to accidental poisoning, Ms Gilchrist explained that this is predominantly related to drug and alcohol accidental overdoses.

46.7 RESOLVED – that the Board:

(a) notes its duty to publish a Joint Strategic Needs Assessment (JSNA);

(b) approves a needs assessment for emotional and mental wellbeing of children and young people to be conducted in 2015 (as detailed in 4.5.3 of the report);

(c) approves the 2014 JSNA summary section updates;

(d) approves the plan for updating the 84 summary sections on a rolling basis (as detailed in 4.6.2 of the report), with the development of the programme delegated to the City Needs Assessment Steering Group.

47 MENTAL HEALTH CRISIS CARE CONCORDAT - ACTION PLAN AND DECLARATION OF SUPPORT

47.1 This item was introduced by Anna Mcdevitt, Brighton & Hove Clinical Commissioning Group, and John Child, Sussex Partnership Trust.

47.2 In response to questions on crisis support for young people, Mr Child told members that commissioners and providers worked hard to ensure that there was sufficient local acute bed capacity (which does include purchasing independent sector beds locally at times of peak demand to ensure local beds for local people).

47.3 In answer to queries about mental health 'safe spaces', Ms Mcdevitt informed members that the Royal Sussex adult A&E has a dedicated safe space for people with mental health issues. And consideration will be given to the development of a similar space for children and young people as proposals for a liaison team at the Royal Alexander Children's Hospital are developed

47.4 Mr Child told members that the mooted reconfiguration of the S136 suite (hospital place of safety) at Mill View Hospital will be considering by the Trust's Estates & Facilities department in the coming months.

47.5 In response to questions about the local adoption of a street triage service, Mr Child informed members that there was a commitment to test out street triage locally – this would be done using the additional capacity possible in urgent care services which should be available early next year.

47.6 Geraldine Hoban enquired why Sussex was an outlier in terms of using custody as a place of safety for people picked up by the police under Section 136 of the Mental Health Act. Ms Mcdevitt responded that the recent local performance trend is positive and there has been a reduction in the total amount of S136 activity over the last few years. More generally, the local focus has been on reducing avoidable

emergency admissions and A&E attendances for people experiencing a crisis in their mental health. The Concordat had raised the profile of S136 activity in Brighton and addressing this has subsequently become a key plank of the Concordat action plan locally

47.7 Dr Beesley noted that access to urgent care services in this area has improved dramatically in recent years as a result of significant investments, and that the police should in particular be commended for their approach to dealing with people in crisis. However, it is important that we remain ambitious about S136, and that there is a move away from an over-reliance on police input. Dr Beesley said we should aspire to reducing the number of people taken to custody on a S136 to as few as possible. Both Ms Mcdevitt and Mr Child concurred with this approach.

47.8 Denise D'Souza noted that the ongoing re-design of the Approved Mental Health Practitioner (social work) service was intended to result in a sustainable 24/7 service which would help the system deliver improvements to crisis care.

47.9 Cllr Shanks (attending the meeting as Chair of Children & Young People Committee) stressed that it was important that parents and carers are appropriately involved in crisis care, and that there is sufficient support for young people with mental health problems.

47.10 RESOLVED – that the Board approves the Mental Health Crisis Concordat action plan.

48 CCG DRAFT COMMISSIONING INTENTIONS

48.1 This item was introduced by Geraldine Hoban, Brighton & Hove Clinical Commissioning Group Chief Operating Officer.

48.2 RESOLVED – that the Board:

(a) notes the CCG draft commissioning intentions for 2015-16;

(b) agrees that the 2015-16 draft commissioning intentions take proper account of the Joint Health & Wellbeing Strategy priorities and the Joint Strategic Needs Assessment data.

49 EARLY HELP AND THE STRONGER FAMILIES, STRONGER COMMUNITIES PROGRAMME

49.1 This item was introduced by Steve Barton, Assistant Director, Children's Services.

49.2 RESOLVED – that the Board:

(a) agrees to proceed with the next stage of the strategy to inform the redesign, commissioning and decommissioning of early help services for families;

(b) supports the council's decision to become an 'early starter' for the expanded Troubled Families programme;

(c) agrees to hold discussions about opportunities presented by the new 'health offer' developed by the national troubled Families unit to support the expanded programme.

50 BRIGHTON AND HOVE WINTER PREPAREDNESS AND NHS CAPACITY PLANNING ARRANGEMENTS 2014

50.1 This item was introduced by Wendy Young, CCH Head of Commissioning for Planned and Emergency services, and by Dr Tom Scanlon, BHCC Director of Public Health.

50.2 Having been Chair of the scrutiny panel on winter planning, Cllr Morgan welcomed the resilience plan, particularly in terms of the clear commitment for joint working across public sector services.

50.3 Members discussed workforce planning across the local public sector as a key component of resilience planning. Dr Beesley noted that recruiting to Brighton & Hove posts could be problematic, particularly for short-term contracts, and that HR leads from across the city needed to work together to recruit to the system rather than as discrete organisations.

50.4 Geraldine Hoban commented that the main performance target will inevitably be the four hour A&E wait. This is likely to prove extremely challenging, and whilst the system does need to work towards attaining this target, it is important not to lose sight of, and celebrate success in, the many other ongoing work-streams.

50.5 RESOLVED – that the board notes the plans in place to ensure that Brighton & Hove is prepared for winter pressures.

51 BETTER CARE FUND PLAN UPDATE

51.1 This item was introduced by Denise D'Souza, BHCC Director of Adult Social Services.

51.2 Cllr Jarrett queried whether the Department of Health had been made aware of how demanding the process of making Better Care Fund submissions has been. Ms D'Souza responded that the issue has been raised by the Local Government Association and by ADASS.

51.3 RESOLVED – that the Board notes the progress made to approved the Better Care Fund Plan following the original re-submission in September 2014.

52 HOUSING ADAPTATIONS UPDATE

52.1 This item was introduced by Denise D'Souza.

52.2 Ms D'Souza told members that she and Geraldine Hoban have agreed to attend a meeting of the council's Housing Committee to address the issue of adaptations. The Chair welcomed this, stressing that it was important to Housing Committee members that the issue of adaptations is a priority for the HWB.

52.3 Ms Hoban concurred, adding that adaptations would need to be factored in to the re-design of adult S75 services, and a robust mechanism for reporting performance to the HWB adopted.

52.4 Cllr Jarrett noted that there was also a need to continue reporting on adaptations to the tenants' movement.

52.5 RESOLVED – that the Board agrees that the allocation for the Disabled Facilities Grant will be monitored by the HWB as part of the governance arrangements for all schemes in the Better Care Fund.

53 GP SURGERY PROVISON

53.1 Cllr Morgan spoke to his letter, informing members that the closure of Eaton Place surgery meant that more than 5,500 city residents would lose their GP. There are many vulnerable patients at the surgery for whom continuity of care is vital. There is a worrying lack of accurate information about the closure, with many people erroneously believing that an alternative surgery will be opening at the Marina.

The closure of Eaton Place will place additional pressure on other city surgeries, potentially increasing waiting times for patients. Given the proximity of Eaton Place to the Royal Sussex County Hospital there is also a risk that the closure of Eaton Place will lead to an increase in people presenting for treatment at A&E inappropriately.

NHS England has published a list of alternative GP practices for Eaton Place patients. However, not all the surgeries listed in fact have open lists; some are declining to offer home visits to patients in particular post codes; some will not accept new patients until they have finished a course of treatment; one practice has no permanent GP; and several will prove difficult to access for people currently registered at Eaton Place.

More generally, it is worrying that there are not more effective procedures in place for dealing with retiring GPs, particularly given the fact that it is widely accepted that an unprecedented number of GPs are actively considering leaving practice, and there are significant problems with recruiting into the profession. It is clear that

there is an urgent requirement to ensure that there are sufficient GPs to cover the needs of the city – and equally clear that the Health & Wellbeing Board (HWB) has an important role to play here.

53.2 Fran McCabe told members that Healthwatch had received a number of comments from service users about the closure of Eaton Place. Ms McCabe noted that the Eaton Place surgery has been identified as high risk by the Care Quality Commission (CQC) due to the large number of vulnerable patients on its list. Given that there is such a clear desire to maintain a GP service in the vicinity, the paucity of alternative providers, and the proximity of an over-stretched hospital A&E, surely there is an urgent case to find alternative provision.

53.3 Fiona Harris told members that things are improving, with co-commissioning offering opportunities to better align NHS England Area Team commissioners with local CCG commissioners and with other partners in the local health economy.

53.4 Dr Beesley noted that there is a lack of good modern GP premises in the city and there is a clear need for a citywide premises strategy. The CCG would soon begin to conduct a workforce survey across city primary care – it was important to take local ownership of workforce planning.

53.5 Denise D'Souza added that she was actively looking at the potential to use council premises in the area as a base for primary care services.

53.6 Members agreed that it was important that vulnerable patients on the Eaton Place list were supported to find alternative GP provision, particularly in terms of people with learning disabilities, mental health or substance misuse problems, and the frail elderly.

53.7 Members agreed that a report should be prepared for a future HWB meeting on the broad issue of developing and maintaining GP capacity across the city.

53.8 Members also agreed that urgent action was required to address the specific issue of the closure of Eaton Place surgery.

53.9 RESOLVED – that a report be prepared for a future HWB meeting on planning to develop and maintain city GP capacity; and that senior officers from the city council, Clinical Commissioning Group and NHS England Area Team meet urgently to address issues with regard to the closure of Eaton Place surgery.

The meeting concluded at 6.00pm

Signed Chair

Dated this day of

Although a formal committee of the city council, the Health and Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health and Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. The Outcome of the Learning Disability Review & *"A Good, Happy & Healthy Life":* A strategy for Adults with Learning Disabilities in Brighton & Hove

1.1 The contents of this paper can be shared with the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on the 3rd February 2015.

1.3 This paper was written by:

Mark Hendriks,
Commissioning Manager for Adult with Learning Disabilities,
Brighton & Hove City Council
Email: mark.hendriks@brighton-hove.gcsx.gov.uk
Tel: 01273 293071

2. *Summary*

2.1 An independent review of Learning Disability services took place in October 2014, in order to inform the future commissioning and provision of services for adults with learning disabilities. This paper presents both the outcome from the Learning Disability Review and a new vision and strategy for adults with Learning Disabilities in Brighton & Hove.

3. *Decisions, recommendations and any options*

3.1 For the Board to approve *"A Good, Happy & Healthy Life": Adults with Learning Disabilities in Brighton & Hove* (Appendix 1), a Strategy for adults with learning disabilities in Brighton & Hove.

3.2 For the Board to grant delegated authority to the Executive Director of Adult Services (Denise D'Souza) and, as appropriate, the Chief Operating Officer of the CCG (Geraldine Hoban), to develop a Delivery Plan in accordance with the aims and objectives set out in the Strategy and in this paper.

3.3 For the Board to note that any aspects of the Delivery Plan that require specific decisions to be made by the Board will be presented at the relevant time.

4. *Relevant information*

Background

4.1 Brighton & Hove City Council, in partnership with Brighton & Hove Clinical Commissioning Group, currently commissions and/or provides services for adults with a Learning Disability living in or coming from Brighton & Hove.

4.2 On 29th July 2014 the Health & Wellbeing Board were informed that a decision had been made to undertake an independent review of Learning Disability services.

4.3 The review was commissioned in October 2014, to help shape a vision of the outcomes and support people should receive in the future. This was in a context of;

- changes in the demographic profile of this client group; numbers are increasing as people with learning disabilities are living longer, and more people have complex or multiple needs
- the emerging policy context including the Care Act 2014, and the ongoing requirements following Winterbourne View (Transforming Care, Department of Health, 2012)
- feedback from consultation on service changes and developments
- the changing resources available

4.4 The review took place over 3 days in October. The review team included 3 independent reviewers, who had extensive experience in commissioning, managing & providing services for people with a learning disability.

4.5 The review team talked to service users, carers, representatives from the community & voluntary sector, and staff from Brighton & Hove City Council & the CCG.

4.6 The review confirmed there are many excellent outcomes being achieved for this client group & there is great potential in the workforce & in local services to build on these successes.

4.7 However the review noted a pressing need to refocus our priorities and activities to ensure these were in line with the needs of people with learning disabilities. This was critical in order to deliver the best outcomes and personalised services to people at a time of increasing need & budget pressures.

4.8 The Learning Disability Review makes 26 recommendations, organised into 4 areas (for a full Executive Summary see Appendix 2):

- Vision
- Commissioning
- Engagement and Consultation
- Providers

4.9 The recommended starting point for change is the development of a vision and strategic position which is *"rooted in peoples' aspirations and priorities, which stresses the promotion of independence, personalisation and social inclusion",* and has cross-party consensus and ongoing support and strong leadership from elected members and senior leaders at the council.

Where are we now?

4.10 The Joint Strategic Needs Assessment for Adults with Learning Disabilities (2011) reported that 2% of the general population have a learning disability. This means that:

- in Brighton & Hove there are an estimated 5,053 adults aged 18 or over with learning disabilities, of whom 1,065 are estimated to have moderate or severe learning disabilities.

- In the year 2013/14 there were 1138 adults with learning disabilities registered with a Brighton & Hove GP practice and 786 people received social care services provided or funded by Brighton & Hove City Council.

4.11 The majority of services are in the independent sector, funded mainly through the Community Care budget, and provided by a diverse range of private and not-for-profit organisations. Brighton & Hove City Council directly provides a significant proportion of local learning disability services; equating to 25% of the total budget spent on social care services for this client group.

Social care budgets for people with Learning Disabilities, 2014-15		Total	Assessment & Care Management	Direct Provision	Independent Sector Provision
	£	30,457,130	963,450	7,592,430	21,901,250
	%		3%	25%	72%

4.12 Many service areas are well-catered for, albeit with an ongoing need to continue to develop and grow the market to keep pace with need and particularly in terms of services for people with complex needs (such as challenging behaviour, mental health needs, complex Autism, complex health & physical disabilities).

4.13 Since the most recent overarching Learning Disability Commissioning Strategy (2009-12), strategic objectives and actions have been included in:

- 3 year Learning Disability Accommodation and Support Plan (2011-14)
- Joint Strategic Plan: Winterbourne View, 2014-19
- Adult Social Care Market Position Statement (March 2014),

Key priorities within these documents include:

- Developing services that prevent or reduce the need for adult social care and health interventions
- Investing in services that promote independence and well-being
- Enabling Personalisation of services and service outcomes
- Better commissioning of specialist services for people with complex needs

4.14 The Council faces significant financial challenges in the coming years, with increasing demand yet reducing resources to meet need. Benchmarking against other local authorities demonstrates that we spend 17% more per head on adults with a learning disability per head of working population than our comparators. In recent years the LD Community Care budget has achieved savings targets, due to a range of strategies to manage and develop the social care market whilst meeting need in the most effective ways. Over the same period the LD Direct Provision budget has delivered savings by the consolidation of some services, but it has been difficult to find further efficiencies within current models of provision. It is acknowledged that the savings targets for all LD budgets in 2014/15 and beyond present a far more significant challenge, & the existing strategies alone will not be enough to achieve required savings.

4.15 The Learning Disability Review highlights, *"These are unprecedented times for all Adult Social Care – difficult challenges exist alongside great ambitions to promote personalised services that support individuals and their families to live fulfilling and independent lives in their communities".*

4.16 To respond to these challenges, there needs to be a clear, coherent vision for the future, which is owned by people with learning disabilities & carers as well as people working on their behalf, alongside strong leadership and a commitment to driving through change is essential in order to meet people's needs in this context.

Our Vision for the future

4.17 The aim of this Strategy is to put what matters most to people with learning disabilities at the heart of our planning. Underpinning our Strategy is the principle that everyone in society has a positive contribution to make and that everyone has the right to control their own lives. This Strategy aims to focus on outcomes that people with learning disabilities want for themselves and the communities they live.

4.18 People with a learning disability have a right to access the same services and opportunities as everyone else. The Learning Disability Review states: *"Supporting people with learning disabilities to lead a full and active life is as much a challenge for universal services as it is for health and social care commissioners."* At the same time, services commissioned to provide more specialised support need to develop an outcome focused culture to

support health & well-being, independence, inclusion and control through personalised services.

4.19 Our aim is to enable people with learning disabilities to live "A Good, Happy & Healthy Life" so they can achieve the following outcomes:

Being My Own Person

1. I have a place I can call home
2. I can work and learn
3. I can get out and about and travel
4. I can try new things & go to new places
5. I get good information and advice

Feeling a Part of Things

1. I can see my friends & family when I want
2. I can choose to have a relationship
3. I feel part of my community
4. I can use all the services in my City
5. I am involved in decisions that affect me

My Choices, My Decisions

1. I am able to make decisions
2. I feel listened to & treated with respect
3. I am in control of my money
4. I can plan for my future
5. I can choose how I am supported

Healthy & Happy

1. I know how to make healthy choices
2. I can be fit and active
3. I can have fun
4. I get good health care
5. I can get good mental health care if I need it

4.20 The vision for the future and the programme of change will be conceived and delivered in partnership with people with learning

disabilities, family carers, providers and stakeholders across the City. To develop our Strategy we have worked in partnership with;

- People with learning disabilities
- Family carers
- Providers in the voluntary, independent and public sector
- Brighton & Hove City Council services
- Brighton & Hove Clinical Commissioning Group

4.21 Ongoing engagement and communication will be achieved through existing successful forums such as the Learning Disability Partnership Board, the Learning Disability Provider Forum, and specific meetings with groups and organisations as required.

4.22 This Strategy aligns with other related strategies and plans in Public Health, Mental Health & Well-Being, Children's services and Education and the CCG Commissioning Intentions.

How are we going to make it happen?

4.23 Our Strategy alone will not make things happen or drive change to deliver the outcomes we require. This will require:

- **Leadership & Accountability:** The Strategy will be widely owned, led and communicated through the political leadership of the Council, and senior officers in the CCG & the Council. The responsibility for delivering our Strategy and subsequent Delivery Plan will lie with the Adult Social Care Departmental Management Team (DMT).

- **Partnership & Engagement:** People with learning disabilities and carers will be included in decision-making at every level, from the development of overarching strategies through to decisions about their care and support. A specific communication and engagement strategy will be developed to set this out.

- **Integration:** The needs of people with learning disabilities will be considered in the development of other services and strategic plans, in adult social care, housing, health, mental health, education, employment, leisure and transport.

- **Changes to working practices and structures:** the Council and other partners will ensure that their modernisation

programme in preparation for the Care Act and the other demands outlined in this paper also consider the implications of delivering this Strategy

- **Shifts in resources:** in order to ensure that services deliver the outcomes in this Strategy some resources will be used differently. The most significant driver for change will be through the increased use of Personal Budgets for individuals to buy the services they need within their allocated budget.

- **Detailed Delivery Plan:** the specific detail of how the aims of this Strategy will be delivered will be outlined in a Delivery Plan which will be developed in the coming months.

5. *Important considerations and implications*

5.1 Legal

It is a function of the Health and Wellbeing Board to exercise the social services and health functions of the Council in respect of adults with Learning Disabilities and therefore a constitutional requirement for it to approve the strategy. The resulting Delivery Plan must ensure adherence to the duties under the Care Act 2014 in respect of promoting wellbeing, prevention services and arranging services to meet assessed needs. The Plan should ensure continuing compliance with the Human Rights Act 1998. As stated in the body of this report any aspects of the Delivery Plan arising that require Board approval will necessitate further report(s) and recommendations.

Lawyer Consulted: Sandra O'Brien 20/01/15

5.2 Finance

Implementation of the strategy is expected to result in improved Value for Money, drive efficiencies, and deliver lower unit costs that compare more favourably in benchmarking with other local authorities. The current social care budget for people with learning disabilities is over £30m.

Finance Officer consulted: Anne Silley Date 19/01/15

5.3 Equalities

An Equalities Impact Assessment will be completed in conjunction with the Delivery Plan of the Strategy.

5.4 Sustainability

Progress of the Strategy through a subsequent Delivery Plan will support the development of more sustainable solutions to meeting the needs of local people with learning disabilities.

5.5 Health, social care, children's services and public health

This is a strategy for all adults with learning disabilities and considers their health and social care needs, as well as the wider public health agenda. It has been developed with consideration of the national and local developments for children with Special Educational Needs and Disabilities (SEND). Development of the Delivery Plan will take place in consultation with key partners across social care, health, housing, children's services, education, public health and wider services in the public and independent sector.

6. Supporting documents and information

Appendix 1:

"A Good, Happy & Healthy Life": Adults with Learning Disabilities in Brighton & Hove.

Appendix 2:

Learning Disability Review, October 2014: Executive Summary.

A good, happy & healthy life

Adults with learning disabilities in Brighton & Hove

"Being independent means enjoying your life, going out to work, going out on your own"

NHS
Brighton and Hove
Clinical Commissioning Group

Brighton & Hove
City Council

A good, happy & healthy life

Adults with learning disabilities in Brighton & Hove

Being My Own Person

1. I have a place I can call home
2. I can work and learn
3. I can get out and about and travel
4. I can try new things & go to new places
5. I get good information and advice

How will we make this happen?

Equal access to housing that meets people's needs
Access to technology and equipment that promotes independence
Access to employment opportunities
Access to learning opportunities
Opportunities for independent travel
Access to good information and advice
Support for people with social care needs to be as independent as possible
Support for vulnerable people to feel safe

How will we know it is working?

People tell us they are happy with their living situation
More people have their own tenancy
More people are in voluntary work and employment
People have opportunities to learn new skills
People can access community services
People have opportunities to try new things
People tell us they can get good information and advice
People tell us they feel safe
People feel confident reporting concerns

Being My Own Person

Feeling a part of things

1. I can see my friends and family when I want
2. I can choose to have a relationship
3. I feel part of my community
4. I can use all the services in my City
5. I am involved in decisions that affect me

How will we make this happen?

Support people to live locally
Involve families in decision making
Good support to family carers
Opportunities for making and keeping friendships
Support and advice for people with relationships and parenting
Promote equal access to all services
Work in partnership to improve community safety
Include the views of people with learning disabilities in decision-making at every level

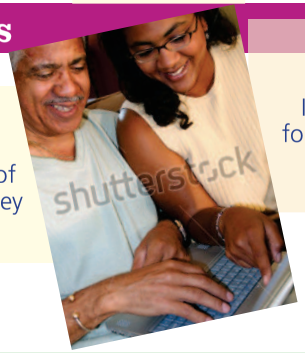
How will we know it is working?

Fewer people live in out of area services
People and family carers tell us they are involved and satisfied with services
People tell us they have the friends and relationships they want
Evidence that people are involved in community based activities
The needs of people with learning disabilities are included in all plans and strategies that affect their lives
There are a range of ways for people with learning disabilities and family carers to affect decision-making
Increased uptake of carers assessments

Feeling a part of things

My Choices, My Decisions

1. I am able to make decisions
2. I feel listened to & treated with respect
3. I am in control of my money
4. I can plan for my future
5. I can choose how I am supported



How will we make this happen?

All services understand the Mental Capacity Act
Respect people's right to privacy and confidentiality
Put people at the centre of assessments & support plans
Make sure social care services provide good quality and reliable support
Make sure all social care services are good value
Make sure there are fair and open processes for allocating resources
Offer a Personal Budget to all people with social care needs
Plan with people as their health and social care needs change

How will we know it is working?

All health and social care services comply with the Mental Capacity Act
100% of health and social care services have accessible complaints processes
100% of social care services complete annual service user surveys
100% of people with social care needs have a Personal Budget
There is a plan for transition for all young people with social care needs from age 16
People can access independent advocacy when they need it
People tell us they have control over their daily life
100% of Support Plans clearly involve people
100% of social care services involve people in recruitment

My Choices, My Decisions

Healthy & Happy

1. I know how to make healthy choices
2. I can be fit and active
3. I can have fun
4. I get good health care
5. I can get good mental health care if I need it

How will we make this happen?

Provide good information to support people to understand their health needs & make informed choices
Promote equal access to leisure services and community activities
Equal access to all health and mental health services
Support equal access to healthcare with specialist learning disability support where needed
Training to support staff & families to understand and respond to health and mental health needs
Ensure services respond to people's changing health needs

How will we know it is working?

Data shows that people are accessing disease prevention, health screening, and health promotion
More people take part in physical activity
Every eligible person with a learning disability can have an annual health check
More people are a healthy weight
People report high levels of health, well-being and quality of life
People report they are engaged in activities they enjoy
Evidence of reasonable adjustments in health and mental health services
100% of learning disability social care providers are signed up to the Health Charter

Healthy & Happy

www.brighton-hove.gov.uk/mental-wellbeing

February 2014

5364 Brighton & Hove City Council Communications Team

Brighton and Hove Council

Learning Disability Review
October 2014

Executive summary

Jenny Anderton
Jo Poynter

Neil Morrisroe

Executive Summary

The severe financial pressures facing Adult Social Care, now and in the future, combined with growing complexity of needs and rising expectations are testing commissioners and providers alike to transform the sector into one fit for the 21st century.

In August 2014 Brighton and Hove Council Adult Social Care and the Clinical Commissioning Group, as part of the Health and Wellbeing Board commissioned an independent review of Learning Disability Services. The review was commissioned to consider:

- the impact of demographic trends and patterns on the future service provision
- how services are currently commissioned
- the configuration of services to meet current and future needs of the people with complex needs

The objectives identified were:

- Consider national policy and requirements in relation to the commissioning and provision of Learning Disability Services.
- Identify current expenditure in relation to Learning Disability provision and how this may be affected by future demands and changes in policy.
- Whether commissioning plans meet current best practice standards and whether services offer the best outcomes in community settings
- Formulate an action plan to support Brighton and Hove to meet the future commissioning intent.

The Review looked at range of information, met a number of different people and covered a number of areas.

Policy context:
The implementation of the Care Act will require the Council to take on new functions, including the legal requirement of people to have a personal budget and ensure that people have access to a range of services that prevent their care needs from becoming more serious.

From a national perspective, there are specific, ongoing financial pressures associated with services for people with a learning disability. The proportion of ASC expenditure directed to learning disability services continues to rise at the same time as needing to improve planning from childhood and improve the safety and quality of care.

Needs Assessment:

Brighton and Hove has seen an increase in the demand for all services and the JSNA (2011) estimated that there would be a 12% increase in the numbers of people with a severe or moderate disability by 2030.

Political context:
The Council, made up of three parties with no one majority and political decision making under a committee system, where there is no overall control, has impacted on the delivery of service change. There has been a lack of decision making about the future of Learning disability services, with the Council having a paternalistic approach to people with a learning disability and feels that people need to be kept safe.

Strategic vision and direction:
A number of people felt that communication, consultation and decision making was particularly weak and, in the past there had been no clear strategic plan or overarching commissioning intention. There needs to be a move toward committed leaders, with a will to drive through change, combined with a sensitive and robust approach to change management, which will then, enable positive change to happen in Brighton and Hove.

Commissioning:
Brighton and Hove clearly have a talented and well-resourced commissioning team able to lead changes to learning disability services, but it has apparently been difficult driving through the personalisation agenda and change in service development and design with the in-house providers. There needs to be a shift in culture and every opportunity taken for people to see personal budgets as a real alternative to traditional services. The commissioning intention needs to reflect this, to enable providers, both in house and private, to develop the market to meet current and future need.

Budget and budget management:
Brighton and Hove Council is facing savings of £6m per year for Adult Social Care over the next three years and there is agreement, at all levels of the organisation, that unit costs for people using Learning Disability services are more expensive than comparator councils (see CIPFA data).

The pressures facing Learning Disability services are not are not seen to be as great as other service areas and as a result there appeared to be a complacent view to budget management, with managers not taking responsibility for meeting efficiency savings and seemingly taking a very simplistic view that each service should meet the same level of savings. This includes those services which are providing value for money, promote independence, social inclusion and are seen by people who use them as important.

Current market position:
Many of the current learning disability services are shaped by the fact that Brighton and Hove Council directly provide services. A significant proportion of the overall budget, 22.5% (2014/15) is spent on these services. There is a strong

and skilled independent sector who feel that they are not able to compete with the in-house services on a level playing field and the council protect their own services at the cost of developing the market to meet current and future need.

People who use services:
The message from people who use services was very clear and simple. They want to be able to live independently, use public transport and have the opportunity to work. They want access to services that will support them to achieve this. *"It makes me feel very proud to come here on my own on the bus". I learnt to do this with a travel buddy, we need more of them".*

Family carers:
The most compelling message from the family carers was that they need someone to make a decision about the future. Even a message they don't want to hear is better than no message at all.

Current service provision:
The city has a skilled workforce committed to working with people who have a learning disability. In-house services however appeared to be protected from changes made in other service area by the Council and have not universally embraced the vision of a person led approach.

There are a range of service providers in the city, both in-house, provided by the council and commercial/third sector providers and a marked difference in the costs of these services, the in-house services are comparatively higher than the other providers.

Some services seem to lack ambition for service users, being service led rather than person centered, with relatively low number of people using Direct Payments or having personalised budgets or the use of telecare. Others have clearly developed a strong offer for service users e.g. Employment Team.

Recommendations:
The review has highlighted a number of areas for consideration:

1. Vision:
- To develop an agreed clear vision that is rooted in peoples' aspirations and priorities which stresses the promotion of independence, personalisation and social inclusion. This would include developing cross-party consensus and a commitment to transforming learning disability services.
- Once agreed, elected members and senior leaders should embrace and communicate a vision of Learning Disability Services and ensure that this vision is understood by everyone.
- Leaders at all levels communicate the vision at every opportunity, and make it real in the way they behave.
- That councilors remain actively engaged in setting high expectations and tracking progress.

2. Commissioning:

- Increase the synergy between Micro and Macro commissioning and ensure that services are led by the strategic commissioning team rather than the Learning disability team, being able to Micro commission through use of the in house providers.

2.1 Macro commissioning:

- An overarching strategic plan which sets out the vision and future direction of the learning disabilities service, is agreed, has sign up and is driven through regardless of obstacles that get in the way.
- Costs:
  - Continue the work on reviewing the cost of local services, and ensuring that they are cost effective, meet the assessed needs and are best value. To also take a whole system approaches i.e. the transport review and the impact of any outcomes and direct current resources to service that promote independence & social inclusion and are seen by people who use services see as important.
  - Commissioners to commission services with the whole budget and ensure that financial and other benchmarking is systematic across all services.
  - In partnership with all providers use the opportunity of efficiency savings to redesign and change the market.
- Commissioners are explicit about the outcomes they want services to achieve for people, and track these systematically.
- Develop a clear understanding of the local workforce, its size, shape, mobility and skill sets.
- As part of the integration with the NHS, review the whole commissioning system, including respective roles and responsibilities.
- Building the role of other council commissioned and provided services, such as leisure and transport, in helping people live full lives.

2.2 Micro Commissioning (assessment and support planning):

- The relationship between macro and micro commissioners to be clearer, to ensure that macro commissioners are made fully aware of any trends or issues.
- The introduction of personal budgets and direct payments should be seen as the first option for everyone regardless of the complexity of need.
- Support to people is based on identified need rather than best fit in existing services.
- Develop genuine person-centered planning, which is based on an ethos of citizenship and inclusion, and leads to tailored co-designed approaches.
- People are supported to access a range of networks, relationships and activities, to maximise independence, health, well-being and community connections.

3. Engagement and communication:

- Develop a clear engagement and communication strategy.
- Staff are positively encouraged to reflect on what they do, and to make suggestions about innovations and improvements.
- Actively engage people who use services and carers in the co design, development, commissioning, delivery and review of local support

- Be clear with people who use services and their family carers what decisions they can and cannot influence.
- People who use services and carers are informed at the outset of proposed changes to services; this would include the rationale, decision making process and timescales.
- There should be regular progress reports and communication about any decisions made.
- Through the involvement process, ensure council staff and partners understand and own the transformation agenda.

4. Providers:
- In-house provider managers to be responsible and accountable at all levels for spend and ensuring that they keep within budget and make efficiency savings where agreed.

Conclusion:
Brighton and Hove has a workforce which is talented, skilled and committed. The challenge is to make sure that this talent and skill is maximised and directed to serving as many people as possible, at the same time as promoting the individual's independence and meeting changing need. A clear well-articulated vision, strong leadership at all levels throughout the organisation and working with the energy, commitment and professional skills of staff will bring about innovative and new ways of meeting individuals' needs.

1. Formal details of the paper

1.1. Title of the paper
Fees paid to Providers 2015-16

1.2 Who can see this paper?
The information in this paper is available to the general public.

1.3 Date of Health & Wellbeing Board meeting
3 February 2015

1.4 Author of the Paper and contact details
Jane MacDonald Commissioning Manager
Jane.macdonald@brighton-hove.gov.uk

2. Summary

2.1 This report outlines current fees paid to independent, voluntary and community care providers. It makes recommendations for fees to be paid 2015-6. Those affected will be care providers and potentially the vulnerable for whom they provide care and support.

3. Recommendations

3.1 That the Health and Wellbeing Board agree the proposed fee increases as set out in the table below.

Description of service	Recommended fee increase
In city care homes for people needing physical where set rates apply	1% increase
In city care homes set rate for people needing memory/mental health support, where set rates apply	2% increase
In city care homes/ supported living where no set rates	0% change

Description of service	Recommended fee increase
apply	
Out of city care homes/supported living where set rates apply	To reflect host authority set rate
Shared lives carers	1%
Out of city care homes where no set rates apply	0% change
Home care	2%
Direct payments	1%
Service contracts	0% change

3.2 It is also recommended that providers supporting people with a diagnosis of dementia living in registered care homes where people needing physical support rates apply, should be rewarded appropriately. A 1% increase will apply until a policy for this is agreed.

4 Background to the Report

4.1 This report sets out information concerning fee levels and makes recommendations to the Health and Wellbeing Board. Fees are those paid to independent community and voluntary sector providers that supply care services on behalf of Brighton and Hove City Council Adult Social Care and Brighton and Hove Clinical Commissioning Group.

4.1.1 The report includes fees paid to providers of services for people with physical disabilities, adults with mental health needs and adults with a learning disability. Service providers include registered care homes, supported accommodation, home care and community support, community services and direct payments.

4.2 Terminology

Terminology used in this report is included as Appendix One

4.3 Overview of the Market

- Hospitals are discharging people who a few years ago, would have received care in a hospital setting.
- Complex service user needs require an appropriately trained staff team, where this is not managed well the quality of service maybe compromised.
- The community struggles more than ever to respond to demand.
- The care market in the city is changing at a pace that accelerates year on year. Care homes with nursing are closing or changing their business model and new care homes are opening. It is now a challenge to purchase care home places at the set fee rate.

- Recruitment in both the home care and care home sector is becoming increasingly difficult for many providers.

4.4. Finances

The Council's budget for the year 2015-6 will be challenging and at the same time the city is experiencing increasing social care costs. At the Registered Care Association annual conference in July 2014, the National Care Association's Chief Executive, Sheila Scott said that national government must take responsibility for the way councils have had to set fees.

4.5 Care Act 2014

4.5.1 The Care Act will come into place April 2015-6. Currently the council is working with providers to determine how the detail will be implemented. It will require a different approach to care home payment. It is expected that residents will pay up to a maximum and then the council will become involved. There will be changes to means tests and charging arrangements. Everyone who potentially needs care will be entitled to an assessment, so there will be increased activity in this area.

4.5.2 The Care Act will impact on how fees are paid to providers. Rather than make piecemeal, potentially confusing and costly changes to fee structures including the set rates paid to care homes; the council will further consider how fees are constructed when the impact of the Act is better understood.

4.6 Care Home Fees project

4.6.1 For a number of years there has been an issue about the costs of delivering decent quality care versus the prices which such care attracts. This is particularly true of care delivered in registered care homes where set rates apply. The debate has tended be different in care homes where fees are individually negotiated. In these homes fees tend to be higher, sometimes significantly higher. It has largely been providers of registered care homes where set rates apply, who have expressed concern that prices paid by councils do not reflect the cost of care.

4.6.2. In 2012 Brighton and Hove City Council commissioned Information and Efficiency South East to review the way fees are agreed across all care sectors and develop a clear rationale for allocation of resources that take account of the cost of care provided. The project recommended an audit of local care home fees. The care home response to this audit was sparse with only 17% of homes submitting data. This is low in comparison to other councils and as a result it has been not possible to draw robust conclusions with regards fee setting from the project.

5. Key Findings / areas for consideration

5.1. Care homes and supported living out of city

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

5.1.1 With regard to registered care home places that are not covered by set fee rate arrangements, the owners will be advised to contact the council to discuss future fees if this is necessary eg if a resident's needs have changed and a reassessment is needed. Providers in financial difficulty are also encouraged to contact the council.

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

5.2 Registered care homes rates in the city

5.2.1 The council provides a range of training and targeted advice sessions eg fire evaluation, that are free to access and which are much appreciated by providers. The council also provides advice and support relating health and safety. This year it has been able to fund flu vaccines for front line care workers.

5.2.2 **It is recommended that there is an uplift of 1.0 % for registered care homes where People needing Physical Support rates apply**. Additionally if the council is able to make any funds available within the year 2015-6, it will support providers with specific initiatives to take people with the most complex needs.

5.2.3 Rates have been calculated taking into account the needs of specific services areas. Previous uplifts have been included in these discussions and providers' views have been taken into consideration. Previous Committee agreements relating to fees are in Appendix Two. A full breakdown of current fee rates and recommended new rates is included as Appendix Three.

5.2.4 Changes to Care Quality Commission registration have had an impact on how in registered care homes for people needing memory/mental health support is required. A few years ago before the relaxation of registration, once a person had a diagnosis of

dementia they could no longer stay in a mainstream care home, but would have to move to a care home registered for dementia. Following the change many people with dementia stay in mainstream care homes, which on the whole is a positive outcome. A consequence though, is that those people who do go to care homes registered for dementia can be those with the most challenging (and costly) needs.

5.2.5 Supply in Brighton and Hove is complex, with some new providers targeting self- funders at rates the council cannot afford to pay. The city has a historic undersupply of homes for people with dementia care needs, which it can afford to purchase. This supply shortage can impact on delayed transfers of care and cause problems in the wider health economy. **It is recommended that there is an uplift of 2.0 % to care homes and care home with nursing for people who have memory/mental health support needs where set rates apply.**

5.2.6 Following representation from the Brighton and Hove Registered Care Association it is recommended that commissioners work with stakeholders to develop a way of rewarding care homes that support people with dementia and where people needing physical support rates apply.

5.2.7 Fees for care homes where no set fee rates apply vary significantly according to provider and individual users' needs. They include providers where the primary need is learning disability and younger adults with mental health needs and physical health needs. Generally the fees paid are higher than in care homes where set fee rates apply, arguably though many of the 'hotel' costs are similar. Although these services have not received any uplift to fees for several consecutive years, the sector broadly understands and accepts the need for continued efficiency. **It is recommended therefore, that there is no uplift to providers of care homes where there are no set fee rates.**

5.2.8 It is also recommended that any adjustment to rates for registered care homes in the city is reflected in any third party payments which apply.

5.2.9 There is a further recommendation that applies to care homes where set fees do not apply. This is for any resident who is on rates lower than the set fee rates to have the fee uplifted to the set fee rate.

5.2.10 Any provider experiencing financial difficulty is urged to contact the council. If the council cannot assist directly, business

support partners might be able to help, information is available on the council website.

5.3 Shared Lives: All Client Groups

There is a review of fee structures which links to the care home fees project. The proposed expansion of Shared Lives may be jeopardised if there is no uplift. **It is recommended that there is 1% uplift in fees paid to Shared Lives carers.**

5.4 Home care

5.4.1 Home Care Providers are reporting significant difficulties in recruiting and retaining staff at all levels in their organisations. There are well documented capacity issues that suggest that this is a growing issue. There are 43 home care providers within Brighton and Hove all of whom are competing to attract the best staff. The council needs to support the 14 contracted providers.

5.4.2 There is, and will continue to be, increasing pressure for providers to take on more complex work that requires staff of a high calibre to undertake additional training and responsibilities. They will need to be able to keep staff that are well trained to provide the continuity of care that users need. Much of Better Care is predicated on a robust, well-functioning community services.

5.4.3 Home care providers have not received a fee uplift since 2013. **It is recommended that a fee uplift of 2% is considered to reflect the pressures within this sector.** Providers will be expected to pass this uplift onto care workers to ensure that they are able to rise to the challenges that Better Care presents.

5.5 Direct payments

Similar issues that affect home care costs apply to direct payments as these are used in the main to purchase hours of personal assistant time. The big difference between direct payments and home care is recruitment. Currently in direct payments recruitment is not an issue. **It is recommended that a fee uplift of 1% is considered to reflect the pressures within this sector**.

5.6 Service Contracts

5.6.1 Service contracts are funding arrangements for services provided in the community generally by voluntary and community groups. This category includes day activities and community meals. The Prospectus approach to commissioning is used for funding arrangements. This includes the facility for a bidder to set their price for overall delivery of service, including management and operations costs. Thus any relevant

cost of living or uplift within the scope of the available funding would be built into the bid. This would be agreed for the length of the funding agreement.

5.6.2 Both council and NHS commissioners are continuing to work with providers on an individual basis. The overarching recommendation for all providers not in the Prospectus is for no change to fees for the 2015/16 financial year. Any provider that experiences financial difficulty is encouraged to make the council aware and they will be offered advice and support.

5.7 Other Areas

5.7.1 Other Local Authorities are also considering rates that they will set. The early indication is that this is a more complex picture than in previous years. Generally payment rates for dementia are receiving significant consideration.

6 Engagement

This report has been shared with:

6.1 The Brighton and Hove **Clinical Commissioning Group** endorse the recommendations.

6.2 The Business Manager confirmed that **Public Health** will not be giving a financial uplift to any of their contracts in 2015.

6.3 **Corporate Policy, Performance and Communities** say, 'we remain committed to the prospectus approach and will be producing a second communities and third sector prospectus in 2015'.

6.4 **Healthwatch Brighton and Hove** commented: 'The proposals are in line with current inflation and as such seem to pegged to external indicators and the market. It is difficult to comment upon whether they will be sufficient to deliver quality care, particularly with the needs of people using these services becoming more complex; and whether they will translate into a living wage for carers, given B and H's commitment to this and the difficulties recruiting good carers.'

6.5 This report is on the agenda of the **Older Peoples Council** on 17th February 2015

6.6 **Brighton and Hove Registered Care Association** The Area Chair response included the following:

'We feel that, despite the financial constraints, serious consideration should be given to recommending an increase of 2% in city homes for people needing physical support where set rates apply, and that reference should be made to the Laing & Buisson figures in their report relating to the Fair Market Price For Care to show the gap between the Brighton & Hove fees and the L & B figures.

A 2% increase is required because the Minimum Wage was increased by 3% to £6.50 an hour from 1st October 2014 and pay represents 50% of fees and in many cases more. Furthermore, there is pressure to pay the Living Wage now £7.85 increased from £7.65. Other areas where costs have risen significantly are insurance, utilities and fire regulations.

The L & B Report that we refer to is the Fair Market Price For Care 2012-13 (A Toolkit For Care Homes For Older People And People With Dementia). The fees quoted in the report are

	Floor pw	Ceiling pw
Residential care, older people	£527	£596
Residential care, dementia	£553	£623

The Floor rate is a rate intended to apply to physically poor quality care homes whose physical environment is on the borderline of acceptability and substantially below the Ceiling rate intended for those providers which have invested in their facilities.'

6.7 **Representatives of the contracted home care providers**

It is felt that the 2% proposed increase for home care provides is realistic in the current climate, although note that this does still fall significantly short of the £15.74 that the UKHCA recommend as the minimum rate to enable companies to pay the minimum wage. If we are working towards ensure all staff receive the living wage the rate recommended is £18.59.

It is acknowledged that Brighton and Hove Council do provide access to training to assist providers in keeping their costs down.

There is an assumption that there will be a substantial uplift in rates and review of terms and conditions within the tender process for the new contract. In 'Key to Care' the report from the Burstow commission on the future of Home Care workforce states: 'Councils often rely on framework contracts that give little predictability of work and revenue to care providers. Care is demand led, but more predictability in revenue, would give care providers the security to have more care workers on fixed hours contracts or on variable hours contracts that include an agreed set hours

with the possibility of more work. In an increasingly volatile care market, many providers are going bust, or exiting the (Local Government) marketplace to focus on private clients.'

It is our experience that when a company was able to offer fixed hours and provide a vehicle, they have found recruitment significantly improved, and a higher quality of care workers. This would be beneficial to home care providers easing their recruitment issues but also to the whole system by enabling companies to take on more work.

The comment stating an expectation that all the 2% be passed on to staff does not reflect the changes in the current market. The ability to give staff a pay rise is of course welcome, however it needs to be noted that costs of running a company are rising, for example the implementation of the Care Act, increased holiday pay and increased NI costs as well as the introduction of Auto enrolment. These direct factors will have a negative financial effect on every organisation. When taking into consideration the changes in assessment of packages since 2009, the average call duration has reduced by approximately 30% over the past 5 years in Brighton and Hove from 45 mins in 2009 to 33 mins in 2014 in 1 agency. Implications of reduction in call duration leads to:

- more mileage for carers, therefore increased on-costs for agencies.
- More difficult to become a care worker without a car
- Difficult to provide outcome led care in 15 minutes
- More on-costs with scheduling and roster planning

Changes to Direct Payments
The increase for direct payments proposed to be 1% causes concern. Home care companies provide care to many people with direct payments and this could lead to a person receiving direct payments not being able purchase their identified level of care as agency rates will be higher. So any proposed increase to council managed packages should be matched for those people that use Care Providers.

7. Conclusions

7.1 Various options and permutations have been considered. Information available from other areas has been considered and the council has engaged with a range of stakeholders including providers of services.

7.2 The recommendations in the report balance the council's financial position with provider need. Any provider experiencing financial difficulty is urged to contact the council.

8. Financial and other implications:

8.1 Financial Implications:

The proposed increases in rates are expected to result in a 2015/16 budget saving of £750k as some rates fall below the inflationary uplift assumed within the budget strategy. The recommendations are subject to agreement of the budget strategy by Budget Council. The level of saving may be at risk if additional payments are agreed for support to people with dementia.

In considering fee rates proposals are benchmarked against other local authorities. Spend in 2012/13 on services to Older People and People with learning disabilities was high compared with other local authorities as demonstrated by the Audit Commission Value for Money Toolkit.

Finance Officer Consulted: Anne Silley *Date: 19/01/15*

8.2 Legal Implications:

It is a function of The Health and Wellbeing Board to exercise the social services and health functions in respect of adults and therefore a constitutional requirement for it to approve the recommendations contained in this report. In considering the recommendations the Board must have regard to the rationale for the increase, the duty to the public purse and the outcome of engagement with interested and affected parties.

Lawyer Consulted: Sandra O'Brien *Date 21//01/2015*

Supporting Documentation

Appendix One

Terminology

- **Care homes** and care homes with nursing; care homes are also known as rest or residential homes and care homes with nursing are known as nursing homes. In this report the term registered care home is used to mean both care homes and care homes with nursing, all of which are registered with the Care Quality Commission.
- **Set fee rates** are usually used for placements in homes for people needing physical support and people needing memory/mental health support. These tend to be older people. Fees for adults aged 18 - 65 generally are individually negotiated ie 'non set fee rates'.
- **Supported living** and **supported accommodation** refer to services where a person has a tenancy or licence agreement for their accommodation, with separate agreements for care and support.
- **Third party payments** are 'top ups' paid by a third party, usually a family to secure a placement at a price that is greater than the council would fund.
- **Service contracts** are funding arrangements for services, such as advocacy and day services that are provided in the community generally by voluntary and community groups.

Appendix Two

Table showing changes to Fees paid 2010-11 to 2014-5

		2011-2	2012-3	2013-4	2014-5
In city care homes set rate	0% change	0% change	Older People Mental healt Physical Disability - 5% increas	1% increase	1% increase
In city care homes/ Supported Living Non set rate			Learning Disability - individually negotiated	0% change	0% change
Out of city care hon supported living set rate	Match Applicable host area	Match Applicable host area	Match Applicable host area	Match applicable host area	Match applicable host area
Out of city care hon Non set rate			0% change	0% change	0% change
Home care	0% change	0% change	0% change	2% increas	0% change
Direct payments			2% increase		
Service Contracts			2% increase/ individually negotiated	0% change	

Appendix Three

Weekly Fee Rates in City
Care Homes for Physical support – set rates

Residential Care Homes for Physical Support – set rates	Weekly Rate 2014/2015	% increase	Weekly Rate 2015/2016
Low need - single room	£347.00	1	£350.47
Low need - shared room	£312.00	1	£315.12
Medium need - single room	£422.00	1	£426.22
Medium need - shared room	£384.00	1	£387.84
High need - single room	£470.00	1	£474.70
High need - shared room	£431.00	1	£435.31

Residential Care Homes for Memory/Mental Health – set rates	Weekly Rate 2014/2015	% increase	Weekly Rate 2015/2016
Single room	£519.00	2	£529.38
Shared room	£481.00	2	£490.62

Nursing Homes for Physical Support – set rates, and Memory/Mental Health – set rates

Care homes with Nursing for Physical Support – set rates (includes FNC)	Weekly Rate 2014/2015	% increase	Weekly Rate 2015/2016
Shared room	£539.89	1	£544.18
Single room	£577.89	1	£582.56
Care homes with Nursing for Memory/Mental Health – set rates (includes FNC)	Weekly Rate 2014/2015	% increase	Weekly Rate 2015/2016
Shared room	£590.89	1	£595.69
Single room	£628.89	1	£634.07

Weekly Continuing Health Care base line fee rates in city nursing homes for physical support (set rates) and memory/mental health (set rates). Rates include Social Care rate and FNC

Care homes with Nursing for Physical Support (set Rates)	Weekly Rate 2014/2015	% increase	Weekly Rate 2015/2016
Shared room	£581.20	1	£585.49
Single room	£619.20	1	£623.87
Care homes with Nursing for Memory/Mental Health (set Rates)	Weekly Rate	% increase	Weekly Rate

	2014/2015		2015/2016
Shared room	£632.20	2	£641.80
Single room	£670.20	2	£680.56

Documents in Members' Rooms None
Background Documents None

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Formal details of the paper

1.1. Adult Social Care Charging Policy 2015

1.2 General Public

1.3 Date of Health & Wellbeing Board meeting
3rd February 2015

1.4 Author of the Paper and contact details
Angie Emerson, Head of Financial Assessments and Welfare Rights
2nd Floor, Bartholomew House, Brighton, Telephone 295666
angie.emerson@brighton-hove.gcsx.gov.uk

2. Summary

2.1 Provide a short summary of the paper

2.2 People who are eligible for adult social care services are currently means tested to establish whether or not they are required to contribute towards the cost. There are around 2000 service users with non-residential care and around 1400 in residential care homes. This includes older people, adults with physical disabilities, learning disabilities and mental health difficulties and charges are determined by current legislation and policy.

2.3 Adult Social Care is required to implement The Care Act 2014 with effect from April 2015 which includes financial assessments and charges for care services. There are very few changes to the current means test but the Care Act brings the legislation into one place and makes all

charges discretionary. This changes the status of mandatory charges for residential care to a discretionary power. This report seeks approval of the financial assessment and charging policy which is compliant with the requirements of the Care Act 2014.

2.4 Where the council directly provides services there are maximum charges and these are revised in April of each year. Where services are provided by other agencies, the maximum charge depends upon their own fee rates. Most charges are subject to a financial assessment to determine affordability but the charging policy also includes several fixed rate charges. This report provides recommendations to uprate maximum and fixed rate charges.

3. Decisions, recommendations and any options

With effect from 6th April 2015

3.1 That the council continues with the current charging policies for residential care and non-residential care services which are compliant with the requirements of Section 17 of the Care Act 2014.

3.2 Where applicable charges continue to apply for preventive services provided under Section 2 of the Care Act.

3.3 That no charge will be made to carers for any direct provision of care and support to them.

3.4 That an initial fee for setting up Deferred Payment Agreements should be set at £475 plus any additional costs incurred for property valuations.

3.5 That Deferred Payment Agreements are subject to the maximum interest rate as set by the Government and reviewed on an annual basis. This will be 2.65% from April 2015.

3.6 That the following table of charges are agreed with effect from 6th April 2015

Maximum Charges	**2014/15**	Proposed for 2015/16
Means Tested Charges		
In-house home care/support	£20.00 per hour	£21 per hour.
Day Care	£30.00 per day	£34 per day
Maximum weekly charge	£900 per week	£900 per week
Fixed Rate Charges		
Fixed Rate Transport	£3.00 per return,	£3.50 per return
Fixed Meal Charge /Day Care	£3.90 per meal,	£4.30 per meal

Carelink: £14.50 month – with 2 key holders, £16.00
£17.83 month – with 1 key holder - £18.50
£22.17 month – with key safe jointly £22.17 (no change)

Additional telecare devices remain free of charge.
No increase for the mobile phone based service 'CareLink Anyway' at £5 per month for existing CareLink Plus users and £12 per month for people to have this service alone.
No increase for key safes at £50 per unit.

4. Relevant information

4.1 Where the council has determined that a person is eligible for care and support under sections 18 to 20 of the Care Act, the Council can charge the service user subject to the financial assessment set out in the Act.

4.2 Financial assessments determine a fair contribution towards care costs, however, they are subject to an appeals procedure for exceptional circumstances.

4.3 Charging for Carer's services

The Act empowers councils to charge for the direct provision of care and support to carers. The recommendation above is not to charge carers. This is in recognition of the value of care provided to vulnerable people in the city. This has been carefully considered and will be kept under review.

The Act changes the eligibility criteria for carers and this may mean significantly higher referral numbers. However it is anticipated that, at least in the first year of the Care Act, this will not be the case. Volumes and costs will be monitored for further review.

4.4 **Residential Care:**
The Care Act repeals the national mandatory means test for residential care charging and creates a new, but almost identical, discretionary framework for charging. Where Councils do decide to continue charging for residential and nursing care, the new regulations state the rules to be followed. It is recommended that the council continues to charge in the same way.

4.5 Deferred Payment Agreements: (DPA)
Under current legislation, the council has discretion to "loan fund" care home fees, where the resident owns a property and does not want to sell it during their lifetime or where they are not immediately able or willing to sell. This council already has a discretionary DPA scheme and has historically agreed to almost all requests. There are 56 people with debt secured against their property for future payment of care home fees and the amount due at present is around £2.5million. From April 2015 the Care Act makes this scheme mandatory, subject to specified conditions, including compound interest on the loan from the start date. The government have set a maximum interest rate which will be 2.65% from April 2015 and will be reviewed by them on a regular basis. The council could charge a lower interest or none at all but cannot charge more than this. It is anticipated that there will be more applicants in due course and it is recommended that the council is able to assist with funding these applications by charging interest on the debts that accrue.

There is also a new power to charge administration costs for setting up and managing a Deferred Payment Agreement but the charge cannot be greater than the actual costs involved including staff time and legal costs. The proposed charge is based on the estimated average cost of £475 for the lifetime of an agreement including ongoing invoicing costs and termination costs.

4.6. Non-residential Services, including direct payments, personal care at home, community support, day activities, adaptations, money management and other support.

4.6.1 Charging for people with eligible needs (referred to as the "mainstream" financial assessment)

There are around 2000 service users in their own homes with eligible needs and around 46% of them, who have minimal savings and limited income from state benefits, will continue to receive free means tested care services. They will only be affected by the fixed rate charges in the list above at 3.6.

4.6.2 Around 45% of service users are assessed to contribute an average of around £50-£60 per week, usually based on their entitlement to disability benefits.
The proposed new maximum charges in the list at 3.6 will not affect the assessed charge for these people but they may be affected by the fixed rate charges.

4.6.3 Most people receive home care services from the independent sector where lower fee rates are set and agreed by the council. The current fee for home care with an approved agency is £14.80 per hour but rates can vary with other agencies. People who have over £23,250 in savings will be required to pay the full fees charged by private agencies.

4.6.4 Around 9% of service users pay the maximum charge for in-house home care and day care. This affects people with savings over the threshold of £23,250 (£46,500 for couples) and also affects a small minority of people with very high income, and those with a very small care package, e.g. One day centre attendance per week.

4.6.5 The council provides intermediate care and reablement home care and residential care services free of charge for up to 6 weeks. If, in exceptional circumstances, the home care service continues beyond 6 weeks then the service user is means tested and may be charged up to £21 per hour. Most people will use private agencies where fees are currently set at £14.80 per hour.

4.6.6 The actual cost of council provided day care is higher than the maximum charging rate of £34 per day recommended above, however there is a reduction in the subsidy of this service. Many other councils have reduced or removed the subsidy for day care and now charge the actual cost. An increase in charge will only affect people who are assessed as able to pay as set out in paragraph 4.6.4 above.

4.6.7 The current charging policy has a maximum charge of £900 per week for a package of non-residential care. The Department of Health is currently consulting nationally on the future funding of Adult Social Care and proposes to revise the charging legislation in April 2016. It is therefore recommended that, in the meantime, this maximum

charge should remain the same but should be reviewed with a view to removing it in April 2016 alongside the implementation of other changes in the revised charging regulations

4.7 Fixed Rate Charges – (not means tested)

4.7.1 Flat rate charges for transport to day centres or other activities have fallen behind inflationary increases in travel costs. It is, therefore, recommended that the return journey charge is increased from £3.00 to £3.50 in April 2015.

4.7.2 The Adult Social Care Committee has previously approved an increase in charges for community meals to £4.30 per meal from April 2015 rising to £4.50 from October 2015.

4.7.3 It is recommended that the fixed charge for meals provided in the council's day centres should also be increased to £4.30 per meal in 2015. This charge includes beverages and small snacks during the day.

4.7.4 **CareLink Plus Services:**

Under the Care Act any charges made for preventive services must be reasonable and must not exceed the actual cost. Around 500 people have previously been fully funded for CareLink Plus from the Housing Related Support budget. Alternative criteria have been considered to determine who should receive a free carelink service where the person is not eligible for care under Sections 18-20 of the Care Act.

Where someone has eligible care needs they will have a mainstream financial assessment. Otherwise, everyone will be required to pay a reasonable flat rate charge for CareLink Plus services unless they are in hardship. There is a process for People to appeal against the charge if they feel they are in financial hardship.

CareLink Plus charges are subsidised so that everyone receives an element of funding towards this preventive service. If the service is felt to be unaffordable, and refused, even by people who have significant savings, it could lead to additional costs elsewhere in the health and care system. The service charge has been frozen for the last two years and remains at a reasonable charge compared with other similar services. It is therefore proposed to make a small increase in the fixed charges as shown in the table above.

5. Important considerations and implications

5.1 Legal

It is a function of the The Health and Wellbeing Board to exercise the social services and health functions of the Council in respect of adults and therefore a constitutional requirement for it to approve the recommendations in this report. It is usual practice for charges for all services to be reviewed. As detailed in the body of this report the Care Act 2014 introduces new legislative requirements impacting charging arrangements including the exercise of discretion to continue with existing charging arrangements. Specific reference is made to the relevant sections of the Care Act 2014 both in the body of the report and the accompanying Charging Policy, which the Board is asked to approve. The Report details the statutory requirements and rationale underpinning all of the recommendations the Board is required to make in order to lawfully charge and implement the policy from April 2015.

Lawyer consulted: Sandra O'Brien – 23-01-2015

5.2 Finance

Charges for Adult Social Care non residential services are reviewed annually in line with the Corporate Fees and Charges policy. The annual income from charging for in-house non residential services is approximately £1 million, out of the estimated total for non-residential services fees across Adult Social Care of £4.9million. It is anticipated that the proposed charges will deliver the level of income assumed in the 2015/16 budget strategy- an increase of approximately £0.1million to £0.14 million which reduces the subsidy of the services..

The costs of providing in house services are higher than the proposed charges. The 2013/14 unit costs are:

- *Home Care £67 per hour compared to the proposed charge of £21 per hour*
- *Day Care (Older People) £94 per day compared to the proposed charge of £34 per day*

The estimated cost of community meals is £5.40 per meal compared with the proposed charge of £4.30 from April 2015 rising to £4.50 from October 2015.

Residential charges represent a significant income stream and any change to the charges policy would represent a financial risk.

Finance Officer consulted: Anne Silley Date 22/01/15

5.3 Equalities

All service users are subject to the same means test and will only be affected by this revised policy if they are able to pay. People will not

be treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or other personal beliefs.

5.4 Sustainability
There are no sustainability issues.

5.5 Health, social care, children's services and public health
There are no identified issues

6. Supporting documents and information

The Charging Policy is a separate appendix

BRIGHTON AND HOVE CITY COUNCIL

Charging and Financial Assessment Policy for Adult Care and Support Services

From 01/04/2015

Index

DRAFT Version 3

Content

1. Introduction and Legal basis for charging for Care and Support

1.1 This policy is compliant with The Care Act 2014, Care Act regulations and Care Act Guidance. Its aim is to provide a consistent and fair framework for charging and financial assessment for all service users following an assessment of their individual needs, and their individual financial circumstances.

1.2 For the purposes of this policy, an adult is a service user aged 18 and above.

a. Section 14 of The Care Act 2014 provides councils with a power to charge for meeting a person's eligible needs in a single legal framework.

b. Section 17 of The Care Act 2014 permits local authorities to undertake an assessment of financial resources. The financial assessment will determine the level of a service user's financial resources, and the amount (if any) they should pay towards the cost of meeting their needs through care and support funding.

c. The Act requires that there must be no charge for provision of the following types of care and support:
   - Community equipment (aids and minor adaptations): i.e. Minor adaptation to property costing £1,000 or less; equipment for the purposes of assisting with nursing at home or aiding daily living.
   - Intermediate care (including reablement support) services for up to 6 weeks;
   - Care and support provided to people with Creutzfeldt-Jacob Disease;
   - Any service or part of service which the NHS is under duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care;

- Services that local authorities have a duty to provide through other legislation;
- Assessment of needs and care planning, including the cost of the financial assessment, as these constitute 'meeting needs'.

2. Policy objectives

- That financial support towards care costs will be determined through a financial assessment;
- To provide clear information so people know what they will be charged;
- To apply the rules consistently, to avoid variation in the way people are assessed and charged; and to minimise anomalies between different care settings
- To support carers to look after their own health and wellbeing and to care effectively and safely;
- To be person-focused,
- To ensure that people are not charged more than the cost of service provision
- To ensure that where a customer lacks capacity to undertake a financial assessment that the local authority consults a suitable person defined as having Enduring Power of Attorney (EPA), Lasting Power of Attorney (LPA) Property and Affairs Deputyship under the Court of Protection or any other person dealing with that person's affairs (e.g. someone who has been given appointeeship by the Department of Work and Pensions (DWP) for the purpose of benefits payments).

3. Residential Care: Charging and financial assessment for care and support in care homes on a permanent basis

3.1 Only where a customer has an eligible care and support need will a financial assessment be required.

a. People requiring permanent care in a care home setting must have a financial assessment to determine whether they are eligible for council funding towards the care home fees.

b. People will be advised of the maximum amount of funding the council will pay towards the fees and this is known as

'The Local Authority Rate'. This rate is inclusive of any assessed contribution from the resident's resources, and in the case of nursing care, includes the free nursing care element (FNC) paid by the NHS.

c. Where a person decides to reside in another local authority area BHCC will match the local authority rate for the area where the customer decides to live.

d. Where a person chooses to live in a care home charging more than The Local Authority Rate they must identify a person, known as a third party, to meet the additional cost. This additional cost (known as a 'top-up') must be sustainable and the local authority has the right to refuse a customer using their assets for this purpose, if the costs cannot be met over a sustained length of time.

e. The third party must confirm they are able to meet the costs of the top-up for the duration of the agreement, including any price changes that may occur. Both they and the resident will be made aware of the cost and the consequences of failing to maintain payment. The third party will be asked to enter into an agreement.

f. People who own a property or other valuable asset, over which security can be taken, may be eligible to defer care costs against the value of the property/asset. This is known as a Deferred Payment Agreement. Details of this scheme can be found within the council's separate Deferred Payment Agreement policy.

g. Contributions are payable from the date care commences.

h. The Financial Assessment will take into account income, capital and the value of any assets. The charging methodology will take into consideration any mandatory disregards of income, capital and property as defined in the Charging for Care and Support Statutory Guidance.

i. The financial assessment will take account of prescribed minimum allowances. These are known as 'Personal Expenditure Allowance' (PEA) and Savings Credit Disergard.

The rates applicable for the relevant financial year (April – March) are set out on the appendix below.

4. Residential Care: Charging and financial assessment for care and support in care homes on a temporary basis

a. The council will financially assess and charge people having a temporary stay in a care home from the date of admittance.

b. Following an assessment of a person's eligible care and support needs, it may be decided they would benefit from a temporary stay in a care home. A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time and where there is a plan to return home. The person's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.

c. Where a person's stay is intended to be permanent, but circumstances change and the stay becomes temporary, then the council will assess and charge as a temporary stay.

d. Where a temporary stay becomes permanent the financial assessment will be reassessed from the date of that decision.

e. The financial assessment for temporary stays will disregard the person's main or only home where they intend to return to that home.

f. The financial assessment will treat income and capital in the same way as for permanent residential care with the following exceptions:

- Disability Living Allowance or Attendance Allowance will be disregarded from the financial assessment.
- Where Severe Disability Premium or Enhanced Disability Premium are in payment, these will be included in the assessment.

g. If Housing benefit is paid, this will be disregarded.

h. Liabilities for rent, mortgage interest and water rates are taken into account.

5. Care at home: Charging and financial assessment for all other service funding (sometimes referred to as non-residential care)

a. The council will charge for care and support funding for people living in their own homes. The charge will usually apply from the start date of the care provision.

b. The same charging policy applies to people who receive a direct payment to purchase care themselves and people who choose council commissioned services.

c. The council will undertake a financial assessment to determine the amount a person can pay towards their care and support costs. This is based upon income, capital with allowances for:
   housing costs,
   disability related expenditure (DRE). See schedule A for guidance in relation to DRE
   General living allowance – See Appendix A for rates

d. Evidence will be required to substantiate fully a person's financial circumstances.

e. People with capital in excess of the higher capital limit (see appendix A) will be responsible for meeting all of their care and support costs.

f. The financial assessment will refer to Statutory Guidance for all disregards in respect of income and capital when making a determination of the person's financial resources.

g. People will receive written notification of the outcome of their financial assessment. Contributions are payable from the date care commences.

h. Payments will usually be made direct to the service provider. People with council provided services will be invoiced on a monthly basis in arrears. People receiving direct payments will receive 'net' payments from the council on a 4 weekly

basis and must make arrangements to pay their contribution directly into the specified account.

i. Financial assessments will be reviewed in the following circumstances:

Where the person notifies the council that their circumstances have changed:

At any time where the council discover an amendment to the financial information held (this can lead to additional charges being backdated).

EG inheritance, previously undisclosed assets or income

Where benefit rates change significantly:

6. Charging and financial assessment for support for carers

BHCC will not charge carers for any services provided directly to them during 2015/16. This policy will be reviewed in 2016/17. Where services are provided to the service user with eligible care and support needs in order to provide the carer with support, then the service user will be charged in accordance with this policy.

7. Including notional assets or income in the assessment:

a. Deprivation of income and/or assets is the disposal of income and capital (property and investments) in order to avoid or reduce care charges. Disposal can take the form of transfer of ownership or conversion into a disregarded form. In all cases, it is up to the person to prove to the council that they no longer possess an income or an asset. The council will determine whether to conduct an investigation into whether deprivation of income or assets has occurred. Where the council decides that deprivation has occurred we will include the amount as though they still owned the asset or income. This is known as notional income or notional assets.

b. The value of any land or property, other than the person's main or only home, will be included within the financial assessment as a capital asset. The only exception to this rule is where the customer is taking steps to occupy that home. In this case the value will be disregarded for a maximum of 26 weeks.

c. A couple is defined (for administration of their financial affairs) as two people living together as spouses or partners. Where capital is held and income is received on a joint basis, then it is assumed that each person is entitled of 50%.

d. People in Shared Lives schemes will be responsible for paying rent, food and utilities from their own income, usually including Housing Benefit. They will have a non-residential financial assessment to determine whether they should contribute towards the cost of the care element of the service package.

e. Allowable housing costs (e.g. rent/mortgage/council tax) will only be allowed in the financial assessment where the customer is liable to pay these costs. Where the customer is not liable for these costs, but contributes towards these through a private board agreement or similar, then the customer will be expected to meet this expenditure from their general living allowance.

f. Where funds are held in trust, the financial assessment will seek to determine whether income received or capital held in trust should be included or disregarded. Copies of trust documents (e.g. Trust Deed, Will Settlement etc) are required to be produced as part of the financial assessment.

g. Where the customer receiving care and support has capital at or below the higher capital limit, but more than the lower capital limit (see Appendix A for the rates) they will be charged £1 per week for every £250 in capital between the two amounts. This is called “tariff income”. For example, if a person has £4,000 above the lower capital limit, they are charged a tariff income of £16 per week.

8. Diversity and equality

a. The council is fully committed to the broad principles of social justice and is opposed to any form of discrimination and oppression. It therefore willingly accepts not only its legal responsibilities but also wishes to embrace best

practice in all areas of its work in order to secure equality of both treatment and outcome.

b. The council is committed to ensuring that no one is treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or other personal beliefs.

9. Recovery of Debt

a. The Care Act 2014 provides powers to recover money owed for arranging care and support where a person refuses to pay the amount they have been assessed to pay.

b. The powers for recovery of debt extend to the service user and their representative, where they have misrepresented or have failed to disclose (whether fraudulently or otherwise), information relevant to the financial assessment.

c. The council will only proceed with Court action where alternatives have been exhausted. At this stage the council will proceed with action through the County Court.

d. The council will deal with each case of debt on an individual basis and will give regard to the level of debt and the cost of recovery. Taking action through the County Court will be carefully considered where the cost of recovery would be disproportionate.

e. Debt that arises from 1st April 2015 must be recovered within 6 years from when the sum became due to be paid.

Schedule A – Disability Related Expenditure

i. People receiving non-residential services will be asked about additional costs incurred as a direct result of their disability. Allowances will be made in appropriate circumstances.

ii. Only costs actually incurred by the customer will be considered as part of the assessment as allowable expenditure.

iii. The council has the right not to allow costs that should be met by other agencies, such as the NHS. This applies to therapies such as physiotherapy, chiropody and incontinence pads

iv. The council will include the following disability related expenditure within the financial assessment subject to some maximum allowances

10. Payment for any community alarm system

privately arranged care services in limited circumstances
Costs of any specialist items needed to meet the person's disability needs:

a. specialist washing powders or laundry;
b. additional costs for dietary needs due to illness or disability (evidence from the customers GP may be required);
c. additional costs of bedding, for example, due to incontinence; due to medical condition or disability;
d. any heating or metered water costs, above average levels for the area and housing type, due to age, medical condition or disability;
e. reasonable costs of basic garden maintenance, cleaning or domestic help, if necessitated by the customer's disability and is not met be social services;
f. purchase, maintenance and repair of disability-related equipment, including equipment or transport needed to enter or remain in work;
g. the council will not make allowances at a higher rate where a reasonable alternative is available at a lower cost, for example where incontinence pads are available on the NHS but the customer decided to purchase them privately ;

h. other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. Where the council provides transport and the customer wishes to use alternative transport at a higher cost, the cost of council provision will be used to determine any allowance.

11. All other expenditure will be assessed as either an everyday living cost, or will be reviewed as a specific need against the customers' care and support plan.

Schedule B - Complaints

i. If person wants to complain about any aspect of the financial assessment:

ii. The first stage is to ensure that the assessment has been conducted and calculated correctly. Requests for a financial reassessment should be direct to:

The Team Manager
Adult Social Care
Financial Assessment Team
2nd Floor
Bartholomew House
Bartholomew Square
BRIGHTON
BN1 1JP

iii. The manager will reassess the information provided and take account of any information omitted from the initial assessment.

iv. Where the assessment is correct, complaints about the level of charge are subject to the Care and Support Complaints Procedure as set out in The Local Authority Social Services and NHS Complaints Regulations 2009. Complaints should be addressed to.

Xxxxxxxxxxxxx complete

Schedule C – Summary of Publications

i. The following publications have been referred to in the compilation of this policy
   - The Care Act 2014
   - The Care Act 2014 Regulations Part 1
   - The Care Act 2014 Care and Support Statutory Guidance
   - Mental Health Act 1983
   - The Local Authority Social Services and NHS Complaints Regulations 2009

APPENDIX A: **Rates for 2015/16**

Personal Expenditure Allowance in residential care £24.90 per week

The Higher Capital Limit £23,250 (46,500 for couples)

The Lower Capital Lime £14,250 (28,500 for couples)

General Living Allowance £189 per week

Others to be added xxxxxxxxxxx

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Formal details of the paper

1.1. Update on the development of the health and wellbeing strategy

1.2 This paper is available to the general public

1.3 Tuesday February 3rd 2015

1.4 Author of the Paper
Dr Tom Scanlon, Director of Public Health
tom.scanlon@brighton-hove.gcsx.gov.uk

With thanks to the facilitators and to Barbara Deacon for compiling notes from the Health and Wellbeing Partnership event.

2. Summary

2.1 Summary of the paper
At the Health and Wellbeing Board of October 2014, it was agreed that the Board should develop and adopt a new Joint Health and Wellbeing Strategy. The Board proposed while the new strategy should be in line with national requirements including reflecting the JSNA, rather than focus on specific areas as the previous strategy did, the focus should be on high-level strategic goals.

These would allow the Board to consider wider influences on health and wellbeing such as housing, employment, education, etc. Furthermore, the Board agreed that there should be specific public engagement in developing and adopting these strategic priorities.

This paper summarises the results of this engagement to date and in particular the results of the first Health and Wellbeing Partnership meeting held on Thursday 27th November 2014.

3. Decisions, recommendations and any options

The Board is asked to note the progress on developing the new Joint Health and Wellbeing Strategy.

The Board is asked to consider the emerging themes from the Health and Wellbeing Partnership event.

The Board is asked to support a proposal that the Directors of Public Health, Children and Adult Social Care and the Chief Operating Officer of the CCG consider the information from the Partnership event in conjunction with the JSNA and local NHS pressures. They will then present a draft strategy for consideration by the Health and Wellbeing Board in March 2014. If approved, the draft strategy will go out for formal consultation with a view to final Health and Wellbeing Board approval following the May election.

4. Relevant information

The Board has already received several papers on progress with the current Joint Health and Wellbeing Strategy. This Strategy has covered five discreet areas:

I. Smoking,
II. Healthy weight,
III. Cancer and cancer screening,
IV. Dementia, and
V. Emotional and mental wellbeing.

In October 2014 the Board provisionally agreed on draft strategic priorities which were further developed in order to facilitate engagement in discussion of a new strategy:

1. Reduce inequalities across Brighton & Hove
2. Give every child in the city the best chance in life
3. Develop healthy and sustainable communities and neighbourhoods
4. Build a resilient population
5. Give every person the best chance of aging well

At the meeting Health and Wellbeing Partnership meeting held on Thursday 27th November 2014, the partnership was asked to consider these draft priorities and to suggest any other areas which might be priorities. The partnership was asked to consider these against a framework in facilitated discussion tables. The framework for consideration of draft priorities was as follows:

- Where the system worked well;
- Where the pressure points were;
- Where our knowledge needed improving;
- How we could work together more effectively;
- Financial challenges.

There was a strong attendance at the meeting Health and Wellbeing Partnership, in particular from 3rd sector organisations but also from statutory organisations and this is reflected in the themes identified in the feedback on the draft priorities. Recorded feedback was most extensive in the priority areas of 'inequalities' and 'aging well'.

1. **Reduce inequalities across Brighton & Hove**

   What works well: There has been progress in inclusion of the LGBT community and particularly with the Trans community with the Scrutiny initiative and needs assessment. HIV services were felt to work well and there has been progress within Sussex Partnership Foundation (Mental Health) Trust on addressing BME issues. The Better Care work on frailty and homelessness was promising.

   Pressure points: Housing pressures were felt to be a real barrier to reducing inequalities as was the availability of jobs in the city with insufficient opportunities for apprenticeships and supported employment. Local businesses were not felt to be addressing this deficit. Language barriers were an increasing issue for many people trying to access services. Increasing numbers of travellers in the city with insufficient traveller sites.

   Knowledge deficit: Ethnic minority status monitoring was felt to be inadequate with examples of inadequate datasets. Data on travellers was inadequate. Equalities training needs to improve; it should be grounded in practical examples and behaviours, not web-based and aimed at the business community and not just

the statutory sector. More information might be gained from a closer examination of changes in the life expectancy gap.

Working together more effectively: There is scope for building on the improving relationship with schools, utilising PHSE more for health and wellbeing priorities. The Patient Participation Groups (PPGs) in general practice were another asset that could be used more. There should be greater collaboration on employment and housing as there is currently on smoking, alcohol and healthy weight. Access to hand held medical records could be useful for certain groups, including travellers. There should be a city-wider approach to the use of interpreting services. There should be a greater connection with the Universities on the issue of inequality. Work on employment development should have a specific inequality focus.

Financial challenges: This was not recorded.

Emerging Themes:

- The focus on inequality needs to be more on wider determinants such as housing and employment, drawing in businesses and employers more than is currently the case.
- Certain groups in particular, such as travellers and people with English as a second language require more coordinated support.

2. Give every child the best chance in life

What works well: There are some good services, such as maternity services and some services targeted at specific groups. There is more preventive work being done by local authorities now that public health sits within the council. Education standards in primary school are generally good.

Pressure points: Education standards in secondary schools are not as good as they should be and employment opportunities are often taken up by graduates who are overqualified for that role. Several families are struggling with financial pressures. There are relatively high levels of substance misuse and self-harm in school children.

Knowledge deficit: Many children are educated at home and we have little knowledge of their wellbeing. Insufficient is known

about BME and LGBT young people. There is insufficient knowledge about young people's participation which is potentially a strength, but under-utilised.

Working together more effectively: The health and wellbeing approach is a good avenue into dealing with many issues that affect young people. There are good partnerships already that can be strengthened. It should not be assumed that the city council should lead on this as there were many 3rd sector organisations that might do it better.

Financial challenges: There could be a greater connection with private schools to share opportunities. There are many cultural opportunities open to young people but there should be greater support for sporting opportunities.

Emerging Themes:

- There are more opportunities within education establishments to improve health and wellbeing.
- Certain groups in particular, such home educated children may be missing out.
- The health and wellbeing approach used by Public Health in schools could be extended as a platform for tackling a range of health and wellbeing issues.

3. Developing Healthy and Sustainable Communities

What works well: There are lots of low cost opportunities such as the city's parks that are made good use of. There are good befriending schemes.

Pressure points: Funding of the 3rd sector and greater competition between voluntary sector groups. Transport, including an absence of bus routes in certain areas. Housing costs and standards. Food poverty is an increasing issue but receives inadequate consideration.

Knowledge deficit: There are problems in mapping the effects of poverty, housing and any interventions, and outcomes over time.

Working together more effectively: There should be clearer information and referral pathways for communities into services and opportunities, more open debate and the Health and

Wellbeing Board should be opened up more to the public and 3rd sector.

Financial challenges: There is a need for more integrated budgets and more strategic thought given to how the 3rd sector is funded at a time of budget cuts.

Emerging Themes:

- Wider determinant areas were again identified as important and there are some low cost assets such as parks and open spaces which might be exploited more.
- Better communication with communities is required.
- Shared budgets and greater strategic integration with 3rd sector organisations could improve outcomes.

4. Build a resilient population

What works well: The city is an attractive place to live and there are lots of good examples of initiatives that build resilience across the city such as Hangelton & Knoll, the Bridge, LGBT switchboard, CAB in GP practices, Healthwalks, various sporting initiatives, and the Level which have sufficient scale and support to make them work.

Pressure points: Many people, old and young – such as some 'transient' students, live alone in isolation. There are increasingly large numbers of foreign 'investors' in housing. The demographic bulge of young people makes cross generation work more difficult. Housing is expensive and limited. There is a culture of expectation in the city. Mental health services, including emotional wellbeing, especially of young people are finding it hard to cope. There is increasing pressure to 'recover' from substance misuse.

Knowledge deficit: There is a deficit of the impact of innovative and creative ideas. There needs to be better mapping of the wider range of services that support mental wellbeing and resilience.

Working together more effectively: There should more cross-generational work. Facilities such as GP surgeries, care homes and sheltered housing could be used more for wellbeing and not just for residence and/or illness treatment. Local initiatives such

as street parties can generate community spirit and resilience. The five ways to mental wellbeing needs to be supported more. We need to develop more of a culture of mutual trust across services.

Financial challenges: There is a need for people to take more care of their own health within their own finances. There is no time (or resource) to pilot initiatives and communities should be encouraged to just get on with it.

Emerging Themes:

- There are lots of assets available but insufficient knowledge of what is out there. We could deal with more need by utilising what is already in place better.
- Isolation with clear impacts on health and wellbeing is a problem in what is outwardly a vibrant city.
- There is scope for the statutory sector to 'let go' more and pass responsibility onto communities.

5. Give every person the best chance of aging well

What works well: There are several good initiatives run by the voluntary sector, statutory sector and faith groups including the Neighbourhood Care Scheme, Befriending Centre, Healthwalks, services for older people living with HIV, BME and LGBT residents. The mental health trust (SPFT) and adult social care worked well on a number of initiatives and there is good care at Patching Lodge and several sheltered housing schemes. The Older People's Council is good but it is not clear how well the information that comes from it is used.

Pressure points: It is difficult to recruit appropriately trained, gender specific staff into many services dealing with older people. The high numbers of young people mean that older people may not feature in priorities. The bar to access services can be too high. The geography of the city with its hills makes getting around difficult. There is a lack of public toilets.

Knowledge deficit: Information is lacking, such as how to best access benefits, and services – this is particularly difficult for people with health problems such as mental ill health, hearing problems, early dementia. User feedback needs to be captured

better and used better. We should make better use of evidence from abroad, including the Scandinavian countries.

Working together more effectively: There needs to be greater coordination to tackle isolation including joint communication and better use of texting, videos and local community groups. Services need to join up better as partnerships, to deal with more than one issue. There should be designated champions of integration. Independent care homes should be opened up more to non-residents. There needs to be greater representation on forums such as the Health and Wellbeing Board.

Financial challenges: There should be a pilot of information sharing across services for older people. There should be more investment in the 3rd sector to support older people and agencies need to collectively own the 'problem' together.

Emerging Themes:

- There are is a feeling that with a high proportion of young people, older people in Brighton & Hove might lose out.
- There could be much greater coordination and integration of services across the 3rd and statutory sector to support older people.
- There is an information deficit on services, especially for particularly vulnerable groups.

Possible future Health and Wellbeing themes against the draft strategic priorities

Inequalities:

- Initiatives on housing and employment to reduce inequalities
- The impact of inequalities on gypsies and travellers

The best start in life:

- More coordinated action on wellbeing in education settings
- The health and wellbeing of home educated children

Healthy and sustainable communities:

- Initiatives to publicise and increase use of current assets
- Strategy to share more budgets across statutory and 3rd sector

Resilient populations:

- Merge resilience priority with healthy and sustainable community priority
- Add in dealing with isolation

Aging well:

- Initiatives to improve and demonstrate better engagement the most vulnerable among elderly people more e.g. people living with dementia, sensory loss or physical disability
- Formally integrate more services for older people
- Improved connection with older people on health and wellbeing

Further considerations:

- Since this event took place there have been severe and well documented pressures on national and local NHS services, both in secondary and primary care. The Health and Wellbeing Board may also wish to consider whether the adoption of a separate priority on health service delivery is appropriate.

5 Important considerations and implications

5.1 Legal

This report progresses the development of the Joint health and Wellbeing Strategy which the Health and Wellbeing Board are required to agree and publish under the Health and Social Care Act 2012.

Lawyer consulted: Elizabeth Culbert. Date: 22 January 2015

5.2 Finance

The Joint Health and Wellbeing Strategy will inform the priorities within budget strategy and medium term financial strategy for the Council and partners.

Finance Officer Consulted: Anne Silley. Date: 22 January 2015

5.3 Equalities

This paper is for noting and to stimulate further discussion and as such there are no current equalities considerations.

5.4 Sustainability

This paper is for noting and to stimulate further discussion and as such there are no current sustainability considerations.

5.5 Health, social care, children's services and public health
This paper is for noting and to stimulate further discussion on the relevant health, social care, children's services and public health implications.

6 Supporting documents and information

None