

HOUSING CABINET MEMBER MEETING

Agenda Item 95

Brighton & Hove City Council

Subject:	Independent & Voluntary Sector Learning Disability Services Fees Report 2010/11		
Date of Meeting:	3 rd March 2010		
Report of:	Denise D'Souza – Interim Director of Adult Social Care & Health		
Contact Officer:	Name: Judith Cooper	Tel: 29-6313	
	Contracts Manager		
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Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report has been presented to the Housing Cabinet Member Meeting within the context of the current annual round of fee discussions with those independent and voluntary sector providers who are supplying care services on behalf of Brighton and Hove City Council.
- 1.2 Its purpose is to seek Cabinet Member Meeting approval for the following:
 - To hold the fee levels at the 2009/10 levels for 2010/11 for all independent and voluntary sector providers who are supplying care services for people with learning disabilities .
 - To seek Cabinet Member Meeting approval for the exception to the above regarding Southdown Housing Association and agree to 1% increase for inclusion within the 2010/11 budget.
 - For Cabinet Member Meeting to note the proposed fees apply to the following groups of service providers providing services for people with Learning Disabilities; in and out of City care homes; in and out of city supported living/accommodation; community support; day care; shared lives; and for Direct Payment rates, which enable service users to purchase their services direct (see Appendix 1 for definitions of service types).

2. RECOMMENDATIONS:

- 2.1 That approval is given to maintain the 2009/10 fee rates for independent and voluntary sector learning disability services in 2010/11.
- 2.2 That an exception is made to 2.1 above and approval is given to Southdown Housing Association receiving 1% uplift in 2010/11 for its learning disability block contract for residential/supported accommodation services.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 In 2009/10 a commissioning decision was taken that there would be no automatic uplift for Learning Disability residential/supported living/accommodation services. Instead fee increases related to cost benchmarks from other authorities in the South East.
- 3.2 On this basis the following was agreed in 2009/10:
- 2% uplift for Shared Lives (formerly Adult Placements)
 - 2.5% for Community Support
 - 2.5% for Day Services
 - 0%, 1% or 2% for Supported Living/Supported Accommodation
 - 0%, 1% or 2% for residential care home spot contracts, both in and out of the city.
- 3.3 In addition to spot contracts BHCC has block contracts with Care Management Group (CMG) and Southdown Housing Association (Southdown) for residential care/supported living/accommodation and support based across several properties. The CMG contract is in excess of £1 million while the Southdown one is over £2.5 million. The CMG contract was, like other residential/supported living/accommodation care contracts, subject to no uplift in 2009/10 and this was also agreed at the annual contract review in October 2009.
- 3.4 However, the Southdown Housing Association contract has a historical annual cost negotiation clause based on a combination of NJC rates and RPI-x rates. Southdown agreed to waive this in 2008/9 and 2009/10 and at the October 2009 contract review the Joint Commissioner for Learning Disabilities negotiated to keep this to 1% only, which represents a saving had the contract clause been applied. The 1% increase has been allowed for in the 2010/11 budget.
- 3.5 It is proposed that this clause will be reviewed and amended across all of Southdown's contracts with BHCC. It should also be noted that this contract has an efficiency clause requiring the provider to seek year-on-year efficiency savings and this year Southdown have also proposed not to take the 1% uplift for 5 of the properties (of 10), generating £13,482 of savings.
- 3.6 In previous years the Council has been generous in its fee increases, and at times has awarded above inflationary increases.
- 3.7 Historically the fees paid by the Brighton and Hove have exceeded those paid by its neighbouring authorities with adult social care responsibilities, i.e. East and West Sussex; and, having consulted with those authorities, their early predictions are that they are unlikely to be increasing fees for the forthcoming financial year. This is also echoed in communications which the Contracts Unit has received from other local authorities in the United Kingdom.

- 3.8 The proposed nil increase is also supported by the fact that the current low rate of inflation is expected to continue throughout 2010/11.
- 3.9 Aligned to this is the increasing drive for efficiency within the public sector. The proposed nil increase needs to be viewed within the context of significant efficiency savings being made within the Council's own care services. Better commissioning of services from independent providers will deliver efficiencies by cash limiting contract values.

4. CONSULTATION

- 4.1 Senior managers from within the Council have discussed holding the fees at 2009/10 levels with NHS Brighton & Hove and, neighbouring local authorities and other partners.
- 4.2 The independent and voluntary sector providers have been written to in order to forewarn them that a nil percent increase for 2010/11 is under consideration, thus enabling providers to plan accordingly.

5. FINANCIAL & OTHER IMPLICATIONS

Financial Implications

- 5.1 The proposal to hold fees at 2009/10 rates is in line with the budget strategy agreed by Council on 25 February. This proposal, alongside other commissioning and value for money measures, is expected to deliver efficiency savings of approximately £371,000 in 2010/11 and will enable achievement of reductions in unit costs and bring spend more in line with comparator authorities.

Finance Officer Consulted: Anne Silley Date: 10 February 2010

Legal Implications:

- 5.2 There are no procurement issues regarding this report. The Council must take the Human Rights Act into account in respect of its actions but it is not considered that any individual's Human Rights Act rights would be adversely affected by the recommendations in this report.'

Lawyer Consulted: Sonia Likhari

Date: 10 February 2010

Equalities Implications:

- 5.3 There are no equalities implications arising from this report. The decision not to undertake an Equalities Impact Assessment was because the report does not fall within the criteria whereby one would be required, e.g. developing a new policy.

Sustainability Implications:

- 5.4 The Contracting arrangements which underpin these fee considerations include clauses on sustainability.

Crime & Disorder Implications:

- 5.5 There are no implications for crime and disorder.

Risk & Opportunity Management Implications:

- 5.6 The main risks associated with these increases are financial and have been set out in the Financial Implications section.

Corporate/Citywide Implications:

- 5.7 The recommendations of this report are in line with the Council's Corporate Priority, 'Better Use of Public Money', and the need to keep the costs of delivering services under careful review.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S)

- 6.1 Within the context of the current financial pressures and efficiency savings being requested of the public sector, the Council would not be in a position to be able to award an inflationary increase for 2010/11.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 The report recommendations are made within the context of predicted national fee increase trends, low rates of inflation and the need for the public sector to make efficiency savings.

SUPPORTING DOCUMENTATION

Appendix 1

Definitions:

Residential care	Includes care homes for long or short term care which provide accommodation, meals and personal care and the vast majority of care falls within this category. It also includes respite care.
Shared Lives	Formerly the Adult Placement Scheme this refers to family-based services for adults with support needs, where they share family life. This type of support is both flexible and highly personalised. The opportunity to share family life reduces isolation and promotes community involvement, as well as helping people to learn the skills that they need to live as independently as possible. Shared lives can provide long term accommodation and care/support or short breaks and day care.
Home Care	Practical help and support to people at home with essential daily tasks they are unable to manage safely for themselves. This help could be in the form of assisting you to get up/go to bed, get washed, get dressed, help with shopping, laundry, etc. Aims to help people live as independently as possible and encourages people to regain skills they lost due to illness or disability. Support at home can be arranged using Direct Payments. The service is commonly provided by a private or voluntary organisation.
Supported Living	Service for people with learning disabilities and mental health, comprising accommodation and separately provided support. Support can be for a few hours a week, everyday, overnight or 24 hours a day; aim it to meet service users' needs to live independently. People can live by themselves or share with others.
Supported Accommodation	Covers learning disabilities, physical disabilities and mental health; with these services it is the same provider for accommodation and support. Can be short or long term, includes necessary personal care, meals and laundry to help you cope with every day living.
Community support (stand-alone service)	Part of Home Care, the service user is supported to enhance their social skills and engage in community activities e.g. theatre, holidays, college etc
Day Care/Active Lives	Day care includes any kind of planned activity that takes place out of the home during the day including going to a Day Centre. Day centres are provided by social services, by voluntary or community organisations, or are privately run. Many day centres provide a range of planned activities inside and outside the centre, including horse riding and gardening. Day care also includes outreach services into the community. This is a specific function and is identified in Person Centred Plans.
Direct Payments	A critical part of the government's personalisation agenda as stated in "Putting People First" (Dec. 2007). DPs allow people to have greater choice and control over their lives as they make their own decisions about how their care is delivered.
Personal budgets	Another aspect of personalisation, Personal Budgets are designed to empower people to take control and make decisions about the care that they receive by giving people a clear idea of how much money is available for their support.

