

**Adult Social Care
and Housing
Overview &
Scrutiny
Committee**

Agenda Item 27

Subject:	Adult Social Care Financial Recovery Plan
Date of Meeting:	04 September 2008
Report of:	Joy Hollister
Contact Officer: Name:	Denise D'Souza/Brigid Day Tel: 29- 5048
	E-mail:
Wards Affected:	All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Community Care Budget covers funding for social care 'packages' of home care, residential and nursing care, day care and direct payments for people whose needs are assessed as being eligible to receive services, under the Fair Access to Care Services guidance (FACS). These services are, in the main, provided by independent care providers, with whom the council contracts. Fees are generally set with the approved providers on an annual basis; there are general quality checks in place as well as a regulatory framework. Individual care is also reviewed by assessment teams. Services provided by the council's own 'in house' services are funded from mainstream budgets.

1.2 The services are means tested and there are regulations around charging for the services.

1.3 Historically these budgets have often been under pressure as there is a statutory requirement for local authorities to undertake social care assessments and meet assessed needs of vulnerable people, and the budgets are therefore demand led.

1.4 The current position gives a £1,057,000 overspend, which the attached plan (see appendix 1) aims to reduce by £717,000k via savings.

2. RECOMMENDATION:

2.1 That the committee notes the current position and the measures being taken to address the overspend as outlined in the appendix.

3. RELEVANT BACKGROUND INFORMATION

3.1 Physical Disability pressure has been increasing year on year since introduction of FACS (see above); this increased the number of people we have a duty to work with. Our Performance is good nationally on people helped to live at home but this does mean a number of high cost homecare packages/live-in care.

The demographic picture of Brighton and Hove is of a larger adult population and relatively smaller general older people population, although we are above the national average for the 85+ age group. We have a higher than national incidence of Multiple Sclerosis, Motor Neurone Disease and neurological conditions which are associated with middle (rather than older) age.

3.2 About 25% of cases in Physical Disability services come from hospital and there are no specific transitional or nursing home care places and very few adapted homes so there is a heavy reliance on high cost residential care, usually out of City , for people who cannot return home.

High costs care packages for this group have formerly also been partially funded from a national source –the Independent Living Fund. However, the financial band within which they will fund or contribute to funding has narrowed recently.

3.3 Where the local authority has a duty to provide care for vulnerable people between 18 and 65 who do not meet criteria for other services (e.g. mental health), then the duty falls to social care and by default to the Physical Disability team (e.g. people with personality disorder, people with a dual diagnosis or whose care needs have to be met to mitigate the lack of alternatives).

For people with disabilities, the lack of enough adapted housing means people are accommodated in residential care instead.

3.4 For PD activity on Community Care at July the forecast is a 27% increase on the projected budget. In budget assumptions for 2008/09 a pressure of 14 cases was assumed (called WTE -Whole Time Equivalentents -which are an average calculation to give an overall level of activity) and a service pressure funding of £800k was allocated. However, due to significant growth in homecare towards the end of 2007/08 which was not anticipated, the service started the year with 44 WTEs receiving care that were not provided for in the budget or by additional service pressure funding.

3.5 49 people with disabilities in residential/nursing care cost £2 million per year, and there are also 40 people with high cost care packages over £500 per week - total £1.1 million, from a budget of just under £4.7 m. People are coming into the system and care packages are increasing at a higher rate than people leaving- which is becoming a recurring trend.

3.6 In Older People, the activity on Community Care at end of July is forecast at 1,759 WTE compared with budget figure of 1,669 WTE which is a 5% increase. In budget assumptions for 2008/09 no growth was assumed. The increase is showing under homecare but that is purely based on budget assumptions. Comparing numbers at the end of 2007/08 to end of July shows homecare as having an additional 58WTE in home care, 19WTE less in nursing home care and 13WTE less in residential care.

3.7 A draft physical disability strategy has been prepared for consultation next month and will address some of these areas associated with accommodation and transitional care.

3.8 The adult social care personalisation programme with its emphasis on value for money, self directed support and reablement should reduce costs over the longer term.

3.9 The recently announced extra care housing development at Vernon Gardens for younger people will also have a favourable impact from 2010 onwards

4. FINANCIAL & OTHER IMPLICATIONS:

4.1 The report and attached recovery plan has been drawn up with extensive input from Finance colleagues

4.2 Within the directorate there are some positive early discussions for looking at shared solutions to housing and adaptations, which would favourably impact on the pressures.

4.3 The plan and actions identified address most of the overspend, but there remains a shortfall. This may require further action this year and would therefore need to be subject to further discussions for decision.

Finance Officer Consulted: Anne Silley

Legal Implications:

None at present but should any further measures be needed to balance budgets then there may be legal implications which would need to be referred for advice.

Equalities Implications:

4.4 The community care budget funds care to some of the most disadvantaged groups in the city.

4.5 Race Equality impact assessments have been done for the teams working in this area and they endeavour to meet need and provide care that is flexible and responsive to the needs of the different communities in the city.

Sustainability Implications:

n/a

Crime & Disorder Implications:

n/a

Risk and Opportunity Management Implications:

4.6 The risks are outlined in the attached plan for each of the areas.

Corporate / Citywide Implications:

4.7 Community care budget funded services are received by people across the city

SUPPORTING DOCUMENTATION

Appendices: financial recovery plan

See table

Documents in Members' Rooms

none

Background Documents

none

