

## **Health and Adult Social Care**

### **Budget Response 2017/18 to the Older People's Council**

**February 2017**

#### **1. Community Care**

- 1.1 The proposed savings relate to the community care budget. The direction of travel for our assessment services over the next 4 years is to focus on prevention, effective information and signposting and making the best use of community assets.
- 1.2 We are mindful that the number of older people living in the City will be increasing during this period, and that as a result of this we will see a rise in demand for health and social care services. It is essential that we continue to protect our most vulnerable citizens and this budget has received significant service pressure funding in recognition of this (£6.873m). The overall effect of all changes from 2016-17 to 2017-18 is that the Adult Social Care total budget has increased by 1.6%.
- 1.3 It is anticipated that this will be achieved by applying greater control of our unit costs, offering improved choices and reducing demand. We will be introducing more block contract care, more extra care services and nursing home beds within the City, and increasing the use of assistive technology, such as care link plus where possible.
- 1.4 The development of Brooke Mead will provide an additional option for extra care housing in the City for people with dementia. This will provide an alternative to residential care and greater independence for those with lower needs.
- 1.5 Improved signposting and advice / information will be key to reducing demand upon our social care services. Social care assessments will focus on what keeps people well and will explore all potential options of informal support that could assist in maintaining this to reduce demand on the community care budget. We will continue to provide funded support where a person has eligible care needs. Formal care will be focused on supporting people to regain independence as much as possible.

#### **2. Assessment & Support & Intervention Team (SIT)**

- 2.1 This saving is in relation to our staffing across the adult social care directorate. We must maintain a workforce able to respond to the increased number of statutory duties that the Care Act has introduced.

- 2.2 Increased signposting and effective advice and information will ensure that people are appropriately directed, and that our assessment staff are able to focus on those who need support in managing their social care needs or who are vulnerable.
- 2.3 Whilst existing methods for accessing Adult Social Care services will continue (acknowledging not all of our residents have internet access), improving our digital offer will mean that many people who are able to manage their own social care assessment or source their own solutions to their needs will be able to do so.
- 2.4 As these developments continue to take shape we expect to see a reduction in demand upon our social care staff. Where processes increasingly demand professional social care input, DoLS (Deprivation of Liberty Safeguards) being a good case in point, we will review existing processes to maintain our statutory responsibilities whilst looking to adopt a more proportionate response.

### **3. Occupational Therapy**

- 3.1 We will be exploring the potential benefits of creating a single occupational therapy service, to bring together existing resources from Housing and Adult Social Care. This will involve reviewing our current arrangements and consider how we can develop occupational therapy services in Brighton & Hove as part of our overall plan to work in closer partnership with our health colleagues.
- 3.2 Our staff savings for 2017/18 will be achieved by reviewing the current vacant posts across the department. We are satisfied that the savings target for 17/18 can be achieved by deleting a small number of posts that are currently vacant, with minimal impact to the operational teams.

### **4. Community Equipment Service**

- 4.1 There is increased demand for equipment services to enable better prevention and to smooth hospital discharge; a review of prescribing practices is underway, across health and social care, to ensure effective targeting of these valuable resources.
- 4.2 The Integrated Community Equipment Service will continue to provide an important preventative service and in line with the review that came to the HWB, we will pursue opportunities in 2017/18 to make it even more cost efficient by promoting

equipment returns for reuse and encouraging next day deliveries rather than using the more expensive same day service.

## **5. Ireland Lodge and Wayfield Avenue**

- 5.1 Both Ireland Lodge and Wayfield Avenue provide vital short term services in the City for people with dementia and mental health needs. These services are jointly commissioned with the CCG but are in need of review. The services have changed over recent years as demand and client complexity has grown, and the commissioning arrangements need to reflect this to make sure that appropriate services are delivered.
- 5.2 We are reviewing all of our in-house services and need to consider quality alongside value for money. Both the Council and the CCG are aware of the importance of these units and the services they provide, however we need to consider the change in demand upon these services and how we can best provide this moving forward. A full review of all of our in house services is being undertaken with the CCG.

## **6. Tower House**

- 6.1 All users were supported to move to other services or activities if they needed and wanted this.
- 6.2 ASC is supporting Possability People with the survey, which has been delayed because of staffing shortages at Possability People. We will be happy to share the findings with OPC when available.
- 6.3 The council engaged with St Vincent de Paul and has contacted the Landlord in this regard. No further update is available at present.

## **7. Community Transport**

- 7.1 Adult Social Care currently provides funding to Community Transport to subsidise the door to door shopping service named Easylink. This is a historical arrangement which has not changed significantly over the last two decades. It previously sat within the sustainable transport budget before being moved to Adult Social Care. The current contract ends on the 30<sup>th</sup> June 2017.
- 7.2 These services are not an Adult Social Care statutory service or linked to Adult Social Care eligibility. As part of the budget setting process Council departments were asked to put forward any further savings over and above those already include within the 4 year financial recovery plans.

- 7.3 An equality impact assessment (EIA) has been completed and was reviewed in December to ensure that it was clearly responding to relevant legislation and Adult Social Care eligibility.
- 7.4 This EIA will be further reviewed ahead of Budget Council. When completing the EIA the needs of Adult Social Care clients have been taken into account which would include elderly and disabled people.
- 7.5 At present there is work being undertaken with the Transport Sub Group and bus operators on increasing access to the commercial and supported bus network with accessible bus stops, talking bus stops, the helping hands scheme and discounts for carers travelling with and without those they care for.
- 7.6 We also have good access to accessible licensed taxis within the city and when evidencing how we as a council meet our duties it is important that we look at all the different services we provide/work on and not just the provision of one specific service.
- 7.7 The Council is also currently working with the Clinical Commissioning Group and University of Brighton to explore the potential for different models of transport services in the city that can support vulnerable people in the future. The Council also continues to commission a range of service across the City to reduce social isolation.

## **8. Health Improvement**

- 8.1 The Public Health ring-fenced budget comes from the NHS and is ring-fenced until April 2018. In 2015/16 an in-year cut of 6.2% (£1.29 million) was unexpectedly made to the ring-fenced budget. For 16/17 this reduction became recurrent plus additional reductions totalling over £2 million were required between 2016/17 and 2019/20.
- 8.2 The public health department also contributes to the delivery of the council's savings. Significant reductions in funding for public health programmes are therefore inevitable. The great majority of the public health specialist budget is spent on commissioned services. Some savings have been made through negotiations with the provider.
- 8.3 Other savings have been achieved or will be sought through formal procurement processes. The age-friendly city work operates as a local network sharing good practice across commissioners, local providers and services. Public Health continues to provide the staff to support this work.

## **9. Older Peoples activity contracts**

9.1 The public health commissioners are working closely with the current providers to minimize the impact of the 10% reduction for 17/18 and to use the learning from the last three years of the locality hub-based services to inform the re-commission of the service from 18/19. The new service will continue to promote health and wellbeing including a key focus on social isolation.

## **10. Citizen Advice Bureau (CAB) service in GP surgeries**

10.1 The CAB advice sessions were provided in six GP practices and were mainly used by working age people. Similar drop-in sessions are provided through Moneyworks across the city including some of the more deprived parts of the city.