

BRIGHTON & HOVE CITY COUNCIL

OLDER PEOPLE'S COUNCIL

10.15am 17 DECEMBER 2013

ROOM 126, KING'S HOUSE

MINUTES

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

Co-opted Members: Marion Couldery, Penny Morley, Janet Wakeling and Sue Howley

Others Present: Emily Ballantyne

PART ONE

36. WELCOMES AND INTRODUCTIONS

36.1 The OPC Chair, Mike Bojczuk welcomed everyone to the meeting.

37. PROCEDURAL BUSINESS

37.1 Val Brown had sent her apologies.

38. BUDGET FOR 2014/15 AND ITS IMPACT ON OLDER PEOPLE

Overall budget

38.1 James Hengeveld, Head of Finance began by outlining how the financial situation had changed, and its impact on the budget, since he had last come to the OPC in October. He explained that a report on the draft budget to the Policy & Resources (P&R) Committee on December 5th had identified £16.7m in savings and an extra possible income of around £3m from sources such as council tax and business rates. However there was still a gap of £2.5m to be found.

38.2 Setting the budget depended on obtaining a range of information and the council were still waiting for the local government settlement. While the Autumn Statement had contained both good and bad news, there was relief there were to be no further cuts to local government due to the level of cuts in summer.

- 38.3 Good news included the £650,000 from the New Homes Bonus (a reward for new housing built or brought back into use) which would be available for the council to keep rather than be given to the Local Economic Partnership (LEP).
- 38.4 The council tax base is improving and expected to be even better by January 2014. There seem to be reducing numbers of claimants for the Council Tax Reduction Scheme, both from pensioners (down by 2.5%, or 9,500 people) and people of working age (down by 5%). Currently the council is not sure of the reasons for this trend. An increasing number of new developments will also add to the Council Tax base.
- 38.5 Less positively, restrictions have been placed on the council's ability to raise business rates. It had been assumed that the cap would rise in line with the September Retail Price Index (RPI) of 3.1%, but has been limited to a rise of 2%. There has been a promise of compensation for local authorities. Measures to help small businesses have yet to be resolved from last year, at a cost of £1.3m and could place around £2m at risk this year.
- 38.6 The triennial review of the pension fund has found there to be an increased burden on the fund. The council is required to pay an increasing employers contribution, which will increase 0.5% each year for the next three years.
- 38.7 In summary there were some positive factors which will help to bridge the £2.5m gap.

Adult Social Care

38.8 Denise D'Souza, Executive Director Adult Services described the key aims of the budget:

- Continuing personalisation of services
- Maintaining a commitment to prevention
- Reablement: have been successful in reducing long term spend. Focus was on helping someone in crisis to get back to optimum capacity and return to their home if possible
- Supporting carers: there had been some negative feedback so working hard to get right

38.9 The Care and Support Bill, due to receive Royal Assent in May 2014, would repeal all current legislation: representing the biggest change to adult care since 1948. New responsibilities proposed included:

- Legal duties regarding adult safeguarding
- Carers Support
- Most significant will be the new duties to those who are currently self funded. In future the council will have a duty to provide an assessment to anyone who appears to need care and support regardless of their financial circumstances. A carer account will need to be set up.
- Capping costs: Rather than pay for care until their savings and assets run out, individuals will be responsible for their care costs up to the £72,000 cap (or £76,000 by 2016) if they can afford it, then the council will have to take over the full costs of the care package. Here in the city, those who were currently self-funded pay around

£2,000 per week compared to the average cost of £700 for council provided services. However the calculations will be based on the rates for local authority care, rather than private provision. As well as the care costs, the council will also incur costs in relation to assessments and ICT needs.

- 38.10 Ms D'Souza explained that the budget proposals did not involve a reduction in social work teams due to the demands of safeguarding adults and the additional assessment work the Care Bill requires.
- 38.11 While the Better Care Fund had been described as 'new money', a significant share came from existing schemes such as Disabled Facilities Grants and Social Care Grant. There is already £1.9bn coming from the NHS to social care, with a further £1.9bn for 2015/16. Part of the money will be performance related looking at nursing home placements and service user feedback and acute trusts to reduce A&E delayed transfers of care.
- 38.12 A draft plan would be available to go to the Health & Wellbeing Board in February and around £100,000 would be spent next year developing our plans. Performance would be measured in the last quarter of 14/5 and we would only receive 90% of the funds with the rest dependent on performance across the system. This needed joined up working between stakeholders including social workers, NHS community services and ambulance services and the independent sector.
- 38.13 There will also need to be seven day a week services available. A pilot is being proposed to establish how to deliver this more integrated service. The stated government intentions included 'better services for the most frail' and 'protecting social care'.
- 38.14 Locally there was a reducing population of 65+ year olds and increasing numbers of 85+ year olds with complex needs.

Potential impact of the budget on ASC

- 38.15 The current gross budget was £105.3m and savings of £5.851m had been identified for 2014/5. The service was comprised of 3 key parts:
- Assessment: £81.5m: including social workers and the majority was spent on community care packages in the independents
 - Provider: £18m including services for the learning disabled
 - Commissioning and contracts: £5.5m which working to protect as the majority of money was spent in the independent sector so need this service to monitor the quality of provision

Potential impact

- 38.16 It was explained the main impact of the changes would be in Learning Disability Services. The key aims were to bring back people who were currently placed out of the city and decrease expenditure on residential care. It had been misquoted in the Argus that the council was 'closing down' services. The two services were both partly funded by the NHS. The council is working to get the Clinical Commissioning Group (CCG) to

increase their contribution. While it was expected that this would happen, if not then the service will have to take on people with lower levels of need.

- 38.17 The Homecare service, which helped people to remain independent at home and worked at reablement gained a good level of resources from the CCG and continued to grow.
- 38.18 The night service was very expensive and not provided by many other local authorities. It may be necessary to look at other ways of meeting those needs.
- 38.19 The ASC service was looking to reduce some directly provided care and also look at personal budgets. Some people were receiving services above their assessed need, and there now was the need for equity. The level of cuts meant it was necessary to look at what was a statutory service.
- 38.20 In response to a question on why were private operators cheaper, did they pay lower wages or are they more efficient? Ms D'Souza explained that the recent retendering of homecare had been based on the Living Wage and had involved the streamlining of 70 different rates. These rates also included an element of travel and weekend working. Smaller scale providers tended to have lower indirect costs, but large national organisations were taking over some local smaller providers.
- 38.21 Concern was expressed by the OPC that reductions in service could increase social isolation and lock people into their own home. Also there did not seem to be a sufficient supply of services for people with dementia, when increasing numbers were developing the condition.
- 38.22 Ms D'Souza said that it was not always possible to find out if an uplift in costs had been passed on to staff. She emphasised the council's duty to meet need and responsibility to procure the most cost-effective services. We still provided £17m of in-house services, unlike many authorities which no longer directly provided any. There had been a report to December P&R which outlined a range of service model options including; Mutuals, Local Authority Trading Companies (LATCs) and further integration with the NHS. This could be used to generate income from people who meet the means-test criteria and receive personal budgets who could then buy our in-house service. She emphasised the importance of linking services providers, such as Home Care, with volunteers; for example to get them to deliver Meals on Wheels.
- 38.23 Jane MacDonald's team was working with residential homes and the Fed on how to encourage people to use services, such as taking people to the nearest such home to have a meal and enjoy the company of others. New provision for people was being opened in the independent sector, such as Dingwood. It had been difficult to attract such people to the city, but the figures do show that there will be increased demand for these services.
- 38.24 Asked if people over 74 should be offered annual health checks, Ms D'Souza emphasised the importance of having a named GP for this age group. This would also assist their carers. Not working in Public Health, she was unaware of the reasons for the low take up of flu jabs in the city. The OPC may invite an NHS representative to discuss this issue at a future meeting.

Action: AgeUK have forwarded to the OPC details of CCG funded research into the take up of flu jabs, in case they want to raise issues of mobility and access for older people.

38.25 The issue of monitoring the quality of service was raised and Ms D'Souza emphasised the importance of retaining her officers who did this work. There was not the same monitoring of services given to self-funders. Electronic home care monitoring data was providing very useful information about the quality of care and this could be shared on a website. The Care Quality Commission (CQC) and Healthwatch also check services and use older people to assist them. Work was being done to aggregate data and monitor larger providers across the region. The quality of in-house services was also checked.

38.26 Concern was expressed at whether bringing out of area placements back into Brighton & Hove could place increased pressure on places in the city. The OPC heard that ASC had done a lot of work with high cost places. There were Supported Living vacancies in the city which became a risk if other authorities took up these resulting in the potential for the taking on of extra responsibilities. Spaces would also be created by two large facilities coming on stream this year which would be used by self-funders. It was also easier to monitor quality of services in our own city.

38.27 AgeUK highlighted a successful pilot in London of 'care navigators' which buddies up an older person with someone to go to medical appointments with them, offer guidance on medicine and plug them into support networks. Their pilot had produced very significant cost savings and reduced hospital admissions.

38.28 Jane MacDonald, Commissioning Manager described projects being done currently, such as:

- Providing details of on activities and services on a website, paper based and speaking information
- Call ahead scheme with VisitBrighton, which would give you a contact in advance at a hotel who could assist you
- Help in getting people to activities
- Identifying where there are gaps in services, such as lunch clubs, and planning to develop ones there
- Established three older people activity hubs

38.29 The OPC expressed concern that could lose the in-house services but Ms D'Souza emphasised her view that there was a statutory duty to meet assessed need and to deliver that, there needed to be a core group of 'services of last resort'. Particularly due to the risk of market failure.

Fee Levels for ASC services 14/15

38.30 Ms MacDonald, Commissioning Manager outlined the draft proposals, which are currently confidential. The details were not being minuted because they were draft, but this was an annual report on the fees which would be paid to independent and voluntary sector providers.

38.31 In 2012 the council commissioned Information and Efficiency South East (IESE) to review the fees paid to care homes. Many of fees were set such a long time ago that more clarity is needed. Recommendations from IESE need to be in line with the Dilnot recommendations.

Charging Policy

38.32 Angie Emerson, Head of Financial Assessments explained that a draft, so currently confidential, report on charges had been produced. It was proposed to replace an annual plan for maximum charges with a three year plan. She emphasised that relatively few people would be affected by these changes as most people were getting independent services, rather than in-house.

38.33 The OPC expressed concern that the increase would be significant to those affected and Ms D'Souza reassured them that work would be done individually with any clients who felt they could no longer afford these services. The OPC observed that those on personal budgets may choose not to buy such services, leading to the closure of day centres for example.

39. MINUTES

39.1 The minutes of the previous meeting were agreed. Scrutiny to amend agenda and papers to put Sue Howley on as a Co-optee of the OPC and record that she and Jess Sumner of Age UK had been at the November meeting.

40. OPC WORK PROGRAMME AND UPDATE

40.1 Agreed that it would be useful to meet with the Young People's Council, as last met with them 3-4 years ago. Issues to discuss could include community safety.

40.2 Updates from Members: JE had attended Hove Station redevelopment meetings.

40.3 FT: Had raised impact of Seven Dials development on unsighted people, at a recent transport event. Were making some progress with the Age Friendly focus group.

40.4 SH: Preparing for the March issue of the Pensioner, including an interview with Frances McCabe (Chair of Healthwatch B&H). Please forward to her any questions for Frances. At Community Works AGM: Jess Sumner of AgeUK has been elected as rep for older people. A grant has been awarded for £4,000 for the creation of a website for older people and a working group set up for this project, including MB. Title of the magazine to be launched has yet to be decided.

40.5 HS: Will bring safeguarding adults literature to the next OPC.

40.6 CV: November ASCOSC 2 reports on new meals service contract (increasing volunteer involvement and future contracts) and this issue could come to a future OPC meeting.

The Older Persons Transport workshop should help with application for Age Friendly Cities.

- 40.7 PM: Reported that a recent meeting with the Leader of the council had covered the draft budget, Age Friendly city and winter planning. Representation on the Transport Commission was still to be resolved. The OPC response on polling has been submitted.
- 40.8 JH: reported on the Preston Barracks project including community transport and social housing.
- 40.9 MC and MB: Suggested a wider OPC discussion/campaign on transport, e.g. 20mph. Could include making views known to council and the Argus.
- 40.10 EB (Age UK): Update on Aging Better in Jan 2014. Co-ordinated transport to medical appointments has been identified as a big issue. HS to remind CCG of the role of Bluebird and also volunteers. Need to map these services.
- 40.11 JW: Updated on the Planning meetings attended, including the City College development (Phases 1&2) and the creation of a new shopping lane from North Street to Meeting House Lane.
- 40.12 MB: South East Forum on Ageing (SERFA) had been focussing on the White Paper on Ageing and Care Bill. Age UK also identified a looming care crisis and is developing an advocacy service, to provide information on how to blog and contribute. Encouraging 2 OPC members per month to contribute to Grey Matters, please email Mike or Harry.

The meeting concluded at 1.00pm

Signed

Chair

Dated this

day of

