



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. Adult Social Care Services; The Direction of Travel 2016 - 2020

- The contents of this paper can be shared with the general public.
- This paper is for the Health & Wellbeing Board meeting on the 20th October 2015.
- Author of the Paper and contact details
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2. Summary

- 2.1 This report sets out proposals for the future delivery of adult care services in Brighton & Hove over the period 2016-20. It covers commissioning, service provision and assessment services. The paper sets out the broad direction of travel for services over this period within which more detailed implementation plans will be developed. This direction of travel will underpin the 4 year integrated service and financial planning process.
- 2.2 The paper sets out the wider context within which the proposals have been developed.
- 2.3 The proposals will affect citizens and their carers who have adult care and support needs, all staff in adult care, other Directorates within the Council and our partners across the city. The proposals will inform the appropriate communication and consultation processes with stakeholders as more detailed implementation plans

are developed, linked to the 4 year integrated service and financial planning process.

3. Decisions, recommendations and any options

- 3.1 The Board is recommended to approve the direction of travel for adult care services set out in this report and note this will inform the 4 year integrated service and financial planning strategy for adult care services.

4. Relevant information

- 4.1 The whole City has a part to play in enabling people with care and support needs to live independent and safe lives and to enjoy the same opportunities as other people in the City. Adult Social Care is one partner in delivering this objective but can only achieve this vision in partnership with the rest of the Council, and wider partnerships including our neighbourhoods and communities, the Health service, the Police and our independent and voluntary sector providers.
- 4.2 Within this context of partnership the report sets out proposals for the future delivery of adult social care services in Brighton & Hove over the period 2016 – 2020. These proposals have been developed within the context of some key drivers for change which are considered in the following paragraphs (4.3 to 4.7).
- 4.3 The Care Act provides the statutory framework through which the Council must operate in meeting the care and support needs of adults and carers in the city. The Care Act is centred on the personalisation of social care, giving people as much choice and control as possible and establishes clear duties regarding wellbeing, prevention, co-operation between agencies, information and advice, safeguarding, carers rights, assessment and the provision of a diverse high quality social care market place. The legislation provides a positive statutory framework which supports our local aspirations but also sets out the statutory boundaries within which we must operate.
- 4.4 The financial context over the next 4 years is extremely challenging. Adult social care has already delivered £16 m savings over the previous 5 years. Further savings of £7.14 million were agreed for 2015/16 as part of the Councils budget setting. Over the next 4 years we are currently anticipating delivering a further saving of £21.9m as

part of the 4 year integrated service and financial planning process to support the Council to reduce the budget gap.

- 4.5 The Better Care programme provides an opportunity to help local people stay healthy and well, one element of this will involve improved co-ordination and integration of services across the health and social care sector. The Board will be aware of this programme and its progress through previous reports it has received.
- 4.6 Alongside increasing financial challenges and statutory duties care services will also need to respond to the potential for increased demand alongside the increasing complexity in people's care needs.
- 4.7 A skilled workforce will be essential to the delivery of good quality care services in the coming years. Our current analysis indicates that we have an aging workforce in the sector with a disproportionate number of staff aged 55 years and over, there is high turnover of staff, many staff are low paid and there are also recruitment and retention issues in relation to professional staff. We are currently developing a workforce strategy that will cover the period 2016-20 in order that a skilled and stable work force is in place. This will take full account of the Ethical Care Charter in line with the outcome of the Health and Well Being boards discussions at its previous meeting.
- 4.8 Given the context outlined above the key challenges for adult care over the coming years are to deliver good outcomes for local people, achieve financial balance and meet our new extensive statutory duties. Our vision for meeting these challenges is visually represented at appendix 1 as a journey and is constructed around 4 key elements outlined below.
 - a. **Signposting;** The provision of accessible information and advice to enable people to look after themselves and each other, and get the right help at the right time as their needs change. Good quality information and advice will be available to all to help people plan for the future, reduce the need for care services and where possible maintain independence.
 - b. **Stronger communities;** Help build support networks where people live by working in partnership with local health and wellbeing services. This is rooted in the recognition that we are all inter-dependent and we need to build supportive relationships and resilient communities. We will expect to share



responsibility with individuals, families and communities to maintain their health and independence.

- c. **Getting people on the right track;** Preventative services that help people stay independent for longer, and support them to recover back to good health after illness. These services will be joined up with and delivered with our partners.
- d. **Citizens will be in control of their own care;** When people do need some extra care and support, services will be personalised, and more joined-up around individual needs. Personal budgets and direct payments are central to this approach.

4.9 All of these 4 key elements are already in place to some degree, over the coming years there is an opportunity to develop these services further, improve co-ordination and ensure maximum impact. This can achieve better outcomes for people, promoting their independence and well being, ensure adult social care meets its statutory duties and reduce or delay the demand for care and support funded by adult social care services through its community care budget or in house provision. This is a critical factor in adult social care achieving financial balance as the community care budget is by far the biggest element of adult social care expenditure. Achieving a £21.9 million reduction in expenditure will inevitably require reductions in community care budget expenditure. It is acknowledged that delivering this vision is complex and challenging, it will require some difficult decisions and the implementation will require excellent partnership working and timely delivery plans. However there are also real opportunities for progress through programmes such as Better Care, Community Collaboration, City Neighbourhoods and Customer First in a Digital Age.

4.10 Personalisation is at the heart of the vision outlined above. This includes engaging with local people in service design and development, working with people to assess their individual needs and design support plans, ensuring all eligible service users have a personal budget and people are supported to receive this as a direct payment, developing a care market that can respond creatively to people's needs and aspirations and supporting people to use direct payments creatively and collectively within their communities. Delivering this vision is wholly aligned to our duties under the Care Act.



- 4.11 In responding to the changes ahead of us, we will always consider the needs and preferences of the individual, but we will also have to balance this against the effective and efficient use of resources. We must ensure that we have sufficient resources to meet the needs of all people who are assessed as eligible for social care support and we must focus resources on support that prevents delays and reduces the need for care and support.
- 4.12 Given the context and broad vision described above this report seeks to outline the anticipated direction of travel in relation to the existing provision of adult social care within the Council, covering Commissioning, Assessment and Provider services over the coming 4 years.
- 4.13 With regard to the commissioning of services it is anticipated that over this period;
- a. Services will be commissioned on a more co-ordinated and integrated basis across the Council and with other statutory partners, building on the solid foundation we currently have in place. Currently similar services can be commissioned separately by different directorates within the Council and colleagues in the Clinical Commissioning Group.
 - b. Citizens and service users will be fully engaged throughout the commissioning process.
 - c. A wider range of services that promote independence, are outcome focused and support a personalised approach will be in place.
 - d. Safe mechanism will be in place so that individual support plans can be placed on line enabling accredited providers to respond creatively as to how they could best meet the persons requirements. People will also have the option to have flexible, personalised support, tailored to individual preferences without having to manage the responsibility of cash direct payments through new contractual specifications (known as Individual Service Funds).
 - e. We will reduce and delay the demand for long term care in the community by commissioning services that support independence and personal control
 - f. We will further develop our understanding of a fair price for care services in partnership with the care sector.
 - g. We will look to commission services in the city that keep people close to their family and communities when they require care and support.

- 4.14 With regard to assessment services it is anticipated that over this period;
- a. The Councils in house assessment services will be increasingly focused on intervention and support for people with the most complex needs and those where the level of risk to the individual or others is assessed as high.
 - b. The in house workforce will be increasingly composed of staff with a professional qualification or social. The actual number of staff employed within the Council will have reduced.
 - c. By deploying mobile technology, for example tablet computers, our staff will be able to complete their assessments directly with people in the community, delivering a more personalised and efficient service.
 - d. Citizens will be supported to complete assessments of need, including an enhanced on line assessment offer. The support will be proportionate and appropriate and may come from a range of sources including family, community support and the voluntary sector.
 - e. Our approach will be an asset or strengths based one, focusing on what people can do and what they have to offer their community.
 - f. All people who are eligible for services will be offered a personal budget and the numbers of people choosing to purchase their own services through Direct Payments will increase significantly.
 - g. Integrated assessment across primary care and social care will be fully implemented through the Better Care Programme.
 - h. We will enable people to live with the risks that can be inherent in living independently whilst ensuring they are safeguarded from significant harm.
- 4.15 With regard to our in house service provision, which has relatively high unit costs, it is anticipated that over this period;
- a. We will cease to provide services in house where good quality services can be provided more cost effectively by others, subject to appropriate consultation and approval.
 - b. In house services will support adult social care in meeting its statutory duties and provide services where other providers are not available
 - c. We will review with people using services and their families whether their support plans could be provided in a more personalised and cost effective manner. As a consequence some existing in house provision could be re-provided.

- d We will disinvest in our buildings based care to promote more personalised care based in the community and individuals' homes
- e. Our remaining in house provision is likely to be specialist and short term in nature and can evidence it is value for money.
- f. Changes in the provision of in house services will require careful planning and implementation so that it keeps pace with the more personalised provision of care.

- 4.16 These proposals envisage a significant period of change across adult social care; people using services, their families, our partners, our staff and unions will all need to be fully engaged. It will be essential that effective partnerships are sustained and developed if these changes are to be achieved and positive outcomes secured for local people. Risk and contingency plans will need to be robust to ensure statutory duties are met.
- 4.17 Throughout the process of change set out in this document we will continue to reference best practice, benchmark and work with other Councils who will be subject to similar drivers for change.

5. Important considerations and implications

5.1 Legal

Specific reference is made in the body of this report to the Council's (and statutory partners) duties under the Care Act 2014 and the proposed approach in this report is underpinned by those duties. Implementation of the proposed direction of travel must ensure ongoing adherence to statutory requirements in addition to the duty to the public purse, appropriate consultation involving affected and interested parties and compliance with the Human Rights Act 1998.

Sandra O'Brien Senior Lawyer 24 September 2015.

5.2 Finance

The direction of travel and proposed approaches set out in this report will be reflected in the 4 year integrated service and financial plans. It is anticipated that savings of £21.9m can be achieved over the 4 year period but there are significant risks attached. There are significant challenges in 2015/16 as a result of unachieved savings from previous years although mitigating actions have been put in place. Detailed savings plans for 2016/17 are being developed alongside the longer term service plans. Initial 4 year service and



financial plans will be considered by Policy & Resources Committee on 3 December 2015

Finance Officer consulted: Anne Silley 28/09/15

5.3 Equalities

The proposals in this paper will have implications for people using social care services and their families, our staff and our wider partners. The broad intention is to ensure that adult social care is able to support good outcomes for all local people, meet all its statutory duties and achieve financial balance over a 4 year period. More detailed proposals will feature in the integrated service and financial planning process and through service redesign plans and will be subject to equalities impact assessments in line with Council policy. The proposals at this stage remain a broad direction of travel.

4.4 Sustainability

The paper is intended to support the delivery of a sustainable adult social care service that can meet its statutory duties, deliver positive outcomes for local people and maintain financial balance. More detailed proposals will consider and address any specific sustainability implications as they are developed. Consider and address any sustainability implications.

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

The delivery of this programme will require partnership working with colleagues in the Council, e.g. housing, children's services and public health and external partners in the NHS and the private and voluntary sector. Effective programmes that promote well-being and independence, provide timely preventive interventions and engage with local communities are essential if positive outcomes are to be delivered for local people and the pressure on adult care budgets alleviated. The report notes opportunities that are available through programmes such as Better Care, Community Collaboration, City Neighbourhoods and Customer First in a Digital Age.

6. Supporting documents and information





