Who are we?

The Health & Wellbeing Board is the forum where representatives of the Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove. Meetings are open to the public and everyone is welcome.

Where and when is the Board meeting?

This next meeting will be held virtually via Microsoft Teams on Tuesday (26 January 2021), starting at 4.00pm. It will last about two and a half hours. Board meetings are available to view on the council's website.

What is being discussed?

There are 7 main items on the agenda

- Presentation – Covid Recovery plan Strategy and Update;
- Presentation – Joint Health and Wellbeing Strategy;
- Presentation – Housing Neighbourhoods and Communities, Work to Implement the Joint Health and Wellbeing Strategy;
- New Special Educational Needs and Disability (SEND) Strategy 2021-2026;
- Local Government and Social Care Ombudsman Public Interest Report and Recommendations;
- Adult Social Care Fees 221-22;
- Annual Review of Adult Social Care Charging Policy

Health & Wellbeing Board
26 January 2021
4.00pm
Via Microsoft Teams

Who is invited:

B&HCC Members: Shanks (Chair), Nield (Deputy Chair), Moonan (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Childs

CCG Members: Dr Andrew Hodson (Deputy Chair), Lola BanJoko, Malcolm Dennett, Dr Jim Graham and Ashley Scarff

Non-Voting Co-optees: Geoff Raw (CE - BHCC), Deb Austin (Acting Statutory Director of Chidlren's Services), Rob Persey (Statutory Director for Adult Care), Alistair Hill (Director of Public Health), Graham Bartlett (Safeguarding Adults Board), Chris Robson (Local Safeguarding Children Board) and David Liley (Healthwatch)

Contact: **Penny Jennings**
Secretary to the Board
Democratic Services Officer01273 291065
penny.jennings@brighton-hove.gov.uk

Date of Publication - Monday, 18 January 2021

This Agenda and all accompanying reports are printed on recycled paper

AGENDA

Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

Page

36 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

37 MINUTES **9 - 22**

Minutes of the meeting held on the 10 November 2020 (copy attached)

38 CHAIR'S COMMUNICATIONS

The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.

This will be followed by Callover by the Democratic Services Officer.

39 FORMAL PUBLIC INVOLVEMENT **23 - 28**

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting Contact the Secretary to the Board at penny.jennings@brighton-hove.gov.uk

(a) Petitions – to consider any petitions received by noon on 20 January 2021 copy of petition referred from the meeting of Council held on 17 December 2020 (attached);

(b) Written Questions – to consider any written questions received by noon on 20 January 2021 (details of questions received at date of publication (attached);

(c) Deputations – to consider any Deputations received.

40 FORMAL MEMBER INVOLVEMENT

To consider any of the following:

Health & Wellbeing

(a) Petitions;

(b) Written Questions;

(c) Letters;

(d) Notices of Motion

41 PRESENTATION - COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN

This will be a joint presentation by the Director of Public Health, Executive Director, Adult Social Care and the CCG which will update on the information provided to previous meetings and an update on the current situation in the city.

42 PRESENTATION, JOINT HEALTH AND WELLBEING STRATEGY

Joint presentation, Joint Health and Welfare Strategy

43 PRESENTATION - HOUSING, NEIGHBOURHOODS AND COMMUNITIES, WORK TO IMPLEMENT THE JOINT HEALTH AND WELLBEING STRATEGY

Presentation - Implementation of the Joint Health and Wellbeing Strategy.

44 THE NEW SPECIAL EDUCATIONAL NEEDS AND DISABILITY STRATEGY (SEND) 2021-2026 **29 - 74**

Report of the Assistant Director, Health, Special Educational Needs and Disability (copy attached)
Ward Affected: *All Wards*

45 LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN PUBLIC INTEREST REPORT & RECOMMENDATIONS **75 - 92**

Report of the Executive Lead, Strategy, Governance and Law (copy attached)

Contact: *Victoria Paling* *Tel: 01273*
Ward Affected: *All Wards*

46 ADULT SOCIAL CARE FEES 2021-22 **93 - 100**

Report of the Executive Director Health and Adult Social Care (copy attached)

Contact: *Andy Witham* *Tel: 01273 291498*
Ward Affected: *All Wards*

Health & Wellbeing

47 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2021 **101 - 126**

Report of the Assistant Director, Adult Health and Social Care (copy attached)

Contact: *Angie Emerson* *Tel: 01273 295666*
Ward Affected: *All Wards*

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Electronic agendas can also be accessed through our meetings app available through www.moderngov.co.uk

For further details and general enquiries about this meeting contact penny .jennings@brighton-hove.gov.uk, Democratic Services, or email democratic.services@brighton-hove.gov.ukor

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The Health & Wellbeing Board actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public.

If you wish to attend and have a mobility impairment or medical condition or medical condition that may require you to receive assisted escape in the event of a fire or other emergency, please contact the Democratic Services Team (Tel: 01273 291066) in advance of the meeting. Measures may then be put into place to enable your attendance and to ensure your safe evacuation from the building.

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Health & Wellbeing

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- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

Do not re-enter the building until told that it is safe to do so**.**

Health & Wellbeing

1. Procedural Business

(a) Declaration of Substitutes: Where Members of the Board are unable to attend a meeting, a designated substitute for that Member may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

(a) Disclosable pecuniary interests
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members of the Board should seek advice from the Lawyer or Secretary preferably before the meeting.

(c) Exclusion of Press and Public: The Board will consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, that the press and public should be excluded from the meeting when any of the items are under consideration.

NOTE: Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available from the Secretary to the Board.

HEALTH & WELLBEING BOARD	Agenda Item 37 Brighton and Hove City Council

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 10 NOVEMBER 2020

VIRTUAL VIA MICROSOFT TEAMS

MINUTES

Present: Councillors Shanks (Chair) Councillor Nield (Deputy Chair), Moonan (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Childs

Brighton and Hove CCG: Lola Banjoko and Ashley Scarff

Also in Attendance: Geoff Raw, Chief Executive, BHCC; Deb Austin, Acting Statutory Executive Director, Children's Services; Rob Persey, Statutory Director for Adult Social Care; Alistair Hill, Director of Public Health; Graham Bartlett, Safeguarding Adults Board and David Liley, Healthwatch

PART ONE

26 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

26(a) Apologies

26.1 Apologies were received from Dr Andrew Hodson, of the CCG, Deputy Co-Chair and Andrew Taylor, CCG.

26(b) Declarations of Substitutes, Interests and Exclusions

26.2 There were none.

26(c) Exclusion of Press and Public

26.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members

of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

26.4 **RESOLVED -** That the public be not excluded during consideration of any item of business set out on the agenda.

27 MINUTES

27.1 **RESOLVED –** That the Chair be authorised to sign the minutes of the meeting held on 8 September 2020 as a correct record.

28 CHAIR'S COMMUNICATIONS

28a Chair's Communications

Postcard Setting Out Updated Lockdown Guidance

28.1 The Chair explained that a postcard setting down the latest updated lockdown guidance and contact details for local support would be going out to all households in the city w/c 16 November (next week). Additional copies would be shared through food parcels and various services and community groups later that week. If anyone would like additional printed copies they should get in contact with the council comms team.

28b Callover

28.2 It was noted that all items appearing on the agenda were called for discussion.

29 FORMAL PUBLIC INVOLVEMENT

29a Petitions

29.1 There were none.

29b Written Questions

29.2 It was noted that two public questions had been received.

(1) Question from John Kapp –– Commissioning Strategy CCG

29.3 Mr Kapp put a question in the following terms:

"Does the board agree that 'first do no harm' should be the first principle of the commissioning strategy of the CCG, and that the HWB should hold them to account to uphold it?"

29.4 The Chair responded in the following terms:

"Brighton and Hove CCG takes its responsibility to commission safe and effective care for the city's population extremely seriously. As a joint partner in the Brighton and Hove Health and Wellbeing Board, our collective Health and Wellbeing Strategy has eight guiding principles; one of these guiding principles is "*Keeping people safe – we want everyone to be safe from avoidable hard, taking particular care of our most vulnerable residents*" and as a CCG it is fully committed to this principle, as are all HWB partners. Similarly, the Brighton and Hove response to the NHS Long Term Plan reflects that the CCG will work collaboratively with all partners on key priorities including the delivery of safe, effective care, to prioritise prevention across the system and to ensure we reach groups and communities within our population who are less engaged to ensure we reduce health inequalities.

The Brighton and Hove Health and Wellbeing Board is a partnership board, and the CCG is an active and supportive member. The CCG values its place as part of the Board and are encouraged by the partnership working that has developed from discussions to date, and the plans we have for the future. In terms of accountability, the council's Health Overview and Scrutiny Committee has a scrutiny role in terms of the health in the city, and the CCG welcomes and supports their oversight on healthcare plans and services in place across the city. The CCG is also part of the National Health Service (NHS) and as such is regulated and held to account by NHS England.

29.5 Mr Kapp was invited to put a supplementary question. Mr Kapp stated that he was not in agreement that the role of the Council/Board was to work in partnership with the CCG considering that elected councillors should call the CCG to account especially in relation to use of alternative evidence based treatments. Mr Kapp referred to the document prepared by the National Association of Social Prescribing which had been published for a year asking what steps the Board would be taking to implement the recommendations set out in that report.

29.6 The Chair, Councillor Shanks responded that the role of the Board was one of partnership and collaboration. Social Prescribing was an issue which the Board would be happy to look at properly in future once the current Covid emergency had passed.

(2) **Question from Valerie Mainstone – Self Isolation Arrangements**

29.7 The following question was put on Ms Mainstone's behalf in her absence:

"The HWB will be well aware of the vast amount of money that has been wasted by the central government on private firms to carry out the Test-Trace-and-Treat programme, and the frustrations experienced by local Public Health Departments, such as our own, whose expertise lies in this area of work.

"Unfortunately we know that some people ordered to self- isolate cannot do so for financial reasons. Is there any follow-up to indicate who does, and who does not self-isolate when ordered to do so, and is there any local system in place to support people in self- isolation?"

29.8 The Chair responded in the following terms:

"We recognise the importance of test and trace and of support for people to self isolate in helping to break the chain of transmission.

The Test and Trace system does not routinely follow up to indicate who does, and who does not, self-isolate when ordered to do so.

However locally, the Brighton & Hove Community Hub service is in place to provide help and support for residents while they are self isolating. The hub can help people to access:

- food and medicine
- befriending and learning packages to reduce feelings of loneliness
- financial advice
- other forms of support

In addition, residents are entitled to the national Self-Isolation Payments of £500 if they:

1. have been told to stay at home and self-isolate by NHS Test and Trace, either because theu have tested positive for coronavirus or have recently been in close contact with someone who has tested positive
2. are employed or self-employed
3. are unable to work from home and will lose income as a result
4. are currently receiving or have applied for certain benefits

They do need to meet all of the criteria above to qualify for a Self-Isolation Payment.

If the resident is not in receipt of any of the specified benefits, the council may be able to make a discretionary payment of £500 to those who will face financial hardship as a result of not being able to work while self-isolating.

Details of the support available are on our website at https://www.brighton-hove.gov.uk/coronavirus-covid-19/request-help-yourself-or-someone-else "

29.9 **RESOLVED –** That the questions and the responses given to them be received and noted.

29c Deputations

29.10 There were none.

30 FORMAL MEMBER INVOLVEMENT

30a Petitions

30.1 There were none.

30b Written Questions

(1) Tier 2 – Covid Recovery Arrangements

30.2 It was noted that four questions had been received in total. One question set out in the agenda and below had been received from Mr Liley of Healthwatch. Mr Liley acknowledged that his question was now largely redundant having been overtaken by the current situation. He considered however that it would be beneficial for public response to be given.

30.3 Mr Liley's question as follows:

"Government advice is that if we move to Tier 2 COVID response Care Home visiting will be restricted to "...only in exceptional circumstances"
see: https://www.gov.uk/guidance/local-covid-alert-level-high#visiting-relatives-in-care-homes

Irrespective of any move to Tier 2 can the HWB ensure that care home residents in Brighton and Hove can be visited by one nominated family member by arranging weekly testing provided on the same basis as for care home staff?"

30.4 The Chair responded in the following terms:

"As HWB Members will be aware since this question was received from David Liley events have overtaken and rather than any consideration of moving into Tier 2 we are now. since last Thursday in a second national lockdown. Additional government guidance https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes was issued at the end of last week which, in relation to the specific question, can be summarised as follows:

The new national guidance recognises the importance of maintaining opportunities for visiting to take place which is critical for supporting the health and wellbeing of residents and their relationships with friends and family. It sets out measures that can be put in place to provide COVID-secure opportunities for families to meet and expects care home providers, families and local professionals to work together to find the right balance between the benefits of visiting, and the risk of transmission of COVID-19 to care staff and vulnerable residents. The guidance identifies that the individual resident, their views, their needs and wellbeing are an important focus of decisions around visiting and all decisions around visiting should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable. Providers must also have regard to the DHSC ethical framework for adult social care

The updated guidance states that care home providers 'need to assess and balance the risk of local prevalence and the ability of the care home to manage the visit safely. This dynamic risk assessment must formally take into account the advice of the local DPH' The current local advice for care homes is to follow this latest national guidance. If there

is any need to introduce additional and/or different measures locally, these would be communicated.

Therefore, subject to appropriate risk assessments being in place, assuming there is no active outbreak within the care home, following correct procedures up to no more than 2 consistent visitors can continue to meet their loved ones in a care home. However, if an outbreak is confirmed the provider should move to stop visiting apart from in exceptional circumstances such as end of life.

The government are exploring the options for testing visitors and will review the overall approach to care home visiting as the current national restrictions come to an end.

30.5 It was noted that three questions had been also been received from Councillor Childs and these and the Chair's responses to them are also set out below:

(2) **Councillor Childs – Regular Check-Ups for Children Registered with NHS Dentists**

30.6 Councillor Childs put the following question:

"What provision will be made to ensure children registered with NHS dentists can receive regular check-ups which have ceased since March?"

30.7 The Chair responded in the following terms:

"NHS Dentistry is commissioned by NHS England and is currently guided by the Office of the Chief Dental Officer (OCDO) Standard Operating Procedure 'Transition to Recovery'. For routine and urgent dental care there remains a need to minimise footfall and non-essential face-to-face contact within the dental environment, the main reason for which is the aerosol generating procedures (AGPs) that cover most dental treatments. In identifying and prioritising patients, within the available capacity, recommencing deferred courses of treatment, recall and re-assessments will be prioritised to those patient groups with the greatest need. Practices are guided to consider prioritising patients, including those with frequent recall according to NICE recall guidelines e.g., children. Prioritisation of patients to be seen face-to-face will depend upon the clinical judgement and expertise of the practitioner to weigh up the benefits of dental treatment against exposure risk and to always plan for care in the patient's best interests."

(3) **Councillor Childs – Payment for Care Staff working for Providers Commissioned by the Council if Forced to Self-Isolate**

30.8 Councillor Childs put the following question:

"At the last Committee I asked about care staff working for providers commissioned by the council and if they would receive full pay if forced to self-isolate. Please can an update be provided?"

30.9 The Chair responded in the following terms:

"I can confirm that under the Infection Prevention and Control funding the Council has distributed funding to care homes and is monitoring the use of this funding against the stated criteria. This criteria includes one expectation of continuing to pay staff fully where they are required to isolate. There are many cases where this is happening, and I confirm this is the case also with the Council run homes. However, our monitoring has identified a number of providers where these payments are not automatically being made directly to all staff. The Council is following this up directly with each individual provider identified.

(4) **Councillor Childs – Update on Situation With Non-urgent Blood Tests**

30.10 Councillor Childs put the following question:

"Can the CCG update us on the situation with non-urgent blood tests?"

30.11 The Chair responded in the following terms:

"The temporary issue with the Roche supply chain has been resolved, and the CCG is pleased to confirm that all pathology services in Sussex (and beyond Sussex within Trusts that our GP practices use) now have regular deliveries to ensure that they can perform all necessary tests. An update has been sent to all GP practices to inform them that all urgent and non-urgent blood testing can resume for all of our hospital trusts. The CCG is working with GP practices to rebook appointments for any patients whose appointment was affected by this national issue and ensure they can take place in a timely way."

30.12 **RESOLVED –** That the questions and responses given to them be received and noted.

30c Letters

30.13 There were none.

30d Notices of Motion

30.14 There were none.

31 PRESENTATION -COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN

31.1 The Director of Public Health, Alistair Hill, gave a presentation detailing the arrangements being put into place going forward both to seek to continue to contain the number of cases across the city and importantly to foster and sustain recovery and to build resilience in the event of any future spikes in infection rates. Although the mortality rate in the city remained relatively low compared to other parts of the country all partners were continuing to work to ensure that there was sufficient to respond effectively to any changes which took place. Details of infection levels and mortality rates week by week were shown. The slides accompanying this presentation were displayed at the meeting and would also be attached to the agenda and council website. Data provided related to the period up to 9 November.

31.2 It was explained that the results of contact tracing to date had indicated that that the greatest individual exposure was within households closely followed by mixing between households and related to the pre-lockdown period. Whilst data relating to settings was useful in helping to inform prevention but did not necessarily mean that transmission had occurred in those settings. There had been more cases in staff who worked in, hospitality, retail and other workplaces in the city and contact had been made to support these employers.

31.3 A summary was provided in respect of health and care settings and in relation to the ratio of service users to staff testing positive. The challenge was in finding the balance between enabling visits and protecting residents and staff. Whilst in recent weeks there had been fewer cases across the city it was too early to conclude that this represented a sustained downward trend as that decline was almost entirely attributable to fewer cases in young adults, explainable in part to fewer cases in students. Currently, the case rate was stable in working age and older adults, with cases associated with a wide range f settings and places with older people having being at higher risk of complications and hospital admissions. Therefore, the impact on the health and care system was significant. Lockdown presented an opportunity to drive down the R rate and to reduce and prevent pressure on health services and to maintain manageable infection levels.

31.4 Councillor Bagaeen welcomed the update given and sought further clarification in relation to current infection rates, also in relation to the turn around for tests. It was confirmed that a variety of means were being used and these were being assessed on a daily basis to see how these could be used to best meet the needs and priorities that had been set. In answer to further questions it was explained that once admitted to hospital the length of stay was variable and that where there was a longer period prior to discharge that was challenging.

31.5 Councillor Moonan requested details regarding the numbers of those currently admitted to hospital who were in intensive care, the number who were on ventilators and confirmation that there was sufficient capacity currently. It was confirmed that notwithstanding the pressures which were anticipated due to seasonal surges in hospital admissions the situation would be challenging but could be met. There was sufficient ventilator capacity. New guidance had been issued that day in relation to the provision of isolation beds and in relation to the provision and release of Quality Care Commission beds. Arrangements were being put into place but it was difficult currently to identify what the exact level of demand would be.

31.6 In answer to questions of Councillor Childs regarding contingency arrangements should the current situation take a turn for the worse, Lola Banjoko of the CCG confirmed that capacity planning and contingency arrangements were in place including use of the Nightingale Hospitals as/if necessary.

31.7 **RESOLVED –** That the contents of the presentation be noted and received.

32 BHCC WINTER COLD WEATHER PLAN

32.1 The Board considered a joint report of the Public Health Principal, Public Health (HASC) and the Regulatory Services Manager setting out the Brighton and Hove City Council Winter Cold Weather Plan 2020/21.

32.2 The Public Health Principal, Becky Woodiwiss, explained that the Plan was updated annually. This year planning for the winter 2020/21 had been in the context of the Covid 19 pandemic, its health and socio-economic impacts, resulting services changes, an expanded seasonal Influenza Vaccination Programme and the UK's scheduled exit from the EU on 31 December 2020. The Plan localised the Cold Weather Plan for England, both of which sought to prevent avoidable harm to health, by alerting services and people to the negative health effects of cold weather and enabling all prepare and respond appropriately. The main aim of the Cold Weather Plan was to reduce pressure on the health and social care system through improved anticipatory actions with vulnerable people. It was recognised that this year those pressures could include seasonal surge pressures, such as the impact of flu, Covid 19, or the wider circumstances such as the wider impact of the EU Transition Period from 1 January 2021 onwards. The preparation and response for Winter 2020/21 was being co-ordinated with the Sussex Resilience Forum (SRF) and partners across Sussex.

32.3 The Regulatory Services Manager, Annie Sparks, explained that she managed the Emergency Plan and sought to ensure that a co-ordinated response was provided in concert with partners. This was set in the context of the work undertaken with the CCG and NHS and the manner in which it dovetailed with the NHS Plan. Additionally, in response to the current pandemic and the impending final arrangements for exit from the EU needed to be factored into the arrangements being put into place in addition to those to combat the seasonal surge in illness and hospital admissions especially from amongst those who were most vulnerable in the community.

32.4 The key messages were highlighted which included stepping up roll-out of flu vaccination and publicising its availability, also access to assistance with heating and food especially to those who lived in older/poorer standard housing which took greater effort and cost more to heat. Combatting fuel poverty was a significant issue and those suffering from it could be at greater risk of fire hazard. Mr Kemp who was in attendance on behalf of the East Sussex, Fire and Rescue Service explained that advice was available in terms of fire safety and how to stay warm safely. This was publicised and the service was happy to liaise with and advise colleagues in order that they could be signposted to available services.

32.5 The Chair, Councillor Shanks, stated that it was also important for the Council to consider its own housing stock and to ensure that tenants were made aware of the assistance and services available to them. Councillor Bagaeen concurred in that view stating that it was important that the situation was tracked and monitored to ensure that those who were most vulnerable were targeted. It was confirmed that those in the most wards where the greatest levels of deprivation had been identified were deemed to be particularly at risk and that in the current exceptional circumstances ways of advising of and ensuring delivery of services were being assessed to look at how things needed to be done/delivered differently.

32.6 Councillor Nield requested details in relation to the expanded flu vaccination programme and any measures being put into place to encourage take up by those who were

vulnerable including care staff, including, carers and hospice carers, those who were shielding, where “hot spots” had been identified or where take up had been patchy and what was being provided needed to be ramped up. It was noted that it was important that phased and targeted delivery was important.

32.7 Lola Banjoko, CCG, explained that in addition to the usual seasonal arrangements provision had been expanded to address the needs of the most vulnerable residents. Currently there had been a 70% take up of the flu-jab by those over 65 years of age this was being monitored and further uptake was being encouraged.

32.8 The Executive Director, Health and Adult Social Care confirmed the on-going support available for those in care homes and explained that due to the SWEP arrangements in place those who had been rough sleeping had been found accommodation which meant that they could be housed and looked after in a covid secure way.

32.9 **RESOLVED –** That the Board approves the content of the report and the actions to be taken by the Council services and partner organisations.

33 SUSSEX HEALTH AND CARE PARTNERSHIP (SHCP) WINTER PLAN

33.1 The Board considered a report of the CCG, providing an update on the Sussex Health and Care Partnership Winter Plan 2020-21.

33.2 The Head of Resilience, Sussex CCG’s, Isabella Davis-Fernandez, presented the report and Board Members noted that a high level summary paper had been presented to the 8 September meeting of the Board. The purpose of this paper was to provide an update on that paper and to detail progress made and to reference further detail relating to specific elements of the Winter Plan which had been submitted to NHS England on 1 October 2020. The key elements covered by the Plan were highlighted in the Executive Summary to the report. The Plan which had been developed by the Brighton and Hove Local A & E Delivery Board (LAEDB) which included representation from all local system health and social care providers and commissioners. This group had been instrumental in developing the key elements of the Winter Plan which included setting out key risks and mitigations for winter in each system, capacity and demand modelling, mitigations to address identified gaps, learning from winter 2019-20, escalation triggers, Covid 19 early warning triggers, local outbreak plans and use of the Single Health resilience Early warning Database (SHREWD) and the winter operating model for the winter period.

33.3 Board Members welcomed this update, noting the arrangements put into place and the manner in which they would dovetail with the council’s own.

33.4 **RESOLVED –** That the Board notes the contents of the Sussex Health and Care Partnership Winter Plan 2020-21 update.

34 BRIGHTON AND HOVE SAFEGUARDING CHILDREN PARTNERSHIP (BHSCP) PROGRESS REPORT, OCTOBER 2019- MARCH 2020

34.1 The Board considered a progress report prepared by the Brighton and Hove Local Safeguarding Children Partnership (BHSCP). This body was comprised of Statutory

Safeguarding Partners: Brighton and Hove City Council, Sussex Police and the Clinical Commissioning Group on behalf of health partners. The report was essentially an interim one, covering the period October 2019 to March 2020.

34.2 The BHSCP, Business Manager, Sally Kendal, explained that the Partnership comprised representatives from statutory and non – statutory agencies and organisations in Brighton and Hove who had shared responsibility for keeping children safe. It was noted under its partnership arrangements published in June 2019 the BHSCP oversaw the strategic direction and work of partners key activities which the Partnership had overseen during the 6 month period covered by the report were outlined. The purpose of this short report was to preface the first annual report under the new arrangements which would cover the period April 2020 to March 2021 and would run in accordance with the business year cycle to enable the BHSCP to utilise comparative data.

32.3 In answer to questions it was explained that notwithstanding the impact of the current pandemic the Partnership had continued to establish new ways of working flexibly. The key change was that the Board meeting had been replaced by a smaller strategic leadership body (the Steering Group), which was led by three safeguarding partners. This approach was aligned to the reforms introduced by the Department for Education under "Working Together 2018", to improve efficiency and focus on core child safeguarding responsibilities across local authority areas. Between April 2019 and March 2020 training had been delivered to 866 including 399 attendees at the Partnership's core training days.

32.4 In response to questions it was confirmed that the final week of the reporting period had seen the first national lockdown and safeguarding children had immediately identified as a key risk and that when looking to the future the short and longer term impact of Covid 19 was one of the key challenges facing the partnership.

32.5 **RESOLVED –** That in respect of this report is submitted to the Board for the Board:

(1) Notes the report the contents of the report and commends to partners the importance of promoting partnership working to safeguard children, young people and their families across the city; and

(2) Notes the BHSCP's business plan priorities which run from April 2020 to March 2023 (page 7 of the report) and consider how this work aligns to work being undertaken as part of the city's joint strategic needs assessment relating to "Starting Well". Priority 4 (below) will focus on implementation recommendations from the Sussex wide review of emotional health and wellbeing support for children and young people, ensuring that gaps in provision are addressed.

- Priority 1 - Partnership Engagement and Accountability: The new arrangements will provide strategic leadership to embed the principles of safeguarding citywide.

- Priority 2 - Safeguarding children from violence and exploitation: There is a clear understanding of the scale of complex and contextual safeguarding within Brighton & Hove and that the needs of children and young people affected by violence are identified and assessed effectively.

- Priority 3 - Neglect: The needs of children and young people affected by neglect are identified

and assessed effectively resulting in timely and appropriate intervention.

- Priority 4 - Mental Health and Emotional Health and Wellbeing: Service provision for children who need support for emotional and mental health issues is consistently good across Brighton & Hove; and

(3) Notes that the BHSCP is in the early stages of understanding the long-term impact of Covid-19 on safeguarding and supporting our children, young people and their families as well as considering how best to promote their wellbeing and targeting our resources accordingly.

35 "A GOOD SEND OFF"- HEALTHWATCH BRIGHTON AND HOVE REPORT ON END OF LIFE CARE

35.1 The Board considered a report prepared by Healthwatch Brighton entitled “A good Send Off”, which was presented to advise Board Members of the experiences of 15 people with an end of life prognosis who had been discharged from the Oncology Ward of the Royal Susses County Hospital between November 2019 and January 2020. At the request of Healthwatch England and the NHS this report had been withheld from public release over the period of the initial response to Covid 19 at the time the case studies were gathered. The individuals referred to had all now passed away but were survived by their families and friends who had been impacted by the end of life care process.

35.2 Mr Liley, the Chief Executive Officer of Brighton Healthwatch explained that the aim of the report was to inform the Health and Wellbeing Strategies, “ Dying Well” and “Aging Well”, to advise service providers across the health and care system about ways in which the patient experience might be improved in hospital discharge and end of life care and to provide a basis for a city wide and system wide action plan in order to improve people’s experience of end of life care. The report’s recommendations most affected people undergoing end of life care, their families and friends.

35.3 Councillor Moonan welcomed the report and considered that the recommendations be amended that scrutiny of this going forward should remain with this Committee in order that it could continue to be informed and to have an overarch in respect of this issue. Councillor Bagaeen concurred in that view and seconded the proposed amendment. Mr Liley confirmed that he was happy to accept the amended wording, the Board indicated that they were happy to accept this suggestion and it was then voted on as the substantive recommendation.

35.4 **RESOLVED –** (1) That the Board request that the recommendations of the report are delivered through the Brighton and Hove Joint Health and Wellbeing Strategy, by all the relevant partners to the strategy. Particularly Dying Well and Ageing Well.

(2) That the Board request partners to the JHWS to devise and implement an action plan to address the recommendations of the report. That action plan should include service users and their families as equal partners in service re-design and co-production of improved end of life care services; and

(3) That there be a report back to the HWB on progress in 12 months time.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

HEALTH & WELLBEING BOARD	Agenda Item 39 (a) Brighton & Hove City Council

Subject:		**Items referred from Council - Petitions**		
Date of Meeting:		**26 January 2021**		
Report of:		**Executive Lead Officer for Strategy, Governance & Law**		
Contact Officer:	**Name:**	**Mark Wall**	**Tel:**	**01273 291006**
	E-mail:	**mark.wall@brighton-hove.gov.uk**		
Wards Affected:	**All**			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 To receive any petitions referred from the Council meeting held on the 17 December 2020.

2. RECOMMENDATIONS:

2.1 That the Committee responds to the petition either by noting it or writing to the petition organiser setting out the Council's views, or where it is considered more appropriate, calls for an officer report on the matter.

3. PETITIONS:

PROTECT CGL FACT FAMILIES AND CARERS GROUP

Lead Petitioner – Tonderayi Madzima

3.1 To receive the following petition referred from the meeting of the full Council and signed by 8 people:

We the undersigned petition Brighton & Hove Council to look at and reverse the cuts to the Change Grow & Live (FACT) support Group that was previously delivered at 9 The Drive in Hove. This is in the spirit of safeguarding social services for families of substance users who often have no other support systems. Ring fence employment for the experienced staff members (Support Workers) that have built up a wealth of experience and provided constructive solutions for families and individuals.

Justification:

The funding for the building (where sessions took places during weekday mornings and evenings) was withdrawn.

Support to families of substance users has since been reduced to a minimum due to lack of funding. Zoom meetings are being phased out without communication on alternatives.

The service offers psycho-social support and counselling for family members from all corners of the community.

There are unconfirmed suggestions of continuation in some format, but this is not guaranteed, and we would like this vital community service to be restored to its traditional format.

3.2 An extract from the proceedings of the council meeting held on the 17 December is listed as appendix 1.

COUNCIL

4.30pm 17 DECEMBER 2020

VIRTUAL

MINUTES

Present: Councillors Robins (Chair), Mears (Deputy Chair), Allcock, Appich, Atkinson, Bagaeen, Barnett, Bell, Brennan, Brown, Childs, Clare, Davis, Deane, Druitt, Ebel, Evans, Fishleigh, Fowler, Gibson, Grimshaw, Hamilton, Heley, Henry, Hill, Hills, Hugh-Jones, Janio, Knight, Lewry, Littman, Lloyd, Mac Cafferty, McNair, Miller, Moonan, Nemeth, Nield, O'Quinn, Osborne, Peltzer Dunn, Phillips, Pissaridou, Platts, Powell, Shanks, Simson, C Theobald, Wares, West, Wilkinson, Williams and Yates.

PART ONE

63 PETITIONS.

63.1 The Mayor invited the submission of petitions from councillors and members of the public. He reminded the Council that petitions would be referred to the appropriate decision-making body without debate and the person presenting the petition would be invited to attend the meeting to which the petition was referred.

63.2 Mr. Madzima presented a petition signed by 8 residents calling on the council to review the decision to cut funding to the Change Grow & Live (FACT) support Group.

63.3 The Mayor thanked Mr. Madzima for presenting the petition and noted that it would be referred to the Health & Wellbeing Board for consideration.

WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

A period of not more than fifteen minutes shall be allowed for questions submitted by a member of the public who either lives or works in the area of the authority at each ordinary meeting of the Board.

Every question shall be put and answered without discussion by the Chair. The person who asked the question may ask one relevant supplementary question, which shall be put and answered without discussion.

The following written questions have been received from members of the public.

1. Question from Adrian Attree –– Arrangemengts for Asthmatic Sufferers, St Peter's Medical Centre, London Road, Brighton

"PHE's COMEAP 2018 report on NO2 says, when NO2 is over 188ug/m3 'one quarter of people with asthma would experience a 'clinically relevant' increase in airway responsiveness'. The expanding St Peters Medical Centre is in a location of high pollution. The bus stops on London Road that serve patients are expected to exceed 188 during busy rush hours. Therefore at these times one quarter of asthmatics who have visited the surgery and wait for a bus home will suffer an asthma attack as a direct result of their visit to the surgery. How is this being addressed?'

Chair's Response:

2. Question from John Kapp – Arrangements - Addiction and Rough Sleeping

In the effort to end rough sleeping, will the Health and Wellbeing Board (HWB) suggest to the Clinical Commissioning Group (CCG) that they refer beggars and homeless people to SECTCo's drop in family constellation groups to overcome their addictions?

Chair's Response

Although a formal committee of Brighton & Hove 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 Adults and Healthwatch.

Title:	The new SEND Strategy 2021-2026
Date of Meeting:	26 January 2021
Report of:	Georgina Clarke-Green, Assistant Director for Health, SEN & Disability
Contact:	Tel: 07827880742
Email:	Georgina.ClarkeGreen@brighton-hove.gov.uk
Wards Affected:	All wards

FOR GENERAL RELEASE

Executive Summary

The city's current Special Educational Needs and Disability (SEND) strategy expired at the end of 2019 and over the previous five years the SEND landscape has changed dramatically. These changes include the introduction of new national legislation and a code of practice and a significant redesign of special education provision in the city following the SEND review. Therefore, it is a timely moment to produce a new, ambitious SEND Strategy for the city. The new SEND Strategy 2021-2026 is due to be formally launched at the end of January 2021.

The purpose of the strategy is to deliver on a city-wide agreed vision for the commissioning and delivery of SEND services, providing a framework against which provision can be measured and improved. The strategy has been co-produced between a range of local partners and stakeholders: the Local Authority; Clinical Commissioning Group (CCG) and our local parent organisations PaCC and Amaze led on producing the final document.

It is being presented to the board because of the significant health element embedded within the strategy and because there are a range of actions that are specific to adults who have learning disabilities.

This is a strategy aimed at supporting our most vulnerable children, young people and adults within the city, all of whom will benefit significantly from the delivery of this new strategy.

Glossary of Terms

SEND	Special Educational Needs and Disability
LD	Learning Disability
PaCC	Parent and Carer Council
CCG	Clinical Commissioning Group
NHS	National Health Service
BAME	Black, Asian and Minority Ethnic
SENDCo	Special Educational Needs and Disability Co-ordinator

1. Decisions, recommendations and any options

1.1 That the Board note and endorses the new final SEND Strategy 2021-2026.

2. Relevant information

2.1 Development of the SEND Strategy 2021-2026
The SEND Partnership Board was responsible for overseeing the development of the strategy. The board is a strategic partnership with representation from the council (comprising education and social care services), NHS, CCG, schools, the further education sector, the community and voluntary sector, parent carers, children and young people. The board has lead responsibility for the development and implementation of services for children with SEN, disabilities and complex needs in Brighton and Hove. It has to ensure that all partners deliver the best possible services by utilising the knowledge and expertise of statutory agencies, organisations in the wider community and parents, children and young people.

2.2 The board provides strategic direction with regard to the commissioning and delivery of inclusive services for children and young people with SEND and complex needs, provides stakeholder perspectives, promotes participation and engagement and develops recommendations for transformation of service delivery. It was within this remit that a sub-group of the SEND partnership board met and agreed the co-production process for the development of the new strategy.

2.3 At the start of the process, a range of early face-to-face consultations took place with a wide group of stakeholders including council officers, parents/carers, schools, colleges, Adult LD services, early years professionals, CCG, health professionals, the voluntary sector and others.

2.4 Children and young people with SEN and adults with LD have also contributed directly to the development of the strategy.

2.5 In reflecting upon the initial feedback from all stakeholders, the SEND Partnership Board agreed the following principles for developing the new strategy:

- To adopt an open, co-produced approach with families, service users and all stakeholders.
- To ensure the voice of our service users, colleagues and stakeholders is fully embedded.
- The strategy should lead to meaningful impact for those in receipt of services.
- The strategy should ensure that whatever is developed, it is an approach that works from individual needs through to providing a city-wide approach.
- The strategy must remain live, relevant and should be designed to be flexible where needed over the course of the next five years.
- Create a framework that enables progress to be measured and the strategy to be held to account through the SEND partnership board.

2.6 Six priorities were identified and agreed as priority areas for the new strategy:

- Inclusion and Equality
- Early Identification and Intervention
- SEND Journeys/Pathways
- Achievement and Outcomes
- Transitions and Preparing for the Future -
- Sufficiency of SEND Services and Provision

2.7 Wider consultation on the draft strategy
After an extensive co-production process with a range of stakeholders, the draft SEND strategy was presented to the CYPS Committee on the 15 June 2020 for the committee to note the draft strategy and the planned wider consultation process. The aim of the further consultation was to ensure that we had captured the voice of the wider SEND community in the final document.

2.8 The consultation process started on the 19 June 2020 and finished on the 18 September 2020. It was facilitated through a survey monkey published on the Brighton and Hove City Council website. The weblink was widely publicised through a range of partner agencies and internal networks as listed below:

- PaCC
- Amaze
- Clinical Commissioning Group
- Head teachers
- SENDCo's
- FCL Comms

2.9 In addition to the survey monkey, there has been a focussed piece of work with the BAME Community undertaken by PaCC, Amaze, A Seat at the Table and the Hangleton and Knoll Project. A report captured feedback from an online survey (completed by 60 BAME families, sent to 500+ families on the Compass Disability Register) and a series of one to one semi-structured phone interviews with 25 families from various communities and ethnic backgrounds.

2.10 Two focus groups were organised for councillors so that members had an opportunity to consider the draft SEND Strategy in more detail, ask questions of officers and provide feedback on the document.

2.11 Once the consultation had finished, the feedback was collated and key reoccurring themes identified. A group of key partners that comprised representatives from the CCG, Local Authority, PaCC and Amaze met on the 23 September 2020 to consider the feedback and propose a series of amendments to the draft that reflected the views submitted through the survey. PaCC has also further consulted their steering group.

2.12 A range of amendments were made to the draft strategy to reflect the feedback from the consultation. The final document is in Appendix 1.

2.13 SEND Strategy – Governance
After the launch of the strategy, the SEND Partnership Board will be responsible for overseeing the progress made against each of the priorities and an annual update report will come to CYPS Committee and the Health and Wellbeing Board.

2.14 Each priority area will have a strategic action plan that will list milestones, measures of success and key leads for more detailed actions. The action plan will be delivered through a linked workstream group made up of key stakeholders who can oversee and lead the work needed in that area.

2.15 Each Workstream will also have a PaCC Steering Group representative as a member. This essential role is to ensure there is a built-in mechanism for parent/carer feedback and contributions at all points of the strategy management. The PaCC rep will join the priority area workstream meetings, ask key questions and provide challenge on the progress made.

2.16 Each workstream will then present a highlight report (containing progress made against of the actions and issues that require escalation) on a rotational basis to the SEND partnership board. The SEND Partnership Board will be responsible for holding those delivering the strategy to account.

3. Important considerations and implications

Legal:

3.1 In September 2014, the introduction of the Children and Families Act brought about major reforms to the way Local Authorities and other organisations support children and young people with special educational needs and disabilities. The Special Educational Needs and Disability Code of Practice 0-25 years is the related statutory guidance for organisations which work with and support children and young people. This places a duty on the Local Authority to consult children with SEND and their parents or carers when reviewing local SEN and social care provision.

3.2 Public consultation has taken place on the new SEND strategy (2021-2026). The consultation exercise meets the common law duties in respect of procedural fairness, as well as duties set out in the statutory guidance that children, young people, their parents and carers must be consulted in determining the Council's strategy for SEND. The SEND Strategy sets out an approach which supports the achievement of positive outcomes for young people with SEND, within the framework of the legislative duty to ensure efficient use of public resources.

Lawyer consulted: Sandra O'Brien Date: 05.01.21

Finance:

3.3 Future strategies and priorities will need to be considered in conjunction with available budget. In terms of Council finance, the scope of services included crosses both Council General Fund and Dedicated Schools Grant budgets. As part of the Dedicated Schools Grant settlement for 2021/22, the Government has announced an additional sum of £730m nationally for high needs. For Brighton and Hove, this equates to an increase in the High Needs Block (HNB) allocation of c. £2.9m. This additional resource will give the LA some capacity to develop strategies in line with agreed priority areas. However, there are existing significant and growing pressures that also need to be addressed within this funding settlement.

Finance Officer consulted: Steve Williams Date: 05.01.21

Equalities:

3.4 The ability of residents with disabilities to access services and make progress has been a key consideration in the development of this new strategy. Improving outcomes for all in the city with SEND is a key priority for all partners and will be monitored as part of this work.

3.5 Many protected characteristics feature heavily in the strategy; we have worked closely with our partners and parent groups to ensure that we reflect the diversity in the city.

3.6 One of the strategic actions in the 'Sufficiency of SEND Services and Provision' priority is to carry out a city-wide SEND sufficiency project. This will involve developing datasets that will help us to identify what provision and services we require to support those with SEND going forward. We will incorporate the findings from our equalities assessment work into that project.

3.7 Any actions identified from our equalities impact assessment work will be incorporated into the SEND Strategy priority action plans where appropriate. This will ensure that those actions will be part of the regular monitoring of progress and scrutiny of data by the SEND Partnership Board.

Sustainability:
An agreed SEND Strategy within the city allows for more informed commissioning in this area, supporting best value for public resources.

Health, Social Care, Children's Services and Public Health:
Early discussions on the new SEND Strategy development have taken place to ensure it is aligned with the city's existing Health & Wellbeing Strategy.

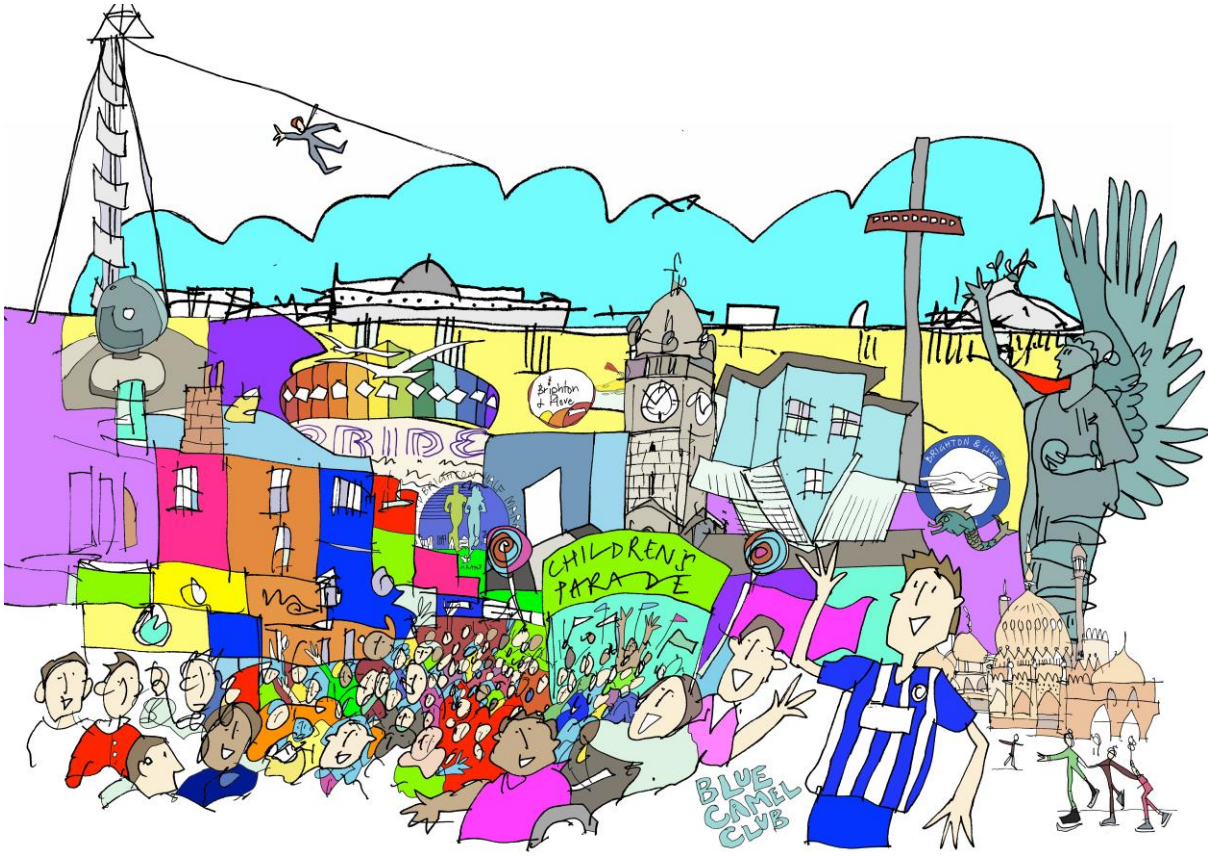
4 Supporting documents and information

Appendix1: Brighton and Hove SEND Strategy 2021-2026

Brighton and Hove

Special Educational Needs and Disability (SEND) Strategy

2021 – 2026



NHS Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Parent Carers' Council
Stronger together

amaze
helping you through

Brighton & Hove City Council

Contents Page

Introduction

Welcome to the Brighton and Hove co-produced citywide strategy which has been developed to enhance the outcomes and life chances of children and young people with SEND and adults with Learning Disabilities across the city. Although the Local Authority (LA) and the Clinical Commissioning Group (CCG) are the leads for the strategy, its success will undoubtedly lie in the effectiveness of the partnership between all stakeholders, in particular our families.

The strategy sets out our co-produced six key priorities and refers to the partnership between the LA, CCG, families, schools and settings, other agencies and services in Health and Social Care, including Adult Services and the voluntary and community sector. The new strategy will be steered by the SEND Partnership Board which is co-chaired by the Assistant Director for Health, SEN and Disability and the Commissioning Manager from the Clinical Commissioning Group (membership is listed in the appendices). The progress against the actions specific to adults with learning disabilities will also be monitored by the Learning Disability Partnership Board. All partners will be accountable for delivering on the actions that have been identified and agreed and the progress against each of the actions will be monitored through the relevant boards.

It is vital that this is a meaningful, accessible, engaging and thought-provoking document. The city's Parent and Carer Council, (PaCC) and Amaze have worked very closely with the LA and the CCG to engage a wide range of stakeholders in order to ensure that the key priorities reflect the needs of the SEND community. Central too is the voice of children and young people, in addition to those adults with Learning Disabilities. With this in mind, the use of graphic facilitation has enabled those who are not always able to express their thoughts to be visually represented: their views are therefore illustrated throughout this document.

We very much hope that you find our strategy ambitious, aspirational and a reflection of our core aim: to achieve the best outcomes for the city's most vulnerable children, young people and adults with Learning Disabilities.

Deb Austin
Executive Director Families, Children & Learning

Georgina Clarke-Green
Assistant Director, Health, SEN & Disability, Families, Children and Learning

Fiona England, Chair of Parent Carer Council

Katie Chipping, Senior Partnerships Manager, Brighton and Hove Clinical Commissioning Group

What children, young people and young adults tell us

We worked with children, young people and young adults in three areas with a wide range of abilities and additional needs using graphic facilitation. Three questions were asked during this process and responses were captured in words, colours and images. These questions ranged from 'What do you think about the 6 priority areas?' to 'What makes a good life?'

We also asked children, young people and young adults what images would be needed to make this strategy reflect Brighton and Hove. As young people shared their ideas, they were drawn in real time on a large piece of paper. The drawings were summarised to make sure nothing was missed and that the images made sense to the children and young people. These images were transferred to a digital format used in the SEND Strategy document.

We are committed to ensuring that the voice of children and young people continues to be heard throughout the delivery of this strategy. Therefore, each priority area will need to demonstrate how they are engaging with children and young people with SEND, young adults and adults with learning disabilities whilst implementing each of the action plans. This will be monitored through the SEND Partnership Board.

Our 2021 vision

Our children and young people with Special Educational Needs and adults with Learning Disabilities will achieve the very best that they can so they can lead happy, healthy and good lives.

‘Better outcomes, better lives’

Local context

Brighton and Hove is proud to be an inclusive city. Our mainstream schools have a range of specialist facilities, both in the primary and secondary phases, that support children and young people with a variety of needs including: Autism; Sensory Impairment; Speech, Language and Communication Needs; Specific Learning Difficulties. We have an outstanding specialist nursery for young children with SEND at the Jeanne Saunders Centre and two outstanding special schools: Downs View and Hill Park within our three complex needs hubs. We also have a range of well-regarded support services such as Brighton and Hove Inclusion Support Service.

The city is fortunate to have an active and representative parent carers' forum – the Parent Carers' Council (PaCC) which is hosted and supported by Amaze, a charity that is commissioned to provide the local Special Educational Needs Information Advice and Guidance Service (SENDIASS). Collectively, they reach a large proportion of families with children and young people with SEND and target their services and outreach support in order to meet the needs of the most vulnerable communities. Amaze holds data on about 70% of the eligible population on the city's Children's Disability Register, The Compass, which provides an easy mechanism for gathering views across the city or targeting specific communities. This is supplemented by additional consultations and specific engagement work undertaken by PaCC which has elicited a good response.

Our Social Care Specialist Community Disability Service supports our children and young people with SEND and the city's adults with a Learning Disability. This is provided through three assessment and care 'pods' that are age banded as follows: 0-13, 14-24 and 25+ years. The model is designed to place focus on transition for young people between the ages of 14-24 to ensure they have consistent and seamless support in a time in their lives when they will experience many changes. This service works closely alongside our colleagues in Safeguarding and Care.

Brighton and Hove has good and outstanding in-house residential provision that supports our most vulnerable children, young people and adults with a disability. The city has two respite/short breaks homes for children and young people and nine residential homes that provide specialist residential care and supported living.

The Shared Lives scheme supports adults and young people over the age of 16 who are unable to live independently. The scheme currently offers 59 people the chance to stay in the community through being looked after within a family home.

The city's day centre for adults with Learning Disabilities based at Wellington House provides an innovative range of activities for those service users who need a stimulating programme throughout the day and is greatly appreciated by the families of the service users it supports.

Sussex Community Foundation Trust (SCFT) provides health input for many children and young people with SEND. The health visiting team is key in the early identification of children with developmental concerns and provision of support for their families. Child Development Services in Brighton and Hove includes Speech and Language

Therapy, Physiotherapy, Occupational Therapy, Community Paediatricians, Audiology, and Specialist Nursing The multidisciplinary team at Seaside View Child Development Centre comprises community paediatricians, physiotherapists, occupational therapists, specialist speech and language therapists, a specialist nursing team and audiology and clinical psychologists. They provide assessment and intervention for children and young people with a range of developmental concerns and disabilities including: Developmental Delay; Learning and Speech and Language Difficulties; Social Communication Difficulties; Physical Disabilities; Sensory Impairment.

Child Development Services are delivered in the child development centre, at special and mainstream schools, nurseries and at home. The community speech therapy team provides assessment and input for children in clinics, nurseries and schools. with a range of needs including dysfluency, autism, hearing impairment, complex needs

Neurodevelopmental assessment of those with suspected Autism over the age of 11 and Attention Deficit Hyperactivity Disorder (ADHD) is undertaken by the Child and Adolescent Mental Health Service (CAMHS) within the Sussex Partnership Foundation Trust. Here, there is close working within the teams and with hospital services (both local and tertiary), the community nursing team and General Practitioners (GPs).

Sussex Partnership Foundation Trust (SPFT) provide the CAMHS in our City. Services are available across locations such as GP surgeries, clinics, hospitals and schools. The specialist teams in CAMHS undertake assessment and provide treatment for children and young people up to age 18 who have emotional, behavioural or mental health problems. There is close working across the range of community and wellbeing support services.

We are also very lucky to have a strong voluntary and community sector within the city which provides families with a wide range of valuable services. In terms of Adult Learning Disability services, we have, amongst others, Speak Out which is an independent advocacy charity for people with Learning Disabilities and Grace Eyre which provides a wide range of services including day activities such as yoga, art and cooking, supported living and a Shared Lives Project. Our children benefit from other services such as Extratime which runs high quality, affordable clubs, holiday schemes and family events activities for children and young people with and without disability aged 4 – 25 years. Here, children and young people with SEND have an opportunity to have fun, try new things and socialise with their friends. Barnardos Link Plus also provides highly valued short breaks for disabled children.

What families tell us

The Brighton and Hove community is already providing some excellent provision and high-quality support, provision and services to many families with children and young people with SEND.

"I just wanted to thank you hugely for the amazing support you have given to my son over the last 5 years and the incredible commitment and dedication you have shown to his care. You have seen him through many difficult times and a lot of highs and lows and seen him grow and develop and start to self-manage his behaviours better. I certainly believe that he has come a long way and you have played a hugely important part in this so thank you so much for that." (Parent)

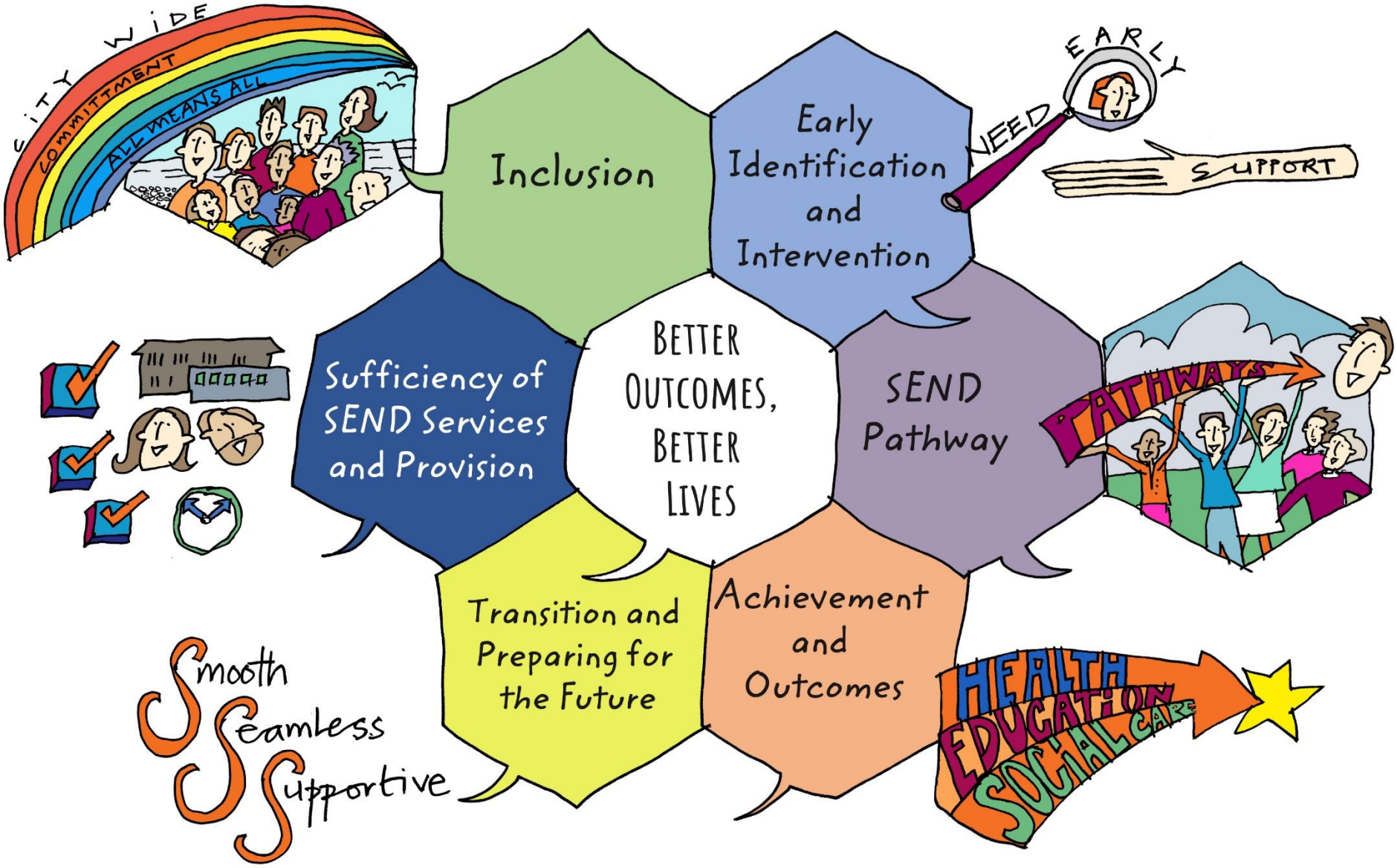
However, we also hear consistent themes when delivering our services and support to families, so we are keen that this new strategy provides an opportunity to address some of these worries. Families have told us that:

- They can feel lost and sometimes find it difficult to find out what is available for their child
- They can feel isolated and alone, stressed and exhausted
- They worry their child will struggle to 'fit in' or make friends
- There is too long a wait for some assessments and therapies
- Some feel that getting an EHC Plan is the only way of accessing the support their child needs
- Services are often not joined up, don't always work together and families have to give the same information repeatedly, to different teams
- They worry the city hasn't got the right range of educational provision to meet their child's or young person's needs
- They worry about how their children are supported in mainstream schools
- Their child with SEND, their siblings and themselves as parent carers, are facing increasing levels of anxiety and poor mental health
- Parent carers' ability to maintain employment is affected and they are worried about not having enough money
- They are concerned about their child's future, and the 'cliff-edge' of adult services

Our ambition is that all children and young people with SEND and their families are able to say

- We are listened to and respected
- Our needs are understood, acknowledged and provided for
- Our voice and views are at the heart of all decision making for our child
- We are involved in co-production of services and support at all levels of the system
- We have access to good quality and impartial information, advice and support
- We have regular communication that is tailored to specific needs
- Our needs are identified early
- The pathways to access help are transparent and equitable
- We have more help from a range of agencies for our children and young people on SEN Support
- We can access more support at home or locations of our choosing
- We can access a variety of short breaks and after school activities
- Professionals work in partnership with parents, are well trained and empathetic and work flexibly around us
- We are welcomed and included, and we are accessing (education, social and leisure) opportunities within our local community
- We are no longer excluded from schools
- We have earlier, person-centred and more aspirational/ambitious planning, for a good adult life and there is a smooth handover from children to adult services, where parent carers and children and young people know what to expect

Our priorities for the next 5 years



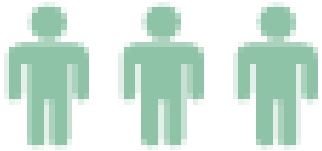
Profile of Need: Education

Overall rates of absence for Children and young people in Brighton and Hove with SEN are higher compared to compared to the England average.

In addition, overall rates of persistent absence for children and young people SEN are higher with an EHC Plan compared to compared to England average

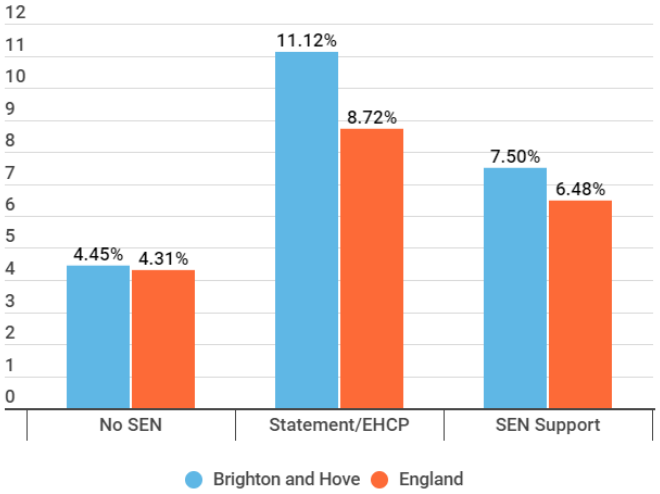
Rates of fixed term exclusions for children and young people with SEN are higher compared to England average.

Permanent exclusions are lower than the England average.

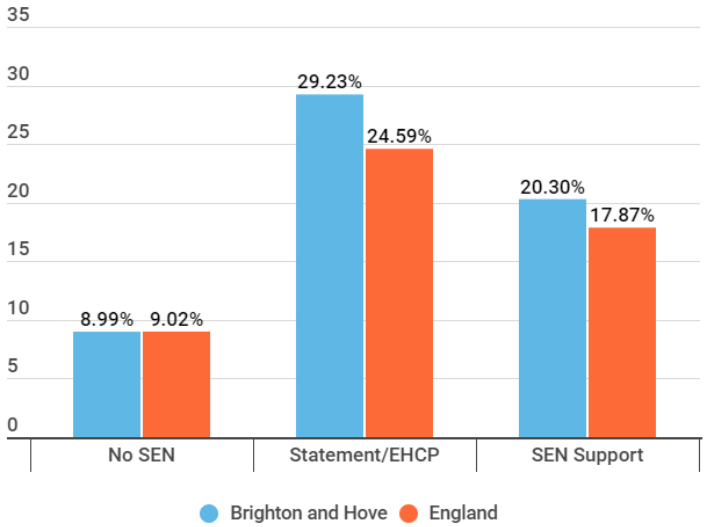


3 pupils were permanently excluded in 2019/20 and all were on SEN Support. 6 pupils were permanent excluded in in the Autumn and Spring Terms in the 18/19 Academic Year

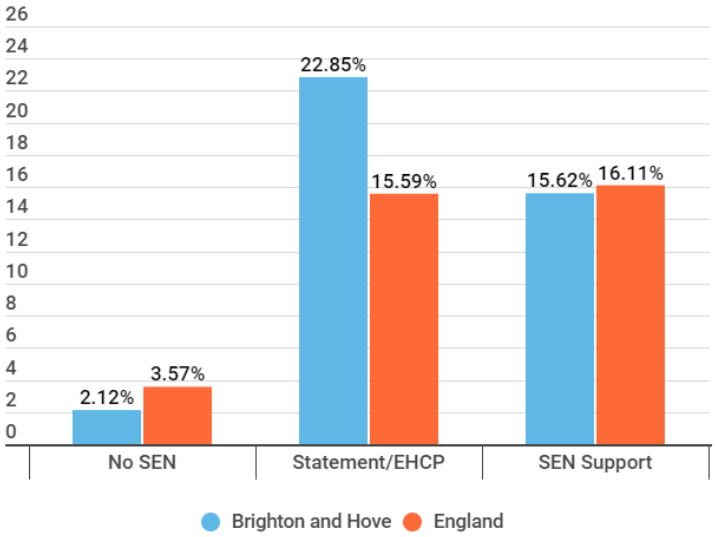
Overall Absence Pupils with Special Educational Needs 2018/19 Academic



Pupils with Special Educational Needs defined as persistent absentees 2018/19



Rate of Fixed Term Exclusions for Pupils with Special Educational Needs 2018/19 Academic



Profile of Need: Education

There are 4374 pupils in Brighton and Hove on SEN support which equates to 13.5% of the pupil population. This is higher than the national average of 12%, however the trend shows that the numbers have decreased year on year since 2015.

At 63% boys make up the majority of pupils on SEN support with 37% of girls.

Pupils on SEN support receiving free school meals is slightly higher than national average.

The profile of need for this level of support differs from that of the children and young people with an EHC Plan. At 26.2%, Specific Learning Difficulties is the most prevalent primary need with Speech, Language and Communication Needs being the second most common additional need requiring support in mainstream schools.

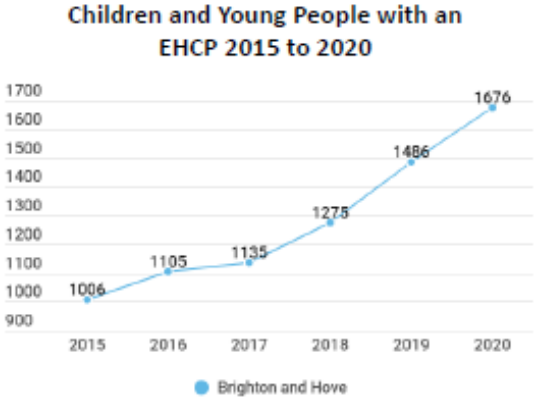
In total 52.4% of those children and young people on SEN Support are below 10 years old, with many children converting to an EHC Plan upon transferring to secondary school.

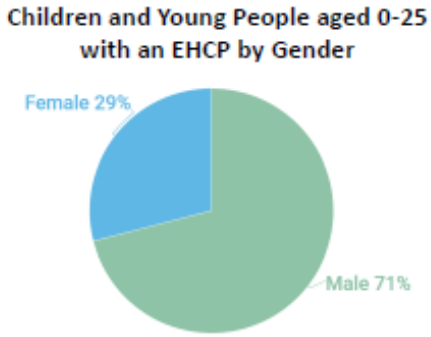
1,676

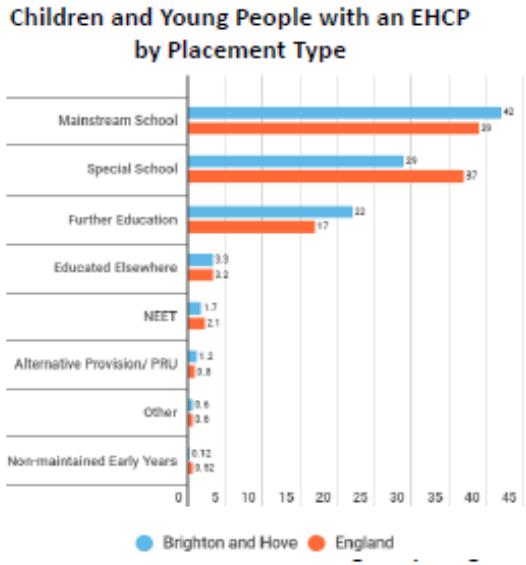
Number of children and young people with an Education, Health and Care Plan aged 0-25

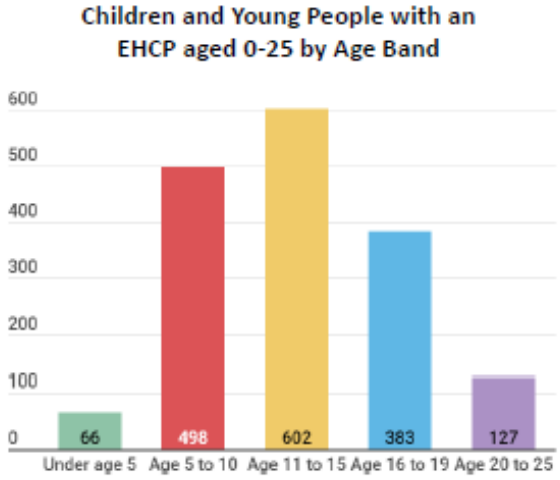
3.6%

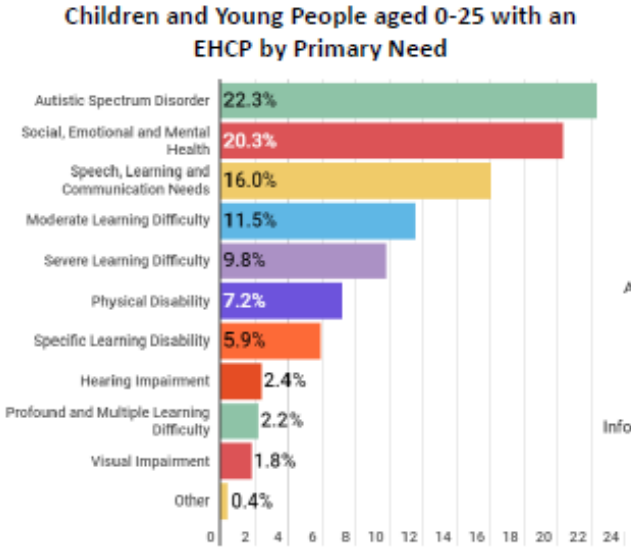
Pupils in Brighton and Hove schools with an Education, Health and Care Plan (3.3% nationally)

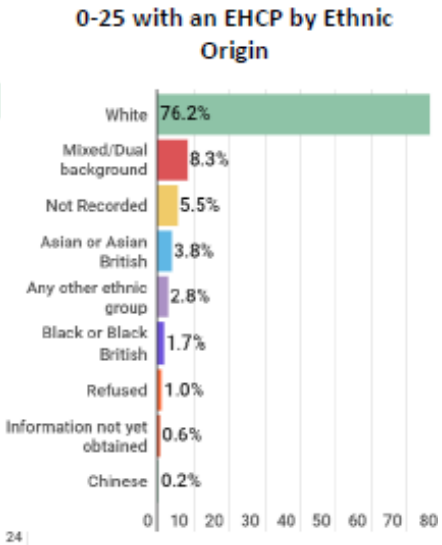












Profile of Need: Education

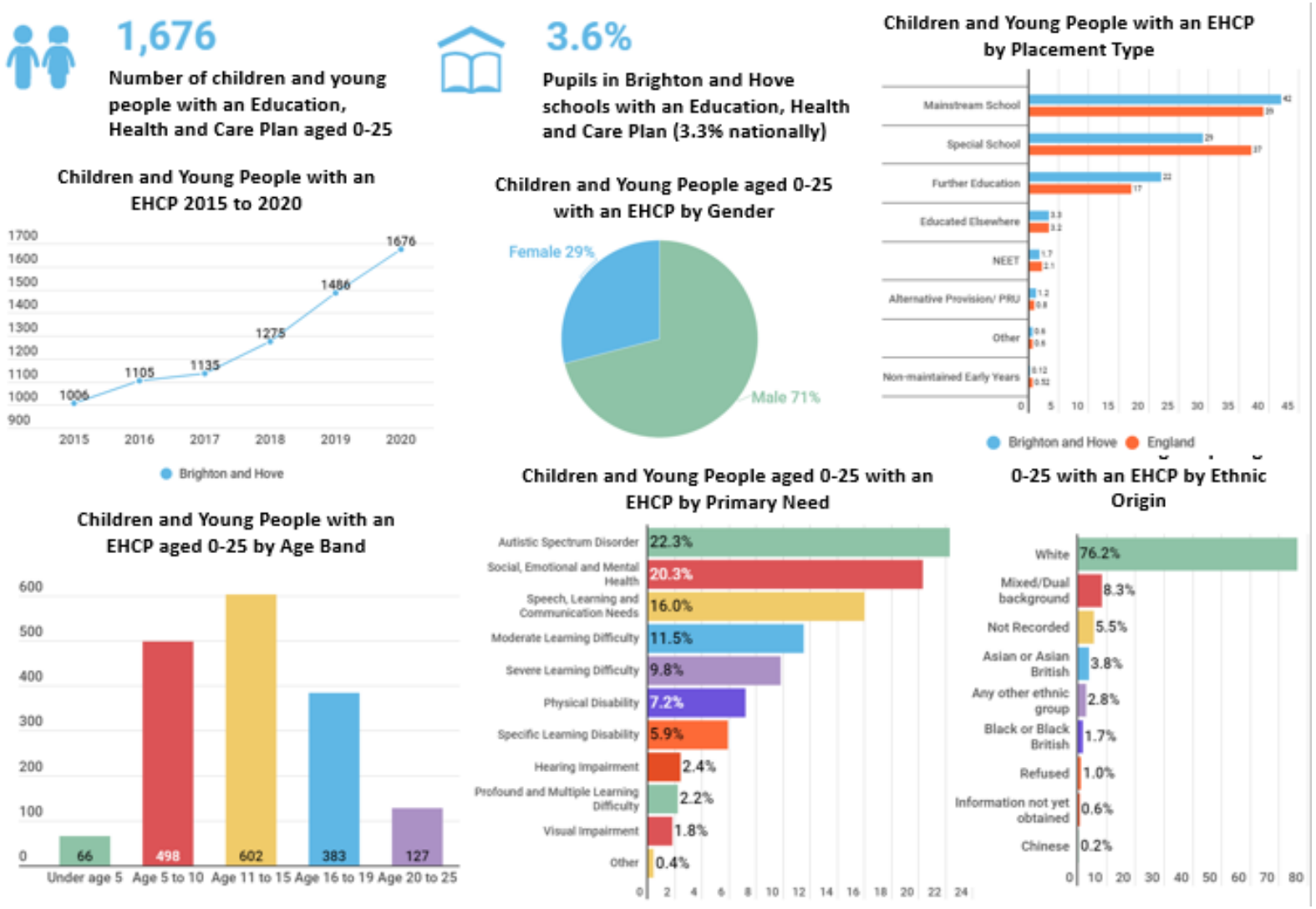
At the time of publication, there are 1,676 children and young people aged 0-25 years with an Education and Health Care Plan in the city. This equates to 3.3% of the school population compared to 3.1% nationally. The trend shows that EHC Plans have risen year on year.

The significant majority of EHC plans are held by boys, with girls making up only 29% of the entire cohort. Most of the EHC Plans exist in the secondary phase.

There is a higher percentage of children and young people with EHC Plans in mainstream schools and Further Education colleges compared to the South East and national levels. The percentage of children and young people in non-maintained and independent schools is lower compared to the South East and national levels.

The majority of EHC Plans are young people aged 11 to 15 years and there is a higher number of EHC Plans in secondary compared to primary schools

The majority of children and young people with an EHC Plan are from a white background and mixed dual background. 14.6% of children and young people with an EHC Plan are from BAME backgrounds.



Profile of Need: Health

Child Development Service

There is ongoing demand for all therapy services, which involves assessment and intervention, training workshops and parent support.

There continues to be a high level of demand for ASC assessment, which has meant that despite increasing capacity waiting times have increased. The CCG has identified funding to improve the services for children with Autism as part of a new Neurodevelopmental Pathway in Brighton and Hove. The service specification is currently being finalised for implementation in 2020.

Child Development Services are committed to working in partnership with parents/carers and children and young people.

Children Referred for ASC Assessment

2018/19 - 328

2019/20 - 309

Number of children Assessed

2018/19 - 231

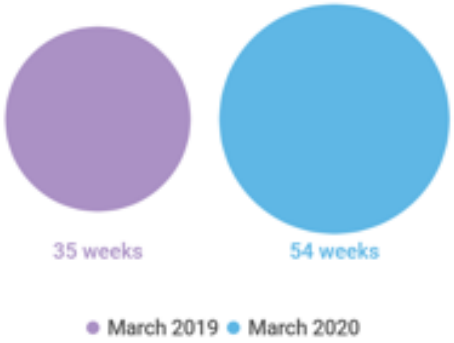
2019/20 - 265

Number of children receiving ASC diagnosis

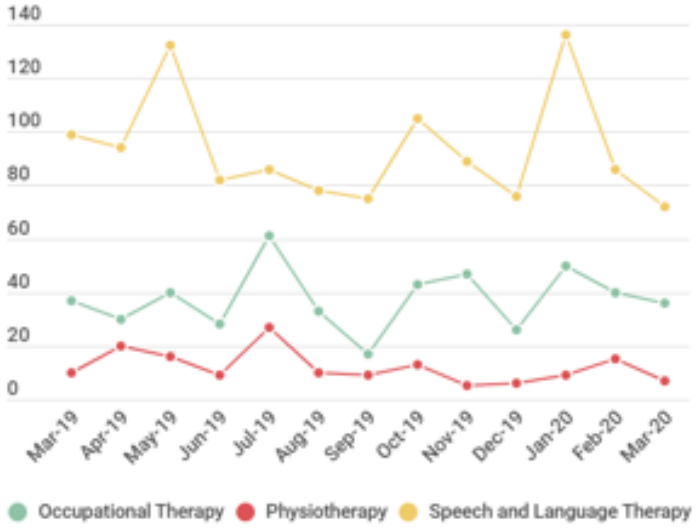
2018/19 - 167

2019/20 - 183

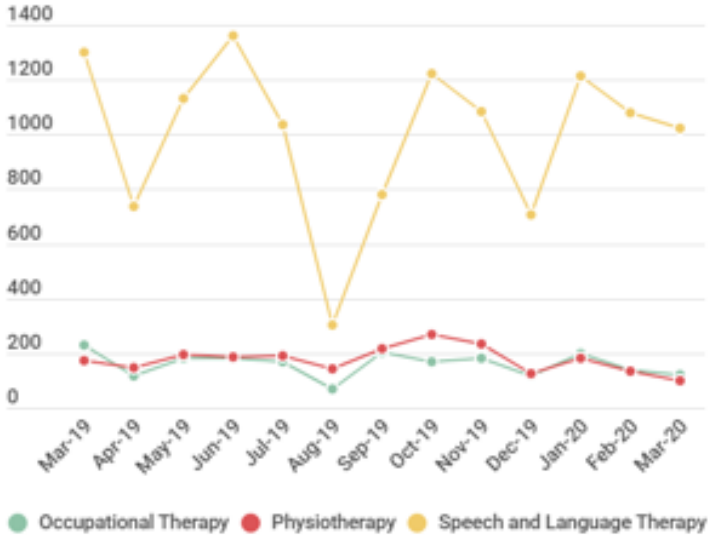
ASC Waiting Times



Referrals for Physiotherapy Occupational Therapy and Speech and Language Therapy



Physiotherapy Occupational Therapy and Speech and Language Therapy Activity



Profile of Need: Health

Child and Adolescent Mental Health Service

The performance information is a snapshot of Brighton and Hove's current CAMHS service.

The Sussex CCGs have recently concluded a Sussex Wide Children's Review and they will be working together over the coming months to address the key findings of the review. The aim of the review was to ensure good services for children across Sussex and improved integrated pathways for our children and young people.

Profile of Need: Care

Brighton and Hove currently have 106 children and young people open to Specialist Community Disability Early Help Service and 167 children and young people open to Specialist Community Disability Services.

Brighton and Hove have 31% of children in care compared to 29% in England and 30.4% of children in need compared to 21% in England.

The majority of children known to Specialist Community Disabled Services are aged 0-12 years.

66% of children and young people are male and 34% female.

75.5% of children and young people supported by the Specialist Community Disability Service are from a white background, 11.3% are from a mixed/dual background and 13.2% are from BAME and other backgrounds.

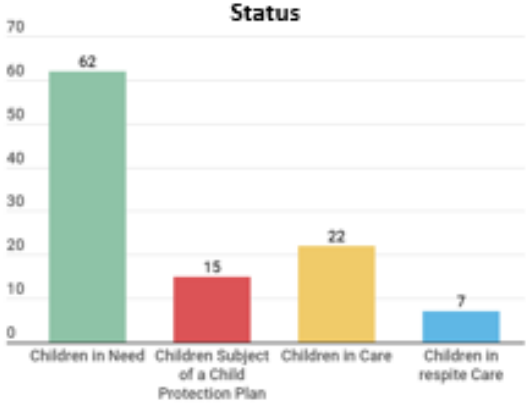
106

Children and young people open to Specialist Community Disability Services

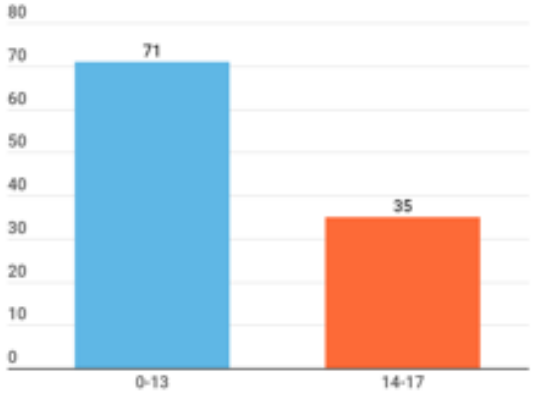
167

Children and young people open to Specialist Community Disability Early Help Service

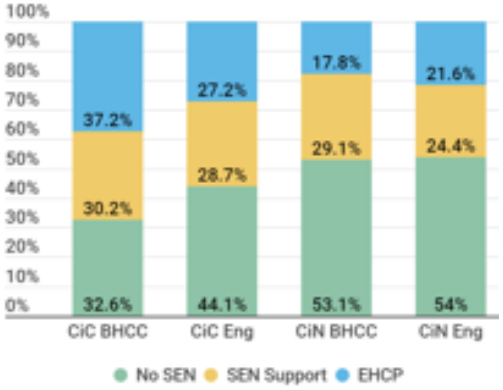
Children and young people open to Specialist Community Disability Services by Social Care Status



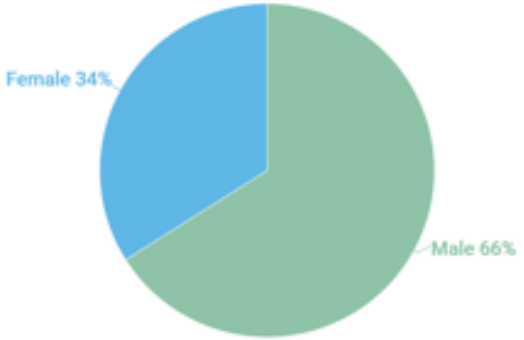
Children and young people open to Specialist Community Disability Services by Age



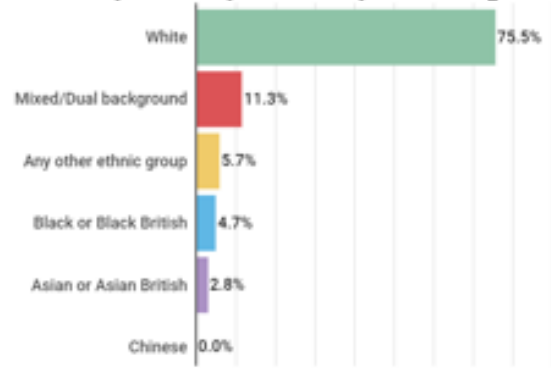
Children in Need and Children in Care with Special Educational Needs



Children and young people open to Specialist Community Disability Services by Gender



Children and young people open to Specialist Community Disability Services by Ethnic Origin



Independent and Non-Maintained Placements

73.2

FTE Spend in 2018/19

Profile of Need: Care

There are 708 adults with Learning Disability who received long-term support.

The number of adults with learning disability in Brighton and Hove who are living on their own is 4% above national average.

The number of adults with learning disability in paid employment is 2.9% above national average.

60.6% are male and 39.4% are female.

91.4% of adults with learning disability are from a white background with 16.4% from other mixed multiple groups and BAME backgrounds.

28.1% of adults with learning disability live in supported accommodation and 23.2% live in long-term housing with family friends.

708

Working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support

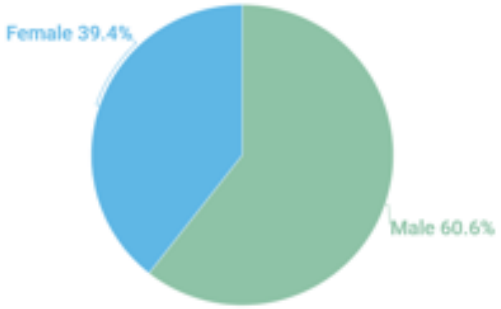
81.4%

living on their own or with their family, above the national average of 77.4%

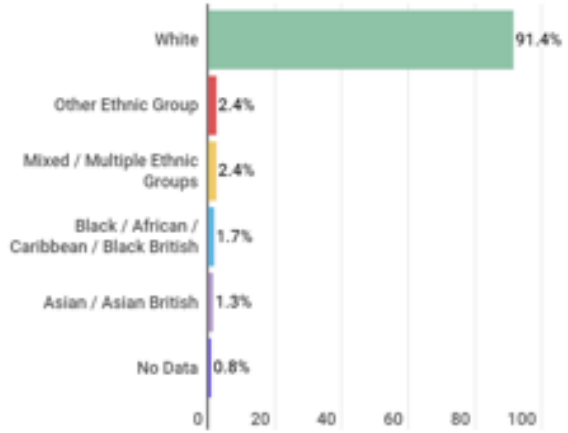
8.8%

In paid employment, above national average of 5.9%

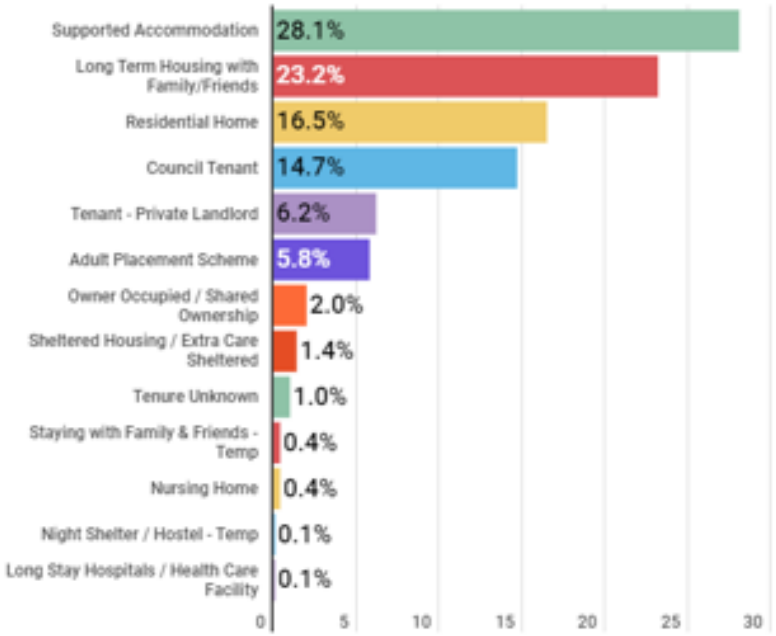
Adults with a learning disability by Gender



Adults with a learning disability by Ethnic Origin



Adults with a learning disability by accommodation status



Priority 1: Inclusion

Vision: We will ensure there is a city-wide commitment to services and support that will be inclusive to children, young people and adults with Special Educational Needs and or Learning Disabilities.

What are the outcomes?

- There will be a commitment from all schools and early years settings to a city-wide charter for Inclusion
- Co-production will be central to the design and development of all services and provision
- Adults with Learning Disabilities will be able to access health services more easily and there will be a significant increase in the number of Learning Disability Annual Health checks being undertaken
- **The quality standard for inclusion must drive change**

Action Reference	Priority 1: Inclusion Strategic Actions Workstream 2
Inclusion 1	Co-produce a city-wide charter for inclusion. This will be supported by a communication campaign on Inclusion that focusses on engaging with harder to reach communities and promotes a shared ethos and commitment to disadvantaged learners, Black, Asian, and minority ethnic groups, those who identify as LGBTQ and those children, young people and adults with SEND.
Inclusion 2	Co-produce and promote, including with schools, a city-wide self-assessment tool for Inclusion to include best practice for children and young people with SEN and/or disabilities and across all categories of need.
Inclusion 3	Co-develop new services that intervene earlier to support children and young people with Special Educational Needs enabling inclusion and access to other services and opportunities.

Inclusion 4	Co-produce a multi-agency training package for Social Care staff on SEND and Inclusion and for SEND teams on Social Care, to enable better understanding and delivery of services to families across the system.
Inclusion 5	Enable a wider cohort of children and young people with SEN and/or Disabilities to access after school clubs, weekend and holiday schemes support to ensure equal access to many universal learning and leisure opportunities.
Inclusion 6	Deliver training on awareness of SEND, ethnicity and culture so that all staff across all settings can be supported to challenge cultural assumptions and improve their understanding of different cultures and backgrounds and how this may impact upon SEND needs. This will be co-produced with parent carers and accessible to diverse communities.
Inclusion 7	Co-produce the Hidden Children Missing Education action plan with parents/carers and other partners. The plan must have a focus on ensuring a full-time education and flexible location to meet the individual needs of children and young people.
Inclusion 8	Ensure that buildings that house services for children and young people are accessible for all types of SEN and Disability.
Inclusion 9	Develop a plan that focuses on providing support for young carers and siblings of those with Special Educational Needs.
Inclusion 10	Ensure that there is uptake of Learning Disability Annual Health checks for young people from age 14 years and adults with Learning Disabilities through the EHC Plan annual review process.
Inclusion 11	Develop further person-centred local medical/hospital passports considering the use of technology for children young people and adults with complex needs to ensure that their holistic needs are met during a hospital stay.
Inclusion 12	Promote on-line GP consultations in primary care as direct access online is more accessible for parents/ carers and adults with learning disabilities.
Inclusion 13	Parent/carers to be involved in co-producing training programmes on Inclusion with the LA and CCG
Inclusion 14	Develop specific support, activities, events and opportunities for BAME children and young people with SEND and their parent carers to come together, and for service providers to hear from and build relationships with these communities.
Inclusion 15	Key services, Children's Committees and Boards to review their staff diversity profile and set targets to increase BAME % representation.

Inclusion 16	When communicating with families from the BAME community consideration must be given to translating written correspondence ie email or letter into their first language as well as in English.
Inclusion 17	Develop an accessible and simple support system for parents of children and young people with SEND that has clear signposting.
Inclusion 18	Develop a scheme that shares good practice between schools through the primary and secondary SENCo networks.
Inclusion 19	Improved access to assistive technology to enhance the voice and lives of children and young people with SEND and increase their independence.
Inclusion 20	Develop training for school staff to create more child-led and relationship led support for children with SEND.
Inclusion 21	Raise the profile of SEND in the wider community by developing a SEND Communications Strategy with partners that uses a values-based approach to engage with providers and the community on the positive impact disabled people can make on the workforce and society.

Priority 2: Early identification and intervention

Vision: We will ensure that children's needs are identified, assessed and supported both early in life and when issues arise.

What are the outcomes?

- There will be a reduction in the number of families reaching crisis point through timely Early Help intervention
- There will be an increased awareness of Early Help, intervention and inclusion across the city
- There will be a consistent offer of mental health and wellbeing services across Sussex

Action Reference	Priority 2: Early identification and intervention Strategic Actions Workstream 2
EIAI 1	Review the early help offer in the city to reduce health and social care inequalities and to improve support for children and families with SEN and or Disabilities with a focus on hidden families and harder to reach communities.
EIAI 2	Develop guidance for delayed entry to school applications and applications to place children out of year group that fully considers the longer-term implications for children with SEND.
EIAI 3	Co-design with families the development of peer support schemes in the city that builds on what already exists.
EIAI 4	Implement the recommendations of the Pan Sussex review of Emotional Mental Health and Wellbeing Services and prioritise those recommendations that our most pertinent to the SEND community.
EIAI 6	Build on our SEND Guide for Professionals that promotes the parent/ child and young person voice and develop a tool kit for early years settings and schools so that SENCO's can identify and support additional needs at an earlier stage. To compliment this a SEND accessible guide for families will also be co-produced

	with our parent groups to enable better understanding of the tools used by schools to identify and support additional needs.
EIAI 7	Achieve an increased awareness in early years, education, health and care settings of inclusion issues and strategies/interventions in order to support vulnerable children and young people and adults with Learning Disabilities. This will be delivered through an enhanced inclusion training offer from Brighton and Hove Inclusion Support Service (BHISS) and Specialist Community Disability Service (SCDS).
EIAI8	Work with the city's Behaviour and Attendance Partnerships (BAP) and other schools to ensure that children's Special Educational Needs and care status are fully considered in relation to school policies including behaviour and safeguarding.
EIAI9	Strategic leaders will ensure that the whole-family approach is communicated effectively and embedded across all levels of the partnership and delivery teams. Supporting the needs of siblings of disabled children and young carers will be a key strand of this work.
EIAI10	Strategic leaders will give greater attention to evidencing impact alongside maintaining a focus on positive outcomes for families. This will enable best use of existing resources with a view to developing the business case for investment in preventative services.
EIAI11	Implement personalised care and social prescribing for children and young people with complex health and Special Educational Needs.
EIA12	Co-design with families the development of peer support schemes in the city that builds on what already exists and addresses the advocacy and support needs of all parent carers from diverse backgrounds
EIA13	Monitor and publish the ethnicity breakdown of key services to increase transparency and assess whether BAME families' early help experiences are disproportionate to the wider SEND community
EIA14	Develop training for schools, parents and health professionals about the different way neurodevelopmental conditions can present including cross gender can present, pre-diagnosis and associated strategies for support.
EIA15	Ensure that early years providers and schools are equipped to identify and support children with high prevalence additional needs pre and post diagnosis through raising awareness, frequent and updated training and provision of appropriate teaching tools.

Priority 3: SEND Pathways

Vision: We will ensure that children, young people and adults with SEN and or disabilities and their families can access the right support from services easily and quickly.

What are the outcomes?

- Our pathways will be clear, accessible and linked up across education, health and care for families
- A commitment to joint working and joint commissioning that recognises the value of working together to benefit the community and prevent children and young people falling through the gaps
- There will be a reduction in the duplication of meetings and families will only need to tell their story once
- There will be a short-breaks/respite service for children and adults that meets the needs of families

Action Reference	Priority 3: SEND Pathways Strategic Actions Workstream 3
Pathways 1	Implement a communication strategy (which includes data sharing agreements) across services to ensure better lines of communication exist for children and young people with Special Educational Needs and their parents and carers.
Pathways 2	Improve the timeliness of in-school triage for children and young people with Social, Emotional and Mental Health Difficulties to ensure the right needs assessments are being identified and acted upon.
Pathways 3	Ensure that all meetings about the child/young person are brought together where possible to save families and professionals attending multiple meetings and repeating the same information.
Pathways 4	Review our SEND decision-making systems and ensure that processes are transparent for families.
Pathways 5	Transform the Neurodevelopmental Pathway to increase capacity for Autism and ADHD diagnosis across both health and mental health providers to ensure integrated pathways, approaches and packages of support for all

	Neurodevelopmental conditions. This will include the roll out of integrated clinics for complex and co-morbid cases.
Pathways 6	Co-design services considering a 'whole family' approach for all pathways pre and post diagnosis.
Pathways 7	Work with families and multi-agency professionals to ensure robust pathways for those children "missing education" who are not eligible for support because they are not on a school roll. This must include electively home educated children and young people and those who are in custody.
Pathways 8	Review our offer for, children in care, children in need and children and young people previously in care to ensure that their needs are identified early, and they receive appropriate support in schools and colleges.
Pathways 9	Ensure that Children in Care Reviews and Annual Reviews are bought together once a year.
Pathways 10	Review the short break and respite policy and commissioning strategy for children, young people and adults with LD. This aims to provide a range of opportunities through the extended day opportunities, and short breaks in their community, ensuring it reaches more families and eligibility is equitable.
Pathways 11	Ensure that EHC Plans better reflect the Health and Social Care needs of children and young people. For example short breaks provision will link to identified need and have clear outcomes.
Pathway 12	Ensure the Local Offer and information, advice and guidance through the SENDIAS Service is clear and accessible so that families in Brighton and Hove know what the Health SEND offer is and how to access it. Information should include clear threshold criteria for accessing specialist services and provision.
Pathway 13	Develop with partners a Quality Assurance Framework for Education, Health and Care Plans with a focus on improved outcomes for children and young people.
Pathway 14	Co-develop a special schools admissions protocol.
Pathway 15	Deliver the agreed recommendations with parents/carers for the Home to School transport service cited within the Independent Review Report.
Pathway 16	Parent/carers to be involved in co-producing training programmes on Inclusion with the LA and CCG.
Pathway 17	Health and Mental Health commissioners will review and co-develop, with families, the range of Child Development Centre Pathways, clarifying the offer and developing outcomes for ongoing monitoring.
Pathway 18	CCG will develop and implement an integrated commissioning model across Health and Social Care.
Pathway 19	Develop a more accessible and simpler support system for parents with clear signposting.
Pathway 20	Co-production with families at an individual level will be prioritised and monitored across pathways and services.

Priority 4: Achievement and Outcomes

Vision: We will ensure that all children, young people and adults with learning disabilities are able to achieve their full potential across Health, Education and Social Care.

What are the outcomes?

- Children and young people with Special, Educational Needs and/or Disabilities will have their achievements recognised and celebrated
- There will be a more flexible curriculum offer to provide more opportunities for success as recognised by Ofsted
- There will be a reduction in the attainment gap for children and young people at all key stages with Special Educational Needs and/or Disabilities
- Adults with learning disabilities will engage in 'lifelong learning' pathways and increase their independence

Action Reference	Priority 4: Achievement and Outcomes Strategic Actions Workstream 4
AO1	Develop a city-wide approach to recognising and celebrating other outcome measures for young people with SEND and adults with LD. This needs to be embedded at an inter-agency/interservice level and done in partnership with the Local Authority, Voluntary Sector, children, young people and families.
AO2	Focus on aspirational and smart personalised outcomes across education, health and care in planning children, and young people's EHC Plans and Social Care plans.
AO3	Encourage education settings to implement alternative qualifications that champion Life Skills such as RARPA (Recognising and Recording Progress and Achievement) – a five stage process to measure the progress and achievement of learners on non-accredited learning programmes.

AO4	Work with schools to review the curriculum offer in the city for those with Special Educational Needs. This should include consideration for expanding the city wide vocational and alternative qualifications offer in secondary schools and consideration of appointing vocational champions.
AO5	Develop a framework for wellbeing outcomes that makes explicit milestones for Mental, Physical, Social and Emotional Wellbeing.
AO6	Develop an aspirational outcomes framework for both EHC Plans and those children and young people on SEN Support.
AO7	Implement a co-produced attendance strategy for SEND learners to support increased attendance in school.
AO8	Continue to challenge and support schools to close the progress and attainment gap for 'disadvantaged' learners and those with SEND.
AO9	The CCG will review current service specifications for Autism, Neurodevelopmental pathways and therapies such as Occupational health, Physiotherapy, Audiology and Speech and Language services and engage with children, young people and parent/carers to ensure that meaningful outcomes are defined and agreed.
AO10	Reduce the number of children and young people with SEND and those with SEND from a BAME background being excluded from education settings through an enhanced training offer and the allocation of additional resources to the School Behaviour and Attendance Partnerships (BAP).
AO11	Raise the profile of the Ethnic Minority Achievement Service and the support it can provide to SEND EAL families. A varied number of therapeutic interventions / subjects should be offered to BAME Children and Young People with SEND.
AO12	Schools to develop mentor systems to support children with SEND from the BAME community in developing effective individual plans around preparation for adulthood outcomes and thereby reducing the number of young people who become NEET (not in education, employment or training).
AO13	Raise the profile of the Ethnic Minority Achievement Service and the range of interventions and support it can provide to SEND EAL families
AO14	More collaboration between mainstream and special schools to share assessment methodology and adapt it to mainstream settings for Children and Young People with SEND.

Priority 5: Transitions and preparing for the future

Vision: We will ensure that moves between services or changes in provision and support across all ages are smooth, seamless and supportive.

What are the outcomes?

- Transition for children going into reception and secondary schools will be well planned and supported
- A 14-25 co-produced pathway that includes Education and Care will be in place
- We will have increased employment and training opportunities for young people and adults with Special, Educational Needs and/or Disabilities

Action Reference	Transitions and preparing for the future Strategic Actions Workstream 5
TPF 1	Establish a multi-agency preparing-for-adulthood group which reports to the SEND Partnership Board to enable better transition into adult services and increase employment and training opportunities.
TPF2	Introduce person-centred planning reviews for young people in Year 9 to enable them to be more involved in all elements of their transition to adulthood.
TPF3	Develop and implement a co-produced 14-25 pathway for all young people with SEND to enable them to understand and navigate their next steps into adult life. This needs to include earlier consideration of post 16 options.
TPF 4	Develop city-wide training/practice-sharing activities focussed on Year 6 transition.
TPF 5	Implement a clear process for phase transfers (-1 to Reception, Year 6 to Year 7 and Year 11 to post-16) by working closely with families and statutory services such as School Admissions.

TPF 6	Increase the number of young people with SEND in employment through work experience, using the supported employment model alongside the development of supported internships and mentoring programmes with employers. Include a review of Information, Advice and Guidance available in the city for young people.
TPF 7	Review commissioning approaches within health and mental health services to ensure that children and young people up to the age of 25 experience a seamless service and age-appropriate care when transitioning from children's services into adult services within community or acute hospital settings.
TPF 8	Develop and increase the opportunities for young people and adults with Learning Disabilities to enhance their life skills, interests and long-term outcomes particularly for those who have narrow interests and fewer life skills.
TPF9	Develop a range of tools for providers in the city to prepare our children for adulthood.
TPF 10	Provide training for foster carers and short breaks carers who can become shared lives carers. This will ensure consistency for young people with SEND who remain in family homes.
TPF 11	Expand the Move On project to enable more adults with learning disabilities to have greater levels of independent living.
TPF 12	Improve multi-agency working when planning the discharge of people with Learning Disabilities who are leaving their hospital placements.
TPF 13	Review the commissioning of services for young adults between the ages of 18 and 25 with SEND to ensure they experience seamless and age appropriate care. Young people will be included in commissioning decisions.
TPF 14	Develop an integrated, joined-up and multi-agency offer to support the transition of young people with SEND and complex health needs to adult services - even when there are no clearly identifiable adult services to meet their needs.
TPF 15	Commission services to ensure that providers of adult services actively contribute to the transitions care plan; this may include joint clinics held in a young person-friendly environment where a holistic approach can be readily adopted.
TPF16	Focus on developing children and young people's independence, confidence and social skills so they can access education and their local community. Ensure an independent travel training programme is developed within the city.
TPF 17	Build on the 'What's out there' days for young people with Disabilities.

TPF18	Develop pathways that ensure a wide range of opportunities for young people enhance their skills sets and increase their independence (i.e. the focus is less on training/education providers, and more on there being a different options for different Young people).
TPF19	Ensure robust packages of support for those children and young people with SEND in custody who are returning to school, employment or training and planning for any transition is undertaken with social care.
TPF20	Ensure the effective use of the Access to Work fund to help young people enter the workplace.
TPF21	Work with the community and voluntary sector to identify opportunities that will enhance the statutory offer for post 16 and 19 young people with SEND.
TPF22	Review and improve the post 16 and 19 education and training opportunities for SEND learners in the city through engaging with 6th form colleges, FE colleges, Voluntary Community Sector, training providers and universities.

Priority 6: Sufficiency of SEND Services and Provision

Vision: To ensure that the right provision is available at the right time for all children and young people with SEND which includes Early Years, Post-16, Post-10 and adults with a Learning Disability.

What are the outcomes?

- A commissioning strategy for children and young people with Special Educational Needs and/or Disability and adults with Learning Disabilities will be in place
- We will have a clear evidence base that supports the allocation of funding to further develop our specialist provision and services
- We will have a clear and accessible Local Offer of support

Action Reference	Priority 6: Sufficiency of SEND Services and Provision Strategic Actions Workstream 6
SF1	Carry out a city-wide SEND sufficiency project to plan effectively how we will meet the prospective needs of our children and young people with SEND and adults with a Learning Disability. The purpose of this project will be to identify what provision and services we will require for children and young people from different backgrounds in terms of Education, Health and Social Care for a range of needs
SF2	Continue to harness the reach/knowledge/input from the wide range of (parent/carer/advocacy) community support groups across the city which add value to all statutory services.
SF3	Establish an LA commissioning and brokerage team to ensure a wide range of activities and provision are accessible for all children and young people with SEND. This will keep children and young people in their local community and use resources efficiently.

SF4	Continue to build on the Local Offer information detailing provision available for children and young people with SEND across Education, Health and Social Care.
SF5	Develop our SEMH offer to support children to stay in mainstream provision. We will engage specialist support to work at an earlier stage with children to stabilise placements and prevent exclusion.
SF6	Be responsive to the changing needs of our local population through **engaging with families, using** data and intelligence, using local data sources such as the Disability Register.
SF7	Review how SEND is funded across the system at a local level and explore alternative ways to manage the High Needs Block allowance for EHC Plans.
SF8	Carry out a skills audit to identify where we need to target support to improve staff recruitment and ensure retention in services that support SEND.
SF9	Review our offer for children and young people with Disabilities with a view to increasing the quality and capacity of Personal Assistants (PA) for young people in the city by developing a recruitment and retention strategy and providing an infrastructure that includes specialist training and a support network.
SF10	The CCG will improve their data systems to predict need and to plan effectively how we will meet the needs of children and young people.
SF11	Equality and diversity must be considered as part of SEND Sufficiency planning and the associated design and delivery of all services.
SF12	Develop a joint commissioning protocol that ensures Commissioning decisions on specialist placements will be made with all agencies supporting the child or adult with LD. These placements will only be made on the evidence that the child or adult's needs cannot be met locally.

Appendix 1: How we will make sure this is delivered.

We will deliver our strategy using a work-stream approach involving all key partners. Each work-stream will have named co-leads from Education, Social Care and Health and the Parent and Carer Council. The work-streams will meet bi-monthly and report directly to the SEND Partnership Board and the Adult Learning Disability Partnership Board on a bi-monthly basis.

Appendix 2: Links to other strategies

Brighton & Hove Council Corporate Plan 2020-2023

Adults Learning Disabilities Strategy

Hidden Children Strategy

Health and Adults Social Care Commissioning Strategy

Health and Wellbeing Strategy

NHS Long term plan

The Carers Strategy

Joint Strategic Needs Assessment

Appendix 3: SEND Partnership Board Members

Joint Chairs: Assistant Director Health, SEN & Disability, Commissioning Manager, Clinical Commissioning Group

Parent Carer Council

AMAZE Charity that gives information, advice and support to families of children and young people with special educational needs and disabilities (SEND) in Brighton & Hove

Head of Service-Early Years Youth & Family Support

Head of Brighton and Hove Inclusion Support Services

Head of Service 0-24 Specialist Community Disability Service

Head of Service 25+ and Specialist Clinical Services

Service Manager – Policy & Business Support

Head of SEN Statutory Service

Head of School Organisation

Designated Medical Officer

Executive Head, East Hub

Executive Head, West Hub

Executive Head, Central Hub

Headteacher, Secondary School

Headteacher, Primary School

SENCO, Secondary phase

SENCO, Primary Phase

Performance Manager, Performance and Safeguarding Service

Appendix 4: Adult Learning Disability Partnership Board Members

Head of Service 25+ and Specialist Clinical Services

Head of Service 0-24 Specialist Community Disability Service

Representative from Grace-Eyre

Representatives from Speak Out

Lead Councillor for Adult Social Care

Representative from Healthwatch

Deputy Chair of Parent and Carers' Council

Representatives from Amaze

Representative from the Carers Centre

Assistant Director for Health, SEN and Disability

Commissioning and Performance Manager

Learning Disability Health Facilitator

Representatives from Health & Adult Social Care:

Commissioning & Contracts Manager

Performance and Commissioning Manager (Engagement Lead)

Health Promotion Specialist

Representative from Brighton & Hove Clinical Commissioning Group:

Community Health Trainer, Healthy Lifestyles

Equalities Manager

Active for Life Sport & Physical Activity Worker

Employability Adviser, Employability Team

Representatives from Sussex Partnership NHS Foundation Trust

Learning Disability Liaison Nurse Manager,

Appendix 5 – Funding and Risk Assessment

There are a number of actions identified within the SEND Strategy but much of the activity is focussed on better working between agencies; ensuring there is co-production with children, young people, adults with LD and their families when developing and designing services/provision; streamlining processes so they are more accessible to families and making systems more efficient so that children, young people and adults get the support they need when they need it. Training of the workforce by professionals and by families is also a key feature that threads through all priorities, although most of this can be delivered from within the current resources.

Much of this work will not require additional funding, only a different approach to the way we work together to achieve the objectives we have set ourselves. However, it is acknowledged nationally and locally that the public sector is under financial strain, a situation that has been further exacerbated by Covid19. Therefore, the local authority and partners will need to reflect upon how we use the current funding allocated to individual services and provision flexibly to respond to the different priorities identified by the community. Where there is an identified need for some additional funding a business case with supporting evidence will need to be submitted to the relevant organisation.

It is the outcome of Priority 6: SEND Sufficiency that will require detailed financial analysis alongside a complete review of the High Needs Block. Decisions will need to be taken collectively with stakeholders, including parents and carers, as to how the funding should be allocated in future, so that we can be assured the city has enough provision and services for children and young people with SEND and Adults with LD.

Risk assessment

Each priority will have an associated risk register. The register will identify the risks that may prevent the delivery of an objective and the impact on the community should it not be achieved. An officer from the relevant organisation will be responsible for managing the risk and a list of SMART actions to resolve/mitigate the risk will be monitored through the workstream leads and the SEND Partnership Board. The risk register will be presented alongside the progress report by the Priority Leads at each respective SEND Partnership Board

Appendix 6 - Covid19

The impact of coronavirus on children and young people with SEND and their families has been significant. The changes to children's daily routines, caused by the cessation of schooling and the reduced availability of therapeutic services, have caused many children with special educational needs and/or disability to struggle in adapting to new routines. This may have impacted negatively on their emotional and mental wellbeing and lead to increased anxiety, agitation and more challenging behaviours for some. Families have struggled as they have not been able to access their usual support networks and have often been confined to their homes, sometimes with little outdoor space.

We know that for some families, Covid19 has exacerbated challenges they were already facing and therefore it is critically important that we deliver this SEND Strategy. The public sector has learnt a great deal from the lockdown experience and specifically how to deliver services and support to families in different ways using a range of technology, social media and virtual platforms. We need to continue to listen to families about their experiences and ensure services are responding. Some of our systems and processes have become more efficient and multi-agency working has become increasingly expedient as we are increasingly able to meet virtually. The local authority and CCG have maintained a close working relationship with the city's SEND community and together we have managed to deliver a range of successful interventions that have supported families through this difficult time.

Many of the priorities in the strategy, such as:

- Reviewing of processes and policies
- Designing of pathways
- Delivery of training
- Effective communication between agencies and to the community
- Improving access to advice, guidance and support
- Data analysis to inform the commissioning of services and provision

can be delivered creatively using a variety of virtual platforms, social media or by the application of PHE guidance in settings/venues to maintain social distancing.

All partners are determined that Covid19 will not delay progressing the work contained within the strategy and are committed to driving this forward by whatever means possible.

Glossary of terms

SEND	Special Educational Needs and or Disabilities
LA	Local Authority
CCG	Clinical Commissioning Group
PACC	Parent Carers' Council
SENDIASS	Special Educational Needs Information Advice and Guidance Service
SCFT	Sussex Community Foundation Trust
CAMHS	Child and Adolescent Mental Health Service
BHISS	Brighton and Hove Inclusion Support Service
BAME	Black Asian Minority Ethnic
EAL	English as an additional language
LD	Learning Disability
ADHD	Attention Deficit Hyperactivity Disorder
ASC	Autistic Spectrum Condition
GP	General Practitioner
EHC	Education, Health and Care
BAP	Behaviour and Attendance Partnerships
SEMH	Social Emotional Mental Health
NHS	National Health Service

Accessible information

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01273 293552 or email SEN.Team@brighton-hove.gov.uk

Item 45

Although a formal committee of Brighton & Hove 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 Adults and Healthwatch.

Title:	Local Government and Social Care Ombudsman Report
Date of Meeting:	26th January 2021
Report of:	Executive Lead Officer - Strategy Governance & Law
Contact:	Victoria Paling, Customer Experience Lead Tel: 01273 291805
Email:	victoria.paling@brighton-hove.gov.uk
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

This paper provides the board with a public report published by the Local Government and Social Care Ombudsman (LGSCO) on 26th November 2020. It relates to the way we assessed a resident's needs to remain in her care home when she became eligible for council funding.

The Ombudsman has made a finding of fault on the part of the Council causing injustice.

We are required to consider the report at either full Council, Cabinet or other appropriately delegated committee of elected members. (Local Government Act 1974, section 31(2), as amended)

This paper explains the complaint, details the findings of the LGSCO and the actions we need to take to remedy the faults in this case and drive continuous improvement in future practice.

We ask that the Board consider the report and formally respond to the LGSCO. We have prepared a statement to this effect, for approval.

Glossary of Terms
HASC – Health and Adult Social Care
LGSCO - Local Government and Social Care Ombudsman

1. Decisions, recommendations and any options

1.1 This paper provides the board with a public report published by the Local Government and Social Care Ombudsman (LGSCO) on 26th November 2020, in which the Ombudsman has made a finding of fault on the part of the Council causing injustice.

1.2 When a report of this type is issued, the local authority concerned is under a duty to consider it pursuant to the Local Government Act 1974 and to notify the LGSCO of decisions taken in relation to it.

1.3 This paper details the complaint and the findings and recommendations of the Ombudsman and in doing so meets the requirement indicated at para 1.2.

It is recommended that the Board:

1.4 Formally consider the report

1.5 Note and agree the recommendations set out in section 2

1.6 Approve the following formal written response to the LGSCO:

We have heard and considered the public report issued against Brighton and Hove City Council, reference number:19 000 201. We welcome the findings of the report and accept all the actions and recommendations therein - some of which have already been implemented within the agreed timeframe. We thank you for bringing this to our attention.

2. Relevant information

2.1 The council has been found at fault by the Local Government and Social Care Ombudsman (LGSCO) of causing injustice to a mother, Ms M, and her daughter, Ms C, as a result of the way we assessed the mother's needs to remain in a care home when she became eligible for council funding

2.2 Ms M has been living in a care home in Brighton & Hove since 2016 which she organised as a private arrangement on a self-funded basis with the support of her daughter, Ms C. The council became involved in 2017 following a request for an assessment in light of Ms M's depleting funds to assess her eligibility for Local Authority support towards the cost of her care.

The council has agreed set rates for residential and nursing home care in the city. The care home Ms M lives in charges a weekly rate in excess of the agreed Local Authority rate.

The council has a responsibility to provide good quality information and advice to ensure that residents who choose a care setting which is more expensive understand the full implications of this choice. This includes advising the person that a third-party top up may be required or that if the additional cost is not met they may be required to move to an alternative setting.

2.3 In September 2016, the Council was trying to be helpful in explaining to Ms C that her mother may have to move if she could not afford the fees for Care Home X, long-term. The Council did this to avoid the possibility of Ms M having to move in the future (when her own personal funds run out), after being settled in a more expensive Care Home (Care Home X). This was good practice and gave Ms C enough time to pursue an alternative and more affordable home, if she wished to do so. However, Ms C and her mother were entitled to choose to remain at Care Home X, while accepting the risk that Ms M may have to move to another cheaper home once her capital had reduced to £23,250 and the Council would become responsible for Ms M's care.

2.4 Ms M remained living in Care Home X, where she had been paying for her own care. When her capital reduced to £23,250 on 1 January 2018, she became eligible for Council funding.

2.5 Ms M complained that when her capital reduced to £23,250, it took a long time for the Council to agree a personal budget that would be enough to continue to meet her needs.

2.6 The Council told Ms M she should move to a cheaper care home, even though it had been told by Ms C that, in her view, the care homes offered by the Council were unsuitable and her GP said it would be detrimental for her mental and physical wellbeing to move to another home.

2.7 Ms M was subsequently re-assessed after an indication of a deterioration in her health, which resulted in an increase in her personal budget which enabled her to remain in the original care home.

The report recommends that the council take the follow actions which we have done:

2.8 Apologise to Ms M and her daughter, Ms C, for the faults identified and the distress these caused. Pay Ms C £200.

2.9 Pay the full fees for Ms M's care at Home X, from 1 January 2018 until 1 May 2018, minus Ms M's assessed weekly contribution.

2.10 Reimburse any solicitor fees incurred in the days running up to 24 April 2018, subject to evidence provided of such costs by Ms C.

2.11 Share the lessons learned with staff in its Adult Social Care and Finance Teams.

2.12 Place two public notice announcements in local newspaper or newspaper websites within two weeks of receiving the report.

2.13 Ensure that printed copies of the report are made available, free of charge.

A final action is due to be complete by February 2021:

2.14 The Council should put in place a mechanism and staff guidance to ensure that, when it needs to consider moving a vulnerable resident to a more affordable home, because the resident's capital is about to fall below the threshold:

a. We carry out an assessment of the risk to the person's wellbeing of such a move, with input from relevant stakeholders. Our assessment should decide what impact a move is likely to have on the resident, and therefore whether a move should go ahead. The Council's view should then be discussed with the resident (and their family).

b. We immediately look into any concerns raised by the client (or their family) that the home(s) offered are not suitable, or may not accept a client at the proposed rate, to decide if the concern(s) are valid and discuss this with the client (or their family).

c. Ensure that the client (or their family) have enough time to find a home and move to another home, before the resident's capital falls below £23,250, in cases where the client (or their family) have approached the Council in a timely manner.

3. Important considerations and implications

Legal:

3.1 Where the Local Government and Social Care Ombudsman investigates a complaint and finds that there has been a failure in a service which it was the function of a local authority to provide, then it may make a report pursuant to Part III of the Local Government Act 1974. Where a finding of fault is made, such reports may find that the fault has caused injustice to affected persons and may make relevant recommendations.

3.2 The requirement in section 31(2) of the 1974 Act that any such report be laid before the authority with 3 months of the date they received it may be discharged by the Health and Wellbeing Board, which has delegated powers to consider the report of the LGSCO and to determine actions to be taken by the authority in view of any recommendations. It will be noted that the LGSCO's recommendations that payment in the sums specified be made to the complainant in recognition of the faults which occurred have already been followed. This action has been taken by the Council using the powers available to it pursuant to Section 92 of the Local Government Act 2000.

Lawyer consulted: Nicole Mouton Date: 16/12/20

Finance:

3.3 The financial implications for this case equate to a one-off cost of approximately £22k for the elements detailed in paragraphs 2.7 to 2.9.

3.4 Implementing a new mechanism as detailed in paragraph 2.13 would reduce the financial risk for the Council when an individual's capital falls below £23,250 and will help ensure an affordable longer-term care placement can be sourced.

Finance Officer consulted: Sophie Warburton Date: 18/12/2020

Equalities:

3.5 The Health and Adult Social Care service have considered the equalities implications throughout this case and have reflected on the points highlighted by the Ombudsman. We will embed learning from this process and the remediation requirements in our ongoing practice

Equalities Manager consulted: Anna Spragg Date: 16/12/2020

Sustainability:

3.6 No sustainability impacts identified.

Supporting documents and information

Appendix 1: Report by the Local Government and Social Care Ombudsman. Investigation into a complaint against Brighton & Hove City Council (reference number:19000201).

Local Government & Social Care OMBUDSMAN

Report by the Local Government and Social Care Ombudsman

Investigation into a complaint against Brighton & Hove City Council (reference number: 19 000 201)

10 November 2020

The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- apologise
- pay a financial remedy
- improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Ms M	The complainant
Ms C	Her daughter

Report summary

Council assessment

Ms M has been living in a care home, where she had been paying for her own care. When her capital reduced to £23,250 on 1 January 2018, she became eligible for Council funding. However, Ms M complains that when her capital reduced to £23,250, it took a long time for the Council to agree a personal budget that would be enough to continue to meet her needs. Instead, the Council told her she should move to a cheaper care home, even though the care homes offered by the Council were unsuitable and her GP said it would be detrimental for her mental and physical wellbeing to move to another home.

Finding

Fault found causing injustice and recommendations made.

Recommendations

To remedy the injustice caused by the faults, we recommend the Council should, within one month of the date of this report:

- apologise to Ms M and her daughter for the faults identified above and the distress these caused her daughter. It should also pay her daughter, Ms C £200;
- pay the full fees for Ms M's care at the care home, from 1 January 2018 until 1 May 2018, minus Ms M's assessed weekly contribution;
- reimburse any solicitor fees incurred in the days running up to 24 April 2018, subject to evidence provided of such costs by Ms C; and
- share the lessons learned with staff in its adult social care and finance teams.

The Council should within three months of the date of this report, put a mechanism and staff guidance in place to ensure that, when the Council has to consider moving a vulnerable or frail elderly resident to another more affordable residential home, because the resident's capital has reduced to £23,250:

- it carries out an assessment of the risk to the person's wellbeing of such a move, with input from relevant stakeholders. The assessment should decide what impact a move is likely to have on the resident, and therefore whether a move should go ahead. The Council's view should then be discussed with the resident (and their family);
- it immediately looks into any concerns raised by the client (or their family) that the home(s) offered are not suitable, to determine if/that a home offered is suitable and willing to accept the client at the Council's proposed rate (personal budget). Once it has verified this, it should discuss this with the client (or their family); and
- the client (or their family) have enough time to find a home and move to another home, before the resident's capital falls below £23,250.

We welcome that the Council has accepted our recommendations

The complaint

1. Ms C complains that when her mother's capital reduced to £23,250, it took a long time for the Council to agree a personal budget that would be enough to continue to meet her needs. Instead, the Council said her mother should move to a cheaper care home, even though the care homes offered by the Council were unsuitable and her mother's GP said it would be detrimental for her mental and physical wellbeing to move to another home.
2. Ms C says that when the Council finally agreed in April 2018 to increase her personal budget from £571 a week to £900 a week, it failed to:
   - explain on what basis it eventually agreed to this increase; and
   - agree to backdate the increase to 1 January 2018, which was the date she became eligible for Council funding.
3. Ms C says because of this, her mother's placement at her Care Home became at real and imminent risk of being terminated in April 2018. As such, she had no other choice then to immediately involve a solicitor to prevent this from happening. Ms C complains the Council refused to refund part of the money she has had to spend on legal fees.

Legal and administrative background

4. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. ***(Local Government Act 1974, sections 26(1) and 26A(1), as amended)***
5. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. ***(Local Government Act 1974, section 34(3), as amended)***
6. The Care and Support Statutory Guidance of the Care Act 2014, says in Annex A that:
   - The care and support planning process will identify how best to meet a person's needs. As part of that, a council must provide the person with a personal budget. The budget should be enough to be able to meet the assessed eligible needs.
   - A council must ensure that any care home accommodation it offers is suitable to meet a person's assessed needs and identified outcomes established as part of the care and support planning process.
   - In some cases, a person may actively choose a setting that is more expensive than the amount identified for the provision of the accommodation in the personal budget. Where they have chosen a setting that costs more than this, an arrangement will need to be made as to how the difference will be met. This is known as an additional cost or 'top-up' payment and is the difference between the amount specified in the personal budget and the actual cost. In such cases, the council must arrange for them to be placed there, provided a third party, or in certain circumstances the person in need of care and support, is willing and able to meet the additional cost.

- A council must ensure that at least one option is available that is affordable within a person's personal budget and should ensure that there is more than one. If no preference has been expressed and no suitable accommodation is available at the amount identified in a personal budget, the council must arrange care in a more expensive setting and adjust the budget accordingly to ensure that needs are met. In such circumstances, the local authority must not ask for the payment of a 'top-up' fee.
- The personal budget must reflect the amount of a more expensive setting where the council has been unable to make arrangements at the anticipated cost.

How we considered this complaint

7. We have produced this report after examining the relevant files and documents provided by both parties. We sent a draft report to the complainant and the Council and invited comments. We took the comments received into account before we finalised the report.

What we found

8. Ms M has had a diagnosis of dementia for several years. She lived independently but had a fall in July 2016 when she stayed at Ms C's property for a holiday. Ms C says her mother subsequently needed to go into residential care and she moved her mother into a Care Home ('Care Home X') in August 2016. Care Home X is only a 10-minute walk from where Ms C lives. Ms M paid for the placement from her own funds. Ms M moved into the 'residential care' wing of Care Home X. It was the view of Care Home X that a placement in its 'dementia care' wing would not be suitable for Ms M, due to her anxiety. Care Home X says the care and treatment Ms M has received in the residential unit is the same as she could have received in the dementia unit.

9. The Council provided information to Ms C in September 2016 about future financial arrangements about her mother's Care Home placement. The Council explained to Ms C what would happen once her mother's capital fell below the threshold of £23,250. It explained Home X was much more expensive than what the Council would usually pay for a resident it has to place in a home, which meant her mother may have to move to another home once her capital fell below £23,250. It provided Ms C with a list of 11 alternative residential homes that would be willing to accept the Council's rate, eight of which were in the Brighton and Hove area. Ms C told the Council that she would explore alternative homes for her mother. Ms C told us: *"I visited the Homes but none of them were suitable"*.

10. Ms C called the Council in February 2017. Her mother's capital had fallen to £23,250 and Ms C asked the Council for a care assessment as well as help with paying the Care Home fees. The Council's record states that Ms C wanted to enable her mother to remain at Care Home X as it was close to where she lives, and her mother was settled there. The Council advised that its contribution would not be enough to pay for Home X and that Ms C would need to negotiate with the Home around charges. Ms C confirmed the family would not be able to contribute to the cost of the Care Home fees (often referred to as a 'top up').

11. The Council emailed a form to Care Home X to complete and return, along with copies of Ms M's care plans. In April the Council was asked to resend this email

to a different address. It received the completed forms one month later. The Council recorded in June 2017 that Ms C had sold her mother's house.

12. Ms C called the Council in September 2017 and said her mother's capital (including funds from the sale of the property) was almost down to £23,250. The Council carried out Ms M's needs assessment at the end of September 2017. Once the Council completed Ms M's needs assessment, it referred her for a financial assessment in November 2017.

13. The Council told Ms C in early December 2017 that her mother's personal budget would be up to a maximum of £556 a week, and Ms M would have to contribute £180 a week to that. It explained that this amount would be enough to find a suitable home for her mother. This was significantly less than the £1,300 her mother was paying a week. Ms C was upset this would mean her mother would potentially have to move to another cheaper home. Ms C asked if a manager could review this decision.

14. Once a month Care Home X completes Dependency Charts for every resident. The chart looks at the support a resident needs in 23 areas, and overall. The chart showed in December 2017 that:

    - Ms M had an overall 'low dependency'. She had a low dependency score (a score of 1 or 2 out of 5) in 17 of the 23 areas, including "Mood" ('within appropriate range'), and Sleep ('regular'); and
    - she could not remember most things.

15. It took until mid-January 2018 before Ms C received a copy of her mother's needs assessment. She only received this after she asked for it. We have not seen any evidence that Ms C subsequently told the Council she was unhappy with the accuracy of the contents of the assessment.

16. The Council confirmed to Ms C on 4 January 2018, that a manager had reviewed her mother's case and agreed the Council should not pay anything more. It explained that, according to the needs assessment, her mother would need a residential care bed at a maximum cost of £556 a week. The Council and Care Home X told us that Ms M was also occupying this type of residential care bed at her care home. Ms C says the home chose to keep her mother in the residential wing, because she would have become very anxious when confronted with people whom she did not know, wandering into her room.

17. The Council told Ms C of five alternative homes in the area and said these homes could meet her mother's assessed needs, had a vacancy and would accept the Council's rate of £556 a week. It advised Ms C to consider the Homes.

18. Ms C told us that: *"It was very important that my mother's Care Home would be close by, because I visit my mother daily. This had a calming effect on my mother. Furthermore, I need to come to the Care Home occasionally at night to help staff with calming my mother down at night".* Ms C does not drive.

19. A letter from Ms M's GP, dated 11 January 2018, advised against moving Ms M. The letter said that any move would likely be distressing for Ms M and have a negative impact on her cognitive state. This, in turn, would likely have a damaging effect on her physical health. Furthermore, it said the location of Home X allowed the family to see her regularly, which was important to the patient.

20. It is widely known that moving a vulnerable elderly resident, especially those who have dementia, to another Care Home where everything (staff, surroundings, residents) is unfamiliar, can have a damaging impact on their physical and mental

wellbeing. As such, this is a risk that a Council should properly assess and record, when proposing such a move. When we asked the Council if it carried out a (risk) assessment of the impact a move could have on Ms M's mental and physical wellbeing, the Council told us that:

- any move for residents with physical and or mental impairment is undesirable. Therefore, the Council advised Ms C in September 2016 to look for an affordable Care Home; and
- it is not usual practice to undertake a written risk assessment of the risk to a person's wellbeing of moving Care Homes. It did however exercise its professional judgement. Based on its needs assessment, and considering information from Ms C and the GP, the Council decided that while Ms M would be affected by a move, there was no evidence to suggest a move would cause her an undue level of distress.

21. Ms C sent an email to the Council on 13 January 2018, in which she said the Homes the Council had proposed were unsuitable. Ms C told the Council that:

- rooms did not have an en-suite bathroom, which was important due to her mother's tendency to go to the toilet at night and her very high risk of falls;
- Care Home 1: "*Unable to meet needs*";
- Care Home 2: "*Unable to meet needs*" and "*Too far away*";
- Care Home 3: "*Unable to meet needs*" and "*Too far away*". It also had two categories where the Care Quality Commission rated it as "requiring improvement"; and
- two of the Homes would mean a journey via two buses and a journey time of one hour.

22. The Council told us that:

- Ms C did not ask any of the Care Homes to carry out an assessment of her mother to decide if it could meet her mother's needs. This would have shown whether the Homes could have met her mother's needs;
- Ms C did not specify why she felt the Homes would not meet her mother's needs. She only said they could not;
- Ms M was in a residential bed in Home X, so it was appropriate for the Council to put Care Homes forward that could provide the same level of care;
- Care Home 1 is registered to provide care for residents, some of whom are living with dementia. It had two suitable en-suite rooms available when the Council made its offer to Ms C. The home consistently has several residents who are experiencing a range of symptoms related to dementia. The Council does not have concerns about their provision of care to these residents;
- Care Home 2 had a suitable en-suite room available on the ground floor. It has accepted and worked well with residents who are experiencing a range of symptoms related to dementia. The Council does not have concerns about their provision of care to these residents;
- Care Home 3 had two en-suite rooms on the ground floor. The Council does not have concerns about their provision of care to these residents; and
- Care Home 1 was only a 26-minute walk away from where Ms C lives. Care Home 2 and 3 were only 15 minutes by car which is a reasonable distance for a family member to travel.

23. Ms C has since told us that none of the Homes told her that a ground floor/ en-suite room was available at the Council's rate of £556 a week.

24. The Council contacted Care Home X on 18 January 2018. The record says that:

- Ms M's regular carer provided an update about Ms M's current care needs. The Council also spoke to the manager of Care Home X, who confirmed that Ms M was in a residential bed; and
- following the telephone call, the Council sent an email to Care Home X, which said that: *From my assessment of this lady, I believe she is only requiring residential funding; and I have spoken to her care worker who confirms this*.

25. The Council also asked Care Home X to consider the possibility of reducing Ms M's fees, to enable her to remain at the Home. The Council chased the Home six times for a response, until the Home said on 7 February 2018 that it could not reduce the fee.

26. The Council went back to Care Home X and said that if the Home could accept its usual rate of £556 a week, the Council could backdate this to 1 January 2018. The Council chased the Home for a response on 6, 7 and 15 March.

27. Ms C told the Council on 16 March 2018 that she expected Care Home X would soon tell her mother to leave, due to the current non-payment of fees. Ms C said she would be able to pay a maximum third party top up of £100 a week to enable her mother to remain at the Home.

28. Ms C told the Council on 27 March 2018 there had been a recent worsening in her mother's dementia. Around the same time, Ms C involved a solicitor because she was concerned about the impasse and the fact her mother could soon be told to leave Care Home X.

29. The Council told Care Home X on 4 April 2018 that it could maybe agree to increase its contribution, if the Care Home could reduce its weekly fee to £1,000. However, the Home said it could not reduce the fee below £1,100 a week. The Council updated Ms C and offered a vacancy in three homes as an alternative, including Home 2.

30. Ms C told the Council the following week that Home 2 was unsuitable and the other two homes did not take residents with her mother's level of dementia. In the same email, Ms C provided further information about her mother's care needs.

31. In light of the view expressed by Ms C that her mother's mental and physical health had recently worsened, the Council offered to reassess her mother's needs. The Council did not visit Ms M at Care Home X to review her records or discuss with the Home to what extent Ms M's needs had recently increased. Instead, it only considered the information provided by Ms C. Ms C said she felt her mother had become physically frailer. Her mental health had also worsened, and she was getting more confused than she had been.

32. The dependency chart completed by Care Home X, states that Ms M's overall dependency had only slightly increased to 'medium dependency' by February 2018. However, her orientation had gone from 'Orientated in familiar surroundings' (a score of 2) to 'Completely lost' (a score of 5). This was noted in January 2018.

33. The manager of Care Home X told the Council on 17 April 2018 that Ms C had given one month's notice to the Care Home on 3 April 2018, because she would no longer be able to pay the Care Home fees. However, she did not give this in

writing. Ms C later told the social worker there was a misunderstanding and she thought it was the Care Home that needed to give notice. She was very concerned the notice would end on 1 May 2018. The Council asked Care Home X the following day to accommodate Ms M until a re-assessment had been completed.

34. Following the telephone call with Ms C, the Council agreed on 20 April 2018 to fund Ms M to the amount of £900 a week, to try and enable her to remain at Care Home X. The Council's record says:

"Given the reassessment of need which indicated that Ms M's presentation had deteriorated requiring a dementia (rather than 'mainstream') residential placement, the Council decided to fund a dementia residential placement for Ms M at her current home of £900 per week, with an additional top up of £100 per week from her family."

Care Home X accepted the proposed £1,000 weekly fee on 24 April 2018.

35. The Council told us the budget of £900 was agreed because this was based on current cost of available Care Homes who could have met Ms M's needs at the time. As Ms C had made it clear that she wanted her mother to stay at Care Home X and offered to pay a £100 top up to enable this, the assessor did not consider other homes. This was agreed with Ms C.

36. Care Home X has told us that Ms M has remained in the residential wing of the Home, rather than being moved to the dementia care wing.

37. The Council has told us that it believes that its actions were in line with the Care Act Guidance, which says (10.27):

"*In determining how to meet needs, the council may also take into reasonable consideration its own finances and budgetary position and must comply with its related public law duties. This includes the importance of ensuring that the funding available to the council is sufficient to meet the needs of the entire local population. The council may reasonably consider how to balance that requirement with the duty to meet the eligible needs of an individual in determining how an individual's needs should be met (but not whether those needs are met). (…) The council may take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one which delivers the outcomes desired for the best value."*

38. Ms C believes the Council should backdate the increase to £900 in her mother's personal budget to 1 January 2018, the date when the Council first became responsible for her mother's care. She believes her mother already needed this level of care support in January 2018 and the Council failed to properly assess her needs at the time.

39. The Council initially told us that Ms C's solicitor only began correspondence with the Council on 22 May 2018, which was almost a month after the Council had already reached an agreement with Ms C and Care Home X to secure Ms M's placement. The Council could therefore see no reason to consider it reasonable to repay the solicitor fees. However, in response to our draft report, the Council has accepted that due to the faults we identified, Ms C may have felt she had no other choice than to instruct a solicitor. As such, it has now agreed to reimburse any solicitor fees up to 24 April 2018, subject to evidence provided by Ms C of these costs.

40. The Council agreed in an email to Ms C's solicitor on 15 February 2019, that it would pay Ms M's care fees between 1 January 2018 and 30 April 2018. It said it would pay £556 a week until 1 April 2018, and then £571 a week until 30 April 2018.

Conclusions

41. In September 2016, the Council was trying to be helpful in explaining to Ms C that her mother may have to move if she could not afford the fees long-term. The Council did this to avoid the possibility of Ms M having to move in the future (when her own personal funds run out), after being settled in a more expensive Care Home. This was good practice and gave Ms C enough time to pursue an alternative and more affordable home, if she wished to do so. However, Ms C and her mother were entitled to choose to remain at Care Home X, while accepting the risk that Ms M may have to move to another cheaper home once her capital had reduced to £23,250 and the Council would become responsible for Ms M's care.

42. It took a long time between February 2017, when Ms C asked the Council to carry out a needs assessment due to her mother's reducing capital, and September 2017, when the Council carried out the assessment. However, in the end, the assessment took place three months before Ms M's funds actually reached the threshold of £23,250.

43. The Council completed its needs and financial assessments before Ms M's capital reached £23,250 on 1 January 2018. However, the Council did not leave enough time for the process to try and move a client (in this case Ms M) into a suitable home that would accept the Council's personal budget. This was fault. Even if Ms C had accepted one of the Homes offered in January 2018, there would have been a gap between Ms M's funds reaching £23,250 (1 January 2018) and Ms M being able to leave the more expensive Care Home. As such, she would have had to continue to pay £1,300 for a few more weeks, rather than her assessed weekly contribution of £180 a week, as well as a notice period. This would have reduced her capital significantly below £23,250. Therefore, the Council should have agreed to begin funding Ms M's care at the rate charged, for at least such time until it had established she could move to an alternative care home.

44. Furthermore, Ms C only received a copy of her mother's needs assessment in January 2018 (four months after the assessment took place) and only after she asked for a copy. The Council has since told us this was partially due to the social worker being away on sick leave. We have taken this into account but remain of the view the Council could have provided this sooner, and without the need for Ms C to ask for it. This was fault.

45. The Council agreed to increase Ms M's personal budget to £900 on 20 April 2018. It says it increased the personal budget because Ms M's needs had increased since its assessment. However, Ms C says the Council failed to properly assess her mother's needs in January 2018 and her mother already required this enhanced support (and personal budget) then. There was no fault about this aspect of the complaint. The Council carried out a suitable assessment at the end of 2017. When it shared a copy of the assessment with Ms C in January 2018, Ms C did not tell the Council it was inaccurate or wrong or that her mother's condition had since significantly deteriorated. When Ms C told the Council at the end of March 2018 that she believed her mother had further worsened, the Council carried out a review, which resulted in a later increase to £900.

46. However, we found fault with regards to the following. The Council provided a list of Care Homes to Ms C in January 2018. However, Ms C told the Council that none of those were suitable. As such, the Council should have promptly looked into this, to understand how Ms C had come to this view, but also to assure itself of how it had met its responsibilities, in particular that it had offered an appropriate placement able to meet Ms M's needs, and at a cost of £556 or less. It did not do this, which was fault.

47. Ms C and her mother's GP told the Council that Ms M should not be moved to another home, because a move to an unfamiliar environment would have a very negative impact on her physical and mental wellbeing. We have not seen any evidence the Council considered this risk, that it recorded its view (and reasons for it) on this matter, and that it explained this to Ms C, at that time. This was fault.

48. The Council was at fault for not properly engaging with Ms C on the concerns mentioned in paragraph 47 and 48. As a result, we found the Council failed to properly make decisions at the time. Furthermore, Ms C was denied the opportunity to make an informed decision or have a meaningful choice. Under these circumstances, neither Ms C or her mother, should be required to pay any top-up fee between 1 January and 20 April 2018. From 20 April 2018, Ms M should pay her assessed contribution.

49. However, there has not been fault with Ms C having to pay a top up of £100 a week since May 2018. In May 2018, the Council had agreed to increase Ms M's personal budget to £900 a week and Care Home X had agreed to reduce Ms M's fees to £1,000 a week. It was clear then that Ms M could stay at the more expensive Care Home, if Ms C agreed to pay a top-up fee of £100; which she did. There was therefore no need for the Council, at that stage, to find and offer any other homes that could have met Ms M's increased level of care without a need for a top up.

50. The faults by the Council identified above resulted in Ms M having to pay more for her care support than she should have, as well as an increased level of distress for Ms C. This is an injustice, which the Council should remedy.

51. The Council failed to deal with Ms C's concerns properly by looking into them in more detail and discussing them with her within an appropriate forum. As such, Ms C found herself in a situation in which she felt great uncertainty and pressure, particularly during April 2018 when her mother's funds were about to run out, which meant her mother's placement was in imminent danger, and nobody told her otherwise. Under the circumstances, we found it was reasonable for Ms C to come to the view she had no other choice at this point then to involve a solicitor. However, this situation improved on 24 April 2018, when the Council had secured an arrangement about funding with Care Home X. If Ms C has incurred any solicitor fees during the weeks running up to 24 April 2018, the Council should pay back these.

Recommendations

52. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. ***(Local Government Act 1974, section 31(2), as amended)***

53. In addition to the requirements set out above the Council has agreed to take the following action to remedy the injustice identified in this report. The Council should, within one month of the date of this report:

- apologise to Ms M and her daughter for the faults identified above and the distress these caused her daughter. It should also pay her daughter £200;
- pay the full fees for Ms M's care at Home X, from 1 January 2018 until 1 May 2018, minus Ms M's assessed weekly contribution;
- reimburse any solicitor fees incurred in the days running up to 24 April 2018, subject to evidence provided of such costs by Ms C; and
- share the lessons learned with staff in its adult social care and finance teams.

54. The Council should within three months of the date of this report, put in place a mechanism and staff guidance to ensure that, when it needs to consider moving a vulnerable resident to a more affordable home, because the resident's capital is about to fall below the threshold:

- it carries out an assessment of the risk to the person's wellbeing of such a move, with input from relevant stakeholders. The assessment should decide what impact a move is likely to have on the resident, and therefore whether a move should go ahead. The Council's view should then be discussed with the resident (and their family);
- it immediately looks into any concerns raised by the client (or their family) that the home(s) offered are not suitable, or may not accept a client at the proposed rate, to decide if the concern(s) are valid and discuss this with the client (or their family); and
- the client (or their family) have enough time to find a home and move to another home, before the resident's capital falls below £23,250, in cases where the client (or their family) have approached the Council in a timely manner.

It should provide us with written evidence of this.

Decision

55. We uphold these complaints. The Council has agreed to our recommendations, so we have completed our investigation.

Although a formal committee of Brighton & Hove 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 Adults and Healthwatch.

Title: **Proposed Fees for Adult Social Care Providers 2021/22**

Date of Meeting:

Report of: **Rob Persey, Executive Director Health and Adult Social Care**

Email: andy.witham@brighton-hove.gov.uk

Wards Affected: **All**

FOR GENERAL RELEASE

Executive Summary

This paper sets out the recommended fee levels and uplifts to be paid to Adult Social Care providers from April 2021. The services that are considered in this report are integral to the proper functioning of the wider health and care system, which includes managing patient flow in and out of hospital. It is recognised that public finances are under increasing pressure but this needs to be balanced with the need to manage and sustain the provider market to support the increasing complexity and demand and to comply with the duties placed on the Council by the Care Act 2014 to meet the needs of those requiring care and support and to ensure provider sustainability and viability. The proposals set out below are made while recognising the challenges of the ongoing pandemic and the financial position of the Local Authority and Adult Social Care providers.

Glossary of Terms

CQC – Care Quality Commission
FNC – Funded Nursing Care
National Living Wage - The National Living Wage is the minimum rate employers are allowed to pay employees aged 25 or over for each hour worked. There is a separate rate for those under 25.
Real Living Wage – a voluntary scheme where employers pay more than the National Living Wage
Providers – organisations based in the private, independent or voluntary sector that provide care and nursing

1. Decisions, recommendations and any options

1.1 That the Board agrees to the recommended fee increases as set out in the table at Appendix 1. The underpinning background to the fee changes are contained in the main body of the report:

2 Relevant information

2.1 The following is an extract from a report of the Acting Chief Finance Officer that was tabled at P&R committee dated 8 October 2020. This report sets out the impact and financial position of the local authority as a result of the Covid-19 pandemic.

2.2 During the initial crisis period and lockdown, the pandemic significantly increased social care, homelessness, public health, PPE, coroner and other related emergency response costs but also resulted in a severe economic slowdown.

2.3 The latter impacted many sectors that are heavily reliant on visitors to the city. This in turn resulted in an impact on the council's finances due to significant impacts on sales, fees & charges income, particularly museum and event venue incomes, as well as parking charges and penalty notices.

2.4 Similarly, taxation revenues have been affected primarily due to the impact on businesses and jobs and therefore more people needing financial support, such as Council Tax Reduction. There has also been a slow-down in housing developments, impacting on the tax base, and it is expected that Council Tax collection rates will be impacted, particularly in relation to older debts. There are similar impacts in relation to Business Rate growth assumptions and collection rates.

2.5 The council has only been able to offset these impacts to a limited extent because it is expected to continue to support its suppliers and service providers in line with the Cabinet Office Supplier Relief Policy Note and, as a public authority, it is not expected to make significant use of the government's Employment Support scheme (furlough).

2.6 The majority of its statutory services must also continue to be provided alongside a wide range of other essential services such as refuse and recycling collections.'

Financial Support to Social Care Providers

2.7 At the start of the pandemic the Council put in place measures to support the provider market this included paying some providers on planned hours (homecare) and putting in place a claims process to enable other providers to submit claims for Covid-19 related spend. Payments via the claims process – to date total £0.256m.

2.8 Alongside the financial support measures the council put in place, the Department for Health and Social Care (DHSC) also introduced infection control grant funding. This funding was introduced to support providers with implementing infection control measures.

2.9 For Brighton & Hove City Council this meant that we received a total of £2.745m. In line with the guidance £1.979m was paid to care home providers, £0.552m to community care providers and £0.134m on provider PPE. The balance of £0.080m may need to be repaid.

2.10 A subsequent round of Infection Control Grant was then released which for Brighton and Hove City Council totalled £2.618m with £1.404m allocated to care homes, £0.691m to community care providers and £0.524m is the discretionary top up.

3 Fees Proposal for 21/22

3.1 Despite the considerable financial pressures on the local authority and the support measures put in place to assist the provider market during this difficult year, the local authority also recognises the ongoing rising costs that providers continue to experience. With this in mind and to support providers throughout 21/22 the following increases are proposed as set out below and as summarised in Appendix 1.

3.2 Care homes and care homes with nursing in the city on set fees

3.2.1 The current weekly set fee for a care home placement is £582. The Health supplied Funded Nursing Care (FNC) cost of £183.92 is added to the weekly care home fee to make a total of £765.92; this is the weekly set fee for a care home with nursing bed.

3.2.2 At the time of producing this report the Council is currently able to purchase approximately between 25-30% of placements at these rates. As such and in line with the council's financial modelling (which includes funding for staffing costs, pensions, food, utilities etc) leads to the recommendation that an uplift of 3% is applied to the set rates. This ensures that the pay element of the set rate financial model will be increased to support increase in the National Living Wage.

3.3 Care homes and care homes with nursing in the city on individual negotiated rates

3.3.1 A considerable number of placements made in care homes and care homes with nursing are individually negotiated. Placements for people with learning disabilities, physical and or sensory disabilities, acquired brain injury or functional mental health needs tend to be individually negotiated but an increasing number of older people's placements are also subject to negotiation. There is no automatic increase to these rates as they are already above the proposed new fee rate and fees can vary significantly according to provider and individual user's needs. Any increases to the rates of high cost placements will be based upon reviews of individual placements, service quality and an examination of detailed placement costings.

3.4 Block Contract arrangements

3.4.1 It is recommended that individual negotiations take place with care homes and care homes with nursing that have block contract arrangements, as provided for in the individual contract arrangements with each home.

3.5 Out of city care homes and Care Homes with Nursing

3.5.1 It has long been recognised that each Local Authority area best understands their local market. It is recommended that Brighton & Hove City Council match the applicable host authority set fees for new care home placements out of the city. Existing placements will not be automatically uplifted.

3.5 Learning Disability Providers

3.6.1 **Residential care for people with learning disabilities**
Historically Learning Disability residential services have received limited increases in fees as many fees are individually negotiated, making it difficult to apply a standard uplift. In the last 18 months many of these rates have been evaluated and renegotiated on an individual basis and are generally considered to be value for money. There is no automatic increase to these rates as they are already above the proposed new fee rate and fees can vary significantly according to provider and individual user's needs. Any increases to the rates of high cost placements will be based upon reviews of individual placements, service quality and an examination of detailed placement costings.

3.6.2 **Supported living for people with learning disabilities**
The Council has engaged with local providers of supported living services, to develop a better understanding of the fees paid. There are now clear hourly set rates for supported living services that apply to both core costs and additional hourly rates. The recommendation for supported living services for adults with a learning disability is to increase fees by 3%.

3.6.3 **Community support for people with learning disabilities**
Community support services for adults with learning disabilities provide a range of support services including CQC registered care services that can support individuals with personal care needs. They also provide support for service users to access the community and develop independent living skills. Community support in some respects is similar to home care and providers may be competing for staff with home care agencies. The recommendation for community support services for adults with a learning disability is an increase in line with the core home care set rates of 3%.

3.6 Services for people with Physical and/or Sensory Disabilities and Acquired Brain Injury

3.6.1 **Residential care for people with Physical and/or Sensory Disabilities and Acquired Brain Injury**
Similar to learning disability services, residential fees for services for people with physical, sensory and brain injuries are individually negotiated, making it difficult to apply a standard uplift. There is no automatic increase to these rates as they are already above the proposed new fee rate and fees can vary significantly according to provider and individual user's needs. Any increases to the rates of high cost placements will be based upon reviews of individual placements, service quality and an examination of detailed placement costings.

3.6.2 **Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury**
Supported living is a developing area for these client groups and fees are currently individually negotiated. Work is ongoing to develop a consistency of rates and the support model for costing them but at this time and in and support further development of these services the recommendation for supported living service fees for adults with a Physical and/or Sensory Disability and Acquired Brain Injury is an increase of 3%.

3.6.3 **Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury**
Community support rates have been individually negotiated with each provider. The work needed to support people with sensory needs and acquired brain injuries is specialist in nature and the fees reflect this. Workers provide support for service users to access the community and develop independent living skills. Where services are registered with CQC personal care may also be provided. The recommendation for community support services for adults with physical sensory disabilities and brain injuries is to increase in line with the core home care rate of 3%.

3.7 Services for people with functional Mental Health issues

3.7.1 **Community support for adults with functional mental health issues**
There are a limited number of providers offering community support for people with functional mental health issues resulting in community support rates that have been individually negotiated with each provider. Workers provide support for service users to access the community and develop independent living skills. The recommendation for community support services for adults with functional mental health issues is to increase these rates by 3%.

3.8 Home care

3.8.1 **Home Care main area and back up providers**
There was a full review of home care fees prior to the recommissioning of home care services and implementation in September 2016 of the new home care contract. The contract includes two rates and these are detailed in Appendix 1.

3.8.2 The 2016 contract incorporated a clause that required home care providers to observe the council's commitment to the Unison Ethical Care Charter. The requirements included that care workers would be paid the Real Living Wage, travel time between visits to service users would be paid for, together with any costs associated with their work (i.e. mobile phone use) and care workers to be offered choice of either fixed term contracts or nil hours (if they want flexibility of work). The current Living Wage Foundation rate is £9.50 per hour and at the time of writing this report the 2021-2022 Living Wage Foundation rate had not yet been announced.

3.8.3 The Lots commissioning hourly support in Extra Care premises and the Homeless Lot that were also commissioned as part of the home care re-commissioning (starting September 2016) are currently block contract arrangements and so will follow the same approach as 3.4 above.

3.9 Self-Directed Support and Direct Payments

3.9.1 Self-directed support also called 'personalisation' gives people control of the support they need to live the life they choose. A key part of the service is the provision of direct payments - funding from the council made to people with assessed needs to buy services or employ people to support them. There are currently over 560 adults in receipt of direct payments.

3.9.2 Where someone chooses to have direct payments to employ personal care assistants the initial care plan is assessed at specific direct payment rates (which do not include profit margins and other agency costs). All people employing personal care assistants are required to pay their employees the National Living Wage rate. It is recommended that all direct payment rates and existing personal budgets are uplifted by 3%. The funding in the personal budget can be used flexibly with agency care and/or personal care assistants wages.

3.10 Shared Lives

3.10.1 Shared lives services support adults who are unable to live independently and they are therefore supported in the community within a family home setting. Shared lives carers provide accommodation, care and support in their own home. Currently the services are being developed to support parents with learning disabilities, young people in transition to adult services and adults with physical disabilities and acquired brain injuries.

3.10.2 In order to facilitate the expansion of shared lives to further client groups and attract more carers work is being undertaken to align the fee levels for the council run Shared Lives scheme (not part of this report) and the voluntary sector scheme. At this time there is a recommendation of a 3% uplift for the voluntary sector scheme management fees.

3.11 Day Support

3.11.1 Day Support services support adults who live in the community so that people have the opportunity to socialise with other people, and in many instances also provide family carers a break from their caring responsibilities. The council has contracts with a variety of providers across a range of client groups – learning disabilities, Acquired Brian Injury and older people, as well as encouraging take-up of Direct Payments to fund day support. An uplift of 3% is recommended for learning disabilities and Acquired Brain Injury providers of day services. Older people's day services with set rates were re-negotiated in 2019-20 so are not included in this report.

3.12 Further considerations

3.12.1 Additional benefits

For 2021/22 it is recommended that the current systems of additional benefits offered to providers remain in place. This includes Brighton & Hove City Council continuing to fund and provide a range of training and targeted advice sessions e.g. courses on a wide range of care topics and fire evaluations that are free to access. The council also provides advice and support relating to health and safety and access to a team providing service quality improvement support and advice.

4. Important considerations and implications

4.1 Legal:

4.1.1 It is a function of the Health and Wellbeing Board to oversee and make decisions concerning Adult Social Care in the City. The Local Authority has statutory duties under the Care Act 2014 to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs and to ensure that there is a varied, viable and sustainable market of social care providers able to deliver the required services both now and in to the future.

Lawyer consulted: Judith Fisher Date: 16/01/2021

4.2 Finance:

4.2.1 The Council provides in the region of 3,500 packages of care with external providers for different types of care at a gross cost of £102m across all primary support groups i.e. Physical Support, Sensory Support, Memory & Cognition Support, Mental Health Support and Learning Disabilities.

4.2.2 The proposed increase in rates is set out in the main body of the report and summarised in Appendix 1. These changes will result in an increased Community Care spend of approximately £1.4m, prior to any additional negotiated increases following review of individual placements. The current 2021/22 budget inflation and identified corporate service pressure funding will accommodate the proposed fee increases.

Finance Officer consulted: Sophie Warburton Date: 06/01/2021

4.3 Equalities

4.3.1 This funding will have an impact in ensuring that some of the most vulnerable members of our community in Brighton & Hove receive good quality, effective care and support services and will contribute to reducing health inequalities. An uplift in fees will also provide support for an increasingly fragile market (both locally and nationally) and demonstrates a commitment to provide support for both service users and some of the lowest paid members of the local workforce.

4.4 Sustainability:

4.4.1 There are no specific sustainability implications for this report; it does not include changes to services or recommissioning.

Appendix 1 – Fee Rates Table

Service	Current fee 2020-21	New fee 2021-22	% uplift
Care Homes and Care Homes with Nursing			
In city care homes – set fees per week	£582	£600	3%
In city care homes with nursing – set fees per week	£747.56 Includes FNC at £183.92	£783.92 inclusive of the FNC *NB this may change as 2020-21 rate not yet set by NHS*	3%
Out of City Care Home and Care Home with Nursing Placements			
Out of city care homes on set rates	Host Authority Rates	Host Authority Rates	Variable
Out of city care homes with nursing on set rates	Host Authority Rates	Host Authority Rates	Variable
Out of city care homes individually negotiated	Variable Rates	Variable Rates	Variable
Out of city care homes with nursing individually negotiated	Variable Rates	Variable Rates	Variable
Supported Living & Community Support: Learning & Physical Disabilities, functional mental health			
Supported Living for people with learning disabilities	Variable Rates	Variable Rates	3%
Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable Rates	Variable Rates	3%
Community support for people with learning disabilities	Variable Rates	Variable Rates	3%
Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable Rates	Variable Rates	3%
Community support for adults with functional mental health issues	Variable Rates	Variable Rates	3%
Home Care			
Home care main area/back up provider – core fee	£18.19	£18.74	3%
Home care main area/back up provider – enhanced fee	£20.23	£20.84	3%
Dynamic Purchasing System Approved Provider Packages	Variable	Variable	variable
Direct Payments			
Direct Payments Monday to Friday hourly rate for those employing Personal Assistants	£11.00	£11.33	3%
Direct Payments Weekend hourly rate for those employing Personal Assistants	£12.00	£12.36	3%
Other Direct Payment agreements	Variable	Variable	3%
Shared Lives			
Shared Lives Management Fee	Variable	Variable	3%
Shared Lives fee to carers	Variable	Variable	3% to care element
Day Support			
Day support for people with Learning Disabilities	Variable	Variable	3%
Day support for people with Acquired Brain Injury	Variable	Variable	3%

Agenda Item 47

Although a formal committee of Brighton & Hove 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 Adults and Healthwatch.

Title:	Annual Review of Adult Social Care Charging Policy 2020	
Date of Meeting:	26th January 2021	
Report of:	Executive Director of Health & Adult Social Care	
Contact:	Angie Emerson	Tel: 01273 295666
Email:	angie.emerson@brighton-hove.gcsx.gov.uk	
Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

People eligible for adult social care services are means tested to establish whether they must contribute towards the cost. There are around 2350 service users with non- residential care and approximately 1150 in residential care homes. This includes older people, working age adults with physical disabilities, mental health difficulties and **learning disabilities.**

The Care Act 2014 provides a power to charge for eligible care and support services and is subject to government regulations and limitations. This report seeks approval for the Council's charging policy which is compliant with the Care Act.

Most care services, funded by the council, are provided by private organisations and the maximum charge depends upon the fees charged by them. **There are very few chargeable in-house services but where these services are provided by the council there are maximum charges which are reviewed in April every year.**

Most charges are subject to a financial assessment to determine affordability but the charging policy also includes several, low cost, fixed rate charges and several additional one-off fees.
This report recommends uprating these charges by 2% (rounded to the nearest pound or 10p if below £5) with effect from **12th April 2021.**

Decisions, recommendations and any options (with effect from 12th April 2021)

1.1 To agree that the council continues with the current charging policy for care and support services which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014. The charging policy is attached at Appendix 1.

1.2 To agree to a 2% increase on current charges or to agree to a higher increase as shown in tables of charges with effect from **12th April 2021**

Maximum Charges		2020-2021	2021-2022
Means Tested Charges		Current maximum	New Maximum
In-house home care/support		£26 per hour	£27
In–house day care		£40 per day	£41
In-House Residential Care		£126 per night	£129
Fixed Rate Charges			
Fixed Rate Transport		£4.10 per return	£4.20
Fixed Meal Charge /Day Care		£4.90 per meal	£5.00

1.3 To agree an increase to Carelink charges as follows:

		2020-21	2021-22
Standard Carelink Plus service		£19.30 per month	£19.70 pm
Enhanced Carelink Service		£23.15 per month	£23.60 pm
Exclusive Mobile Phone Service		£25.00 per month	£25.50 pm

1.4 To agree an increase to miscellaneous fees as follows:

		2020-21	2021-22
Deferred Payment set up fee (see 2.13)		£533 one-off	£544
Initial fee for contracting non-residential care for self- funders		£281 one-off	£287
Ongoing fee for contracting for non-residential care for self- funders		£87 per year	£89 per year

1.5 To continue with the existing policy not to charge carers for any direct provision of support to carers.

2. Relevant information

2.1 Where a person is assessed as eligible for care and support under sections 18 to 20 of the Care Act, the Council may charge the service user subject to the financial assessment set out in Section 17 of that Act. (see exceptions in para 2.2)

2.2 The council must provide intermediate care, Discharge to Assess and reablement services (either at home or in residential care) free of charge for up to 6 weeks and the provision of eligible services to people who are under the auspices of Section 117 of the Mental Health Act 1983 must be free of charge.

2.3 Financial assessments determine a fair contribution towards care costs and are subject to appeal in exceptional circumstances. People with limited income from state benefits are usually charged a contribution towards the cost of their care service according to their personal financial circumstances. People with savings over £23,250 are liable to pay the full cost of services.

2.4 **Most people have care provided by an external provider** where fee rates are mainly set and agreed under the council's contracted terms and conditions. People with savings over £23,250 or high incomes will be assessed to pay the full fees charged by the care provider. The contract fee for standard home care with an approved agency is recommended to be £18.74 per hour from April 2022 but rates can

vary depending upon individual needs and availability of carers. The maximum charge for specialist in-house home care is recommended to increase to £27 per hour. People who have savings of less than £23,250 will usually pay less than the full cost of care, in line with their financial assessment.

2.5 Charging for care services for people living at home

2.5.1 Services include personal care, community support, support costs in extra care housing, day activities, direct payments, adaptations, money management and other support and there are around 2350 service users living at home. About 36% of these, who have minimal savings and limited income from state benefits, will continue to receive free means tested care services. They will only be affected by the increases in this report if their service includes transport or meals at a day centre.

2.5.2 Around 56% of service users are assessed to contribute an average of around £50-£70 per week, usually based upon their entitlement to additional disability benefits and premiums paid by the Department for Work and Pensions.

2.5.3 Around 8% of service users are assessed to pay the full cost or maximum charge for care where they have savings over the threshold of £23,250 or very high incomes, or low cost care packages.

2.8.2 The maximum charge for in-house Day Care attendance is recommended to increase by 2% to £41 per day. There are no service users affected by this increase at present as one day centre is closed due to Coronavirus issues and the others are for people with learning disability who are already assessed to pay for other residential services.

2.9 Fixed Rate Charges – (not means tested)

Where the council provides or funds transport to and from day services or other services it is recommended to increase the fixed contribution by 2% to £4.20 per return journey from April 2021. This increase will affect around 40 people who currently receive this service.

There is only one in-house day centre that provides a cooked meal and that is currently closed due to Coronavirus issues.

2.10 CareLink Plus Services:

2.10.1 The Council's Carelink Plus service is well-used and welcomed by vulnerable people in the city. This preventive service can often reduce the need for additional care services. Most people pay the fixed charges listed in the table above. An increase of 2% is recommended and around 600 people would be affected by this increase.

2.10.2 If anyone feels they need to cancel the service for financial reasons, the Carelink team will assist people with claiming any eligible benefits. They will also consider whether a free service may be available through additional needs and financial assessments.

2.11 Charging for Carers' services

2.11.1 The Care Act empowers councils to charge for the direct provision of care and support to carers. The recommendation is to continue with the current policy not to charge carers in recognition of the significant value they provide to vulnerable people. (note that where the service is provided direct to the service user in order to give the carer a break, then the service user is means tested and charged in the usual way).

2.13 Residential Care

2.13.1 There are specific government regulations for the residential care means test. People with over £23,250 in savings pay the full cost and all others contribute towards the care home fees from their income. The majority of residential care is provided by the independent sector and fees for self funders can vary significantly. The council has limited provision of inhouse residential care and it is mainly used as a respite service, hospital discharges, or an emergency service and for people with mental health issues. Most people are resident for short term purposes and are not charged for the first 6 weeks. However, where charging is applicable, it is proposed to increase the maximum charge to £129 per night (£903 per week). There are currently 6 people who would be affected by this increase.

2.14 Deferred Payment Agreements: (DPA)

2.14.1 The Care Act requires council's, in specified circumstances, to "loan fund" care home fees where the resident is assessed to pay the full fees because they own a property but they are not immediately able or willing to sell it. Council's may charge for this service and it is proposed to increase the setup fee for DPAs from £533 to £544. This is based on the estimated average administrative cost for a DPA during the lifetime of the agreement including a legal charge on property, ongoing invoicing costs and termination costs.

2.15 Fee for contracting care services on behalf of self-funding service users

Where people have savings over £23,250 and ask the council to contract with a non-residential service provider on their behalf, the council charges a fee for this service. This covers the additional work to procure care and set up the contract with the care provider, to set up financial arrangements and provide contract monitoring and amendments on an ongoing basis.

3. Important considerations and implications

3. Important considerations and implications

3.1 Legal:

It is a function of the Health and Wellbeing Board to oversee and make decisions concerning Adult Social Care. The proposals in the report are consistent with the Council's responsibilities under the Care Act 2014 and the associated Regulations in relation to charging for care services, in particular the Care and Support (Charging and Assessment of Resources) Regulations 2014.

Lawyer consulted Nicole Mouton Date: 13/1/21

3.2 Finance:

Charges for Adult Social Care services within this report have been reviewed in line with the Corporate Fees & Charges Policy and budget assumptions which specified the assumed corporate rate of inflation to be applied to fees and charges income budgets of 1.0%. This is to ensure that fees and charges are appropriately benchmarked to comparative services and recover the full cost of service wherever possible.

It is anticipated that the proposed charges will deliver the level of income assumed in the 2021/22 budget strategy including an inflationary increase. However, the level of income is variable as all service users are subject to a means test.

The Adult Social Care in-house council services are significantly subsidised through Council funding.

Where any change (or rejection of proposals in whole or in part) is likely to have a negative impact on the service's budget and/or will affect a budget saving proposal negatively, and is approved by the Board (either via amendment or by voting against the recommendations), the Board must refer its decision to the Policy and Resources Committee in one of two ways:

1) Either, to make a recommendation to Policy and Resources Committee to change the fees and charges proposals as amended by the Board;

2) Or, if the Board reject the report's recommendations entirely, note that the whole report will need to be passported to Policy and Resources Committee to re-consider the fees & charges proposals having noted (from the minutes of the Board, that it rejected them).

Policy and Resources members will need to be briefed as to the reason for the change or rejection made by the Board.

Finance Officer consulted: Sophie Warburton Date: 08/01/2021

3.3 Equalities:
All service users are subject to the same means test and will only be affected by this revised policy if they are able to pay. People will not be treated in any way less favourably on the grounds of personal differences.

Supporting documents and information

Appendix 1: Brighton and Hove City Council Charges Policy 20/21

BRIGHTON AND HOVE CITY COUNCIL

CHARGING POLICY For Care Services – 6th APRIL 2020-21

CONTENTS

1. Introduction and Legal basis for charging for Care and Support

1.1 This policy is approved by Brighton and Hove City Council and is compliant with The Care Act 2014, Care Act Regulations and Guidance. The aim is to provide a consistent and fair framework for assessing and charging all service users following an assessment of individual needs, and individual financial circumstances. The policy applies to all service users equitably.
Section 14 of The Care Act 2014 provides councils with a power to charge for meeting a person's eligible needs in a single legal framework. Section 17 of The Care Act requires local authorities to undertake an assessment of financial resources. This will determine the amount a person should pay towards the cost of providing for their needs for care and support whether provided to people living in their own home or in a care home.
Some of the assessment rules for residential care differ from non-residential but many are the same.
The policy for non-residential services was originally formulated in December 2002 under consultation with service users and their carers. This has been revised to take account of the requirements of the Care Act 2014 and subsequent amendments.
For the purposes of this policy, an adult is a person aged 18 or over and whose eligible needs are being met through Adult Social Care funding.

1.2 The services included for this financial assessment policy are:

Home Care
Day Care, Day Activities
Community Support / outreach services
Money Advice and money management services
Direct Payments / Personal Budgets for any services
Carelink alarm systems
Adaptations over £1,000
Supported Accommodation*
Shared Lives Schemes*
Extra Care Housing care services
Residential Care including Nursing Homes

*People in Shared Lives and Supported Accommodation schemes, including Extra Care Housing, in addition to any assessed care and support charge, will also be responsible for rent, food and utilities from their own income, often with Housing Benefit or universal credit.

1.3 Services excluded from charges are:

All Daily Living Equipment
Adaptations under £1000
Services provided under Section 117 of the Mental Health Act, "after care" services.
Intermediate Care and Reablement Services for up to 6 weeks
Any Care funded under Continuing Health Care by the Health Authority
Care and support provided to people with Creutzfeldt-Jacob Disease;
Assessment of needs and care planning

1.4 **Care and Support for Carers**
There is no charge to carers for any services provided directly to them during 2020/21. This policy will be kept under review. Where services are provided directly to the service user to meet their eligible care needs, in order to provide the carer with support, the service user will be charged in accordance with this policy.

2. From April 2020 the maximum charges for non-residential services are as follows:

2.1 Home Care provided by the council, including all forms of support at home £26 per hour
(Please note that the charge is double where two carers are provided)
The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between providers but is usually less than £26 per hour.

2.2 Day Care / Day Activity provided by the council (for any time period)
£40 per day
The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between independent day care providers.

2.3 Additional Fixed Rate charges
Any meals provided at a Day Centre and any transport costs will not form part of the assessed charge as they substitute for ordinary daily living costs.
These charges are payable in addition to assessed contributions.
Meals at a day centre **£4.90 per meal**
Transport to day centres **£4.10 per return journey**

3 The Financial Assessment Process

3.1 The financial assessment follows on from the care needs assessment. When care needs have been assessed, details are passed to the Financial Assessment team who may make arrangements for a personal visit to the service user or their representative. In some cases it may be possible to complete an assessment over the telephone or by post or email but information received will be subject to full verification. Where a person lacks mental capacity to complete a financial assessment form we will contact someone with Power of Attorney for Property and Affairs or a Deputy under the Court of Protection. If there is no person with a formal authority we can discuss the financial assessment with someone who has been given Appointeeship by the Department of Work and Pensions (DWP) or any other person who is helping to deal with that person's affairs. We will:

(a) Gather financial information from the service user or their representative and have sight of relevant documentation for verification purposes e.g. Bank statements, property valuations, completion statements etc.
(b) Assist with the completion of the Financial Assessment Form which is signed as a correct statement by the service user or their representative
(c) Arrange for "Forms of Authority" to be signed if any information needs further written verification from the asset holders, building societies etc.
(d) Complete postal or telephone assessments and any further financial enquiries and verification

(e) Undertake a Welfare benefits check, either directly with the person or remotely from council and DWP records and we will help with benefit claims if applicable.

(f) Provide written notifications to service users of the chargeable amount and how it will be collected by email or post.

(g) Notify the care provider of the charge for their collection (in some cases).

(h) Arrange for invoices to be sent to the service user by the council's Central Collections Team (in some cases)

4. The Financial Assessment Calculation for all services

First we take account of Capital and Savings (including property where applicable)
Then we take account of income
Then we make allowances for various types of expenditure
The difference between the income calculation and the expenditure allowances is the amount charged for care services.
The amount charged will depend upon whether the service user needs a Residential Care Home service or other services while remaining in their own home (known as "non-residential services" or "community services")

4.1 Treatment of Capital and Savings

People with over £23,250 in chargeable capital and savings are assessed to pay the full cost of any service from the start date of the service.

People who do not want to disclose full financial information may opt to pay the full cost without going through a financial assessment. This is sometimes known as a light touch assessment.

People who are unable to show that they do not have savings above £23,250 will pay the full cost from the start of the service.

Where care needs are met in a person's own home, the main residence occupied by the service user will not be taken into account but the value of all other forms of capital and savings will be taken into account, including any other property, eg second homes, holiday homes, whether or not they are rented out and whether they are located in this country or abroad. Where a property is not occupied as a main home, for example where the person has moved out to live with other family members or to live in rented accommodation, the property value will usually be taken into account for charging purposes. This does not apply to a temporary absence from home, for up to 26 weeks where there is a viable plan to return home.

We take into account any form of savings irrespective of where and how they are invested (with the exception of special complex rules regarding capital held in a trust and capital held in investment bonds with Life Assurance). (Note that, where funds are held in trust, or in a disregarded savings bond, the financial assessment will seek to determine whether any income received should be included or disregarded. Copies of trust documents (e.g. Trust Deeds, Will Settlements etc.) must be provided for verification. The council's policy follows the Care Act 2014 Charging Regulations and Statutory Guidance.

The capital limits are currently £23,250 upper limit and £14,250 lower limit with effect from April 2020. Any capital above £14,250 is calculated as "tariff income" which is calculated as £1.00 per week for every complete £250 or part).

People with more than £23,250 held in their own name, or held in their share of joint accounts, or in accounts held by another person on their behalf, will pay the full cost of the care service. **This charge applies from the start date of the service.**

Where a person is liable for the full cost of care provided at home and chooses to use the Council's contract for care services there will be a charge of £281 for the initial contract set-up fee and then £87 per year administration charge thereafter. (Note: the level of these fees are reviewed, usually in April each year and are subject to change).

4.2 Notional assets, savings or income included in the financial assessment:

If a person has gifted any savings, investments, income or property to another person, prior to, or whilst receiving any care services, any such amounts may be included in the financial assessment as though they remain in their own possession. This is called "notional capital" or "notional income". Each case will depend upon detailed information and will apply where the person ceases to possess assets in order to reduce the level of the contribution towards the cost of their care. This may also apply where a person has spent down their capital more significantly than would usually be the case, with the purpose of paying less for care services. Consideration will be given to relevant circumstances. This is sometimes referred to as deprivation of assets and can include transfer of ownership or conversion from one kind of asset to one that would otherwise be disregarded. In all cases, it is up to the person to prove to the council that they no longer possess the income or asset and the council will determine whether deprivation has occurred as part of the financial assessment. Notional capital or income will also be taken into account if a person is not claiming monies to which they are entitled.

Where notional assets are included in the assessment and the resident is unable to pay for their care and support, the council may instead charge the person(s) who received the gifted monies.

4.3 Income to be taken fully into account

Income includes **most state benefits** means tested and non-means tested, including State Retirement Pension, Pension Credit, Employment and Support Allowance, Income Support (including all premiums for age, family and disability), Job Seekers Allowance, Attendance Allowance, DLA and Personal Independence Payments (PIP) care component, Universal credit etc.
And all other Income: ***(subject to exceptions below in 4.3)***
Occupational Pensions
Private Pensions
Income from annuities
Trust Income (where applicable)
Income from charitable or voluntary sources (subject to £20 per week disregard)

Rental Income / lodging payments (including other persons in the household)

Where another person, who is not a spouse or partner or civil partner or a dependent child, lives in the household of the service user (e.g. relatives, friends, lodgers etc.) the payments they make towards the household expenses will be taken into account as income.
Where no actual payments are made by the person living in the household there will be an assumed income of one third of the basic Income Support allowance as a contribution towards general household living costs.

4.4 Income to be disregarded

- Earnings are disregarded (Earnings consist of any remuneration or profit derived from employment or self-employment, including bonus or commission and holiday pay but excluding re-imbursement of expenses and any occupational pension)
- Personal Independence Payments (PIP) — Mobility Element only
- Disability Living Allowance (DLA) — Mobility Element only
- War Pensions payable to those in service
- War Pensioners Mobility Supplement
- War Widow(er) Special Payments
- Tax credit income (related to earnings)
- Child Tax Credits
- Child Benefit
- Child Support Maintenance payments
- Savings Credit element of Pension Credit payments are disregarded for non-residential services but there are other special rules for residential care with a partial disregard
- And any other disregards required in the Care Act 2014 Charging Regulations and Statutory Guidance.

5. Assessment for non-residential services

5.1 General Living Allowance – known as MIG (Minimum Income Guarantee)

Local authorities must ensure that a person's income is not reduced below a specified level, after charges have been deducted. The allowance rates are set out in the Care and Support (Charging and Assessment of Resources) Regulations and are reviewed by the Department of Health every April. **This allowance is for people who live in their own home** and is intended to cover general living expenses including food, utilities, fuel, transport, leisure, insurances, pets and other miscellaneous living costs and includes any debts relating to these expenses.
In this policy single people or people in a couple with no dependent children will be given the following weekly allowance irrespective of the age of the service user.
£189 per week for single people
£145 per week for one person in a couple

Where there are dependent children living in a household, the weekly allowance rates for adults differ according to age and other circumstances and the general allowance is calculated in accordance with Government Guidance as follows:

Where the service user is a **single person:**
a) aged 18 or older but less than 25, the amount of £72.40;
b) Aged 25 or older but less than pension credit age the amount of £91.40.
c) Pension credit age, the amount of £189.00.

Where the service user is **a member of a couple** the basic weekly allowances are:
a) one or both are aged 18 or over, the amount of £71.80;
b) one or both have attained pension credit age, the amount of £144.30.

Additional weekly allowances apply as follows:
For each dependent child living in the household an additional allowance of £83.65

For a single person with:
a) Disability premium, the amount of the additional allowance is £40.35;
b) Enhanced disability premium, the amount of the additional allowance is £19.70.

For one member of a couple in receipt of:
a) Disability premium, the amount of the additional allowance is £28.75;
b) Enhanced disability premium, the amount of the additional allowance is £14.15.
c) When in receipt of carers' premium, the amount of the additional allowance is £43.25.

(The Personal Allowance for a resident in a **care home** is £24.90 per week)

5.2 **The Disability Related Expenditure assessment (DRE) for non-residential care**

Service Users who live in their own homes will be asked to list any additional expenses, extra to the standard allowances explained in 5.1 that arise specifically as a consequence of disability. Examples of such expenditure and verification methods are set out in **Appendix A.**

5.3 Housing Costs for people in their own homes

Allowances are given for the following housing costs:

- Rent (net of Housing Benefit - or Universal Credit)
- Council Tax (net of Council Tax Reduction and discounts)
- Minimum mortgage repayments (as a substitute for rent) excluding enhanced mortgage payments.
  Ground Rent and Maintenance (except costs already allowed in the standard living allowance eg.Lighting, heating, Hot water, etc.
- Water Rates / Metered Water Costs

No Allowance for rent will be made where the service user lives in another person's household and there is no legal liability for rent payments. This is because any charge made for living in the other person's household will be deemed to be covered by the general living allowance of at least £189 per week. Where the person is not liable for these costs but contributes towards them through a private board agreement or similar, then the service user will be expected to meet this expenditure from their general living allowance.

5.4 Method of Calculation for non-residential services

a) Income less expenditure and allowances equals “assessable income”
b) Assessable income is rounded down to the nearest whole pound.
c) There is no charge if this is below £3.00 per week
d) Note that where the actual service costs are less than the assessed charge, the lower amount will be charged.
e) Note that for adaptations over £1000, the weekly charge will be calculated in the same way but the charge will be payable for a maximum of 7 years.

5.5 Financial Assessment for couples

When assessing one member of a couple, that person will be assessed on their own resources: Where the total savings and assets of the service user are over £23,250, including any beneficial interest in savings held by their partner or any other person, the full cost of care services will be charged

• 100% of solely owned and 50% of all jointly owned capital will usually be taken into account unless there is evidence of an unequal share, in which case a different percentage will be used.
• All assessable income appropriate to the service user will be taken into account.

Where benefits are paid at the couple rate, the benefit income will be apportioned**.** In these cases we will usually presume the service user has an equal share of the income unless it is clear that this is not the case and consideration will be given to both partners’ financial circumstances.

*Note: Savings and capital are normally defined as belonging to the person in whose name they are held. However, in some cases there may be a beneficial ownership for a partner, e.g., where they have the benefits of ownership, even though the title of the asset is held by someone else or where they are able to make or influence transactions. The origin of the income and capital will be considered and the intentions for future use and such assets may be considered as notional income or capital. For this reason, financial assessments will usually be completed by reference to all income, savings and expenditure of the household.

• 50% of a couple’s eligible household expenditure will usually be allowed

• Eligible Disability Related Expenditure for the service user will be allowed (see appendix A)

The general living allowance will be applied in line with statutory regulations as set out above at 5.1.

6. Care Homes: Charging for residents with long term care needs.

6.1 Where a person’s long term needs are assessed to be met in a care home the financial assessment will determine whether the person must pay the full cost of the care home fees or whether the council will help to pay towards the cost.

6.2. Charges for residential care are payable from the date care commences.

6.3 If the resident owns any property the net value is usually taken into account when calculating the level of savings and capital. Where that value exceeds £23,250 the resident will be assessed to pay the full cost of the care home fees. However where the residents' former home is occupied by a spouse or partner or another relative aged over 60 or disabled, the value will not be taken into account as it will be disregarded in the financial assessment.

Further details are available in the Care Act 2014 Guidance at paragraphs 34/35 and can be found at the following website https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

6.4 The Financial Assessment will take into account income, capital and the value of any assets. The charging calculation will take into consideration any mandatory disregards of income, capital and property as defined in the Care and Support Statutory Guidance.

6.5 The Assessment will allow the prescribed minimum personal allowance known as the 'Personal Expenditure Allowance' (PEA). This is £24.90 per week. Some people may also qualify for an additional Savings Credit Disregard depending upon the level of their income and state benefits.

6.6 Where someone chooses to live in a care home with fees above the council's set fee rates they must identify a person, known as a third party, to meet the additional cost. This additional cost is often called a 'top-up'. The local authority has the right to refuse this option if the extra costs cannot be met over a sustained length of time.

6.7 The third party must confirm they are able to meet the costs of the top-up for as long as the resident remains in the care home and they will be asked to enter into a formal agreement.

6.8 People who own a property may be eligible to defer the cost of part of their care home fees costs. They will be required to agree to a legal charge against the value of their property and this is known as a Deferred Payment Agreement. There is a setup fee for this arrangement of £533 and there are interest charges on the amount loaned to pay for care home fees. Details of this scheme can be found in the council's separate Deferred Payment Agreement information sheet.

7. Charging for Care Homes where support needs are assessed as temporary

7.1 The council will financially assess and charge people having a temporary stay in a care home from the start date of the service.

7.2 A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time **and where there is a plan to return home**. The person's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.

7.3 Where a person's stay is intended to be permanent, but circumstances change and the stay is temporary, the council will usually review the assessment on the basis of a temporary stay but this may depend upon the length of time the person has been resident in the care home.

7.4 The financial assessment for a temporary stay in a care home accounts for income and capital in the same way as for permanent residential care with the following exceptions:

7.5 The value of the person's main or only home will be disregarded where the resident intends to return and there is a plan to return home.

7.6 The value of the following will be disregarded:

- All Disability Living Allowance or Attendance Allowance or Personal Independence Payments will be disregarded
- Where Severe Disability Premium or Enhanced Disability Premium are in payment, these will be included in the assessment.
- Liabilities for rent, mortgage interest and water rates are taken into account subject to verification

8. Financial re-assessment reviews for all Services

Reviews will be conducted in the following circumstances:

a) Where someone receives a new or backdated state benefit, such as Attendance Allowance, Severe Disability Premium etc. Note that charges will be backdated to the date of the DWP award for the additional benefit. (Actual payments from DWP may be later).
b) At any time where the council discover an amendment to the financial information previously provided: e.g. financial or property Inheritance, previously undisclosed property, savings or income, including benefits (this can lead to additional charges being backdated).
c) Where a person notifies the council that their circumstances have changed
d) Where there is a significant change to Government regulations, state benefit entitlements or charging policy revisions
e) Where state benefits are uprated (usually in in April of each year)
f) Otherwise, financial reviews will take place over a period of time

9. Backdating charges

Charges will usually date from the start of the service.
Backdated charges apply where additional benefits have been successfully claimed. People will be advised of this policy in writing and will be required to pay the additional charge from the date they are found to be eligible for the benefit. This may include a period of backdated payment from the DWP.

Where people have not provided correct financial information, backdated assessments and charges will usually apply from the start of the service or from the date any additional assets were acquired. This may include gifted assets.

Sometimes, for residential care, we are unable to establish the extent of a person's income in a timely manner but as the resident is receiving full care and board, the charge will be backdated once the information is available to calculate the charge.

Where it is found, at any time, that a person still has or had, over £23,250 the full cost will be backdated to the start date of the service.

10. **Notification of Charges**

The outcome of the financial assessment and charge information will be confirmed in writing. This might provide a provisional charge pending the verification of income, savings, capital, expenditure, additional costs related to personal disabilities, or awaiting the outcome of state benefit claims. If all financial information is complete the notification will provide details of the final assessment.

11. Paying the contributions

11.1 Care Agencies:

Where the person has capital over £23,250 and is therefore assessed to pay the full cost for care services, **they will pay the agency direct**, upon receipt of an invoice from the care agency or by standing order or other method agreed with the agency. If the service user fails to pay the provider, further action may be taken.

Where the home care service is provided by an independent agency and the person does not have to pay the full cost but has been assessed to pay a contribution, **the council** will usually invoice the service user, monthly in arrears.

11.2 Care Homes:

Where a person is resident in a care home, they will be asked to agree to make payment of their contribution directly to the care home

11.3 Council Services:

Where the service is provided directly by the Council the service user will receive an invoice, monthly in arrears, from the Council's Central Collections Team.

11.4 Direct Payments for care services

Where the service user receives Direct Payments in order to purchase their own care services, they will be required to pay their contribution into their Direct Payments account. The preferred method is for the service user to set up a standing order from their personal bank account into the Direct Payments account. Where a contribution has been assessed, the service user must pay this into the account first, to cover the first part of the care costs, and the council will pay the remainder of the agreed eligible care costs into the account on a 4 weekly basis. Failure to pay the contribution into the account may lead to further legal action.

12. Recovery of Debt

12.1 Where a person fails to pay the amount they have been assessed to pay for their care and support, the Care Act 2014 provides the council with powers to recover money owed

12.2 Action for recovery of debt extends to the service user and their representative, where they have misrepresented or have failed to disclose (whether fraudulently or otherwise), information relevant to the financial assessment

12.2 The council will only proceed with Court action where alternatives have been exhausted. Any proceedings will usually go through the County Court. The council

will deal with each case of debt on an individual basis and all circumstances will be carefully considered.

13. Appeals and Complaints

Service users have the right to ask the Council for a review of the assessed charge if they consider it to be unreasonable.

The appeal will involve the following checks:-

That income included in the assessment is correct
That the standard disregards/allowances are correct
That all eligible additional disability costs have been included
That any further exceptional circumstance has been considered which may warrant special discretion.

The Appeal Decision is initially made by the Head of Financial Assessments to ensure consistency and equity with other service users and provides an information base of exceptional decisions. The appeal should be completed within 4 weeks of referral including written notification of the outcome. If the service user is still dissatisfied they can use the complaints procedure.

Diversity and equality

The council is committed to the broad principles of social justice and is opposed to any form of discrimination. It embraces best practice in order to secure equality of both treatment and outcome. The council is committed to ensuring that no one is treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or personal beliefs.

Summary of Publications

The following publications have been referred to in the compilation of this policy

- The Care Act 2014
- The Care Act 2014 Regulations Part 1
- The Care Act 2014 Care and Support Statutory Guidance
- Mental Health Act 1983

APPENDIX A - **Disability-related expenditure (DRE)**

The Care Act Guidance states: "**Where disability-related benefits** are taken into account, the local authority should make an assessment and allow the person **to keep enough benefit** to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority"

Disability-related benefits for the above purpose are:

- Attendance Allowance
- Disability Living Allowance Care Component
- Personal Independence Payment Care Component
- Constant Attendance Allowance
- Exceptionally Severe Disablement Allowance

Therefore, the maximum DRE allowance will be the full amount received from of any of the income benefits listed here.

Care Act Guidance: Disability-related expenditure

40) In assessing disability-related expenditure, local authorities should include the following. However, it should also be noted that this list is not intended to be exhaustive and any reasonable additional costs directly related to a person's disability should be included:

(a) payment for any community alarm system

(b) costs of any privately arranged care services required, including respite care

(c) costs of any specialist items needed to meet the person's disability needs, for example:

(i) Day or night care which is not being arranged by the local authority

(ii) specialist washing powders or laundry

(iii) additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP in cases of doubt)

(iv) special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability

(v) additional costs of bedding, for example, because of incontinence

(vi) any heating costs, or metered costs of water, above the average levels for the area and housing type

(vii) occasioned by age, medical condition or disability

(viii) reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services

(ix) purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council

(x) personal assistance costs, including any household or other necessary costs arising for the person

(xi) internet access for example for blind and partially sighted people

(xii) other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example, council-provided transport to day centres is available, but has not been used

(xiii) in other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at lesser cost. For example, a council might adopt a policy not to allow for the private purchase cost of continence pads, where these are available from the NHS

Brighton and Hove City Council Policy

Evidence of actual expenditure, such as receipts and bank statements, will usually be requested at the Council's discretion. It is legitimate for Councils to verify that items claimed have actually been purchased, particularly for unusual items or heavy expenditure. Generally eligible allowances should be based on actual past expenditure. Spending not yet incurred is not allowed as it is not practicable for assessments to take account of expenditure users might incur if they had more income. Where receipts have not been kept, a council may request that this be done for future expenditure

The following allowances may be agreed but is not an exhaustive list of disability-related costs. It is reasonable to expect that most people would not qualify for the full range of allowances. The council would not expect to allow costs that could be obtained free of charge or should otherwise be met by other agencies, such as the NHS. This includes therapies, such as physiotherapy, and to chiropody and continence pads

Everyone is provided with an allowance for everyday living costs. This is known as the Minimum Income Guarantee or MIG and is explained at 5.1 of this policy. This allowance is higher than the amount a person would actually receive from a DWP means tested benefit such as Employment Support Allowance, Universal Credit or Guarantee credit. Where a person receives only a means tested benefit and no other income, the living costs allowance will exceed their income and there will be no charge for care services. However, where there is additional income, for example, from DLA, PIP or Attendance Allowance, these are not means tested and are provided by the DWP where a person is eligible due to the effects of their disabilities. Where this additional income, or any other additional income is applicable, it is likely that the person will be assessed to contribute towards the cost of care services, subject to any further disability related expenditure allowance.

To qualify for the additional allowance the expenditure claimed must be directly related to the person's disability or medical condition and must be over and above the amount a non-disabled person might incur in everyday general living costs.

For example, some people may have a disability which means they are not able to manage the essential cleaning tasks in their home. Where they live alone or nobody else in the household is able to do this, they may pay someone else to do this for them. We have a guideline maximum allowance of £12 per week which is based on an hour per week but this may be subject to proof of payment and essential cleaning needs and can be higher in exceptional circumstances.

Where a person is paying someone for their personal care service we will check the expenditure and the care plan to see whether this is considered eligible and necessary and is funded privately instead of needing council funding. An allowance will be given where eligible.

It may be possible to provide a small allowance for any additional costs of a specific diet as prescribed by a GP due to illness or disability. We have a maximum allowance of £6 per week. This is because different diets are not likely to cost more than the "average cost" of a diet which

has already been allowed for in the MIG allowance. Extra costs must “reasonable” and as a result of disability / medical issues rather than choice.

An allowance may be given for essential garden maintenance, for example, grass cutting in the growing months once per month – we have a guideline maximum weekly allowance of £12 which is based upon an average of £52 per month. This is subject to proof of expenditure and applies where people have a disability such that they are not able to manage essential garden maintenance themselves and where they live alone or nobody else in the household is able to do this.

An additional allowance may be given for transport costs necessitated by illness or disability, including costs of transport to day centres, over and above any benefits received for mobility component of DLA or PIP. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example is available, but has not been used. We have a guideline maximum allowance of £12 per week which is considered to be an amount extra to average general transport costs which are already included in the General Living Costs allowance (MIG). No allowance will apply where a person is able to use public transport and have a free bus pass. Free taxi vouchers may be a suitable alternative.

DISABILITY RELATED EXPENDITURE ALLOWANCES 2020-21

An additional fuel allowance will apply where costs exceed average usage as set out in the table below. If you pay a set amount each month based on estimated usage we will need a copy of the statement you receive detailing your actual usage during the year. Amounts paid will be compared to the national average for a similar household size and type. Any additional allowance will be the difference between the average cost and the amount you pay. The average cost is already included in the MIG allowance of £189 per week.

Annual inflationary update based on RPI Fuel index at November 2019. Fuel prices **decreased** by 2.2 % in the last 12 months. The figures are obtained from www.statistics.gov.uk from the download "consumer price inflation detailed reference tables. The figures are found in Table 41 detailed reference tables - % change over 12 months.	Standard Inc. South
Single person - Flat/Terrace	£1,283
Couple – Flat/Terrace	£1,692
Single person – Semi Detached	£1,362
Couples – Semi Detached	£1,795
Single – Detached	£1,657
Couples – Detached	£2,185

Notes - consideration will be made where additional household members incur additional fuel costs.
Winter Fuel payments are disregarded

The guideline maximum allowances shown below can be reviewed in individual circumstances.

ITEM	AMOUNT	EVIDENCE
Community Alarm System	Actual cost to service user	Bills from provider
Domestic support services	Actual cost where this is not provided as part of the care plan and the amount is reasonable and necessary for hygiene purposes	Evidence of employment and correct payments to an employee under UK law. Or paid invoices from care agency. Guideline Max £12 per week.
Private care services	Actual cost where this is not provided as part of the care plan but the amount is reasonable and necessary for care and support	Evidence of employment and correct payments to an employee under UK law. Or paid invoices from care agency.
Laundry/ Specialist Powder	£3.91 per week is considered to be reasonable as additional expenditure due to disability and more than 4 loads per week	Care Plan or other source identifies continence problems.
Special Dietary needs	Discretionary as special dietary needs may not be more expensive than average weekly food costs	Medical evidence and details of special purchases. An allowance of up to £6 per week is considered reasonable
Gardening	Discretionary based on individual costs of garden maintenance	Signed receipts for at least 4 weeks using a proper receipt book. An allowance of up to £12 per week is considered reasonable
Wheelchair	£4.07 per week manual £9.89 per week powered	Evidence of purchase. No allowance if equipment provided free of charge
Powered bed	Actual cost divided by 500 (10 yr life) up to a maximum of £4.50 per week	Evidence of purchase
Turning bed	Actual cost divided by 500 up to a maximum of £7.88 per week	Evidence of purchase
Powered reclining chair	Actual cost divided by 500 up to a maximum of £3.57 per week	Evidence of purchase
Stair-lift	Actual cost divided by 500 up to a maximum of £6.36 per week	Evidence of purchase without DFG input
Hoist	Actual cost divided by 500 up to a maximum of £3.12 per week	Evidence of purchase without DFG input
Prescription Charges	Cost of an annual season ticket divided by 52 or actual cost of prescriptions whichever is less	Where ineligible for free prescriptions
Transport	Discretionary based on costs that are greater than those incurred by the general public.	Evidence in Care Plan for transport needs where person cannot use public transport– max £12 per week

Note: - Mobility Allowance cannot be included in the normal financial assessment as an income but the statutory guidance states that transport costs should be allowed where necessitated by illness or disability, over and above the mobility component of DLA if in payment. Therefore no further transport costs are allowed if Mobility Allowance covers them.

AE: 25/3/20