





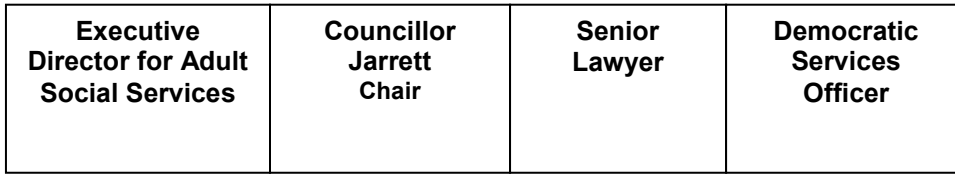
**Brighton & Hove
City Council**

Adult Care & Health Committee

Title:	Adult Care & Health Committee
Date:	25 November 2013
Time:	4.00pm
Venue	Council Chamber, Hove Town Hall
Councillors:	Jarrett (Chair), Phillips (Deputy Chair), K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Barnett, Bowden, Marsh, Mears, Summers and Wakefield
Co-optees	Geraldine Hoban (Clinical Commissioning Group), Dr George Mack (Clinical Commissioning Group) and Janice Robinson (Clinical Commissioning Group)
Non-voting Co-optee	Jane Viner (Healthwatch)
Contact:	Caroline De Marco Democratic Services Officer 01273 291063 Caroline.demarco@brighton-hove.gcsx.gov.uk

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Democratic Services: Adult & Care & Health Committee



Officers

Councillor Phillips
Deputy Chair

Councillor K Norman
Opposition
Spokesperson

Councillor Bowden

Councillor Barnett

Councillor Wakefield

Councillor Mears

Geraldine Hoban
CCG

Councillor Meadows
Group
Spokesperson

Janice Robinson
CCG

Councillor Marsh

Dr. George Mack
CCG

Councillor Summers

Officer

Jane Viner
Healthwatch

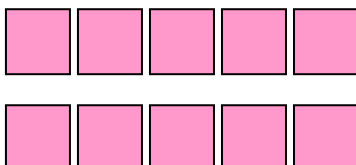
Officer

Officer

Public
Speaker

Councillor
Speaking

Public Seating



Press

AGENDA

PART ONE

Page

30. PROCEDURAL BUSINESS

(a) Declaration of Substitutes: Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

- (a) Disclosable pecuniary interests not registered on the register of 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 should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) Exclusion of Press and Public: To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following 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 for public inspection at Brighton and Hove Town Halls.

31. MINUTES

1 - 14

To consider the minutes of the meeting held on 23 September 2013 (copy attached).

Contact Officer: Caroline De Marco

Tel: 01273 291063

32. CHAIR'S COMMUNICATIONS

ADULT CARE & HEALTH COMMITTEE

33. CALL OVER

- (a) Items 36, and items 38 to 42 will be read out at the meeting and Members invited to reserve the items for consideration.
- (b) Those items not reserved will be taken as having been received and the reports' recommendations agreed.

34. PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

- (a) **Petitions:** to receive any petitions presented to the full council or at the meeting itself;
- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 18 November 2013;
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 18 November 2013.

35. MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

- (a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions:** to consider any written questions;
- (c) **Letters:** to consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

PART A - JOINTLY COMMISSIONED - (SECTION 75) BUSINESS

36. FINANCE REPORT AT TBM5

15 - 24

Report of Executive Director of Finance & Resources (copy attached).

Contact Officer: Anne Silley

Tel: 01273 295065

Ward Affected: All Wards

37. INTEGRATED TRANSFORMATION FUND

Presentation by the Chief Operating Officer, CCG and Executive Director, Adult Services.

38. SUPPORTING CARERS

25 - 36

Report of Executive Director of Adult Services (copy attached).

Contact Officer: Gemma Scambler

Tel: 01273-295045

Ward Affected: All Wards

ADULT CARE & HEALTH COMMITTEE

PART B - COUNCIL BUSINESS

39. DAY ACTIVITIES REVIEW PROGRESS REPORT 25 NOVEMBER 2013 37 - 52

Report of Executive Director of Adult Services (copy attached).

Contact Officer: Anne Richardson-Locke, Tel: 01273 290379, Tel:
Naomi Cox 29-5813

Ward Affected: All Wards

40. COMMUNITY MEALS 53 - 98

Report of Executive Director of Adult Services (copy attached).

Contact Officer: Debbie Greening Tel: 29-5739

Ward Affected: All Wards

41. MARKET POSITION STATEMENT: ADULT SOCIAL CARE INTENTIONS 99 - 104

Report of the Executive Director of Adult Services (copy attached).

Contact Officer: Anne Hagan Tel: 01273 296370

Ward Affected: All Wards

42. EXTRA CARE HOUSING - BROOKE MEAD UPDATE 105 - 116

Report of Executive Director of Environment, Development & Housing and Executive Director Adult Services (copy attached).

Contact Officer: Martin Reid Tel: 293321

Ward Affected: All Wards

43. ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to the 12 December 2013 Council meeting for information.

In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee meeting.

ADULT CARE & HEALTH COMMITTEE

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Caroline De Marco, (01273 291063, email Caroline.demarco@brighton-hove.gcsx.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Friday, 15 November 2013

BRIGHTON & HOVE CITY COUNCIL

ADULT CARE & HEALTH COMMITTEE

4.00pm 23 SEPTEMBER 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

- Present:** Councillor Jarrett (Chair)
Councillors Phillips (Deputy Chair), K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Barnett, Bowden, Mears, Robins, Summers and Wakefield
- Co-optees:** Michael Schofield (Brighton & Hove Clinical Commissioning Group), Dr George Mack (Clinical Commissioning Group) and Janice Robinson (Clinical Commissioning Group)
- Observer:** Colin Vincent – Older Peoples Council

PART ONE

16. PROCEDURAL BUSINESS

16A Declarations of Substitute Members

- 16.1 Councillor Robins declared that he was substituting for Councillor Marsh. Michael Schofield declared that he was substituting for Geraldine Hoban.

16B Declarations of Interests

- 16.2 There were no interests.

16C Exclusion of the Press and Public

- 16.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.
- 16.4 **RESOLVED** - That the press and public be excluded from the meeting during consideration of Item 28 – Integrated Community Equipment Services.

17. MINUTES

- 17.1 Councillor Summers noted that Section 5.3 of the minutes confused the words hydration and dehydration and asked for this to be amended. Councillor Summers pointed out a typing error at paragraph 6.3.
- 17.2 Councillor Mears referred to paragraph 14.9 in relation to Extra Care Housing. She asked if there would be a further report to the committee should there be a change of plans which affected the business case. The Chair confirmed that there would be a report back to the Committee under those circumstances.
- 17.3 Councillor Mears referred to paragraphs 14.11 and 14.13 in relation to the debate on the allocations policy. She asked if it could be confirmed if this matter had been addressed and that there was now only one allocation policy. The Executive Director replied that there had been issues with Hanover Housing which had been resolved from 1st September.
- 17.4 Councillor Mears asked for assurance that Adult Social Care did not have a separate allocations policy. The Chair confirmed that the anomaly had been resolved and that there was now one policy. Councillor Mears asked for this to be confirmed in writing.
- 17.5 **RESOLVED** – (1) - That the minutes of the meeting held on 17 June 2013 be agreed and signed as a correct record subject the amendments outlined in paragraph 17.1.

18. CHAIR'S COMMUNICATIONS

- 18.1 There were none.

19. CALL OVER

- 19.1 **RESOLVED** – That all items be reserved for discussion.

20. PUBLIC INVOLVEMENT

(a) Petitions

- 20.1 The Committee noted that there were no petitions from members of the public.

(b) Written Questions

- 20.2 The Committee noted that there were no written questions from members of the public.

(c) Deputations

- 20.3 The Committee noted that there were no deputations from members of the public.

21. MEMBER INVOLVEMENT

21.1 The Committee noted that there were no petitions, written questions, letters or Notices of Motion received from councillors.

22. FINANCE REPORT- S75 ARRANGEMENTS

- 22.1 The Committee considered a report of the Executive Director of Finance & Resources and the Finance Director CCG which set out the financial position on the NHS Trust Managed S75 Provider Budgets in 2013/14. The Head of Business Engagement presented the report. The table in paragraph 3.2 of the report showed the contributions to the partnership for 2013/14. Paragraph 3.3 reported on overspends in mental health and the Integrated Equipment Store. The CCG contracts with SCT and SPFT were currently forecast to break even.
- 22.2 George Mack stated that a growth in dementia cases would be expected, yet the budget allocated to dementia was declining. He thought it would be helpful to consider if that needed to be addressed. Mr Mack referred to paragraph 3.3 which stated that the forecast assumed 867 service users were receiving community care during the year. He asked if this was a total of dementia and mental health service users.
- 22.3 The Head of Business Engagement explained that WTE (Whole Time Equivalents) was a way of calculating the cost of people who might be receiving services for part of the year. The budget projectory on dementia was the budgeted level of activity. The total forecast number of service users in 2013/14 is estimated at 877.
- 22.4 Councillor Bowden asked whether there was a model to arrive at budget figures. He expressed concern that the budget allocated for dementia was less than in 2011/12 when incidents were increasing. He asked what would happen to people if the budget was exceeded.
- 22.5 The Head of Adults Assessment stressed that the costs of complex needs in mental health was high. The budget for dementia had been contained for the last few years and an increase was not expected. Adult Social Care had a duty to meet people's assessed need. If the budget was overspent, then money would have to be found from elsewhere.
- 22.6 The Executive Director informed members that more people were being placed in dementia care. She explained that officers are exploring using more community and domiciliary services to meet needs in a more personalised way and at a lower cost.
- 22.7 Councillor Mears asked if there was a record of how many people went into residential care, and how many were housing association tenants/council tenants or were from private or rented accommodation.
- 22.8 The Head of Adults Assessment confirmed that the Care First Data Base would be able to break down this information.
- 22.9 Councillor Mears replied that a breakdown would be useful. She asked how this information was fed back to Housing Services. The Head of Adults Assessment

explained that Adult Social Care had a good relationship with Housing Services. If a tenant did not have capacity, Housing Services had to go through a legal process to terminate the tenancy.

22.10 The Chair asked for the data to be supplied for the next meeting.

22.11 **RESOLVED** - (1) That the financial position on the NHS Managed S75 Budgets for the 2013/14 financial year be noted.

23. INTEGRATION TRANSFORMATION FUND (ITF) – 2014/15 AND BEYOND

23.1 The Committee considered a report of the Executive Director of Adult Services, Executive Director of Finance & Resources and the Chief Finance Officer, Brighton & Hove CCG which explained that as part of the June 2013 spending round the government set out the plans to establish a health and social care Integration Transformation Fund (ITF). The report contained a table with indicative figures built from the national planning assumptions which quantified the likely value of this fund in Brighton and Hove.

23.2 The Chief Finance Officer, CCG presented the report and informed members that the proposed fund had two components as set out in paragraphs 3.2 and 3.3 of the report. There were funds already in the system that would be pooled and their deployment would be overseen by the Health & Wellbeing Board, in line with a plan jointly agreed with the CCGs and the City Council. The second component was to add to the existing pooled funds and release a further £10m from NHS funds increasing the fund to £18m. This could only be achieved by joint working between Brighton and Hove CCG, BHCC and Brighton and Sussex University Hospital Trust.

23.3 Additional funds could only be released if the investment planned for the integration of 7 day working in health and social care to deliver earlier interventions and reduce inappropriate admissions to hospital and the hospital reduce their capacity. A key requirement was to have risk-sharing principals and contingency plans in place alongside the investment plans for 2014/15 and 2015/16. These plans were required to be developed and ready for implementation by the 31 March 2014.

23.4 Councillor Meadows noted that the Health & Wellbeing Board was being asked to agree plans and questioned why the Adult Care & Health Committee were not to be consulted first when there would be an impact on funding. She asked if staff had been consulted about seven day working.

23.5 The Chief Finance Officer explained that plans had not yet been developed but were required by 31 March 2014. The current report was for noting and was alerting the Committee of the fund and the impact on the Health & Wellbeing Board role. This had happened as a result of national guidance and was not a local decision. Joint plans would have to be presented to the Health & Wellbeing Board as the route for funding. Moving to Seven day working would raise a number of practical issues and if working conditions changed there would be a formal process for the staff affected.

23.6 Councillor Mears noted the plans for joint working and asked what would happen with regard to IT & communication systems. Councillor Mears referred to paragraph 5.8

which stated that there were significant implications which would need to be reflected in budget strategies and the Medium Term Financial Strategy. She stressed that it was important that the Committee had an oversight and impact on the budget papers.

- 23.7 The Chief Finance Officer agreed that there needed to be a vast improvement in IT systems. The CCG were working closely with the council with regard to financial planning.
- 23.8 Councillor Meadows asked if the Adult Care & Health Committee could agree the plans before they were passed to the Health and Wellbeing Board for sign off. The Executive Director stated that it was possible for the Committee to consider plans before being presented for sign off by the Health & Wellbeing Board but stressed that there might be timing issues in view of the deadlines.
- 23.9 Janice Robinson asked what had been done to identify shortcomings in 7 day working so far. She felt that there probably were important gaps in the hospital system. She suggested that some of the funding needed to be placed into health to fund these gaps. She asked to what extent had the local authority and CCG been able to identify the gaps and whether some of the money would have to be provided to health.
- 23.10 The Executive Director explained that there were already joint plans and that some of the money was spent on community services. The Head of Adults Assessment explained that seven day working in hospitals was already in place. However, the whole sector needed to move to seven day working in order to provide a complete service.
- 23.11 Councillor Bowden mentioned that patients were being discharged to their own homes without adaptations. He asked where the adaptation fund came from. The Head of Adults Assessment replied that there were a number of different funds and it was critical that people were placed in the right facility when leaving hospital.
- 23.12 The Chair stated that the Committee would like to see the plans by January 2014.
- 23.13 **RESOLVED** - (1) That the actions needed to establish the ITF and the issues that it raises be noted.

24. SAFEGUARDING ADULTS AT RISK

- 24.1 The Committee considered a report of the Executive Director of Adult Services which introduced the Brighton & Hove Safeguarding Adults Board's Annual Report for 2012-13. The Head of Safeguarding (Adults) presented the report and explained that the report outlined the work carried out during in 2012/13, and the priorities for 2013/14. The Annual Report will be published on the council's website and will be circulated to all member organisations of the Safeguarding Adults Board.
- 24.2 The Executive Director of Adult Services informed members that there was a great amount of safeguarding work being carried out and stressed that changes brought about by the Care Bill 2013 had been challenging. She emphasised that although the Board functioned well at present it was necessary to make further improvements by working with partners in a more consistent way.

- 24.3 Councillor Meadows referred to the section on Multi-Agency Working in Section 2.2 of the Annual Report and asked if the IT system was working well. She was informed that this was an initiative of the Community Safety Team who were looking at the risk for vulnerable people of anti-social behaviour. The IT system had client information about vulnerable victims and had been seen as very positive.
- 24.4 Councillor Meadows referred to Troubled Family Programme and asked if it was cost effective. She was informed that it was too early to know the impact of the Troubled Family Programme but it would be carefully monitored.
- 24.5 Councillor Meadows referred to 3.1 of the Annual report in relation to the 23% increase in the number of investigations for alerts which required a safeguarding investigation. She asked about the resource implications and whether extra staff would be employed to deal with that matter. She was informed that there were 16.5 investigations for alerts a week which was a large number and needed to be monitored and investigated. It was a huge burden on staff.
- 24.6 Councillor Meadows referred to paragraph 4.6 in relation to Ireland Lodge and asked what happened to vulnerable people who had been declined referrals. She was informed that this action was a result of a recommendation of the coroner who found that the level of need was increasing. Officers were in close contact with hospitals to ensure that there were appropriate admissions. Delayed discharges were minimal.
- 24.7 Councillor Meadows referred to paragraph 4.10 in relation to training by e-learning. She asked how this was monitored and whether it was as effective as face to face training. She was informed that e-learning was being used more as an option. Free safeguarding training was still offered. A capability framework has been developed and has been used with staff to ensure competency.
- 24.8 Councillor Meadows noted the acronym PRIMH mentioned in Section 4.11. She asked what it referred to. She was informed that PRIMH referred to Promoting Recovery in Mental Health and this would be made clear in the final document.
- 24.9 Councillor Summers thanked officers for the report. She referred to paragraph 3.1 which reported an increase in 29% in the number of safeguarding alerts raised of suspected harm or abuse of an adult at risk. She asked why there had been such an increase and why half were not investigated.
- 24.10 The Head of Safeguarding (Adults) explained that the ongoing increase in alerts was a national trend mainly due to raising awareness. 54% did not require investigation but were still logged and analysed. Other actions might be taken apart from investigations. An audit was carried out each year on cases that were not investigated. Investigations were also audited to see if they were appropriate.
- 24.11 Councillor Summers referred to the second graph in section 3.2 - % of Completed Investigations by Age Group of adult at risk. She commented that it was very noticeable that the 25-64 age group was highest and she asked why this was the case.
- 24.12 The Head of Safeguarding explained that the numbers of investigations involving the younger group included cases of issues such as substance misuse.

- 24.13 Councillor Summers referred to Figure 5 - % of Completed investigations by nature of alleged abuse and noted that a quarter were due to neglect.
- 24.14 The Head of Safeguarding (Adults) acknowledged that the number of neglect cases was a concern and stressed the importance of preventative work. An increase in an investigation of neglect also showed the raising of awareness that neglect is a form of abuse which requires alerting and investigations.
- 24.15 Councillor Mears congratulated officers on an excellent report which was very informative. She asked how the Troubled Families Programme was funded.
- 24.16 The Executive Director reported that the Troubled Families Programme was run by Children & Families. There was payment by result around the ring-fenced group. Adult Services were trying to adopt the same methodology.
- 24.17 Councillor Mears mentioned that a number of people were being placed in Ireland Lodge who had drug and substance misuse issues. She questioned whether it was appropriate to place people with these problems in Ireland Lodge and hoped that the right people would be placed there in future.
- 24.18 The Executive Director reported that Ireland Lodge took people with dementia whereas Wayfield Avenue took clients with more functioning mental need. The client group was getting slightly younger at Wayfield Avenue.
- 24.19 Councillor Norman considered the report to be very good and wide ranging. He did not think it necessary to restructure the Board at present.
- 24.20 The Executive Director explained that there would be a review of the Board but not a restructure. The review would ensure that the Board was fit for purpose.
- 24.21 The Chair thanked the Head of Safeguarding (Adults) for her work on the report.
- 24.22 **RESOLVED** - (1) That the safeguarding work carried out in 2012-13, and the priorities planned for 2013-14 be noted.
- (2) That the report be agreed for circulation.

25. ADULT CARE PERFORMANCE REPORT

- 25.1 The Committee considered a report of the Executive Director of Adult Services concerning the progress made in relation to implementing the significant changes to the adult social care performance framework that had been introduced by the Department of Health. The Head of Contracts & Performance set out the report which provided comparative data for the Adult Social Care Outcomes Framework (ASCOF) relating to 2012-13 performance.
- 25.2 The Head of Contracts & Performance explained that the Zero Based Review was concluded following consultation and Councils received guidance in May 2013 regarding future national reporting requirements commencing for the year 2014/15. This would require significant changes across various parts of the council and a dedicated project

board was in place to oversee this. In the interim councils would be required to provide national data returns as previous for 2013/14.

- 25.3 Members were informed that the second Local Account (“How are we doing”) was produced. Feedback had been very positive and the document was a significant improvement on the first publication.
- 25.4 The First City Summit was held in June 2013. There was full attendance from 80 service users/carers and citizens. Appendix 1 of the report provided a summary of feedback from those who attended.
- 25.5 Based on the analysis of service user and carer surveys, that formed the heart of the Local Account, the Council joined the Making it Real Programme and published an action plan on the Making it Real national site.
- 25.6 The Council continued to report its performance in relation to the Adult Social Care Outcomes Framework (ASCOF). Performance for 2012/13 was detailed in Appendix 2 of the report. Appendix 3 provided additional data regarding year on year performance. Good and positive outcomes were indicated in most areas however the outcomes from the Carer’s survey were relatively disappointing compared to other comparator councils. An analysis of all available information about carer’s services was being collated and would be presented to the senior management team in adult social care in September to inform improvement planning.
- 25.7 Councillor Norman thanked the Head of Contracts & Performance on the in depth report.
- 25.8 The Chair asked for an early indication back to the next Committee regarding the outcomes of the Carer’s Survey.
- 25.9 **RESOLVED** (1) That the Committee’s comments on performance in relation to the Adult Social Care Outcomes Framework 2012/13 be noted.

26. CONNAUGHT DAY SERVICE - UPDATE REPORT

- 26.1 The Committee considered a report of the Executive Director of Adult Services which reminded members that in 2012 the Children’s and Young People Committee received a report which recommended the expansion of West Hove Infant School to enable the council to help provide the increased number of primary school places required in the Hove area. To facilitate this expansion the relocation of the Connaught Day Service for adults with learning disabilities would be required. A report was submitted to Adult Care & Health Committee in June 2013 with proposals to consult on moving Connaught Day Service to Patcham House School. This option was withdrawn by Children’s Services prior to their Committee meeting on 16 July 2013.
- 26.2 The General Manager, Learning Disability Provider Services explained that the revised proposal was that Connaught relocate to Belgrave Day Options base in Portslade in March 2014. To facilitate the required 12 week consultation period, the Executive Director of Adult Services, in consultation with the Chair, used her constitutional delegated authority to approve the decision to consult regarding the proposed move.

- 26.3 The General Manager explained that service users and their families would be familiar with the location of the Belgrave Day Options Base. She further explained that officers were aware of the Shoreham Harbour Planning Scheme. The General Manager had met with the project officer from the developers and it was possible that the scheme could raise positive options for the local authority in the future. However, changes on the site would not be seen for about five years.
- 26.4 The General Manager explained that there had been two carers meetings at the Belgrave site for family carers. Officers were working closely with colleagues in Children's Services. Alterations to the building would need to be made but it was stressed that it was conjoined but separate from the equipment store. All service users would be offered a reassessment of their needs.
- 26.5 Councillor Meadows expressed concern that the consultation had not taken account of the parents and carers of the 20 service users. She was aware of a family member who had not received a letter. Councillor Meadows was concerned that assessments that took place would result in some service users not being able to transfer to the Belgrave Day Options base as their needs would not be considered severe enough.
- 26.6 The General Manager explained that the consultation period did not end until October. She was aware of the particular case mentioned by Councillor Meadows and it had been followed up. Consultation letters were sent to the address where the service user lived. Care homes had been asked to send information on to family members. All information was now also being sent direct to parents/carers.
- 26.7 The General Manager explained that the Connaught Centre had a wide range of different service users using the building. There was a need to find the right mix of people for the Belgrave Day Options Base. Some people might need to go to a different day option site where their needs would be better met.
- 26.8 Councillor Mears expressed concern that some clients using the Connaught Centre who had a need might not transfer to the Belgrave Day Options Base following an assessment. Councillor Mears stressed that members needed to be reassured that clients were referred to somewhere where their best interests were met. She stated that the committee needed to be informed of the numbers of service users who were finally referred to the Belgrave Day Options Base. She also asked for the Committee to be informed about what facilities were being made available for those who did not qualify for the Belgrave Day Options Base.
- 26.9 The Head of Adults Assessment explained that each service user would receive an individual assessment which would look at how to best meet their needs.
- 26.10 The Executive Director confirmed that officers would report back to the committee and provide information concerning the current service users at the Connaught Centre. Members would be informed where they were referred to and which services they received.
- 26.11 Councillor Bowden stressed that the service users at the Connaught Centre were vulnerable people and needed familiarity. He asked if there would be a transfer of

information and if the new people in charge would be given the opportunity of meeting the service user beforehand.

- 26.12 The General Manager confirmed that officers developed transitional plans for all service users. Service users would be introduced to staff before transition.
- 26.13 Councillor Meadows mentioned that parents and carers had commented that service users receiving assessments were sometimes persuaded into accepting direct payments. The parents/carers were concerned that their love ones would lose out on funding as they would not be able to access council services.
- 26.14 The Executive Director explained that service users could have a mix of direct payments and council services. Personalisation could be provided in a number of ways. She stressed the importance of people understanding the different options. The Executive Director stated that she wanted to ensure that every one understood the process by the end of the consultation period.
- 26.15 **RESOLVED** - (1) That the Committee note the decision to consult users of the Connaught Day Service on the proposed relocation to Belgrave Day Options base in Portslade made by the Executive Director of Adult Services in consultation with the Committee Chair Cllr Jarrett and in accordance with Part 6 of the Constitution of the Council.

27. ITEMS REFERRED FOR COUNCIL

- 27.1 **RESOLVED** - That no items be referred to Council.

28. INTEGRATED COMMUNITY EQUIPMENT SERVICES

- 28.1 The Committee considered a report of the Executive Director of Adult Services concerning options for the future delivery of equipment services, currently provided by the Integrated Community Equipment Service. The service is commissioned jointly between BHCC and Brighton & Hove Clinical Commissioning Group and has been provided via a Section 75 agreement with Sussex Community NHS Trust since 2004.
- 28.2 The service delivers daily living and community health equipment and minor adaptations to adults and children who met the accessibility criteria. It is located at the Belgrave Centre in Portslade, a BHCC building, with a satellite store based at Brighton General Hospital.
- 28.3 The Commissioning Manager set out the report and explained the various options for the future of the service. The Commissioning Manager explained that key issues to consider were the current low rate of recycling of equipment which negatively affected the budget, and issues related to the building which is not big enough and requires major works.
- 28.4 Councillor Mears commented that it would have been helpful for members to have seen a map of the site, showing its relation to the Belgrave Day Options Base. She asked if the damaged roof was above the store. The Commissioning Manager confirmed that the roof was above the store.

- 28.5 Councillor Mears referred to paragraph 3.6.5 of the report which stated that £193,000 was required to update the building. She asked if this sum of money was purely for this part of the building. The Commissioning Manager confirmed that the money was required for this part of the building.
- 28.6 Councillor Meadows agreed that recycling was a key issue. She stressed the need to keep track of equipment. Councillor Meadows asked about the relationship between the equipment store and the Belgrave Day Options Centre.
- 28.7 The General Manager, Learning Disability Provider Services explained that the equipment store and the Belgrave Day Options Centre were conjoined but separated a few years ago. They operate as two separate buildings. The Executive Director of Adult Services confirmed that there were no plans to expand the day service. The two services are not connected in any way.
- 28.8 Councillor Meadows expressed concern that staff at the equipment store had only been consulted about the proposals a few days before the committee meeting. She asked officers to clarify what would happen if members approved Option 4. Would TUPE be involved and would the decision be seen as a fait accompli?
- 28.9 The Executive Director explained that if a decision was taken to approve Option 4, it would result in discussions with West Sussex County Council on the possibility of working in collaboration to tender for a new service model for the provision of the community equipment store. There would be further consultation with staff following the decision of the committee. TUPE would apply to some staff if any new tender was to be pursued in the future.
- 28.10 Councillor Meadows asked if there would be redundancies. The Executive Director replied that it was difficult to give a definitive answer but stressed that the changes would not be implemented until 2015 and officers would work closely with the unions with regard to these issues. There would be a natural staff turnover which would help to mitigate the need for redundancies.
- 28.11 Councillor Robins raised the issue of the Shoreham Harbour Planning brief. This would result in a large housing development in this area of Portslade. He asked if the developer could be asked to fund a suitable store. (Note – The General Manager, Learning Disability Provider Services later confirmed that the Shoreham Harbour scheme would not result in changes on the site for about five years).
- 28.12 The Commissioning Manager stated that she was not aware of the housing issues and had looked at the most effective model for the future of the service. If Option 4 was agreed and a joint tender was progressed with West Sussex, it was anticipated that there would probably be the need for 5 smaller stores across the city.
- 28.13 Councillor Bowden stated that housing in this area had been identified in the City Plan but nothing definite had been approved at this stage. He agreed that in the future it would be sensible to have discussions with the developer. Councillor Bowden referred to paragraph 3.5.2 which related to the overspend on the ICES equipment budget. He stressed the need for keeping a track of equipment with smarter methods such as bar

coding. Councillor Bowden considered that only Options 3 or 4 were feasible. He asked for reassurance that the depots would be sited in Brighton & Hove.

- 28.14 Janice Robinson expressed concern about the overspend on the budget and stressed that increasing numbers of people would require the service. She stated that she would like to see if efficiencies could be made by joint working with West Sussex. She considered that the needs of service users were paramount.
- 28.15 Councillor Norman considered that the service had been in need of an upgrade for some time. He believed that that Option 4 was the right proposal. Councillor Norman informed members that having been a service user this year he had been very impressed with the prompt delivery of equipment but had found that he had received no contacts regarding the return facility. He stressed that the Shoreham Harbour scheme was at very early stage at the moment and it was necessary to make improvements to the equipment service as soon as possible. The current facilities were not fit for purpose.
- 28.16 Councillor Mears highlighted how difficult it was to return equipment. She suggested that service users should be given written instructions on where to return equipment. This was not happening at the moment. Councillor Mears asked for a report to the next committee meeting setting out the findings of discussions with West Sussex County Council on the feasibility of working in collaboration to tender for a new service model.
- 28.17 The Commissioning Manager stressed that West Sussex County Council would not be meeting until December 2013 when they would make a decision about a procurement process. Nothing definitive would happen for a few months. The Executive Director confirmed that no final decision could be made by Brighton & Hove City Council until West Sussex County Council had made their decision in December.
- 28.18 Councillor Meadows suggested that the local authority could take over the management of the store. Bar coding would help to identify equipment. She stressed the need for the store to remain in the city so that service users could easily access equipment.
- 28.19 The Executive Director explained that Sussex Community NHS Trust had other satellite buildings. There were no issues with those buildings. The proposals were based on better logistical stores. The Executive Director stressed the risks associated with the current building and systems. She further stressed that ICES is a service that requires specialist skill. She considered that bringing the service in-house would not be an appropriate option as the local authority did not have the specific skills required to manage the service.
- 28.20 Councillor Phillips informed members that she could not support Options 3 or 4 as she did not agree with outsourcing services. She preferred Option 2 but accepted that this option would not be sustainable in the future.
- 28.21 Councillor Summers stated that she was not happy to accept recommendation 2.2 which would have given the Executive Director delegated authority to award a contract.
- 28.22 Councillor Bowden considered that the committee should not be rushed into making a decision without further information. He would prefer the service to remain in-house but

if that were not possible then joint procurement could be considered. He stressed that the committee should have democratic oversight on the future of the service.

- 28.23 Councillor Mears informed members that she would be happy to agree recommendation 2.1 but would want a report back to committee in November. She agreed with Councillor Summers with regard to recommendation 2.2. Meanwhile, members should be invited to a tour of the site.
- 28.24 The Chair informed the committee that agreeing Option 4 would result in discussions on the feasibility of joint procurement with West Sussex. It would not be a final decision.
- 28.25 **RESOLVED** – (1) That Option 4 of the report be agreed: To enable Adult Social Care to formally approach West Sussex County Council to discuss the feasibility of working in collaboration to tender for a new service model for the provision of community equipment services.
- (2) That until such time as a new contract is awarded, it is agreed that services shall continue to be delivered with Sussex Community NHS Trust (SCT), and that commissioners will work with SCT to develop the requirements of the existing service specifications.
- (3) That a further report be presented to the Committee at its meeting on 25 November. In the meanwhile, a site visit should be arranged for Members.

29. PART TWO PROCEEDINGS

- 29.1 The Board considered whether or not Item 28 – Integrated Community Equipment Store should remain exempt from disclosure to the press and public.
- 29.2 The Senior Lawyer advised that at the time of the publication of the agenda, staff and the unions had not been consulted on the proposals set out in the report. The report had therefore been placed on Part Two of the agenda as it contained exempt information as defined in paragraphs 1 and 4 of the Schedule 12A, Part 1, to the Local Government Act 1972. Staff and unions had now been consulted and following consideration of legal advice members agreed they did not consider the report or the minutes should remain exempt from disclosure to the press and public.
- 29.3 **RESOLVED** – That the report and minutes relating to Item 28 be made available to the press and public.

The meeting concluded at 7.40pm

Signed

Chair

Dated this

day of

Subject: Finance Report at TBM 5
Date of Meeting: 25 November 2013
Report of: Executive Director of Finance & Resources
Contact Officer: Name: Anne Silley **Tel:** 29-5065
Email: Anne.silley@brighton-hove.gcsx.gov.uk
Ward(s) affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This reports sets out the financial position on Adults Services, NHS Trust Managed S75 Budgets and Public Health budgets as assessed at August 2013.

2. RECOMMENDATIONS:

2.1 That the Committee notes the financial position for the 2013/14 financial year as reported at TBM5 (August 2013).

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The Targeted Budget Monitoring (TBM) report is a key component of the council's overall performance monitoring and control framework. This report sets out the forecast outturn position as at Month 5 as reported to Policy & Resources Committee on 17 October 2013.

Adult Services

3.2 The Adult Services forecast is an overspend of £2.587m (4.2% above budget) as set out in the table below. The main reason for the overspend is the underachievement against savings targets at the same time as continuing demand pressure on the budget as described in Appendix 1. The mitigation strategy to manage the overspend includes implementing savings plans, management of placements, corporate strategic work and continuing to identify appropriate funding streams.

Forecast Variance Month 2 £'000	Unit	2013/14 Budget Month 5 £'000	Forecast Outturn Month 5 £'000	Forecast Variance Month 5 £'000	Forecast Variance Month 5 %
2,153	Adults Assessment	48,112	49,946	1,834	3.8%
737	Adults Provider	13,593	14,355	762	5.6%
0	Commissioning & Contracts	516	507	(9)	-1.7%
2,890	Total Adult Services	62,221	64,808	2,587	4.2%

- 3.3 The Community Care budget, included within the total Adult Services budget (Adults Assessment) above, is classed as a Corporate Critical budget as it carries potentially higher financial risks and therefore could have a material impact on the council's overall financial position. Community Care is forecast to overspend by £1.841 million (4.4%) in 2013/14 as explained in Appendix 1.

Forecast Variance Month 2 £'000		2013/14 Budget Month 5 £'000	Forecast Outturn Month 5 £'000	Forecast Variance Month 5 £'000	Forecast Variance Month 5 %
2,153	Corporate Critical Community Care	41,427	43,268	1,841	4.4%

- 3.4 The NHS Trust-managed Section 75 Services represent those services for which local NHS Trusts act as the Host Provider under Section 75 Agreements. Services are managed by Sussex Partnership Foundation Trust (SPFT) and Sussex Community NHS Trust (SCT) and include health and social care services for Mental Health, and Community Equipment.

These partnerships are subject to separate annual risk-sharing arrangements and the monitoring of financial performance is the responsibility of the respective host NHS Trust provider. The forecast outturn (after risk share) is an underspend of £0.289 million (2.4%). More detailed explanation of the variances can be found in Appendix 1.

Forecast Variance Month 2 £'000		2013/14 Budget Month 5 £'000	Forecast Outturn Month 5 £'000	Forecast Variance Month 5 £'000	Forecast Variance Month 5 %
	S75 Partnership				
147	Sussex Partnership Foundation NHS Trust (SPFT)	11,430	11,658	228	2.0%
65	Sussex Community NHS Trust (SCT)	641	702	61	9.5%
212	Total Revenue - S75	12,071	12,360	289	2.4%

- 3.5 The CCG contracts with SCT and SPFT are currently forecast to breakeven. Regular discussions are being held with the Trusts during the year to ensure that pressures materialising are addressed.

Public Health

3.6 The expenditure forecast is within the ring-fenced public health grant from the Department of Health of £18.2 million . There is a significant potential financial risk of £1 million against the grant as a result of a dispute between local authorities and Public Health England in relation to prescribing costs as described in Appendix 1.

The table below sets out the forecasts for the areas within the public health portfolio not covered by the grant.

Forecast Variance Month 2 £'000	Service	2013/14 Budget Month 5 £'000	Forecast Outturn Month 5 £'000	Forecast Variance Month 5 £'000	Forecast Variance Month 5 %
0	Public Health	35	35	0	0.0%
0	Community Safety	1,595	1,595	0	0.0%
0	Civil Contingencies	177	185	8	4.5%
0	Total Revenue- Public Health	1,807	1,815	8	0.0%

The figures in the table above are net of the ring- fenced public health grant of £18.2m from the Department of Health

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 No specific consultation has been undertaken in relation to this report

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The financial implications are set out in the main report.

Finance Officer Consulted: Anne Silley

Date: 05/11/13

Legal Implications:

5.2

The Information within this Report has already been presented to the relevant decision making Committee (Policy and Resources) and therefore is for noting only.

Lawyer Consulted: Sandra O'Brien Date: 12/11/2013

Equalities Implications:

5.3 There are no direct equalities implications arising from this report.

Sustainability Implications:

- 5.4 There are no direct sustainability implications arising from this report.

Crime & Disorder Implications:

- 5.5 There are no direct crime and disorder implications arising from this report.

Risk and Opportunity Management Implications:

- 5.6 The Council's revenue budget and Medium Term Financial Strategy contain risk provisions to accommodate emergency spending, even out cash flow movement and /or meet exceptional items.

Public Health Implications:

- 5.7 There are no direct public health implications arising from this report other than as discussed in paragraph 3.6 above.

Corporate / Citywide Implications:

- 5.8 The council's financial position impacts on levels of Council Tax and service levels and therefore has citywide implications.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 No alternative options identified.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 Budget monitoring is a key element of good financial management, which is necessary in order for the council to maintain financial stability and operate effectively.

SUPPORTING DOCUMENTATION

Appendices:

1. Appendix 1- Revenue Budget Performance Adult Services
2. Appendix 1-Revenue Budget Performance Public Health

Documents in Members' Rooms: None

Background Documents: None

Appendix 1 – Revenue Budget Performance

Adult Services – Revenue Budget Summary

Month 2 Forecast Variance £'000	2013/14 Budget Month 5 £'000	Forecast Outturn Month 5 £'000	Forecast Variance Month 5 £'000	Forecast Variance Month 5 %
2,153	48,112	49,946	1,834	3.8%
737	13,593	14,355	762	5.6%
0	516	507	(9)	-1.7%
2,890	62,221	64,808	2,587	4.2%

Explanation of Key Variances

Key Variances £'000	Service	Description (Note: FTE/WTE = Full/Whole Time Equivalent)	Mitigation Strategy (Overspends only)
		The key variances across Adult Social Care are as detailed below:	Further plans are being developed and mitigating action is being taken to reduce these forecast overspends which are improving.
Adults Assessment			
see below	Assessment Services	Assessment Services are showing an overspend of £1.834m (3.8% of net budget) at Month 5, broken down as follows:	
1,318	Corporate Critical - Community Care Budget (Older People)	The pressure on the Older People community care budget relates to the Supported Living and Extra Care Housing savings target of £1.64m jointly commissioned with Housing which is now not expected to be delivered in year. The target includes options around Sheltered Housing, Shared Lives and other accommodation. These options are complex and there are significant service, legal, financial and commissioning considerations to work through for each option that will require a greater lead-in time than originally anticipated. Currently, there is a significant risk that units and/or alternative options will	Corporate strategic work is ongoing to deliver the extra care units required and explore/develop the other options-this is unlikely to deliver cost savings until 2014/15 or beyond. Placements are being managed to contain the potential overspend in 2013/14.

Appendix 1 – Revenue Budget Performance

Key Variances £'000	Service	Description (Note: FTE/WTE = Full/Whole Time Equivalent)	Mitigation Strategy (Overspends only)
		<p>review of day options, the corporate VFM programme on transport, the review of options for different service models led by a corporate working group, and the Learning Disabilities accommodation review, all of which are underway.</p> <p>The forecast overspend also includes additional pressures on Adults Provider budgets due to increased staffing in the Resource Centres for Older People (£0.460m) which has been partly offset by one off and recurrent Department of Health Social Care funding (£0.262m), projected shortfalls on Residents Contributions (£0.068m) and other areas are underspent by £0.004m.</p>	<p>efficiencies across all the services.</p>
Commissioning & Contracts			
(9)	Commissioning & Contracts	<p>There is a pressure of approximately £0.040m against delivery of the Community Meals savings target, which is offset against vacancy management savings across the service.</p>	

Appendix 1 – Revenue Budget Performance

NHS Trust Managed S75 Budgets - Revenue Budget Summary

Month 2 Forecast Variance	2013/14 Budget Month 5	Forecast Outturn Month 5	Forecast Variance Month 5	Forecast Variance Month 5
£'000	£'000	£'000	£'000	%
147	11,430	11,658	228	2.0%
65	641	702	61	9.5%
212	Total Revenue - S75	12,360	289	2.4%

Explanation of Key Variances

Key Variances	Service	Description	Mitigation Strategy (Overspends only)
228	SPFT	Sussex Partnership NHS Foundation Trust are reporting an overspend of £0.456m at Month 5 (an increase of £0.274m from Month 2), reflecting growth pressures and an increase in need and complexity in Adult Mental Health and forensic services within residential and supported accommodation. In line with the agreed risk-share arrangements for 2013/14 any overspend will be shared 50/50 between SPFT and BHCC and this has been reflected in the overspend of £0.228m reported here.	There is ongoing scrutiny at Panel and identification of appropriate funding streams. The BHT Start project has been extended. Move on activity will remain a key element of work for Transitions team and Recovery services.
61	SCT	The pressure of £0.061m against the Integrated Community Equipment Store (ICES) budget reflects the continued increased demand for equipment and is a continuation of the trends seen in last financial year.	Options on service models will be reported to Adult Care & Health Committee in September.

Public Health – Revenue Budget Summary

Month 2 Forecast Variance £'000	Service	2013/14 Budget Month 5 £'000	Forecast Outturn Month 5 £'000	Forecast Variance Month 5 £'000	Forecast Variance Month 5 %
0	Public Health	35	35	0	0.0%
0	Community Safety	1,595	1,595	0	0.0%
0	Civil Contingencies	177	185	8	4.5%
0	Total Revenue - Public Health	1,807	1,815	8	0.4%

Key Variances £'000	Service	Description	Mitigation Strategy (Overspends only)
0	Public Health	<p>This is a ring-fenced grant of £18.2m from the Department of Health, which is being provided to give local authorities the funding needed to discharge their new public health responsibilities. The expectation is that funds will be utilised in-year, but if at the end of the financial year there is any underspend this can be carried over, as part of a public health reserve, into the next financial year. In utilising those funds next year, the grant conditions will still need to be complied with.</p> <p>It has recently come to light that there is dispute between local authorities and Public Health England in relation to prescribing costs. The ring-fenced transfer of £18.2m does not include provision for certain additional prescription costs and services but Public Health England are indicating that this is</p>	

Appendix 1 – Revenue Budget Performance

Key Variances £'000	Service	Description	Mitigation Strategy (Overspends only)
		now the responsibility of local authorities. The potential financial risk to this council is circa £1.0m. Discussions are being held at a regional level to resolve this dispute.	
Community Safety			
0	Community Safety	Community Safety are forecasting a break-even position at Month 5.	
Civil Contingencies			
8	Civil Contingencies	There is a small pressure being reported due to slightly increased staff costs.	Non-pay budget areas will be closely reviewed and savings generated where possible to cover identified pressure.

Subject:	Supporting Carers		
Date of Meeting:	25.11.13		
Report of:	Executive Director Adult Services		
Contact Officer:	Name:	Gemma Scambler	Tel: 29-5045
	Email:	Gemma.scambler@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 This report gives information on the current support available for carers within Brighton and Hove, funded through joint commissioning arrangements between Adult Social Care and the Clinical Commissioning Group.
- 1.2 The report also outlines the future developments aimed at further improving the support to carers locally.

2. RECOMMENDATIONS:

- 2.1 That the Committee notes the support available for carers, funded jointly between Adult Social Care and the Clinical Commissioning Group.
- 2.2 That the Committee notes the projects and activities, aimed at further improving the services for carers.

3. CONTEXT/ BACKGROUND INFORMATION**3.1 Current services and support available for Carers:**

Informal carers (friends and family members) provide the majority of care within the UK. Carers provide unpaid care by looking after an ill, frail or disabled family member, friend or partner. A tenth of the population of England and Wales provide unpaid care – just under 6 million people, according to the 2011 Census. Within Brighton and Hove the 2011 Census stated that 23,967 people defined themselves as a carer, which represents 9% of the local population. Of those 68% provide 1 to 19 hours per week; 12% provide 20 to 49 hours per week; and 20% provide 50 or more hours per week (further information can be found on the within the Joint Strategic Needs Assessment Summary Carers <http://www.bhlis.org/profiles/>).

Brighton and Hove has developed a range of services to support carers locally, through joint commissioning and budgets between Adult Social Care and the

Clinical Commissioning Group. The joint carers funding for 2013/14 is approximately £1.5 Million, (a breakdown of the expenditure is in Appendix 1).

Contracted services for carers include a range of information; advice; support; engagement; assessment; and specialist training opportunities for to both Adult and Young Carers. Plus the provision of home-based respite services, which is now transitioning from carers services to Community Care services.

Additional support services for carers include:

Carers Card provides discounts on leisure activities; health and fitness opportunities; and legal services.

Carers Emergency Back Up Scheme the plan describes the support they provide and who they would want to provide this support if they were unable to.

CareLink and telecare equipment a range of equipment which may support a carer in their caring role.

Adult Social Care Carers Team and Carer Support Workers dedicated carer workers to provide assessments and support directly to carers, within ASC and the Integrated Primary Care Teams.

Carers Self Directed Support Budget this budget is managed through the ASC Carers Team and enables carers to accessing funding for activities and opportunities which support them.

Carers Back Care Adviser specialist worker within Sussex Community Trust.

3.2 **Carers Strategy:**

Brighton and Hove City Council leads a Multi-Agency Carers Strategy, which is supported through an implementation group, chaired by Carol Mealing (carer). The membership covers Health partners, voluntary sector and ASC. This year the strategy is being reviewed, with themed meeting for each of the 5 key outcomes (Appendix 2 is a copy of the Carers Strategy Outcomes and Action Plan).

A refreshed strategy is being developed for 2014/15; then in 2015/16 a new National Carers Strategy will be published including the implementation of the new Care and Support Bill, so the local Carers Strategy will be developed to reflect the impact of both of those. The new Care and Support Bill places a greater emphasis on supporting carers, for the first time carers will be recognised in the law in the same way as those they care for. New duties include providing greater information and advice, meeting assessed eligible needs of carers (which is equivalent to the duty to meet the needs of cared for people), and to have a proactive approach to supporting carers to access carers assessments, through increased identification and recognition (Appendix 3 outlines the implications of the new Bill for carers).

3.3 **Carers Survey and Development Projects:**

The contract information and outcomes feedback from the current services and support is overwhelmingly positive, however the Carers survey results released earlier this year identified areas for improvement (Summary of information within Appendix 4).

The Carers Survey identified 3 key areas for improvement:

- *increase social contract;*
- *better and more accessible information and advice;*

- *more respite options.*

An action plan has been produced as a result of the survey and this will be monitored by the Carers Strategy Group.

There are a number of initiatives that will address the areas for improvement as identified by local carers including the development of the Carers Charter, the Carers Register and the Carers Summit will address the above areas identified by local carers. Additionally the changes to homebased respite will increase the opportunities available.

- a) **Carers Charter** – this document will amalgamate the local “Carers Quick Guide” information and the national “Carers Rights Guide”
- b) **Carers Register** – this system will provide a proportionate response to the needs of local carers – providing information and advice; access Carers Universal Services (including the Emergency Back Up Scheme + Carers Card); plus a GP alerted if requested; and opportunities for carers to join consultation groups and social media activities; and pathways to further assessments as necessary. The Register will be a vehicle for local carers to receive information and access a range of opportunities. This approach will support the new implications for carers, under the Care and Support Bill (Appendix 3).
- c) **Carers Summit** annual event, first summit is on Carers Rights Day (29/11/13); it will focus on Charter, Register and Respite, as well as providing information stalls and advice services.
- d) **Homebased Respite care:** changes to the homebased respite provided via the Carers budget should enable greater access to a range of support and less waiting times and the access will change and go through the Community Care systems, not a block contract, as agreed by Committee in November 2011.
- e) **Rebranding and reviewing the Self Directed Support Carers Grant payments:** There has been a lack of awareness that a number of collective and individual activities accessed by carers (via other organisations) are actually funded by Adult Social Care. Therefore carers aren’t always aware of the support that is being provided by the Council.
- f) **Young Carers:** discussions with Children’s services are taking place with a view to redesigning the assessment process, pathway and documentation to ensure young carers are effectively supported.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 This report is for information only.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The report is for information only and no specific consultation has been completed for it.

6. CONCLUSION

- 6.1 Support for carers is a major element of the role of both Adult Social Care and the Clinical Commissioning Group. The 2011 Census identified that Brighton and Hove has just under 24,000 carers, they need to be supported effectively and appropriately within their caring roles. This report identifies the services currently available and the current activities that are being developed.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The joint spend on supporting carers in 2013-14 is expected to be £1.5m, as broken down at Appendix 1. Future spending plans will be considered as part of the yearly budget setting process and jointly agreed between Adult Social Care and the Clinical Commissioning Group.

Finance Officer Consulted: Name: Michael Bentley Date: 06/11/13

Legal Implications:

- 7.2 This report is for noting only so that there are no specific legal or Human Rights Act Implications arising. Committee will want to note however the anticipated change in the law in terms of future new duties to carers.

Lawyer Consulted: Sandra O'Brien Date: 11/11/13

Equalities Implications:

- 7.3 This report is expected to have a positive equalities impact by promoting access to services that will support the needs of carers.

Sustainability Implications:

- 7.4 This report advocates the co-production of services for carers, resulting in a more sustainable model of provision.

Any Other Significant Implications

- 7.5 None

SUPPORTING DOCUMENTATION

Appendices:

Appendix 1 – Carers Budget Commitments 2013/14

Appendix 2 – Carers Strategy Outcomes and Action Plan 2013-14

Appendix 3 The emerging issues/implications regarding carers and the Care and Support Bill

Appendix 4 – Carers Survey Nov'12

Documents in Members' Rooms

1. None.

Background Documents

1. None.

Supporting Carers Committee Report (25.11.13) Appendix Document

Appendix 1 – Carers Budget Commitments 2013/14

Carers Budgets (ASC and CCG) – overview of the Contracted services and internal support for Carers.

CCG Carers Budget - £493,798

ASC Carers Budget - £980,000

Total £1,474,000

Carers dedicated contracts total commitment £855,000:

Contract
Adult Carers Support
Young Carers Support
Carers Engagement
Emergency Back Up Plans
End of Life Support
Homebased Respite for people with dementia
Information and Support for carers of people with dementia
Specialist dementia training for carers
Specialist Carers Back Care Adviser
Carers Card Development
Parent Carers Survey
Homebased Respite services
Carers Support Group
Emergency Back Up Scheme

Additional commitments regarding Carers support, non-contractual £619,000:

Service
Carers SDS Budget – bespoke allocation of funding directly to carers via an application process
Carers Contribution to the Community Care Budget
Integrated Primary Care Trust Carer Support Workers – 6 Carer Support Workers locality based
ASC Operational dedicated Carers staff

Appendix 2 – Carers Strategy Outcomes and Action Plan 2013-14

<p>Identification and recognition <i>Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages</i></p>	<ul style="list-style-type: none"> • Information Sharing Policy Implementation across local health services • Monitor and address issues raised by Carers Centre Reaching OUT project for BME, LGBT and other disadvantaged communities • Integrated Primary Care Teams Carer Support Service • Carers Assessments available from range of providers and self assessment • End of Life and Bereavement support • Embrace initiative • Increase numbers of Key Workers for parent carers • Transitions • Review Learning Disability carer engagement • Parent carer engagement - reach and thus represent the more vulnerable families. • Accessible community services in order to reach dementia carers at an early stage • Involvement and feedback from carers to shape appropriate services • Increased recognition of needs of mental health carers
<p>Realising and releasing potential <i>Enabling those with caring responsibilities to fulfil their educational and employment potential</i></p>	<ul style="list-style-type: none"> • Support to working carers • Support to carers to access education, training & employment • Services in place long enough for carers to work full day, i.e. 8am – 6pm
<p>A life outside of caring <i>Personalised support both for carers and those they support, enabling them to have a family and community life</i></p>	<ul style="list-style-type: none"> • Universal offer for carers • Services for carers • Quality, flexible breaks • Support to parents to develop independence/life skills training with cared for person • Respite that develops life skills • Continue to promote and develop the Carers Card • Maintain current levels of respite provision for parent carers • Ability to access alternative care at times and days to suit carer • Activities available for both carer and cared for person together
<p>Supporting carers to stay healthy <i>Supporting carers to remain mentally and</i></p>	<ul style="list-style-type: none"> • Advice and support available through Carers Centre, Alzheimer's Society and Patched; • Dementia training, • Looking After Me,

<p><i>physically well</i></p>	<ul style="list-style-type: none"> • Mindfulness Based Cognitive Therapy, • Positive Caring • Back Care Support Workers will provide advice to all carers with service based at Daily Living Centre and also to support hospital discharge and access from other short term services • Male carers support • Counselling • Concurrent support groups for carers and people with dementia at same time and venue • Amaze “Looking After You” relaxation course for parent carers • Online support networks
<p>Young Carers <i>Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.</i></p>	<ul style="list-style-type: none"> • Joint working between services for adults and services for children and whole family work & young carers pathway across all services • Support for young adult carers including befriending/mentoring • Sibling carers • Raise profile of young carers in Youth Strategy • Healthy living programme • Additional capacity in Young Carers Team for 8-12s and teens work • Family support work • Ensure respite options considered for young carers

Appendix 3 The emerging issues/implications regarding carers and the Care and Support Bill

The new Care and Support Bill places a greater emphasis on supporting carers, for the first time, carers will be recognised in the law in the same way as those they care for. With new duties which include providing greater information and advice, meeting assessed eligible needs of carers (which is equivalent to the duty to meet the needs of cared for people), and to have a proactive approach to supporting carers to access carers assessments, through increased identification and recognition.

Additionally, it removes the requirement that carers have to provide 'substantial' care to qualify for an assessment. It has been estimated that this may treble the number of carers' assessments councils have to undertake. The draft regulations issued in England (which will replace the FACS eligibility criteria) clarify the assessment process – stating that decisions about whether a disabled person has eligible needs for support must not *'take into account any support that is being provided by a carer'*.

The new requirements are summarised as follows:

- A whole family approach to assessment when assessing individuals and carers;
- A carers' entitlement to request an assessment of their own needs will not be dependent on them providing regular and substantial care;
- An increased focus on supporting young carers, including with the transition into adulthood;
- A 'duty' to respond to a carer's eligible needs (rather than the current 'power');
- A requirement to provide better information services for carers;
- A statutory obligation to provide a range of preventative services, including for carers
- Councils will need to make available more breaks and carer personal budgets.

The Government will be providing additional funding to address the new duties in the legislation, phased over 5 years rising to £175 million a year.

Appendix 4 – Carers Survey Nov'12

Carers Survey Nov'12 Outcomes – the survey identified Carers dis/satisfaction issues from the Carers Survey

ASCOF benchmarking indicates:

- Satisfaction (as measured by those extremely and very satisfied) levels were comparatively low: 37% in Council against comparator average of 42.7% and all England average of 44.2%. Lowest performance in our comparator group of 16 Councils.
- Quality of life levels were below average; 7.8 in Council against comparator average of 8.1 and all England of 8.2. Second lowest performance in comparator group of 16 Councils.
- Carers included or consulted in discussions about the cared for person levels were comparatively low; Council 68.8%, comparator average 72.8% and all England 74.7%. Third lowest in our comparator group.

Also noted that in the additional written feedback provided, was predominately negative. However this information generally related to the services and the assessment process that the person they cared for had gone through, not about specific carers services.

The local intelligence re carers services, provides a more positive outlook:

- Contract reviews and the related carer's feedback on services which forms part of these are positive about the quality and outcomes of these services and the carers experience is broadly a positive one.
- The Carers Support team monitor outcomes for individual carers in relation to services, including one off services and the overwhelming response from carers is positive in relation to the outcomes and their experience of the service.
- The Council supports a comprehensive and innovative range of carer's services, often through the voluntary sector that are perceived to be equal or in excess of other similar Councils.
- When following up by phone call those carers who did not feel safe it was noted that most of them had either been jointly assessed, assessed by non-statutory agencies or assessed at access point.
- During Carers Week the Carers Development Manager provided a range of awareness sessions and it was clear that staff had limited knowledge of what the Council could offer carers and this may impact on the outcomes for carers from reviews which are not completed by the Carers Team.

The Carers Survey also raised issues related to working carers – 22% of responds stated they could not work because of their caring role and

5% did not feel supported by their employer. Given this information and the commitment within the Care and Support Bill to support working carers, this will be a key focus in the new year, and will be driven by the Carers Strategy Group.

Subject:	Day Activity Review		
Date of Meeting:	25th November 2013		
Report of:	Executive Director of Adult Social Services		
Contact Officer:	Name:	Anne Richardson-Locke	Tel: 29-0379
	Email:	anne.richardson-locke@brighton-hove.gcsx.gov.uk	
Contact Officer:	Name:	Naomi Cox	Tel: 29-5550
	Email:	Naomi.cox@brighton-hove.gcsx.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT:**

- 1.1 This report focuses on the consultation about the relocation of the Connaught day service and also provides information about the outcomes of the individual social care assessments that have been undertaken as part of the Day Activity Review.

2. RECOMMENDATIONS:

- 2.1 That Committee note that, in consultation with the Chair of Adult Care & Health Committee, the Executive Director of Adult Services used her constitutional Delegated Authority on 5th November 2013 to approve the relocation of the Connaught Day Service to the Belgrave Day Options base in Portslade following consideration of the outcomes from the formal consultation.
- 2.2 That Committee note the outcomes of the social care assessments.

3. CONTEXT/BACKGROUND INFORMATION:

- 3.1 The Vision for day activities is of a modern, flexible day options model which provides personalised care and support for service users and their carers and makes the best use of local community activities. Whilst the majority of users of day centres are satisfied with their service, there is still a limited choice of activities, with duplication across services and a lack of person-centred day options. Day service providers are exploring how they can offer more flexible opening times and how they can provide wrap around services, employment and voluntary opportunities and how they can make the best use of community resources as well as their own buildings.
- 3.2 Independently of the Day Activity Review, the Council has been undertaking a review of Council owned buildings in order to make the best use of resources and two Council run day services, Buckingham Road and Connaught, have been affected by the outcome of this review.

- 3.3 There have been 4 reports in the last year presented at Adult Care & Health Committee which have highlighted the various aspects of the Day Activities Review and the changes to Council owned day centre buildings. This report provides an update on two key areas:

3.3.1 Connaught Day Service. The Day Options service at Connaught Day Centre is required to move as the building is needed by Education. Service users and carers have been consulted about moving the service to the Belgrave building. There have been no specific concerns raised during the consultation period. Appendix 1 sets out the outcome of the consultation and the background to the decision of the Executive Director of Adult Services.

3.3.2 Assessments of need. To ensure that users of day services are receiving services that accurately reflect their needs and aspirations, (and to enable effective planning), assessments of individual service user needs are being carried out. To date, 38 assessments have been completed resulting in some changes to services and consequently, some new and creative person-centred care packages. Appendix 2 sets out the outcomes of the assessments that have been completed to date.

3.3.3 Buckingham Road Day Service. In September 2013, Policy & Resource Committee agreed to grant a long lease at Buckingham Road and it is anticipated that 6 months notice will be given to the Day Options service that is currently based there, in the Spring of 2014. Members were informed at the September Committee meeting that Montague Place had been suggested as an alternative location for the Our Art project. Work is ongoing to establish whether this would be the best option for the current users of this service.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS:

- 4.1 See Appendix 1 for the analysis of the consultation about the move of the Connaught Day Service to the Belgrave Day Service.

5. COMMUNITY ENGAGEMENT & CONSULTATION:

- 5.1 See Appendix 1 for the outcome of the consultation about the move of the Connaught Day Service to the Belgrave Day Service.
- 5.2 See Appendix 2 for details of social care assessments and information about how service users, carers and advocates are involved in the assessment process.

6. CONCLUSION:

- 6.1 This report informs Committee of the outcome of the consultation regarding the Connaught Day Service relocation to the Belgrave Day Options base in Portslade and the resulting decision by the Executive Director of Adult Services.

6.2 This report provides Committee with an update with regard to the outcomes of individual social care assessments.

7. FINANCIAL & OTHER IMPLICATIONS:

7.1 Financial Implications:

The estimated capital cost for the remodelling of the Belgrave Centre is £150k of which £100k is expected to be funded by Children's Services and the remainder from available Adults Services capital resources. The capital scheme will be reported through to Policy & Resources Committee for approval. Associated revenue costs will be managed within the 2013/14 and 2014/15 day activities budgets.

The financial impact of the assessments is reflected within the financial modelling for day options and assessment services. The projected costs of service users placed in alternative community services and resultant savings against Provider Services are built into the 2013/14 forecasts and the 2014/15 budget proposals.

Finance Officer Consulted: Anne Silley

Date: 12/11/13

7.2 Legal Implications:

This report is for noting only. The Executive Director for Adult Services has exercised her delegated power to make the decision to relocate the Connaught Day Service in accordance with Part 6 of the Council's Constitution. Such decision was informed by a consultation with potentially affected persons. Reassessment of needs have been undertaken in accordance with the Council's ongoing statutory duty to assess need and make provision to meet eligible need. All assessment must continue to have regard for individual's Human Rights as enshrined in the Human Rights Act 1998.

Lawyer Consulted: Sandra O'Brien

Date: 11/11/13

7.3 Equalities Implications:

An Equalities Impact Assessment has been carried out as part of the Review of Day Activities and this takes account of the proposal to relocate Connaught to Belgrave Day Options Base.

7.4 Sustainability Implications:

There are no specific sustainability implications relating to this proposed service relocation.

7.5 Any Other Significant Implications:

Corporate / Citywide Implications:

The relocation of Connaught Day Options Service supports the city priority to increase primary school places in the Hove area. Relocating to the Belgrave Day

Service site enables Adult Care to continue to provide a day service for people with learning disabilities and complex needs.

SUPPORTING DOCUMENTATION

Appendices:

1. Relocation of Connaught Day Service Consultation Summary
2. Day Activity Review - Assessments of Need

Documents in Members' Rooms

1. Equality Impact Assessment

**DAY ACTIVITY REVIEW COMMITTEE REPORT 25TH NOVEMBER
APPENDIX 1**

**SUMMARY OF CONSULTATION REGARDING RELOCATION OF CONNAUGHT DAY
SERVICE**

1. Summary:

- 1.1 In October 2012, the Childrens' and Young People Committee received a report which recommended the expansion of West Hove Infant School to enable the council to help provide the increased number of primary school places required in the Hove area.
- 1.2 To facilitate this expansion, the relocation of the Connaught Day Service for adults with learning disabilities would be required.
- 1.3 A Report was submitted to Adult Care & Health Committee in June 2013 with proposals to consult on moving Connaught Day Service to Patcham House School. This option was withdrawn by Childrens Service prior to their Committee Meeting on 16th July 2013.
- 1.4 An update report was presented at Adult Care & Health Committee on 26th September 2013 advising of a revised plan that proposed that Connaught Day Service would relocate to Belgrave Day Options Base in Portslade.
- 1.5 A consultation with service users and carers commenced on 29.7.13 and ended on 25.10.13. The Executive Director of Adult Services (in consultation with the Chair of Adult Care & Health Committee) using her constitutional Delegated Authority, agreed to the start of the consultation due to the tight timeframes in relation to West Hove Primary School and to also make the decision regarding the proposed relocation after the end of the consultation period.

2. Background

- 2 Connaught Learning Disability Day Options Service currently provides a service for 20 people with a range of complex needs including challenging behaviours.
- 2.1 In the light of the council's requirement for an increase in primary school places in the Hove area, Officers from Adult Social Care Provider Services and Children's Services have worked closely together to identify potential options for a relocation of the Connaught Day Options Service.
- 2.2 The proposal contained within the June Committee Report to relocate the Connaught Day Service to Patcham House is no longer proceeding.

3. The proposal

- 3.1 The revised proposal is that Connaught relocates to Belgrave Day Options base in Portslade. The current proposed timescale for these changes is that Connaught Day Options would move to the Belgrave Day Options site in March 2014. Children's Services have adjusted their timescales to fit with this revised plan and they will be able to achieve the required works at Connaught to support the Autumn 2014 intake of pupils.
- 3.2 To facilitate the required 12 week consultation period, (in consultation with the Chair of Adult Care and Health Committee, Cllr Rob Jarrett), the Executive Director of Adult Services, using her constitutional Delegated Authority, approved the decision to consult regarding the proposed move in March 2014.
- 3.3 A letter was sent out to service users and carers in week beginning 29th July 2013. The letter outlined the reason for the proposed relocation of Connaught Day Options Service to the Belgrave Day Options site in Portslade, and included a feedback form for service users and carers to give their views and ask any questions they might have. The consultation ended on 25th October 2013.
- 3.4 The Belgrave Day Options base is well known to Day Options service users and their families. It can provide a service all on one level and within easy reach of the shops and community facilities of Portslade.
- 3.5 Staff supported service users to understand the proposals and will seek their views. Additionally, Speak Out (Independent Advocacy) hosted two sessions with service users about the proposed changes to day services. These changes included those relating to the proposed relocation of Connaught Day Service to Belgrave Day Options base in Portslade.
- 3.6 There have been no specific concerns raised during the consultation period about the proposal to relocate Connaught Day Service to the Belgrave Day Options site in Portslade. One family member wanted to know if their son would have the same key worker and be able to attend the same projects; another was interested to see the building plans for Belgrave. Another was very happy with the change; it was closer to where they live.

- 3.7 All Connaught service users have been offered a reassessment of their needs. Family carers will be fully involved in the reassessment process as will staff who know the service users well. The majority of the reassessments are now complete for current Connaught service users. It is expected that the final reassessments will be completed by early November. As the current service users have a range of needs, the reassessments have been useful in identifying how best their needs should be met in the future. Some will continue to receive a service at Belgrave after the relocation and others will have their day time needs met either through either another Day Options Service , from their residential provider , via a Personal Budget or from a different day activity provider, for example. See 2.4 onwards in Appendix 2 for a more detailed breakdown of the assessments.
- 3.8 Staff have been kept fully informed about the proposals and there is a Day Options Staff Focus Group that meets monthly.
- 3.9 Staff will work closely with service users and their families to ensure that we provide the best transitions for individual service users to their new day service.

4. Consultation

- 4.1 All current Connaught Day Options service users and their carers were sent a letter explaining the proposal and seeking their views. In light of the specific vulnerabilities of service users, appropriate support was provided to ensure that they could participate in the consultation process.
- 4.2 Service users and carer feedback forms were collated at the end of the consultation period. See section 6 below.
- 4.3 Staff supported service users to understand the proposals and will seek their views. Additionally Speak Out (Independent Advocacy) hosted two sessions with service users about the proposed changes to day services. These changes included those relating to the proposed relocation of Connaught Day Service to Belgrave Day Options Base in Portslade. A presentation on this was made at the Learning Disability Partnership Board in October 2013.
- 4.4 A carers' meeting was held on 15th August 2013 and a further follow-up meeting was held on 19th September 2013. The carers meetings covered all aspects of the proposed changes to the Day Options services, including the proposal that Connaught Day Service would relocate to Belgrave Day Options base in Portslade.
- 4.5 Officers answered queries and questions that were raised by service users and carers as part of the consultation process, and ensured regular communication via a newsletter, with the opportunity to meet with

officers to discuss any specific concerns. A copy of the feedback is available on request.

4.6 Where family members had individual questions these were discussed as part of the reassessment process

4.7 In summary, the feedback received about the proposed move of Connaught Day Service to Belgrave Day Options base in Portslade has been positively received. All carers who responded, have said that the location of Belgrave is a good location for their family member, with access to all the community resources in the Portslade area. As soon as the building plans are available, we will be holding a meeting on-site for families of service users relocating from Connaught to Belgrave to talk through the plans with them.

5. Cost:

5.1 The estimated costs of required building works at Belgrave are £150k plus £5k ICT costs.

6. DAY OPTIONS CARERS CONSULTATION FEEDBACK [CONNAUGHT]

Date	Carer	Comments & Questions	Feedback
5.8.13	Carer	I have discussed the options with my adult son – he confirmed to myself which I fully support and agree with that he would prefer to move to Belgrave Day Options base – it is near to where he lives in R Gardens and for myself in Coldean. No questions at present.	
7.8.13	Service user	I am happy with the move as I like Belgrave. I would like to restart cooking courses at Wellington House. I like Belgrave because the staff talk to me. I find the library by the station too small, I don't like this. Question: Why can't the school use Wellington House or Buckingham? Is this closer for parents?	The school is on the same site as Connaught and the building used to be part of the school originally so it makes sense for them to have back the building that is next door to them and which will give them the new reception class places they need.
12.8.13	Carer	Sounds OK but what about the Gym? Do I still have Robbie?	People who have specific individual sessions will continue them where possible and if they have 1:1 support for these there should be no difficulty with this. People's regular 1:1 staff will continue to work with them where this is possible but if for any reason it isn't we will discuss this with you and put alternative plans in place.
15.8.13	Carer	Phone call – could not attend Carers Meeting today – but was happy with proposal for Connaught to relocate to Belgrave – would like to look round Belgrave and see what adaptations are planned.	We will be arranging for parents and carers to visit Belgrave when the more detailed plans are completed to walk round with Connaught staff and see what is being proposed.
Sept 2013	Carer [by phone]	Apologised for not attending recent carers meeting – happy with proposed move from Connaught to Belgrave for his daughter – keen to see building plans – will set-up meeting when plans are available. Asked about reassessment Will his daughter have one – advised this is decided by Assessment Team – our view was that	Reassessments are being carried out by the assessment team and families and carers will be informed and invited to be involved. We will be arranging for parents and carers to visit Belgrave when the more detailed plans are completed to walk round with Connaught staff

		daughters needs met via current day options – confirmed if there is a reassessment then families will be involved.	and see what is being proposed.
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DAY ACTIVITY REVIEW COMMITTEE REPORT 25TH NOVEMBER

APPENDIX 2

DAY ACTIVITY REVIEW – ASSESSMENTS OF NEED

1. BACKGROUND

1.1 Adult Social Care is continuing to change the way in which services are provided to enable people to have choice and control of the services they receive. Day activities in Brighton & Hove provide a vital role in maximising independence and supporting carers and there is an ongoing commitment to provide day services to all people assessed as needing them.

1.2 The Government's White Paper 'Caring for our future: reforming care and support' continues to promote independence, wellbeing and focuses on giving individuals greater control over their care and support. The Social Care Institute for Excellence (SCIE) 2007 paper called 'Having a good day? A study of community-based day activities for people with learning disabilities' summarises that:

'Successful provision' of community-based day activities was taken to imply that people would be 'having a good day'. National policy indicates that 'a good day' is about people with learning disabilities:

- undertaking activities that have a purpose
- being in ordinary places, doing things that most members of the community would be doing
- doing things that are right for them personally
- receiving support that meets their individual and specific requirements and overcomes inequalities
- meeting local people, developing friendships, connections and a sense of belonging'.

1.3 Brighton & Hove City Council is committed to continuing the organisational shift towards more personalised, community based support. To help inform the Day Activity Review, a needs assessment was carried out with users and carers of people who use the day services in the city. The needs assessment identified that whilst day services are highly valued there are gaps within learning disability services that include the following:

- A lack of knowledge about the variety of day services and activities that are available
- A lack of awareness of personal budgets and direct payments
- A need for more work opportunities and life skills
- A need for more flexible opening times to support carers

1.4 The Day Activity Review highlighted the need for assessments to be completed for the following reasons:

- To ensure that people with learning disabilities are receiving services that reflect what they need to enable them to achieve as much independence as possible.

- To ensure that services are flexible enough to meet carers' needs.
- To ensure that where people are being directly affected by changes to day services, (such as the relocation of the Connaught service), there is a clear understanding of exactly what they need in any potential alternative service.
- To inform Adult Social Care what the gaps are in the local area, both in contracted services and in other areas such as friendship and social groups.
- To ensure that eligible needs are met and that support plans are outcome focused and identify activities that present good value for money.

1.5 As the Vision for day activities is implemented and new choices become available to service users, social care assessments will take place for individuals and their support plans will be updated accordingly. Care managers are also discussing self-directed support options with service users, (such as personal budgets or direct payments), and carrying out Carer's Assessments as required.

1.6 Service users at Connaught have been prioritised for an assessment due to their complexity of needs and the potential need for a lengthy transition. In addition any service users that were identified as not having their needs currently met were prioritised for assessment alongside people at the Intensive Support Unit (ISU) and those accessing Longer Lives.

1.7 A team of 3 Care Managers within the Community Learning Disability Team are working closely with the service users, their carers, and anyone else that is involved in their lives, such as residential care home staff and the staff working in the day services as well as advocates, to ensure that the needs of individuals are carefully considered within the assessment. Where people live in residential care or supported living the care staff are asked to inform any family or advocates that are involved that an assessment is going to happen.

1.8 Where people have been assessed, and where it is clear that change to their provision is needed immediately due to their needs not being met, then changes to their service package have been made. Where there are no risks identified during the assessment, then any necessary actions affecting a service package might wait until, for example:

- § an appropriate alternative service is identified, or
- § (in the case of social needs) a group of other people have been identified to share an activity, or
- § a bespoke service is commissioned;

If there is no action needed the service will remain unchanged.

1.9 The outcomes from these assessments are being tracked to enable effective planning of future need and services.

2. SUMMARY OF ASSESSMENTS

2.1 To date there have been 38 assessments completed. The assessments can be summarised as follows:

- 14 people affected by the Connaught move
- 10 people whose needs were not currently being met in their service
- 6 people affected by the move of the Intensive Support Unit (ISU)
- 8 people affected by the change to the Longer Lives service

2.2 The needs of carers is an important part of any assessment and 5 Carer's Assessments have been completed alongside service user assessments. These are included below alongside the service users that they care for.

2.3 The care managers are working closely with local providers of day services and other community activities and have, through the assessment process, created some new care and support packages that really reflect the needs of the individuals and their carers

2.4 14 people based at **Connaught** have been assessed and their needs and outcomes of the assessments are detailed below:

Decision	No	Outcome
No longer attend Connaught.	3	Receive support from their care provider to access other person-centred community-based activities.
	1	Receives support from a Personal Assistant to access their community-based activities.
	1	Receives support from a new day service provider for 5 x half days at their care home (this is shared with 2 other friends) and enables access to community-based activities.
	1	Receives a Direct Payment to access another independent day centre 5 days a week.
Needs alternative service	1	Assessed as needing an alternative service but waiting to identify someone to share the service with.
Stay in Day Options but requires alternative service	1	Needs a service that is not with people with challenging needs.
No change to service	4	Assessed as continuing to require Connaught for the same amount of time.
Reduction in service requested by service user.	2	Reduced by 1 day to spend more time at home or in the community.
Carer's Assessment	1	Carer is now receiving support to consider alternative supported accommodation to relieve carer role.
Carer's assessment	1	Supported to apply for a Direct Payment.

2.5 10 people were identified due to **Unmet Need** and their needs and outcomes of the assessments are detailed below:

Decision	No	Outcome
No longer attend Day Options	2	Receive support from a new day service provider for 5 x half days at their care home (shared with 2 other friends) to enable access to community-based activities.
	1	Receives support from home to access voluntary work and social activities + 2 half days cookery course.
Alternative service required	2	No alternative service identified yet due to complexity of need. Specialist behaviour support is being accessed to help identify a potential future service.
	3	Alternative services are required and identified but service users have not yet moved out of Day Options.
Increase in service needed.	1	Increased service to meet user and carer need.
Reduction in service requested by service user.	1	Reduced by 1 day to spend more time at home or in the community.
Carer's assessment	1	Supported to apply for a Holiday Grant

2.6 6 people who attend the **Intensive Support Unit (ISU)** at Belgrave were assessed as the decision was made to move the ISU to Wellington House. Their needs and outcomes of the assessments are detailed below:

Decision	No	Outcome
No change to service	5	Move with the ISU to Wellington House
Increase in service	1	Move with the ISU to Wellington House and increase from 2 to 4 days.
Carer's assessment	1	No change in support requested. Other Council department involved in other issues.
Carer's assessment	1	Increased support to 4 days to support carer.

2.7 8 people have been affected by the decision to no longer provide the **Longer Lives** service that was supporting older people with learning disabilities. Their needs and outcomes of the assessments are detailed below:

Decision	No	Outcome
No longer attend Day Options	4	Receive support from their care provider to access other community-based activities and link-in with other Longer Lives ex-users via a social group organised by the Day Options co-ordinator.
Needs alternative service	1	Assessed as needing an alternative service but waiting to identify someone to share the service with.
	1	Assessed as needing a reduced service due to changed needs and currently negotiating with the care provider to provide more support at home during the day.
Stay in Day Options service	1	Lives with shared lives carer who still needs respite during the day.
	1	Still requires access to specific project offered by Day Options.

2.8 Everyone that has had an assessment where a change has taken place receives a 6 week review. To date, there have been 7 reviews, with 6 people happy with their new service and 1 person needing a temporary change to their service due to a change in their need.

2.9 The Council's Day Options team have also allocated a Day Options Facilitator for 1 day a week to provide a 'Day Activities Co-ordination' service. The co-ordinator works alongside the care managers to maintain friendship groups and identify and create activities in the community that people with learning disabilities could access. This is a vital function and to date, this service element has achieved the following outcomes:

- Put together a person-centred day activity programme in the community for 4 service users that were previously attending Longer Lives
- Set up a thriving storytelling session with Whitehawk library that is run by the librarians and is open to all
- Successfully set up new group based activities in the community, for example, drama and dog walking & grooming
- Built up a database of information, resources, potential activities and sessional workers

Subject:	Community Meals		
Date of Meeting:	Monday 25th November 2013		
Report of:	Executive Director of Adult Social Care and Health		
Contact Officer:	Name:	Debbie Greening	Tel: 295739
	Email:	debbie.greening@brighton-hove.gcsx.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The community meals service was retendered in March 2013 and the Royal Voluntary Service (RVS) were successful in retaining the contract.
- 1.2 A new model for meal provision and for the role of volunteers was outlined within the tender document and RVS ran a pilot to test the new arrangements during August 2013.
- 1.3 This report gives details of the outcome of the pilot and describes the future plans for introducing the new model across the city.

2. RECOMMENDATIONS:

- 2.1 That the content of the report is noted and the actions recommended below are agreed

Recommendation 1

The Adult Care and Health Committee agree that the new model for community meals should be introduced in a phased way across the city.

Recommendation 2

The Adult Care and Health Committee agree that the new model of volunteer support suggested by the RVS should also be adopted and introduced across the city.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Chronology of events

- June 2011 – Adults Social Care and Health Scrutiny Committee – agree to include community meals on its work programme
- Sept 2011 - Adult Social Care and Health Scrutiny Committee – received a report to inform the Scrutiny process
- Nov 2011 - Adult Social Care and Health Scrutiny workshop to look at options and principles for commissioning the service
- March 2012 - Adult Social Care and Health Cabinet meeting - agreed principles to guide future commissioning for community meals
- June 2012- Adult Care and Health Committee agree recommendations to
 - § Extend contractual arrangements from Sept 2012 to March 2013

- § Tender for a community meals service to operate from April 2013 for 3 years with an option to extend to a 4th year.
 - § Raise the charge for community meals by 20p every six months until the point that no subsidy is required by the Council.
- March 2013- Service procured following competitive tender process with RVS as the successful bidder.
- August 2013- First pilot in the country run by RVS in Brighton to test new community meals model, resulting in excellent feedback from all stakeholders

3.2 Background

- 3.2.1 The service specification developed for the new community meals service included the key principles agreed in March 2012 (see chronology above), to
- promote personalisation and individual choice and control
 - promote locally sourced food in the delivery of this service
 - ensure that the Council can meet its statutory duties for those with eligible care needs through the new arrangements
 - encourage an innovative, creative approach to meals provision and encourage partnership working.
 - ensure signposting and information is available so that anyone interested in accessing such a service is better able to do so. This will include information regarding the nutritional value of the meals.
 - ensure that transitional arrangements are considered so that current service users continue to receive a service.
- Additional requirements were also included to reduce isolation and increase social capital .
- 3.2.2 A procurement exercise was undertaken in early 2013 to ensure that sufficient suitably qualified providers were invited to tender. The RVS bid was successful on the strength of their proposal to run a pilot to test their new model.
- 3.2.3 The requirements of the service specification are for the provision of a fully-managed community meals service, which by providing a wholesome and nutritious meal to Customers, helps to promote the health, wellbeing and independence of people living at home who are at risk of nutritional disadvantage. The service is in principle required 365 days per year, although individual Customers will not necessarily require a service every day. The service will include a safe and well check and reducing social isolation has been identified as a key element of the new specification together with improving levels of sustainability. The tender evaluation report is attached as appendix 1.
- 3.2.4 RVS proposed the introduction of a cook- chill model using an innovative method known as Steamplicity. Instead of regenerating frozen meals Steamplicity uses microwave technology to cook fresh or partially cooked chilled meals.
- 3.2.5 None of the bidders were able to identify a suitable local supplier for the hot meals service. Steamplicity meals are produced in St Albans, Hertfordshire, and will be delivered to the Royal Voluntary Service premises on an every other day basis. Food miles will be reduced by using Steamplicity instead of the current supplier, TVF (based in Wales), resulting in lower carbon emissions. Also the RVS hope to use Nibbles Catering in Laughton, East Sussex for sandwiches, yoghurts, salads and other ambient meals to further reduce food miles.

3.3 RVS Steamplicity pilot

3.3.1 A pilot was undertaken in Brighton during August to test the new model and to consult with service users and stakeholders regarding the Steamplicity model. The pilot project plan is attached as Appendix 2

3.3.2 The Steamplicity model provides a number of advantages including:

- Offering fresh meals which look and taste appetising;
- More choice,(24 meals and 15 desserts available daily compared with the current offer of 4 meal choices and 2/3 desserts) access and control for service users. Meals are chosen and ordered nearer the time of delivery (usually the day before)and chilled meals can be delivered outside the usual delivery window and heated at a time convenient to the service user,providing more flexibility There is also more variety including lunch, tea and breakfast packs.
- A more person centred approach depending upon the needs of the individual- those who need a hot meal delivered can have the meal heated in the van and served to them on a plate, others can have support to heat the meal themselves using their own microwave oven leading to more independence where appropriate;
- More focus on reducing social isolation both through the new model of meal delivery allowing for more time with the service user and also by introducing Customer Support Volunteers who will work with individuals and partner organisations in the city to support access to community activities such as lunch clubs, social clubs, advice networks etc.

3.3.3 The RVS completed an evaluation following the pilot, 38 clients were involved, of these 24 (63%) responded to the feedback questionnaire. The results of the consultation gave a very positive indication for customers' appetite to move to a new service model.

3.3.4 Key messages from the pilot evaluation are:

- § 96% of respondents rated the new service between good and excellent
- § 92% reported that the meals were always or mostly tasty
- § 92% were happy with the choice of meals to meet their needs
- § 96% found the new ordering process easy to understand
- § the majority of customers wanted to continue to have a hot lunch delivered, but a number wanted chilled meals to heat up themselves

3.3.5 Further volunteer recruitment will take place for specialist volunteering roles, to include volunteer trainers, Customer Support Workers and volunteer befrienders. All new volunteers receive a comprehensive induction to the service, training and DBS checks. The training includes health and safety, food hygiene, equality and diversity and safeguarding training.

3.4 Implementation Plans

3.4.1 An implementation plan has been developed by the RVS to introduce the new model in a phased way across the city. Any existing service users who do not wish to have the new meals will be offered the option of continuing with frozen meals. All new service users will be offered the new Steamplicity model.

3.4.2 Work with assessment teams will continue to ensure that community meals are promoted and offered to as many eligible people as possible.

3.4.3 The cost of the community meal service also includes a different volunteer model which retains the safe and well check but also focuses on reducing isolation and improving independence. A consultation process with RVS staff and volunteers will be undertaken by the RVS prior to implementation of the new model.

- 3.4.4 Committee previously agreed (June 25th 2012) that the charge for community meals will rise by 20p every 6 months until the point of no subsidy being required is reached. The current charge to service users is £3.70 as at Oct 2013
- 3.4.5 The unit cost of a community meal is currently £5.05, the proposed cost for the new Steamplicity meal is £6.33, this reflects the superior quality of the product
- 3.4.6 Costs associated with the implementation of the new model such as development of a new delivery van and introduction of further chilled cabinets at the base in Portslade were met by RVS for the pilot.

3.5 Efficiencies

- 3.5.1 By offering the improved community meal service to more vulnerable people it is possible that savings could be made from the community care budget by reducing the need for home care visits to provide meals.
- 3.5.3 By increasing the number of meals provided the unit cost to the Council will reduce further.
- 3.5.4 There are likely to be further efficiencies over time as the RVS have recently been successful in attaining the community meals contract with West Sussex County Council to deliver the Steamplicity model. The commissioner is in discussions with WSCC and RVS to ascertain where economies of scale could lead to further efficiencies.
- 3.5.5 The new model provides added value by utilising the RVS volunteers in a different way to work with individual service users both to increase levels of independence where possible and to reduce social isolation by linking in with other organisations across the city.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 Full details of the consultation are included in the Pilot Report Appendix 3
- 4.2 RVS also held two tasting events prior to the pilot for other stakeholders including assessment teams, health colleagues, managers and Council Members. The feedback received from these events was also very positive regarding the quality of the meals and the proposed volunteer model.
- 4.3 Further customer engagement would be undertaken by the RVS prior to roll out of the new model.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The net unit cost of a community meal to the Council is currently £1.35. If the new model is adopted, this would increase to £2.63, reflecting the increased quality of the meals being offered. Based on the current 2013-14 projected meal numbers (80,000) the overall annual net costs would increase by approximately £0.070m, after accounting for two further 20p charge increases in April and October 2014.
- 5.2 It is anticipated that the increased costs will be offset by savings against the Community Care budget and this would need to be factored into the budget setting process for 2014-15. Further efficiencies are expected in the future as set out in the main body of the report.

Finance Officer Consulted: Name Michael Bentley Date: 23/10/13

Legal Implications:

- 5.3 Whilst the Local Authority does not have a duty to provide Community Meals it chooses to exercise its statutory power to do so. In exercising this power and delivering this service the Local Authority must have regard to the national and local personalisation agenda, individual's Human Rights as enshrined in the Human Rights Act 1998 and its duty to the public purse. Under the section 47 of the National Health Service and Community Care Act 1990 the Local Authority has a duty to undertake an assessment of the care needs of an individual where it appears to that authority the individual may be in need of services; recipients of community meals may trigger this duty and it is therefore important the referral pathway ensures the Local Authority is able to identify such individuals. Within the pilot for the new model consultation was undertaken with affected individuals and stakeholders and further consultation is planned to inform the new model.

Lawyer Consulted: Sandra O'Brien Date: 05/11/13

Equalities Implications:

- 5.4 The community meals service offers a comprehensive choice to ensure that there is a range of options to meet the diverse needs of the community including culturally appropriate meals. An EIA will be completed before the roll out of the new model to ensure that all equality issues are identified and that the service is accessible to all who need it.

Sustainability Implications:

- 5.5 The Community meals service complies with the Council's sustainable food standards. The new model uses fresh rather than frozen food which further reduces the carbon foot print. The meals are packaged in recyclable units themselves made from 50% recycled material.

Crime & Disorder Implications:

- 5.6 There are no specific implications for crime and disorder

Risk and Opportunity Management Implications:

- 5.7 This is a new model of delivery for the RVS. The pilot was the first in the country and RVS identified a number of risks in the pilot project plan.(appendix 2) The pilot delivered learning that has led to modifications both to equipment, the vehicle and the delivery model.
- 5.8 The model is now being rolled out in West Sussex which will provide additional learning and opportunities to refine the model further before rolling out across Brighton and Hove.

Public Health Implications:

- 5.9 The Community Meals service provides nutritionally balanced meal which meets industry standards. Access to community meals is an important element in the health and well being of people.

A key principle of the new service model is improved well being by promoting accessibility to the local community and reducing isolation.

Corporate / Citywide Implications:

- 5.10 The new model supports each of the Council's priorities.
- § Tackling inequalities through provision of nutritious food, safe and well checks and reducing social isolation. This supports the health and wellbeing of some of the most vulnerable residents.
 - § Engaging people through an improved volunteering model that encourages links with other organisations working in the city.
 - § Creating a more sustainable city by reducing food miles, introducing a different delivery model for community meals and ensuring any waste is recyclable.
 - § Modernising the Council through sustainable procurement, recognition of the social value offered through the RVS model and improving value for money through additional benefits from the revised volunteer service.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 The standard model for community meals (reheating frozen meals) is adequate and has been in place for many years. The meals offered meet the quality standards for the industry but take up has been in decline over recent years. This model offers limited opportunities for reducing isolation and does not encourage reablement.
- 6.2 RVS consultation with stakeholders and service users have found that there is little difference in quality between the suppliers of frozen meals.
- 6.3 The model offers a limited choice of 4 main meals and 2-3 dessert options delivered within a designated time slot

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 The Steamplicity model offers chilled meals that look more appetising.
- 7.2 This model offers more service user choice, with 24 main meals and 15 dessert options, the meals can be chosen and ordered much nearer the time of delivery and delivery times can be arranged to suit the service user.
- 7.3 This model delivers added value by allowing volunteer resources to be used in a different way to reduce social isolation, to encourage independence and to identify opportunities to access the wider community where ever possible.

SUPPORTING DOCUMENTATION

Appendices:

1. Tender evaluation report
2. Draft mobilisation plan
3. Pilot report

Documents in Members' Rooms

1. None

2.

Background Documents

1. None

Tender evaluation report

Contract name: Community Meals



Brighton & Hove
City Council

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1 Executive Summary

- 1.1 The procurement exercise was to ensure that sufficient suitably qualified suppliers were invited to tender to meet the requirements of Brighton and Hove City Council.
- 1.2 Following completion of the Pro 5/ESPO framework documentation/process, 5 potential suppliers were identified. The ITT was issued on 8th February 2013 to 4 of the 5 suppliers. 1 supplier declined to bid.
- 1.3 Three tender responses were received by the deadline of 1st March 2013
- 1.4 Tenders were evaluated in accordance with the approved Evaluation Framework Criteria.
- 1.5 The Tender Evaluation Team recommends contracts be awarded to the Tenderer detailed in 5.2, subject to any challenges during the Alcatel period.
- 1.6 The Tender Evaluation Team seeks to obtain approval from the Director of Adult Social Services – Denise D’souza to award the contract to Tenderer identified in 5.2.
- 1.7 Subject to approval, a standard Award Letter covering Alcatel will be issued to Successful Tenderers and an Unsuccessful Letter covering Alcatel will be issued to unsuccessful Tenderers on 21st March 2013.
- 1.8 Both successful and unsuccessful Tenderers will be provided with the opportunity to receive feedback in accordance with the standard procedures.

2 Introduction

- 2.1 The requirement is for the provision of a fully-managed community meals service, which by providing a wholesome and nutritious meal to Customers will help to promote the health, wellbeing and independence of people living at home who are at risk of nutritional disadvantage. The service is in principle required 365 days per year, although individual Customers will not necessarily require a service every day. The service will also include a safe and well check.
- 2.2 Brighton & Hove City Council also seeks a reduction in the overall contract costs in line with budgets. Improved levels of sustainability to compliment Brighton & Hove sustainability policy are also requirements of the new contract. A reduction in social isolation has been identified as a key element of the new contract.

3 Tender Process

3.1 Tenders were sought from suitably qualified contractors through the Pro 5/Espo framework contract. These 5 suppliers have already been pre-qualified as per Official Journal of the European Union (OJEU) regulations.

3.2 The following suppliers were short-listed to be invited to tender:

1	WRVS (Women's Royal Voluntary Service)
2	Agincare
3	Apetito
4	I Care
5	ISS (declined to bid prior to tender documents being issued)

3.3 Tender documents were sent out on 8th February 2013 and were to be returned by 1st March 2013.

3.4 The tender documents comprised:

- A standard Pro 5/ ESPO invitation to tender (ITT) document detailing the specific tendering instructions.
- Pro 5/ESPO Terms and Conditions
- A technical specification specific to Brighton & Hove City Council

4 Invitation to Tender Process

4.1 Tender Receipt and Opening

4.1.1 After the deadline for receipt had passed on the 1st March 2013, the tenders for each lot were opened and recorded on the Record of Tenders Received form.

4.1.2 Of the 4 tenders issued 3 were returned.

4.1.3 Each tender submission comprised:

Prices:

Each contractor submitted prices for the following criteria:

- Annual cost based on the supply of 84,000 meals – 20%
- A selection of unit food prices to weight against other bidders to compare comparative “retail” values. – 10%

Quality Statement

Each contractor was instructed to submit a written statement for thirty seven quality related questions covering their approach to:

1.	Please provide an ‘executive summary’ of your proposal, covering the main features of your offer. This is to include the strengths of your organisation in the context of the delivery of these services.	2
2.	By whom are the hot meals you propose to supply prepared?	1
3.	Where are the hot meals you propose to supply prepared?	3
4.	Is your hot meals service based upon the regeneration of frozen meals, or would you cook meals fresh on the day, or adopt cook-chill methodology?	2
5.	How and where will you store meals prior to their reheating and delivery to customers?	3
6.	How do you propose to ensure hot meals are at an appetising and safe temperature when delivered to customers?	3
7.	What are your proposed arrangements for sourcing, preparing, storing and delivering salads and other cold or ambient meals?	3
8.	For the frozen meals option (i.e. where customers receive frozen meals instead of hot) where and by whom are your frozen meals prepared	2
9.	Where are meals for the frozen meals service stored prior to delivery? How do you ensure that they remain frozen during delivery?	3
10.	How do the food/ingredients supplied comply with BHCC sustainable food standards?	3

11.	Do you offer (as part of this proposal) the supply of freezers and microwave ovens to those customers who require them? Please describe this aspect of the service, including what equipment and customer training you offer, and the basis of the provision (on loan, presumably?) Please describe ways, if any, in which the equipment you offer is designed to be easily useable by customers of the community meals service (who may, for example, have sensory or mobility impairments).	1
12.	What other meal options can you provide, as add-ons to the core service? For example, meal packs to be eaten by the customer at tea-time, or breakfast.	2
13.	Please describe how individual meals are packaged and presented. What packaging options do you offer (foil, PET, polypropylene, cardboard, etc, 2- or 3-compartment) and what are the practical and environmental implications of each?	2
14.	For the hot meals service, what meal choices are customers typically offered? Please be explicit as to whether there is a 'default' dish of the day, with alternatives only available as substitutes where the 'default' was unsuitable for individual customers, or whether all customers would be offered a genuine choice between different dishes.	3
15.	Please describe (and offer an example of) a typical menu plan for the hot meals service. For the hot meals service, how is the menu plan communicated to customers, and how and when do they make their choice of meal (assuming choice is offered)?	3
16.	For the frozen meals service, what is the range of dishes from which customers can select? For the frozen meals service, what are the arrangements for customers to place their orders? How far in advance do they order? How frequently do you deliver? How do you ensure that meals remain frozen?	2
17.	What choices will be available to users requiring special diets (e.g. diabetic, texture-modified, etc)?	3
18.	What choices will be available to users wishing to take Kosher, Asian or other culturally appropriate style meals (including details of any third party supply arrangements you may have for such items)?	3
19.	Please confirm that meals supplied will comply with NACC nutritional guidelines and requirements.	1
20.	What premises do you propose to occupy in connection with providing the service? Where will these be located, and what operations will be carried out there?	3
21.	Please describe your arrangements for receiving payment from customers (confirming that you can receive payment electronically, or by cash or cheque).	3
22.	Please confirm that you understand and will meet the expectations and requirements of the Council in respect of Safe and Well Checks as detailed in the tender document 2.5.10-2.5.13. How will your delivery drivers do this, and how will they alert you or the Council in the event of any concerns?	3

23.	What will your drivers do if they experience a 'no response' situation when attempting to make a delivery to a customer? For example if they could not deliver the meal for whatever purpose, would they drive away and not inform anyone?	3
24.	How will you handle requests which customers may give your drivers in respect of temporary cessation of service (e.g. they may be going out tomorrow, or staying with relatives for a few days)?	1
25.	How will you introduce the service to a newly-referred customer – what form of 'welcome pack' will they receive? What communication would you expect from the Council, and what communication will you have with the customer?	1
26.	What are your observations on personalisation of care services, direct payments and individual budgets? Do you think the 'personalisation agenda' presents threats to the viability of the service, or opportunities to widen its appeal and increase provision?	2
27.	What might you, as a service provider, do to help promote uptake of the community meals services?	2
28.	How will you staff the contract? How and from where will the contract be managed?	3
29.	Do you accept that TUPE is likely to apply in respect of existing staff should you be appointed the new supplier, and do you have any observations on this? If you believe TUPE will not apply, what is your basis for this position, and how would you reassure the Council that contract implementation would not be impeded were your position proved to be incorrect?	2
30.	Assuming that contract award is advised by April 2013, please provide an indicative implementation plan, showing what tasks you would undertake at what times.	2
31.	Do you have any observations on the proposed period of contract (3 +1)?	1
32.	Having read the specification and responded to it in the preceding method statements, do you believe that you can deliver the service in the way envisaged by Brighton & Hove City Council? Do you believe that if you were permitted to deliver the service in a different way, you could bring quality improvement, or lower costs, or other benefits?	2
33.	How do you intend to actively promote and implement social inclusion amongst recipients of the meals which would incorporate the use of volunteers? Please provide examples.	3
34.	Are your drivers permitted to carry out other tasks for meal recipients such as posting a letter?	3
35.	Do you have business contingency plans for all elements of supply of this service including food supply? The service needs to be carried out 365 days of the year.	2
36.	How do you monitor ongoing customer satisfaction?	2

37.	Please provide a comprehensive list of meals, puddings etc. that will be offered as part of this contract.	3
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4.2 Evaluation Panel

In order to establish a robust evaluation process, an evaluation panel was created with selected panel members across the Council with varying skill bases to establish a robust scoring system for the quality submissions and the financial assessment. The overall evaluation process took approximately 13 weeks from November 15th 2012. The results were generated with a joint decision of the panel members by following a robust process set down within the Tender Evaluation Guideline document.

The Evaluation Panel consisted of the following members:

Debbie Greening	Commissioning Manager, Commissioning Support Unit Adult Social Care
Catharine Robinson	Contracts Officer, Commissioning Support Unit Adult Social Care
Michael Bentley/Sophie Warburton	Accountant
Helen Spiers	Procurement Advisor
"Betty"	A member of Patient Engagement Group

4.3 Price Evaluation

- 4.3.1 The price element of the tender submission was allocated 30% of the total marks available for each contractor. The technical evaluation of the pricing is summarised in the 'Financial Evaluation of Tenders' document.
- 4.3.2 The submitted prices will be compared using the methodology whereas the lowest price is awarded the full 10% and the higher priced bids receive a relative score in proportion to the lowest bid. This happens for each of the evaluated areas before the scores are added together to get an overall score.
- 4.3.3 Any qualifications and clarifications were addressed as part of the evaluation process.
- 4.3.4 The resulting scores are summarised in Section 5 below.

4.4 Quality Evaluation

- 4.4.1 The Quality element of the tender submission equated to 70% of the total marks available to each contractor.
- 4.4.2 The 37 quality questions were evaluated by the panel listed in Section 4.2 above against a series of model answers prepared by the panel in advance of the tender return date.
- 4.4.3 Each answer was marked on a scale between 0 and 3 points, using the guide outlined in the table below, and weighted in accordance with the details set out in the tender documents.

Score	Performance	Judgment
3	Good response suggesting the specification will be satisfactorily met in all relevant respects.	Good
2	Adequate response suggesting that the specification is likely to be met, albeit only just.	Satisfactory
1	Weak response suggesting there may be shortcomings of a less serious nature in the relevant aspect of the service.	Doubtful
0	Poor or unsatisfactory response giving rise to serious concerns about the relevant aspect of the service.	Not worth considering

5. Evaluation Results

- 5.1 The final evaluated weighted scores are:

Contractor	Price Score/ 30	Quality Score/ 70	Total Score
1 WRVS	26.02%	67.25%	93.30%
2 Agincare	30%	58.47%	88.47%
3 Apetito	26.58%	59.02%	85.63%

- 5.2 With regards to the above scores the following were awarded provisional preferred bidder status:

- WRVS

- 5.3 References have been sought for the provisional preferred bidder.

6. Value for Money

6.1 Cashable Savings

6.1.1 The total value of the contract, if awarded to the Tenderer given provisional preferred bidders status, is £430,215. This is a £53,710 saving on current annual figures (based on a direct comparison of 82.500 meals) which equates to an 11% reduction in costs.

6.2 Non cashable Savings

6.2.1 Service delivery is also deemed to improve as they aim to provide a new model of food supply and social impact which reduces social isolation. New local suppliers for certain elements are to be implemented thus reducing food miles.

7. Recommendations

7.1 The recommendation of the Tender Evaluation Team is that a contract be awarded to WRVS.

7.2 Subject to approval, a standard Award Letter covering Alcatel will be issued to Successful Tenderers and an Unsuccessful Letter covering Alcatel will be issued to unsuccessful Tenderers.

7.3 Both successful and unsuccessful Tenderers will be provided with the opportunity to receive a debrief in accordance with the ITT Debriefing Guidance.

8. Approval

8.1 The Tender Evaluation Team seeks to obtain approval from the Denise D'souza to award the Agreement to the Tenderer(s) identified in 7.1.

Recommendation Supported:

Signed:

Name:

Date:

Title:

Draft Brighton & Hove Community Meals Mobilisation Plan (Note: estimated timescales only which have not been agreed, subject to change)

No.	Action	Assigned To	Estimated Date	Further Information
1. Tender Awarded				
1.1	Assess and Accept change in BHCC contract/finances from Hot Meals service delivery model to Steamplicity Meals delivery Model	Executive / Head of Operations	26/11/13	Contract awarded to RVS based on Hot Meals delivery. Steamplicity meals delivery/contract finances/timetable to be agreed
1.2	Agree award press release with B&HCC	Head of Operations / Marketing	28/11/13	
1.3	Notify relevant key stakeholders, including suppliers	Head of Operations / Area Manager	29/11/13	
1.4	Attend Mobilisation Meetings with Compass and B&HCC to agree delivery timescales	Head of Operations / Area Manager	26/11/13 to 27/03/14	Specific no. of meetings TBA
1.5	Submit regular transition updates to B&HCC	Project Manager (PM)	26/11/13 to 27/03/14	Frequency to be agreed
1.6	Agree contractual KPIs with B&HCC	Head of Operations / Area Manager	04/12/13	Meeting to be booked
2. Staffing				
2.1	Review staffing requirement for service and set out in a staff consultation document	Head of Operations / Area Manager	28/11/13-04/12/13	
2.2	Commence staff consultation process, providing details of service posts and any other vacancies within the organisation to reduce redundancy	HR / Area Manager / Locality Manager	04/12/13	
2.3	Conduct 2nd Consultative Review	Rachel Pickford / Project Manager	04/12/13	
2.4	Decide requirement for 3 rd Consultative Review	HR Rep	05/12/13	
2.5	Plan First round of 1:1 meetings	HR Rep / PM	06/12/13	

Please Note. This Plan is based on the theoretical contract commencement of Steamplicity to indicate timescales, with Mobilisation commencement dates to be agreed as part of the change in contract and additional time required due to Christmas/New Year. If the timescales are subject to further change, the dates below should be adjusted accordingly. Where no organisation is named in the 'Assigned To' column, please assume they are part of the Royal Voluntary Service team.

Draft Brighton & Hove Community Meals Mobilisation Plan (Note: estimated timescales only which have not been agreed, subject to change)

No.	Action	Assigned To	Estimated Date	Further Information
2.6	Finish First round of 1:1 meetings	HR Rep	13/12/13	
2.7	Finish Scoring Exercise	HR Rep / Debbi Fair/ Peter Ferns	20/12/13	
2.8	Finish 2 nd Round of 1:1s	HR Rep	27/12/13	
2.9	Finish final round 1:1s	HR Rep	06/1/14	
2.10	Liaise with B&HCC re proposed redundancies and agree next steps	HR Rep / Debbi Fair	06/1/14	
2.11	Identify gaps in staff structure and commence recruitment process	Area Manager / Locality Manager / HR	13/12/13	
2.12	Ensure adequate staffing is in place for service commencement and implement interim staffing structure, if required	Area Manager / Locality Manager	05/03/14	
2.13	Complete recruitment process for new staff, including DBS checks, ID cards, name badges and workwear	HR / Area and Locality Managers	05/03/14	
2.14	Carry out initial staff induction to the organisation and service	Learning and Development / Area and Locality Managers	05/03/14	
2.15	Create (or update) staff Personal Development Plans	Locality Manager / Service Manager	27/03/14	
2.16	Commence staff one-to-one supervision meetings	Locality Manager / Service Manager	27/03/14	
3. Volunteers				
3.1	Commence current volunteer consultation process, including volunteer plan to effectively deliver the service	Area Manager / Locality Manager	Nov 2013	
3.2	Build detailed volunteering Project Plan	Rachel Pickford/ PM	3/12/13	
3.3	Identify current volunteers who are willing to transfer to service	Area Manager / Locality Manager	06/12/13	

Please Note. This Plan is based on the theoretical contract commencement of Steamplicity to indicate timescales, with Mobilisation commencement dates to be agreed as part of the change in contract and additional time required due to Christmas/New Year. If the timescales are subject to further change, the dates below should be adjusted accordingly. Where no organisation is named in the 'Assigned To' column, please assume they are part of the Royal Voluntary Service team.

Draft Brighton & Hove Community Meals Mobilisation Plan (Note: estimated timescales only which have not been agreed, subject to change)

No.	Action	Assigned To	Estimated Date	Further Information
3.4	Carry out volunteer recruitment, specific to roles and issue ID cards, name badges and workwear, as appropriate	Locality Manager / Service Manager	05/03/14	
3.5	Carry out volunteer induction process to service	Locality Manager / Service Manager	12/03/14	
4. Customers				
4.1	Assess levels of current customers to access service	Locality Manager / Service Manager	Nov 2013– Mar 2014	
4.2	Face-to-face discussion with current customers advising of changes	Service Delivery Teams	Nov 2013– Mar 2014	
4.3	Letter to all existing customers explaining about the service and reassuring continuity during the transition period	Area Manager / Locality Manager / Service Manager	Dec 2013	
4.4	Review and implement customers-related documents and processes, including menu order forms and Welcome Packs	Locality Manager / Service Manager	Dec 2013– Mar 2014	
4.5	Liaise with customers re preferred delivery options and build into rounds mapping	Locality Manager / Service Manager / Support Services	Dec 2013– Mar 2014	
4.6	Feedback from customers on service, with initial survey within first quarter	Service Manager / Service Teams	May 2014 onwards	Regular feedback and annual surveys
5. Internal Service Process				
5.1	Notify all internal departments of service commencement	Area Manager / Locality Manager	Dec 2013	FIN1's submitted (new service forms)
5.2	Define SMARTT changes required for new delivery model	IT Rep/ Subject Matter Expert	Jan 2014	Learning can be taken from WSCC
5.3	Recommend how to overcome SMARTT deficiencies	IT Rep/ Subject Matter Expert	Jan 2014	Learning can be taken from WSCC

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Draft Brighton & Hove Community Meals Mobilisation Plan (Note: estimated timescales only which have not been agreed, subject to change)

No.	Action	Assigned To	Estimated Date	Further Information
5.4	Engage SMARTT to propose time and cost of changes	IT Rep	Jan 2014	Learning can be taken from WSCC
5.5	Decide how to overcome SMARTT deficiencies	Deborah Fair	Jan 2014	Learning can be taken from WSCC
6. Learning and Development				
6.1	Set up all volunteers and staff on E-Learning platform	Service Manager / Database Team	Feb 2014 onwards	Plus as new staff and volunteers recruited
6.2	Ensure staff and volunteers complete and record relevant compliance training as part of induction e.g. Safeguarding, Health and Safety and Bespoke Vehicle Training	Service Manager / Learning and Development Team	02/12/13 to 29/03/14	Plus as new staff and volunteers recruited
6.3	Complete Personal Development Plans for all staff and review at supervision meetings	Locality Manager / Service Manager	28/03/14 onwards	Plus as new staff and volunteers recruited
6.4	Complete Training Plans for all volunteers and regularly review	Service Manager	28/03/14 onwards	Plus as new staff and volunteers recruited
6.5	Identify and access appropriate non-compliance training based on individual need	Locality Manager / Service Manager	28/03/14 onwards	Plus as new staff and volunteers recruited
7. Finance				
7.1	Review budget and upload on finance system for service monitoring/reporting	Head of Operations / Area Manager / Finance Team	06/12/13	
7.2	Continue strong links with B&HCC and Royal Voluntary Service Finance teams to ensure new processes are implemented effectively	Area Manager / Finance Team	06/12/13 onwards	
7.3	Review Income and Expenditure reports with a view to increase cost efficiencies to reduce deficit	Area Manager / Locality Manager	Apr 2014 onwards	

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Draft Brighton & Hove Community Meals Mobilisation Plan (Note: estimated timescales only which have not been agreed, subject to change)

No.	Action	Assigned To	Estimated Date	Further Information
8. Health and Safety				
8.1	Ensure Health and Safety Policy and Procedure is in place	Locality Manager / Service Manager	Feb 2014	Updated as required
8.2	Complete relevant service and premises Risk Assessments	Locality Manager / Service Manager	Feb 2014	To review/update annually or sooner if any change
8.3	Complete relevant activity Risk Assessments	Locality Manager / Service Manager	Feb 2014	To review/update annually or sooner if any change
8.4	Cover Health and Safety issues in staff and volunteers meetings	Locality Manager / Service Manager	28/03/14 onwards	Monthly / Quarterly Meetings
9. Premises and Equipment				
9.1	Terminate premises that will not be utilised in new contract, meeting contractual obligations (8 kitchens consolidated to 2 kitchens)	Area Manager / Locality Manager / Peter Ferns	14/04/14	
9.2	Re-assess identified premises to ensure they remain fit for purpose, including office equipment and full survey to assess chiller requirements	Head of Operations / Area Manager / Compass/PM	20/12/13	
9.3	Order chiller from approved supplier	Peter Ferns/Debbi Fair	13/1/14	
9.4	Agree any adaptations to premises with Landlord	Area Manager / Locality Manager / Premises Team	17/1/14	
9.5	Install required catering equipment, including walk-in chillers	Head of Operations / Area Manager / Compass	14/03/14	
10. Vehicles				
10.1	Ensure suitability of bespoke vehicles based on review of WSCC Community Meals Operational vehicles for further enhancements	Head of Operations / Area Manager / Compass	06/1/14	Learning can be taken from WSCC
10.2	Order bespoke vehicles from approved supplier	Deborah Fair/PM	09/1/14	

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Draft Brighton & Hove Community Meals Mobilisation Plan (Note: estimated timescales only which have not been agreed, subject to change)

No.	Action	Assigned To	Estimated Date	Further Information
10.3	Delivery and testing of bespoke vehicles and ensure fuel cards are available	Area Manager / Locality Manager / Service Manager	03/2/14	
11. Meals Suppliers				
11.1	Ensure that meals supply and delivery processes are in place, including menus for Compass and Nibbles	Locality Manager / Service Manager / Compass	10/03/14	
11.2	Produce menus for customers and ensure ordering process is effective	Service Manager / Compass	28/02/14	
11.3	Commence development of a Premium meal range, subject to B&HCC approval	Compass	TBD	
11.4	Review and adapt meal choices on menu, including seasonal ingredients	Compass	Aug 2014	Six Monthly
11.5	Review frequency of meals selection with a view to reducing time between customer order and delivery	Locality Manager / Service Manager / Compass	Aug 2014	Six Monthly Review
12. Delivery Processes in Place				
12.1	Ensure organisational Policies and Procedures are understood as part of the induction/training process	Locality Manager / Service Manager	March 2014 onwards	Plus as new staff and volunteers recruited
12.2	Revise community meals processes and deliver training to service team to understand processes and address any concerns	Locality Manager / Service Manager / Compass	Jan 2014 onwards	Plus as new staff and volunteers recruited
12.3	Complete Contingency Plan for service	Locality Manager / Service Manager	Feb 2014	To review/update annually or sooner if any change
12.4	Commence service delivery	Operational Team	28/03/14	
12.5	Identify any areas for improvement/efficiencies, make any necessary adjustments and seeking approval from B&HCC for major changes	Area Manager / Locality Manager / Service Manager / Compass	28/03/14 onwards	
13. Marketing				

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Draft Brighton & Hove Community Meals Mobilisation Plan (Note: estimated timescales only which have not been agreed, subject to change)

No.	Action	Assigned To	Estimated Date	Further Information
13.1	Implement Marketing Plan, as agreed with B&HCC	Area Manager / Locality Manager / Service Manager	06/1/14	Meetings to be booked
13.2	Formalise mutual referral process with PAT Team and other relevant agencies	Locality Manager / Service Manager	Jan 2014 onwards	
14. Contract Reviews				
14.1	Continue to ensure contractual requirements, including KPIs, are met and raise any issues with the Commissioner, as appropriate	RVS Area, Locality and Service Managers	29/11/13 onwards	
14.2	Complete contract monitoring processes within agreed deadlines and attend contract reviews	WRVS Area, Locality and Service Managers / B&HCC	28/03/14 onwards	TBA agreed with B&HCC Commissioner
15. Route Planning				
15.1	Decide Workshop Attendees	Deborah Fair	06/1/14	
15.2	Send invitations	Peter Ferns	06/1/14	
15.3	Plan workshop requirements – IT equipment, route plans, info to give group etc.	Peter Ferns/Michelle	06/1/14	
15.4	Hold workshop	Deborah Fair/ Peter Ferns/ Michelle Leung	06/1/14	LM, IT and SMEs invited
15.5	Distribute outcomes and allocate work to relevant SMEs, including impact assessment on resources, IT etc as relevant	Peter Ferns/ Michelle Leung/SMEs	17/1/14	
15.6	Feed into Project Plan on new route requirements, including as testing of route if possible	Locality Managers/Service Managers	17/1/14	

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Royal Voluntary Service and Compass Brighton and Hove Community Meals Pilot Report

August 2013



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1. Executive Summary

The Brighton & Hove Community Meals pilot has given the Royal Voluntary Service an ideal opportunity to build upon their in-depth Meals on Wheels experience, explore a new model, and develop partnerships to improve the service not only to the Local Authority, but more importantly to the customer receiving the service.

It is very pleasing to see that the pilot model is feasible, and of course there will be some unanticipated challenges when implementing the model on a larger scale, but given the customer feedback results, learning, and partnership relations, the Royal Voluntary Service feels confident in our abilities to make the model a success, paving the way to a better and improved service to the customer.

2. Background

The Royal Voluntary Service (RVS) was awarded the Brighton and Hove Community Meals contract following a competitive tender process by Brighton and Hove City Council (BHCC), with a commencement date of 1st April 2013. The contract will operate for three years, with the potential to extend for a further year.

BHCC also approved the RVS proposal, submitted as part of the tender process, to a 6-week pilot of a new delivery model that aims to support a more customer-focussed approach to community meals. This is part of a wider review of community meals by the Royal Voluntary Service, which is currently covered by a confidentiality agreement and if the model is successful, the aim is to implement it within Brighton and Hove Community Meals and roll out across other Local Authority areas in England, Scotland and Wales.

The pilot is “A totally customer-focussed approach to community meals” as follows:

Current Model	Pilot Model
Using frozen meals	Using chilled meals
4 main meal, 2-3 pudding options	24 main meal, 15 pudding options
Set delivery time windows	Chilled Meals delivered at a time that suits the customer, hot meals in a set delivery window
Regenerated meals not looking appetising	Tastier meals that look more appetising
Meals ordered weeks in advance	Meals ordered nearer the time received by the customer
Little social interaction with customer (2 hour delivery window on a round)	More time to available to chat with customers either via volunteers going in to heat up meal or during bulk chill delivery (2+ hour hot meal delivery window per round and flexible time outside for chilled meal delivery)
Limited opportunity to identify customer needs to reduce social isolation	Identifying customer needs to reduce social isolation increased
Current carbon footprint	Reduced carbon footprint

2.1. Pilot Objectives

The 10 main objectives for the pilot were:

1. Ensure that the menu suits customer needs and wishes
2. Identify customer requirements in terms of delivering hot or chilled meals and whether they require support to heat up meals where they have been delivered chilled
3. Ensure the meal round logistics are effective to meet the needs of all customers
4. Gain feedback from customers in relation to their experience
5. Ensure that the vehicle prototype is fit for purpose and effectively utilised

6. Review and identify staffing requirements for full model implementation
7. Assess and adapt equipment and back office processes to meet the requirements of a full model
8. Identify increased social, economic and environmental impact
9. Assess overall financial viability of the model, to fit within the contractual parameters
10. Identify any future efficiency savings and improvements with the model

The customer and BHCC will continue to be charged at the contractually agreed rates during the pilot, with any additional costs being met by the RVS and Compass.

2.2. Timescales

The pilot commenced on 1st July 2013, with a completion date of 2nd September 2013. If the pilot is successful, the earliest possible full implementation date will be advised, following West Sussex County Council Community Meals Launch, and agreed financial implication understanding between parties. The pilot consisted of three stages:

- **Stage One** (01/07/13-19/07/13) – hot meals service using a specially adapted vehicle will take place on one meal round, to involve up to 32 customers.
- **Stage Two** (22/07/13-26/07/13) – hot meals service continued as Stage One, with an additional customer round identified whereby meals will be delivered outside of the delivery window and either heated up by the customer at a time that suits them, or by one of the RVS team who will visit during the delivery window.
- **Stage Three** (26/08/13-02/09/13) – Customer delivery returns to the original frozen model and a full review of the pilot takes place.

This report represents Stage Three of the pilot.

2.3. Methodology

To evaluate the pilot, a combination of quantitative and qualitative methods were utilised as follows:

1. Customer feedback questionnaires, one set sent out mid-way and another towards the end of the pilot – 11 quantitative questions plus a comments box (please see Appendix A)
2. Staff feedback on operations, vehicles, meals and overall observations

3. Operational Model

3.1. Meals Supply

The Royal Voluntary Service entered into a partnership arrangement with Compass for the supply of meals during the pilot, and for any further model development and implementation. The partnership will allow more emphasis to be placed on the provision of high quality, tasty and nutritious food to vulnerable residents in Brighton and Hove, whilst increasing customer choice, access and control of the service by offering fresh meal choices and broader delivery options.

Compass has developed an innovative steam-cook process using patented valve technology (Steamplicity) which is currently utilised within hospitals across the UK. The application of the steam cook approach into the community meals service draws on learning from other countries, such as Sweden, Canada and the USA.

The Royal Voluntary Service has worked closely with Compass to develop an exciting selection of individual Steamplicity meals for customers and if the pilot is successful, these will be reviewed on a six monthly basis and include seasonal options. Customers can select from the full menu each time, so will not be limited to a small selection of daily meals.

3.2. Carbon Foot Print and Food Freshness

Fresh ingredients are sourced as locally as consistent quality and continuity allow, providing full traceability and provenance. The meals are made on a daily basis and consist of a combination of fresh, raw ingredients, including vegetables and fish and also chilled product to ensure all components are in their best condition when served to the customer.

Steamplicity meals are produced in St Albans, Hertfordshire, and will be delivered to the Royal Voluntary Service premises on an every other day basis. Food miles will be reduced by using Compass instead the current supplier, TVF (based in Wales), resulting in lower carbon emissions. The use of fresh rather than frozen foods further reduces the carbon footprint.

Meals are packed into plastic self-contained units which are 100% recyclable and are themselves made from 50% recycled material – they are one of the most environmentally friendly forms of packaging. In addition, the meals are packed and transported in reusable formed trays that protect the product both in transit and storage. Meal sleeves will contain the required nutritional values, dietary information and heating instructions. Recyclable materials only are used throughout the whole packaging and storage process.

3.3. Nutrition

The meals meet NACC guidelines and remain fresh for six days after production. The Royal Voluntary Service secured a contingency supply of frozen meals at the service to meet exceptional circumstances, such as long periods of bad weather where the roads are not accessible or for customers who request this, perhaps for when they are returning from hospital. An example of this is towards the end of the pilot, where problems with the pilot van meant it was off the road for two days for repair, so pilot customers were delivered regenerated from frozen meals.

3.4. Customer Choice and Delivery Options

During the pilot, customers selected from the menu a week in advance. However, the aim of the post-pilot model is to establish a process whereby customers can select their meals for the next day. Customers received their meals hot, through the use of a specially adapted vehicle that heats the meals en route. Alternatively, they opted to have their meal delivered chilled and heated in their home whilst having a friendly conversation with the Royal Voluntary Service delivery person, or they may wish to heat it up themselves at a time that suits them.

For customers who choose to have their meal heated up by the Royal Voluntary Service, the process enhances the meal time experience to become more of a social activity, which supports their well-being.

The delivery window was extended by an hour from 11:30 to 14:30. This enabled the team to spend that little bit of extra time with each customer during bulk chilled deliveries or where a volunteer went in to heat up the meal, it also allowed staff to adapt to the new model and the service to fine tune its deliveries. On pilot completion, customers were returned to the original delivery.

3.5. Community Meals Delivery Vehicle

The Royal Voluntary Service commissioned a new vehicle specification to enable the flexible meal provision, as outlined above, taken into consideration requirements e.g. temperature, and equipment (chiller, microwaves, shelves, probe), payload, space for meals and other smaller items e.g. tea packs and hygiene equipment.

The vehicle incorporated a 'Key Out' system enabling the vehicle to be left running whilst the driver is away from the vehicle and with the vehicle locked and keys in the drivers possession at all times. This is necessary to power the microwaves and refrigeration whilst stationary during deliveries.

4. Findings

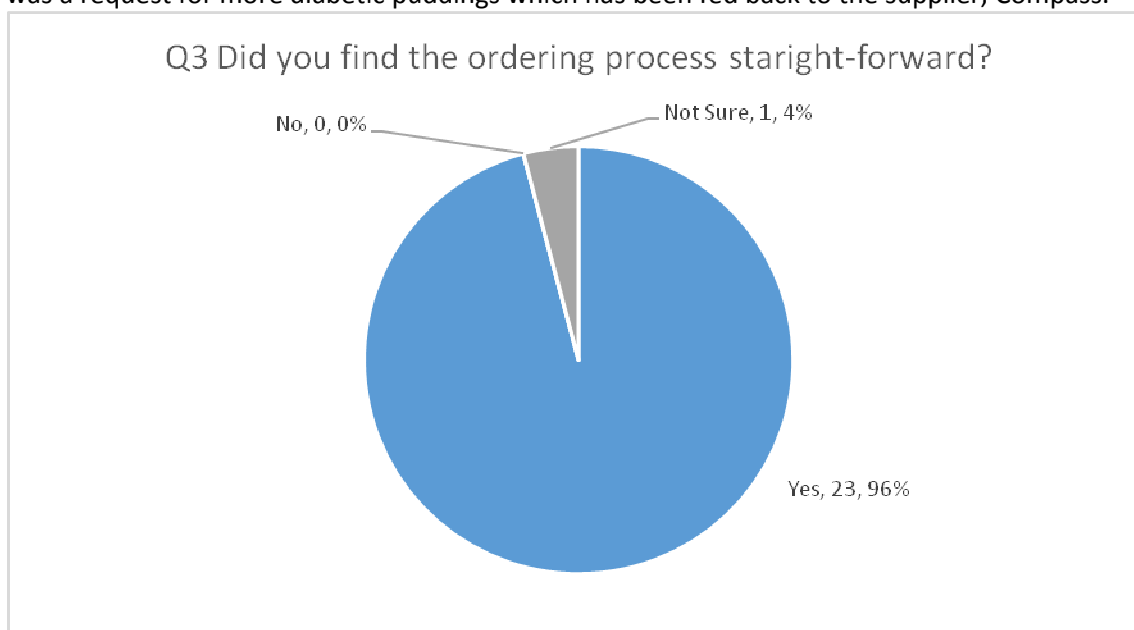
The findings have been split into Customer Feedback, Operational and Financial findings.

4.1. Customer Feedback Findings

Over the two pilot stages, 38 clients were involved, of these 24 (63%) responded to the feedback questionnaire. A summary of results are set out below based on the 24 customer responses. Full details of the customer feedback results can be found at Appendix B.

4.1.1. Menu Choice

The feedback shows that that 92% of respondents were happy with the choice of meals to meeting their dietary needs and that 88% were positive about the choices to select from. Of the latter, one was a request for more diabetic puddings which has been fed back to the supplier, Compass.



4.1.2. Ordering Process

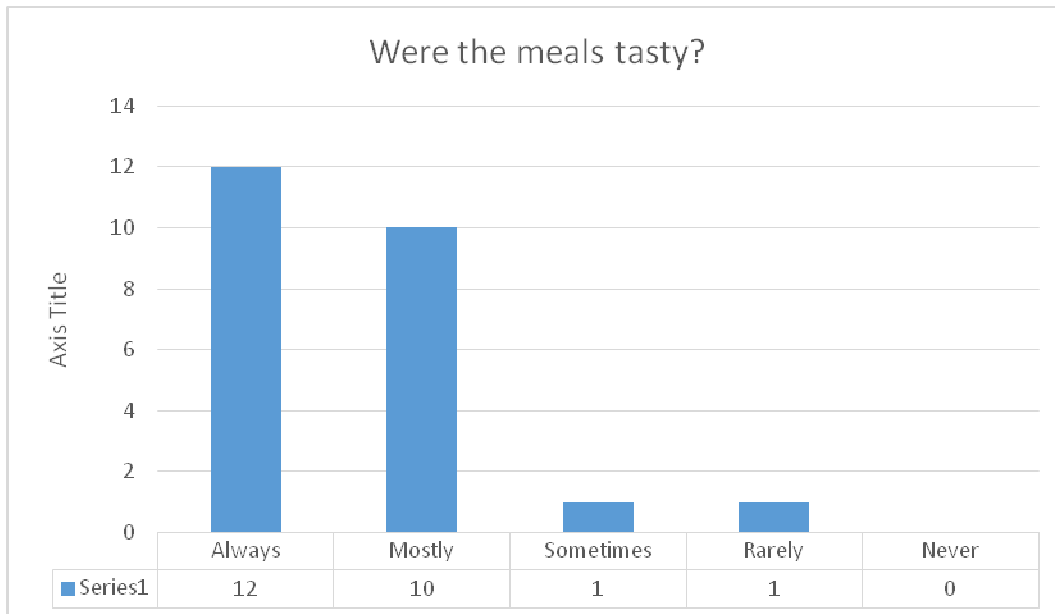
The feedback shows that 96% of the customers found the new ordering process straightforward. To introduce customers to the pilot, they were called, given a welcome letter, Community Meals menu brochure and 7 day tick box menu.

4.1.3. Delivery

The results show that 80% of customers received most of the meals they were expecting, one of the negative responses was because a customer was in hospital halfway through the pilot and never completed the menu selection, which may explain why she did not receive the meals she expected, one diabetic customer kept selecting non-diabetic puddings which could not be sent. 79% of customers received meals at the expected time, this slightly lower positive response could be for a number of reasons, one customer fed back they still wanted the meal within the old delivery window, which was rarely possible.

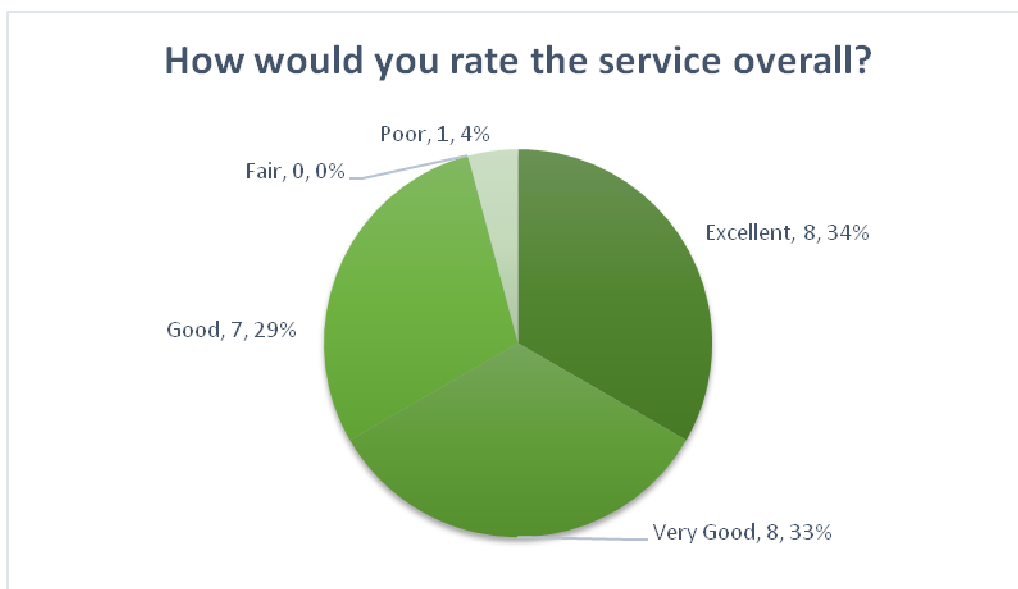
4.1.4. Meals

The customer were asked for feedback on a number of areas in relation to the meal. The vast majority, 88% found the meals were always or almost always hot (note: a further 8% of customer that fed-back received chilled), 79% felt portion size correct, and 92% found the meals were always or mostly tasty.

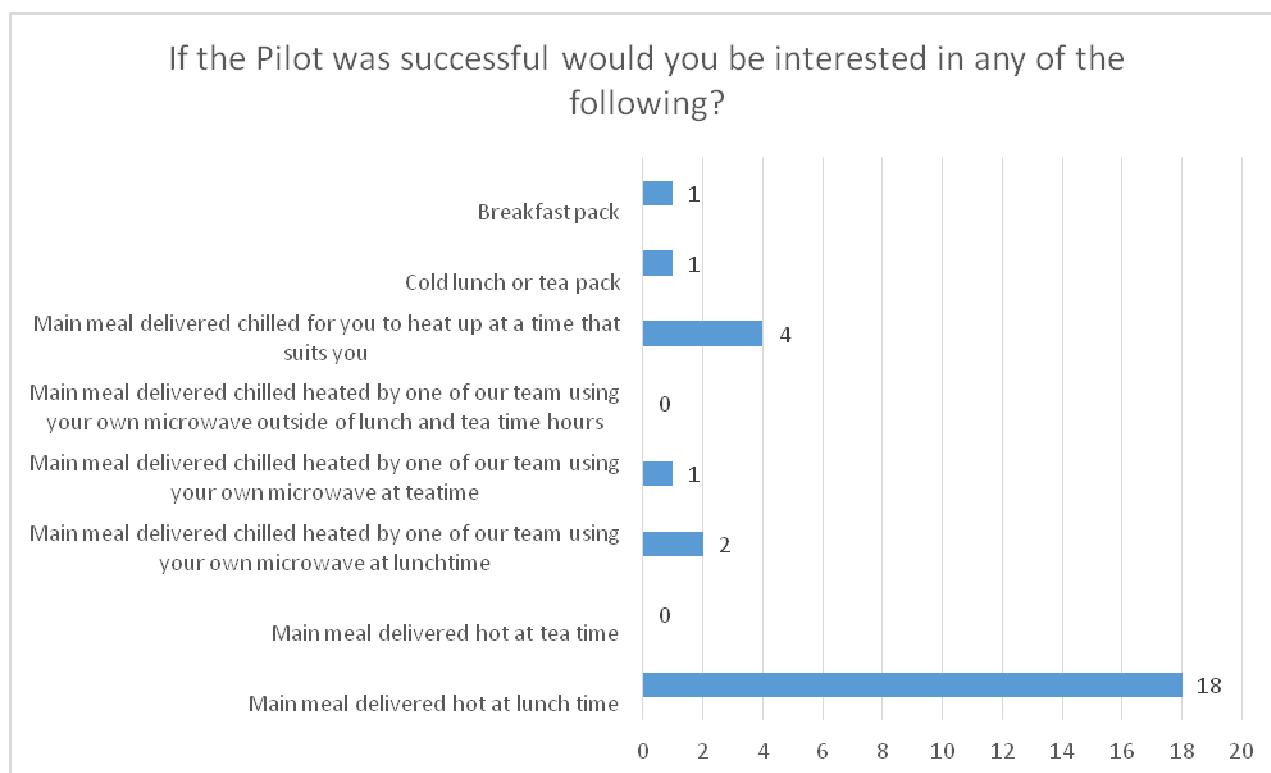


4.1.5. Rating the Service

When customers were asked how they rated the “Steamplicity” meals compared with the old pre-pilot meals, the majority of respondents felt the meals were much or a little better (16, 67%) and the service over all between Excellent to Good (23, 96%). It should be noted that one customer rating the new meals compared to the meals as worse had never received the old meals. Also, another customer rating the service as poor kept on choosing non-diabetic puddings, which could help explain why they rated the service as poor.



The final question asked customers what type of services they would be interested in, the majority of customers wanted a hot lunch, but interestingly, a number wanted chilled meals to heat up themselves – a positive sign of re-ablement.



4.1.6. Comments

10 customers left comments about the service in the comments section. Of these 4 complimented the new meals as being tastier or bigger and one stating that they liked heating up the meal when they wanted rather than waiting for a hot meal to be delivered at any time. Two customers preferred the old meal and another requested more diabetic choices.

Overall, the vast majority of the customer feedback has been positive giving Royal Voluntary Service a really positive indication that customers liked and accepted the new model. We also expected some criticism as not all customers like change, and it is an area we would look to manage carefully should we roll out the pilot model. Feedback on the meals has been shared with Compass and we feel confident working with them to agree a selection going forwards.

4.2. Operational Findings

4.2.1. Menu Selection, Meals supply and Temperature Probes

Approximately 50% of customers are selecting the meals themselves, with 50% asking the service to choose for them based on their needs and preferences which are logged on the service database. Royal Voluntary Service will continue to encourage customers to select their own meals.

Two individual meals required a further boosting and another did not heat up to guidelines. There was an issue with one meal-type container, these issues have been fed-back to Compass to review for feed-back.

Ten wastage meals per delivery was built into the pilot, which were used up during the course of the pilot, we anticipate the wastage to be zero if the service model goes ahead.

4.2.2. Vehicle

The prototype customised vehicle is a key component of the service to enable successful delivery. A number of issues were raised during the pilot in terms of: key out system (leaving the engine running to power chiller/microwaves and centrally locking vehicle whilst driver is delivering a meal); chiller requirements; repairs; microwaves; and adjustments to meal shelf and trays. We worked closely with our van suppliers during the pilot to give feedback, and adjustments were made along the way, with both parties working together to optimise the vehicle for the service model. We feel we have reached a satisfactory agreement on the vehicle specification to be confident in placing an order for the 2nd generation vehicle, with as many of the adjustments as technically possible.

4.2.3. IT, Administration and Staffing

Due to the broad menu range available each day, the service needed to set up the information and meal codes manually on the SMARTT (database) system, as opposed to the current system which is a tick box one. This meant during the pilot, every customer's order needed to be manually inputted with their meal codes for each day.

As part of the new learning on the model, it was discovered it was leading to significantly increased back-office time, although the end result is effective, we expect that once the familiarisation of the system is gained this will reduce. Further consideration also needs to be given to logistical routing which will impact on staffing level requirements and further IT revision needs to be made to help streamline the administration. Further specification for IT revision is currently underway but the scope for such streamlining will be reduced by the extent to which management and admin staff will be expected to provide driver cover relating to annual leave and sick leave of van drivers.

The realistic amount of hot meals that could be provided in a 2 hour delivery window direct from the vehicle has been evaluated at 15. This needs to be taken into account during review, including staffing implications.

4.3. Financial Review Findings

To be circulated – Pilot costs and full implementation forecasts

5. Conclusion

Overall, the Royal Voluntary Service are pleased with the pilot outcomes, especially the customer feedback which gave very positive indication for customers' appetite to move to a new service model. The partnerships with the meal and vehicle suppliers has worked extremely well, with all parties endeavouring to enhance the service model as much as possible. In addition, the pilot enabled significant learning for a wider roll out of the new model.

It is recommended that we move to roll out the new model to all of Brighton & Hove by X, so that staff, logistics, IT and other areas can be taken into consideration, Royal Voluntary Service expects some further learning due to the increased scale but are confident of successful delivery, alongside continued open discussion with all parties to ensure together we build the best model can.

6. Appendices

**Appendix A: Brighton and Hove Community Meals Trial
Customer Feedback Form**

Date Form Completed.....

Thank you for taking part in this exciting Community Meals trial. We would really appreciate your feedback as this will be an important part of the service review. We will be assessing the benefits of the trial and whether it would be beneficial to put place a similar service across Brighton and Hove towards the end of 2013.

For questions 1 to 9, please tick one box.

1. Did the menu provide you with enough choice to meet your dietary needs?

Yes		No		Not Sure	
-----	--	----	--	----------	--

2. Was there anything that was not on the menu that you would have liked to order?

Yes		No	
-----	--	----	--

If you answered Yes, please provide details in the box below:

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3. Did you find the meal ordering process straight forward?

Yes		No		Not Sure	
-----	--	----	--	----------	--

4. Did you receive the meals that you were expecting?

Always		Mostly		Sometimes		Rarely		Never	
--------	--	--------	--	-----------	--	--------	--	-------	--

5. Did the meals arrive at the time that had been agreed?

Always		Mostly		Sometimes		Rarely		Never	
--------	--	--------	--	-----------	--	--------	--	-------	--

6. Were the meals hot when they arrived (please leave blank if you chose to receive your meals chilled)?

Always		Mostly		Sometimes		Rarely		Never	
--------	--	--------	--	-----------	--	--------	--	-------	--

7. How was the portion size for you?

Just right		Too Big		Too Small	
------------	--	---------	--	-----------	--

8. Were the meals tasty?

Always		Mostly		Sometimes		Rarely		Never	
--------	--	--------	--	-----------	--	--------	--	-------	--

9. How do you rate the meals compared to the ones you received from our standard service?

Much Better		A Bit Better		About the Same		A Bit Worse		Much Worse	
-------------	--	--------------	--	----------------	--	-------------	--	------------	--

10. How would you rate this meals service overall?

Excellent		Very Good		Good		Fair		Poor	
-----------	--	-----------	--	------	--	------	--	------	--

11. If the trial was successful, would you be interested in any of the following? Please Tick as many as you like:

a.	Main meal delivered hot at lunch time (between 11.30am and 1.30pm)	
b.	Main meal delivered hot at tea time (between 4pm and 6pm)	
c.	Main meal delivered chilled and heated by one of our team using your own microwave at lunch time	
d.	Main meal delivered chilled and heated by one of our team using your own microwave at tea time	
e.	Main meal delivered chilled and heated by one of our team using your own microwave outside of the lunch and tea time hours	
f.	Main meal delivered chilled for you to heat up at a time that suits you	
g.	Cold lunch or tea pack delivered with your main meal, consisting of a sandwich and yoghurt, fresh fruit or cake	
h.	Breakfast pack delivered with your main meal, consisting of cereal, milk and fresh fruit	

12. Please use this section for any other comments:

Thank you for completing this form. Please return it to a member of the delivery team when they next visit with your meal or call us on 01273 410117.

Appendix B Full Customer Feedback Responses

		Yes	No	Not Sure /No Reply (NR)
Q1	Did the menu provide you with enough choice to meet your dietary needs?	22 (92%)	2 (8%)	0
Q2	Was there anything not on the menu that you would have liked to order?	2 (8%)	21 (88%)	1 (4%) (NR)
Q3	Did you find the ordering process straight-forward?	23 (96%)	0	1 (4%)

		Always	Mostly	Sometimes	Rarely	Never
Q4	Did you receive the meals that you were expecting?	3 (13%)	16 (67%)	2 (8%)	1 (4%)	2 (8%)
Q5	Did the meals arrive at the time that had been agreed?	5 (21%)	14 (58%)	3 (13%)	1 (4%)	1 (4%)

		Always	Mostly	Sometimes	Rarely	Never	Chilled
Q6	Were the meals hot when they arrived?	18 (75%)	3 (13%)	0	0	1 (4%)	2 (8%)

		Just right	Too big	Too small	No Reply
Q7	How was the portion size for you?	19 (79%)	1 (4%)	3 (13%)	1 (4%)

		Always	Mostly	Sometimes	Rarely	Never
Q8	Were the meals tasty?	12 (50%)	10 (42%)	1 (4%)	1 (4%)	0

		Much Better	A Bit Better	About the Same	A Bit Worse	Much Worse
Q9	How do you rate the meals compared to the old ones?	10 (42%)	6 (25%)	5 (21%)	1 (4%)	2 (8%)

		Excellent	Very Good	Good	Fair	Poor
Q10	How would you rate the service overall?	8 (33%)	8 (33%)	7 (29%)	0	1 (4%)

Q11: If the trial was successful would you be interested in any of the following?	
Main meal delivered hot at lunch time	18
Main meal delivered hot at tea time	0
Main meal delivered chilled heated by one of our team using your own microwave at lunchtime	2
Main meal delivered chilled heated by one of our team using your own microwave at teatime	1
Main meal delivered chilled heated by one of our team using your own microwave outside of lunch and tea time hours	0
Main meal delivered chilled for you to heat up at a time that suits you	4
Cold lunch or tea pack	1
Breakfast pack	1

Comments

Positive
"The thing I liked best about this new service was being able to have the meal chilled and then heating it when I wanted. I would not like to go back to the old system, meals arriving hot just anytime."
"Just to say thank you to all concerned and to hope these nice comments bring me bigger portions. Seriously praise where praise is due, and you've got mine."
"[Name] preferred the meals from your trial service (pilot scheme), and would be very pleased if they were a permanent option. He has mentioned the portion size were a little small."
"The meals very good. Thank you for very good service."
Positive & Suggestions
"I should prefer main meal times to be from 12.30am to 2.30pm as sometimes my breakfast doesn't finish until 9.45am. I do hope these delicious meals will soon be permanent."
"All meals must be diabetic. I cannot take normal meals due to health."
Negative
"Wasn't keen on the service of heating meal up when delivering as has been arriving recently. Overall to please everybody will take a much more clever man than me."
"Why change a good standard service."
"I preferred the old style meals, they were much more tasty. I found myself leaving some of the new meals as I did not like the taste of content."
"I did not enjoy the new meals".

Subject:	Market Position Statement: Adult Social Care Intentions		
Date of Meeting:	25th November 2013		
Report of:	Executive Director of Adult Services		
Contact Officer:	Name:	Anne Hagan	Tel: 296112
	Email:	anne.hagan@brighton-hove.gcsx.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. SUMMARY AND POLICY CONTEXT:**

- 1.1 The White Paper 'Caring for our Future' introduced a duty on Local Authorities to promote diversity & quality in the provision of care services. The Department of Health urged Local Authorities to create a Market Position Statement that would be useful for providers of care services in planning their businesses.
- 1.2 A completed market position statement will be presented to Adult Care & Health Committee in January 2014.
- 1.3 The Market Position Statement will outline what adult social care services Brighton & Hove City Council will commission in the future, and what services the council will need to provide directly.
- 1.4 The purpose of this report is to give committee a summary of some information on the key messages that will be highlighted in the Market Position Statement

2. RECOMMENDATIONS:

- 2.1 That Committee note the key messages in the summary document attached in Appendix 1: Market Position Statement: Adult Social Care Intentions.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The commissioning team in Adult Social Care have been working on developing a market position statement for providers in the independent, community & voluntary sector.
- 3.2 **The Market Position Statement will:**
 - Give information on the national and local developments that will have a significant impact on social care over the next 3 years.
 - Clarify to providers and to the public which services areas will be developed, and areas where commissioning activity will reduce.

- Give information and analysis on what people need from Adult Social Care.
- Enable providers to plan for the future.

3.3 Commissioners will highlight what services will need to be commissioned in the following areas:

- Care homes
- Domiciliary Care (including community support)
- Supported Living
- Extra care housing
- Shared Lives
- Personalisation
- Day Activities
- Equipment (including Telecare)
- Carers

3.4 A summary of key messages in the Market Position Statement is attached in **Appendix 1**

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 The Department of Health consider it good practice for Local Authorities to have a Market Position Statement.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 Commissioners have been working with council colleagues and other providers across the city to gather their views on what information would be helpful to include in the Market Position Statement. This consultation is on going and will continue up until December 2013.

6. CONCLUSION

6.1 The Market Position Statement will help to clarify what services Adult Social Care will commission in the context of local & national developments, and the reduction in the budget.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 The Market Position Statement will include details of current and future levels of resourcing to help inform the market about the financial pressures on the Council, and the direction of travel in terms of future spending priorities.

Finance Officer Consulted: Name Michael Bentley Date: 01/11/2013

Legal Implications:

7.2 The reasoning behind the development and production of the Market Position Statement is contained in the body of this report which is for noting only. There are no specific legal or Human Rights Act implications arising from this report.

Lawyer Consulted: Sandra O'Brien Date: 05/11/13

Equalities Implications:
7.3 Specific Equality Impact Assessments will be carried out on the individual areas in the full Market Position Statement that will be presented to Adult Care & Health committee in January 2014.

7.4 Sustainability Implications:
The report highlights that a different approach will be required to deliver cost effective services. Organisations will have to work together to make the best use of resources.

7.4 Any Other Significant Implications

The Market Position Statement supports the council's priorities in relation to tackling inequalities, creating a more sustainable city and modernising the council.

SUPPORTING DOCUMENTATION

Appendices:

Appendix 1: Market Position Statement: Adult Social Care Intentions

Documents in Members' Rooms

None

Background Documents

None

Appendix 1

Market Position Statement: Adult Social Care intentions

1. Introduction

A detailed Market Position Statement will be produced by the Adult Social Care Commissioning Team and presented to Adult Care & Health Committee in January 2014.

This briefing gives members a summary of some information on the key messages that will be detailed in the Market Position Statement.

2. What is a Market Position Statement?

90% of Adult Social Care Services are commissioned from the private and voluntary sector with the remainder provided directly by the council. The Market Position Statement will outline what adult social care services Brighton & Hove City Council will commission in the future, and what services the council will need to provide directly.

3. The Market Position Statement will:

- Give information on the national and local developments that will have a significant impact on social care over the next 3 years.
- Clarify to providers and to the public which services areas will be developed, and areas where commissioning activity will reduce.
- Give information and analysis on what people need from Adult Social Care.
- Enable providers to plan for the future.

4. Key Messages

- 4.1 National & local developments will have a significant impact on how Adult Social Care services will be provided in the future. These include the demographic changes in the city, the Care & Support Bill, the Dilnot report and government proposals for integration with health.
- 4.2 A different way of working will be required to deliver cost effective services: There are declining resources for the Council and for Adult Social Care services in particular.
- 4.3 Public expectations on the quality of care received by individuals have increased. At the same time as there is public concern about the actual quality of care delivered.
- 4.4 The population in need of support is growing, levels of complexity are increasing and the prices of services are rising. Adult Social Care cannot sustain the current level of spending if it is to respond to these pressures. We will have to be clear about to whom we provide service, and how.
- 4.5 Adult Social Care is committed to maintaining a positive and constructive partnership with providers in the city to deliver a range of quality services. We want to stimulate a diverse market, but this has to be seen in the context of the

financial challenge facing Local Authorities. Good communication and regular dialogue with providers will be important as the implications of the budget reduction and the savings plan are considered.

5. Adult Social Care will respond to these challenges by concentrating on the following:

<p>Investing in community based services that promote independence Continuing to explore other forms of accommodation that have good outcomes for people Encouraging people to use personalised services Using an assessment process that gives all service user groups equal treatment Assuring service quality, listening to feedback from service users and carers. Investing in preventive services Supporting carers</p>
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6. Commitment in challenging times: Adult Social Care will:

- Remain focused on supporting the most vulnerable people; safeguarding adults in the city remains a priority.
- Continue to provide appropriate services and support which will meet assessed need with no change to the eligibility criteria for services.
- Ensure that the outcomes of individual assessments concentrate on keeping people safe. Although outcomes will vary for each individual, it is important that there is fairness in the allocation of resources to meet people's needs across all service user groups. This may mean a reduction in service for some people.
- Continue to promote independence to enable people to fulfil their full potential through the use of short term reablement services and assistive technology.
- Commission services that offer more choice and more flexible support to individuals, in preference to traditional models. (E.g. using personalised budgets to purchase creative and cost effect solutions.)
- Explore cost effective and innovative accommodation solutions to meet individual outcomes.
- Support the community & voluntary sector who will continue to play an important role to enable people to stay healthy and well, and help prevent individuals from requiring statutory services.
- Provide good information & advice services to make people aware of what services might be available.
- Work with colleagues in the council to identify areas of joint working and commissioning in order to reduce duplication. We will continue to use the

Commissioning Prospectus approach and seek to develop a co-ordinated approach to preventive services.

- Continue with the modernisation agenda: This will include a plan to develop a more integrated approach to commissioning services with our Health colleagues.
- Purchase more services in the independent, community & voluntary sector, as the Council moves from directly providing services to a role of facilitating care and support.

7. Adult Social Care is basing their commissioning approach on 4 key principles:

<p>Support people to live healthy independent lives Commission services that ensure quality & value for money Support a resilient voluntary sector to promote preventive services, and support carers Work in partnership with the independent, community & voluntary sector to help develop the future direction for Adult Social Care</p>

8. Commitment to Providers:

- Build mutual trust and understanding with providers by taking time to understand their context to move forward together
- Understand financial pressures and have an open dialogue about cost, spend and a reasonable fee for care services
- Discuss and agree the relationship between cost and quality
- Be open to new ideas and new models of care
- Share information on our commissioning intentions, supply & demand to help local organisations adapt and grow
- Promote models of care that can deliver good outcomes and save money
- Have an open dialogue with providers, service users and , carers and the wider community about adult social care priorities
- Develop good communication mechanisms and continue with forums and other engagement activities with providers that are meaningful and accessible.

9. Commitment to service users

- Meet our statutory requirement to safeguard vulnerable adults
- Put outcomes at the centre of our activities
- Maximise independence and avoid dependency
- Support people to avoid residential care services
- Prevent and minimise the need for Adult Social Care services
- Where people need Adult Social Care , ensure they have the maximum degree of choice and control
- Ensure people get safe, quality services.

Subject:	Extra Care Housing – Brooke Mead		
Date of Meeting:	Policy & Resources 5 December 2013 Housing Committee 13 November 2013 Adult Care & Health Committee 25 November 2013		
Report of:	Geoff Raw - Executive Director, Environment, Development and Housing Denise D'Souza - Executive Director Adult Services		
Contact Officer:	Name:	Martin Reid	Tel: 29-3321
	Email:	martin.reid@brighton-hove.gov.uk	
Ward(s) affected:	Queens Park		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 Following previous reports to Housing (6 March 2013), Policy & Resources (21 March 2013) and Adult Care & Health (17 June 2013) Committees, this report updates on progress to secure increased supply of extra care housing in Brighton & Hove through the proposed development of the Brooke Mead extra care housing scheme, Albion Street, Brighton, following the Council's successful bid to the Homes & Communities Agency (HCA) Care & Support Specialist Housing Fund.
- 1.2 This report seeks approval for HCA & Housing Revenue Account (HRA) capital and HRA & Adult Social Care (ASC) revenue funding to support the Brooke Mead extra care scheme and authority to enter into a Funding Agreement with the HCA for provision of extra care housing under the Care & Support Specialist Housing Fund; and to award a contract or contracts following procurement to secure the development of the scheme as outlined in the report.
- 1.3 There are different elements to the housing scheme, including demolition of the existing building, the detailed design and build of the new housing, and the management of the new housing. The provision of care services for residents will be dealt with separately. As no Registered Provider (RP) partner came forward within the timescale to bid for HCA funding, the model on which the HCA bid was based assumes that the development will remain within the HRA. In order to allow all procurement options to be considered, reflecting previous delivery of extra care schemes in Brighton & Hove, it may be possible for an RP to work in partnership with the Council on the design and build contract and take on the housing management function. Given the scope for a different approach to the procurement of the different elements, and to avoid unnecessary delay that might prejudice the availability of the HCA funding, it is proposed that the contractual framework to secure the development is determined by officers, following the council's contract standing orders, including – where applicable – the relevant provisions of the Public Contracts Regulations 2006, with reports back to Housing Committee on progress and any future key decisions.

2. RECOMMENDATIONS:

2.1 Housing Committee

That Housing Committee–

- 2.1.1 Delegate authority to the Executive Director Environment Development & Housing to enter into the Care & Support Specialist Housing Fund (2013-18) Funding Agreement with the Homes & Communities Agency, the key elements of which are set out in this report.
- 2.1.2 Recommend that the Policy & Resources Committee approve a capital programme budget up to a maximum of £8.3 m for the delivery of Brooke Mead extra care scheme to be financed through unsupported borrowing in the Housing Revenue Account, HCA Grant and a contribution from ASC.
- 2.1.3 Delegate authority to the Executive Director Environment Development & Housing (in consultation with the Executive Director Finance & Resources) to enter into the necessary contracts (including with a development partner as necessary) to secure:
 - (i) the demolition of the existing building as previously agreed by Policy and Resources Committee (21 March 2013);
 - (ii) the design and build operations required to complete the development of the extra care housing scheme at Brooke Mead as described in this report; and
 - (iii) the housing management operation, in respect of the new extra care housing scheme.

2.2 Adult Care & Health Committee

That Adult Care & Health Committee–

- 2.2.1 Recommend that Policy & Resources Committee agree to fund up to £2.1 million (with maximum increase limited to 10%) to enable Brooke Mead to be built.

2.3 Policy & Resources Committee

That Policy & Resources Committee–

- 2.3.1 Approve a capital programme budget up to a maximum of £8.3 m for the delivery of Brooke Mead extra care scheme to be financed through unsupported borrowing in the Housing Revenue Account, HCA Grant and a contribution from ASC.
- 2.3.2 Agree to fund up to £2.1 million (with maximum increase limited to 10%) as the ASC contribution to enable Brooke Mead to be built.
- 2.3.3 Delegate authority to the Executive Director Adult Services (in consultation with the Executive Director Finance and Resources) to determine whether that funding is provided from capital or revenue funding, or a mixture of the two.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 Brighton & Hove has a growing population including a significant increase in the number of older people over eighty five with a support need. Such an increase will have an impact on the ability of people in risk categories, including those with some form of dementia, to remain independently in their own homes. This is projected to lead to additional demand for long term care services. The City is currently a high user of residential care accommodation and is committed to providing alternative housing options, in particular developing extra care housing for adults and older people as a corporate and budget priority.
- 3.2 Without the development of additional extra care facilities, the council will come under increasing pressure to increase the provision of residential care and home care facilities, with a significant increase in the community care budget. Extra care provides independence and dignity by enabling people to live in their own home in a supported environment. At the same time, it achieves financial efficiency. At Patching Lodge the current weekly unit cost of £201 per resident compares favourably with high cost home care packages, and residential care rates of between £341 and £460 per week.
- 3.3 The development of extra care housing can bring wider benefits in that it can help to ease the pressure for general needs affordable housing. This is because it enables small potentially unviable sites to be developed at density and may help to free up the family housing where elderly residents are moving out of under occupied homes.
- 3.4 Housing Committee on 6 March 2013 resolved to:
- Note the development of the proposed Brooke Mead Extra Care scheme will be funded through affordable rents, a contribution from Adult Social Care budgets, shared ownership and subsidy funding incorporated within the recent bid to the Homes & Communities Agency (HCA).
 - Note proposals to proceed with a Planning application for the approval of extra care housing on the Brooke Mead Extra Care scheme, the current timetable for the proposed development and the pursuit of other funding options as detailed in the report.
 - Recommend that the Policy and Resources Committee agree that the vacant Housing Revenue Account block of Brooke Mead, Albion Street, Brighton be demolished in order to be redeveloped, subject to Planning consent.
- 3.5 Policy & Resources Committee on 21 March resolved to:
- Agree that the vacant Housing Revenue Account block of Brooke Mead, Albion Street, Brighton be demolished in order to be redeveloped, subject to Planning consent.
- 3.6 The provision of care will be subject to a separate tender process which will be managed and funded through ASC.

HCA Bid & proposed funding option

- 3.7 As a result of the council's recent funding bid for £2.686 million HCA subsidy to support an extra care scheme at Brooke Mead, the Homes & Communities Agency (HCA), on behalf of the Department of Health, propose to enter into a contract with Brighton & Hove to deliver 45 extra care homes for £2,474,998 (the

maximum amount of grant payable by the Agency to the grant recipient in respect of the approved bid) from the 2013-18 Care & Support Specialist Housing Fund.

- 3.8 Priority was given to schemes which have already achieved, or are well advanced in the process of achieving planning consent, in particular those which can start on site in the first year of the Fund (2013/14). A Planning application (BH2013/02152) for demolition of Brooke Mead, an empty Housing Revenue Account (HRA) owned former sheltered housing scheme, and development of a building providing extra care residential units with associated communal spaces, landscaping works, cycle and scooter parking and community facilities has been submitted.
- 3.9 We have submitted investment partner qualification application questionnaire to enable the HCA to release the draft contract. In order to agree the contract and achieve timely sign off for any Funding Agreement we are seeking Housing Committee approval for delegation of authority for the Executive Director Environment, Development & Housing to enter into the Extra Care & Support Specialised Housing Fund Agreement subject to review and final agreement in negotiation between Brighton & Hove and HCA Legal teams.
- 3.10 Brooke Mead as an extra care option initially arose from a review of Housing Revenue Account (HRA) assets. Brooke Mead is a HRA asset and was originally a sheltered housing scheme of 9 non self contained units mostly bedsits with warden accommodation and shared facilities. The scheme became unattractive and hard to let due to aging and poorly served accommodation i.e. no lift etc. For the past 20 years the building was used as temporary accommodation for people we have a duty to accommodate under the homelessness legislation but was decanted and identified for redevelopment on the discovery of asbestos in the roof. The building is currently empty.
- 3.11 Brooke Mead would provide an extra care housing scheme for older people and those living with dementia. The proposed extra care scheme is in the heart of the City centre in an area with substantial numbers of older people, many from low income households in poor neighbourhoods. Many of the older people appear to be living on the periphery of this central location and are often excluded and marginalised from the wider community. Proposed investment of an extra care housing scheme in this location will make a major contribution to the quality of life for those who hitherto have been unable to access affordable supported high quality accommodation and provide an alternative form of housing for those who can no longer live at home and who previously would have to move to a care home. An extra care scheme offers older people a dignified environment which enhances their quality of life.
- 3.12 Lambert Smith & Hampton (LSH) consultants were appointed to work with ASC & Housing to develop the extra care housing bid for submission to the HCA. The bid proposed to develop an extra care housing scheme of 45 self contained flats in a 5 storey development. The scheme is based on 39, 1 bed units for rent and 6, 2 bed units for low cost home ownership, with all flats developed to life time home standards. Generous space standards have been allowed for, enabling sufficient room for entertaining, relaxing and enjoying personal pursuits, with minimum net internal space standards of 52 m² for 1 bed and 75 m² for 2 beds depending on orientation. 10% of all developments have been identified for fully

adapted wheel chair use. Capital costs for the entire building are appraised at British Research Establishment Environmental Assessment Methods (BREEAM) standard 'Good'. Each apartment is designed for independent living with a separate kitchen / living area to the bedroom and a shower room designed to be fully accessible. The rooms will be well lit, with a terrace / balcony for each resident. Terraces could be used for flower pots or easily accessible window boxes. The development has been imaginatively designed with communal space at its heart. It is envisaged that the development of community based resources at Brooke Mead will be modelled on the City's successful work at Patching Lodge where through the work of the LifeLines project, a thriving community hub has been established.

- 3.13 In line with HCA bid requirements, homes for Affordable Rent are to be made available at a rent level of up to 80% of gross market including service charges. In line with our Tenancy Strategy our modelling limits the rent to the Local Housing Allowance on the basis that this equates to c 65% of market rent.
- 3.14 This financial model used as the basis for the bid assumed the HRA land is put as a zero cost subsidy. This is consistent with recent practice for HCA sponsored developments in the City. It was also assumed rents would be set at affordable rent levels up to the Local Housing Allowance levels and the six 2 bed homes would be low cost shared ownership. In addition to rental income, the development proposal included ongoing revenue contribution for the scheme from the general fund (Adult Social Care) of £0.102 million per annum. On this basis the development required a net capital subsidy/grant of £2.686 million from the HCA towards the total scheme capital cost of £8.925 million.
- 3.15 The model on which the HCA bid was made assumed that the development will remain within the HRA and thus the HRA would need to make capital payments of up to £8.925 million during the build programme. The model proposed that reimbursement of the HCA grant payments be made in agreed instalments throughout the development programme with any capital receipts from shared ownership homes being made at the end of the project. We have previously reported that this is likely to result in short term cashflow deficits which will be managed within the HRA capital programme and by possibly utilising debt. As a consequence this will result in a longer term borrowing in the region of £5.159 million which is proposed to be fully financed by the net rental income streams from the new homes.

Current financial appraisal

- 3.16 Following submission of the Planning application, amendments to scheme design have been requested to address some remaining points relating to scheme massing and daylight / sunlight issues. The final indicative scheme costs align to final scheme design changes currently being made in order to meet the 11th December 2013 Planning Committee deadline.
- 3.17 A revised option for the floor plan has been produced to alter the floor-space to increase the number of homes, making up for a potential loss of 3 homes through reduced massing. A total of 44 homes are currently proposed. The main proposed amendments under this option are to change the 2x 2bed units on the 5th floor to 3x 1bed units, and to change 2x 2bed units on the 1st and 2nd floors to 3x 1bed units. Removing the two bedroom homes to maximise the Affordable

Rent homes on site results in no shared ownership homes currently proposed for this scheme.

- 3.18 A revised financial appraisal of the Brooke Mead extra care scheme for the delivery of 44 affordable rented homes was provided by Consultants LSH. This appraisal cost information has been used as the basis for the financial modelling to evaluate funding options and is reflected below in Financial Implications.
- 3.19 The current financial analysis details a scheme costing £8.3 million, this figure includes the expenditure, ie build costs, indicative interest rates and professional fees and the income assumptions based on rental income, revenue subsidy from Adult Social Care and the maximum £2.4m subsidy for the HCA.
- 3.20 The scheme costs detailed in paragraph 3.19 are indicative and may change dependant on iterations being made to the design. A decrease in the total number of units may increase the overall build costs as there will be a number of fixed costs that cannot be removed despite a reduction in the number of units. Consequently the cost per unit will increase alongside a loss of subsidy and income. The prospect of delivering a smaller scheme have been discussed with the HCA and colleagues from Adult Social Care. Both parties would continue to support a scheme reduced in scale if found necessary although subsidy would be lost on a per unit basis from the HCA. Such variables are informing the optimum financing solution and this will be finalised once the physical design is fixed for Planning Committee on 11 December.

Procurement of construction & housing management

- 3.21 This report seeks delegated authority for the Executive Director of Environment, Development and Housing to award a contract or contracts to successful bidders following the completion of the procurement process. The procurement route for appointing an external construction contractor and professional services team is being finalised and a preferred option will be recommended early in the New Year.
- 3.22 The HCA bid was predicated on housing management for the scheme being provided by the council. A further option of housing management and extra care services being provided by an external partner is also being explored as it is possible this could prove to be a more cost effective solution. It is currently envisaged that care services in particular will be provided through an external provider, irrespective of whether the housing support service is provided by an internal or external team. The options will also be reported to the relevant committees with a preferred recommendation for approval early in the New Year.

Funding Agreement

- 3.23 The draft Department of Health, Care and Support Specialised Housing Fund Agreement was received from the HCA on 1 November 2013. The draft Agreement confirms that the HCA has agreed to advance grant funding to the Council of up a maximum of £2,474,998 and sets out the terms of the Agreement in relation to a range of areas including: scheme development costs; design and quality standards; Affordable Rent; agreed client group; payment terms; monitoring and reporting; health & safety; and, equality & diversity. Legal colleagues are currently reviewing the draft Funding Agreement.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 In proposing the Brooke Mead scheme a number of alternatives have been considered as listed below:
- 4.2 A 'do nothing' option would continue to leave the land wastefully without economic use and reduce the council's ability to meet its strategic objectives, specifically the Budget commitment to identify and promote cost effective alternatives to residential care to meet the needs of the ageing population of the City.
- 4.3 Alternative land could be sought for the provision of extra care schemes. If the proposed Brooke Mead scheme was abandoned in preference to searches for alternative sites, the work completed to date on Brooke Mead would be lost and the HCA subsidy would be rescinded and reallocated to other registered providers. The time lost in identifying alternative sites would delay addressing the Budget priority for the development of additional extra care housing. Officers are continuing to identify suitable sites for the development of further extra care housing to compliment the number of existing schemes and new initiatives such as the proposed Brooke Mead project. However site appraisal and design would alter the time line for delivery of increased numbers of new units for older people and move build completion beyond 2015.
- 4.4 Any alternative to the proposed Brooke Mead scheme would result in an abandoned site due to a lack of alternative funding sources. The HRA would loose the opportunity to fully utilise the site and the City would loose the economic benefit that could be realised from this asset. Residents would again be blighted by the effects of an empty former sheltered housing scheme and anti social behaviour.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 As previously reported to committees in March and June of this year, there has been extensive consultation to residents and the local community regarding the proposed development. The consultations sessions have resulted in several iterations of the design to reflect residents concerns. A further iteration is being proposed which will see changes to the north west elevation of the building providing relief to the residents of Church Way. Formal consultation of this design change is underway.

6. CONCLUSION

- 6.1 The Brooke Mead extra care housing proposal meets corporate and strategic objectives as well as budget commitments. Specifically it provides an opportunity to increase the supply of suitable housing for older people at an affordable cost. In moving toward the next phase of the proposed scheme, delegated powers are sought by the Director of Environment, Development and Housing to enable HCA capital subsidy to be claimed, for the legal agreement to be signed and for procurement plans to proceed including the award of contract to the successful bidders.

6.2 It is envisaged that procurement including award of contract will be completed in late Spring, with the build expected to be complete in the summer of 2015.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 A revised financial appraisal of the Brooke Mead extra care scheme for the delivery of 44 affordable units was provided by Consultants LSH. This appraisal cost information has been used as the basis for the financial modelling to evaluate funding options.
- 7.2 The indicative development costs provided by LSH total £8.3 million and include demolition costs, construction costs and professional fees.
- 7.3 The financial modelling (see table below) shows that based on the current indicative costs, capital funding of the Brooke Mead extra care scheme can be met through HRA unsupported borrowing totalling £5.8 million financed through tenants affordable rents (£3.7 million) and either an annual revenue contribution from ASC of up to £ 0.114 million or a capital contribution up to £2.1m (with any increase limited to a maximum of 10%) and HCA Grant up to a maximum of £2.475 million. The table shows a range of borrowing scenarios including funding increased development costs if borrowing over a longer term.

Brooke Mead Extra Care Scheme Financing implications summary - 44 affordable rent units			
	Scheme financed over 30 years assuming PWLB rates @ 4.6%	Scheme financed over 30 years, assuming PWLB rates @ 4.4%	Scheme cost increased by 3% financed over 35 years, assuming PWLB rates @ 4.63%
Based current costings (Oct 2013)	£'000	£'000	£'000
Total Capital Cost (LSH Consultants)	8,310	8,310	8,559
Funded By			
Capital contribution from ASC (or borrowing financed from annual contribution of £114K)	(2,100)	(1,913)	(1,984)
HRA Borrowing (from net rental income)	(3,735)	(3,922)	(4,100)
HCA Capital Grant offered	(2,475)	(2,475)	(2,475)
Total Funding	(8,310)	(8,310)	(8,559)
HRA Subsidy	0	0	0

- 7.4 The development costs modelled are still subject to planning approval, assumes that delivery of the scheme is through the HRA, requires final confirmation of HCA Grant and therefore costs and funding can only be indicative at this stage. Any significant variations to the proposed capital scheme and funding would need to be reported back to Policy & Resources committee in accordance with council's standard financial procedures.

Finance Officer Consulted: Susie Allen / Michelle Herrington Date: 4/11/13

Legal Implications:

- 7.5 Procurement of all works and services referred to in this report will need to comply with the council's contract standing orders, including – where applicable – the relevant provisions of the Public Contracts Regulations 2006.

Recommendations 2.3.1 and 2.3.2 reflect the constitutional requirement that a committee dealing with corporate budgetary implications will refer the matter to Policy & Resources Committee with recommendations.

Lawyer Consulted: Jill Whittaker / Oliver Dixon *Date:* 01/11/13

Equalities Implications:

- 7.6 Extra care housing supports Tackling Inequality, priority one of the Corporate Plan. Evidence demonstrates that a significant increase of older people, particularly those experiencing dementia, will be living in the City in coming years. This increase is set against a backdrop of a limited number of suitable homes able to meet demand. The development of housing catering to a segment of people in the City who hitherto have experienced a lack of suitable accommodation with the availability of care packages that support increasing health and social care needs provides access to a much needed and new avenue of independent living, within good quality accommodation which also offers care and support for older people within the City.
- 7.7 An increase in the supply of extra care housing will increase housing choice for older people with housing, health and social care needs and enable the City to better manage demand for specialist housing with support. In addition, the Brooke Meade proposal has been designed to ensure that 10% of the dwellings will be fully wheelchair adapted.

Sustainability Implications:

- 7.8 The proposed new development will be energy efficient and built to minimise carbon emissions. The development will be fuelled in part by solar energy with solar photo voltaic panels being placed on the roof. New homes will support One Planet Living principles.

Newly built homes will be built to Affordable Housing Brief standards in terms of size, Code for Sustainable Homes, amenity space, Lifetime Homes Standard. Development to the BREEAM standard level 'Very Good' ensures that new homes are designed sustainably to minimise carbon emissions and use sustainable materials in their construction. All other codes and guides provided by the HCA and those developed by the councils Housing Development Team have been incorporated into the design and will be applied during the construction process.

The development includes two roof gardens, outside space for each individual flat and a community garden. A high level landscaping plan which looks at the green areas in and around the site has been included in the development proposals with further plans to be progressed with residents. The aim is to re-introduce semi mature trees, to encourage existing wild life and support new habitats. And create some open but defensible space for residents to enjoy.

A sustainability construction plan is also required thus ensuring that where possible materials are locally or ethically sourced, transportation is kept to a minimum, and that the mess facilities including food and refreshments provided on site for construction workers is locally sourced or Fair Trade products.

Any Other Significant Implications:

- 7.9 Extra Care Housing provides an opportunity to produce good health and housing outcomes that benefit the community at large.
- 7.10 Other significant implications are listed in appendix 1.

SUPPORTING DOCUMENTATION

Appendices:

- 1. Other Implications

Documents in Members' Rooms

- 1. None

Background Documents

- 1. None

Crime & Disorder Implications:

- 1.1 Good architectural and urban design can contribute to safer homes and neighbourhoods. The proposed development includes Secure by Design principles and IT enabled technology supporting older people particularly those experiencing dementia.

Risk and Opportunity Management Implications:

- 1.2 Improving the supply of extra care housing is a Corporate and Adult Social Care Budget priority. Failure to deliver additional extra care housing will have an adverse budget impact. Further development risks and opportunities will continue to be assessed and amended throughout the life of the project and adjusted in line with internal and external factors which emerge.

Public Health Implications:

- 1.3 Secure affordable extra care housing is key to supporting households to maintain a healthy life and sustain their independence.

Corporate / Citywide Implications:

- 1.4 Extra care housing aligns to the following Corporate Plan commitments under Priority One: Tackling Inequality: Develop new extra care housing and supported accommodation units to help people with complex needs to remain in the community; Work with partners including the Homes & Communities Agency, neighbouring authorities and housing associations to provide 250 new and improved affordable and energy efficient homes.
- 1.5 In addition, the City will benefit from additional specialist housing provision and assist in meeting the targets for new housing as identified in the Housing Strategy and the City Plan.

