

12 December 2016

Agenda Item: 4

REPORT OF THE TRANSFORMATION DIRECTOR AND SERVICE DIRECTOR FOR MID-NOTTINGHAMSHIRE

OUTCOME OF TWO CONSULTATIONS: BROKERAGE FOR SELF-FUNDERS AND MID-NOTTINGHAMSHIRE SAVINGS PROPOSALS

Purpose of the Report

1. This report presents Committee with the outcomes and recommendations arising from two consultations on:
 - a. the brokerage consultation which ended on 25th October 2016 and to recommend amendments to the service from April 2017 for approval.
 - b. the consultation on savings proposals from Mid-Nottinghamshire partnership expenditure and recommendations from April 2017 for approval.

Information and Advice

Brokerage consultation

2. In September 2016 the Committee noted a report to consult with the public on a proposed increase to the brokerage fee for self-funders and a change to the scheme to extend the charge to existing self-funders who are already in receipt of managed services.
3. A self-funder is someone who is responsible for funding their own social care, because they have income and/or savings of more than £23,250.
4. A brokerage service is a service which helps someone find services to meet their social care needs, make informed choices about different options with different providers, access the services that will help them to meet their social care needs and help to put those arrangements in place.
5. Managed services are those that the Council seeks out, commissions and oversees for the service user, rather than a direct payment where a person is given a sum of money and arranges their own services.
6. In April 2016 the Council introduced a £100 charge to self-funders who had received brokerage services from the Council. This £100 charge does not currently cover all the Council's costs for delivering the brokerage service.

7. Under the Care Act 2014, councils can charge a brokerage fee for self-funders accessing managed services in the community (but not in residential settings) that covers 'only the costs that local authorities actually incur in arranging care'. This can include costs relating to contract negotiation/management and administration costs in addition to time spent by front line staff dedicated to statutory duties, such as assessment of care and support needs and support planning.
8. Providing information advice and guidance, signposting, developing support plans or providing lists of providers, referring to a direct payments support service or identifying the indicative cost of support required are not classed as brokerage and would not incur the brokerage fee.
9. The brokerage service does include taking a service user/family to see community provision; contacting providers to discuss a person's individual requirements; negotiating a rate with non-NCC contracted providers; arranging taster sessions; setting up NCC contracted homecare and/or daycare; identifying community resources and providers who can help to meet a person's needs; and allowing self-funders to access NCC contracted rates with providers contracted to provide care in the community.
10. A public consultation was carried out to gather opinion on changes to the brokerage fee and extending the charge to existing self-funders. This consultation closed on 25 October 2016. People were invited to respond online via a SurveyMonkey questionnaire. The same questionnaire was sent out in paper form to the known group of self-funders who currently access services through the Council. The questionnaire was also shared with third sector forums and service user involvement groups that the Council has access to.
11. The consultation questionnaire and consultation results are available as background papers.
12. A total of 211 people responded to the consultation, 38% of whom were either self-funders currently or likely to be self-funders in the near future.
13. When asked if they would pay the new charge to use the brokerage service, 36.8% said yes, 38.6% said no and 24.5% didn't know.
14. 54% of people agreed or strongly agreed that the Council should cover its costs for organising care and support for self-funders, 33% disagreed with it and 13% were either neutral or didn't know.
15. Based on the consultation results the Council is seeking to recover the full cost of the brokerage service and comments have been taken into account in the further development of the proposal. These points are covered in **paragraphs 22 and 23**.
16. The costs of the brokerage service have been identified based on the resources required to deliver the service, such as contract negotiation/management and administration costs, along with the additional staff costs of brokerage above the time spent on assessment and support planning.

17. The costs associated with delivering the brokerage service on a full cost recovery basis have been calculated at £133.32 per eligible self-funder per annum. This equates to £10.26 per four-week period. This would replace the existing one-off fee of £100, which does not take into account the length of time self-funders access services for. By way of comparing with other local authorities, Lincolnshire currently charges £420 per annum and Leicestershire charges £236 per annum.
18. There are an estimated 418 new and existing self-funders for 2017/18. If 50% of these self-funders received the new proposed brokerage service, this would equate to an annual income of £27,864.84. This is an increase of £12,164.84 per annum from the existing one-off brokerage charge.
19. The Council will seek to promote the brokerage service as a beneficial service for self-funders. Potentially, there are savings to be made for a person paying for their own care by using the brokering service as it enables them to make use of Council contracts with care providers. The following are also provided within the brokerage fee:
 - a. professional help and advice to arrange care and support which is most suitable for a person's need
 - b. people can take advantage of the rate that the Council has agreed with the care providers
 - c. providers who are contracted with the Council have to meet the Council's quality standards. The Council monitors providers and responds to concerns about quality
 - d. the Council will manage payments to the provider and deal with any queries.
20. This should reduce the risk of low demand for the service from self-funders as they will be aware of the overall benefits of using the service.
21. With this in mind, it is proposed that the Council applies the new £10.26 four-weekly brokerage fee for self-funders who access the brokerage service. It is proposed that this charge be applied for existing and new service users who are self-funders and receive a managed service.
22. A contract will be developed as a formal agreement between the Council and people using the brokerage service. This will provide clear advice and guidance on what the brokerage service is and what the Council and the individual will be responsible for.
23. It is proposed, as with the current brokerage service, that people receiving internal services, such as internal daycare or whose package is below £84.40 per month will not be subject to the charge. The brokerage fee only applies to self-funders in the community accessing managed services, not direct payments.
24. Existing self-funders having their care and support commissioned by the Council who have not already paid the one-off brokerage fee will be notified of the changes to the brokerage service. This will be done 3 months before the change is effected to give them opportunity to opt-out of the brokerage service and source care independently should they wish to. Only a small proportion of the existing self-funders have already paid the one-off £100 and these people would be exempt from the proposed four weekly brokerage fee.

25. It is proposed that the policy allows the Council to waive the brokerage fee should the Council feel this would better ensure an individual's needs are met appropriately or if there are exceptional circumstances.
26. To summarise, it is proposed that the Council applies the new £10.26 four-weekly brokerage fee for self-funders who access the brokerage service. It is proposed that this charge be applied for existing and new service users who are self-funders and receive a managed service. Exemptions from the charge will be in place in certain circumstances.

Outcome of the Mid-Nottinghamshire partnership expenditure consultation

27. Following a report presented on 10th October 2016, Committee approved further consultation on a proposal to review three elements of Mid Nottinghamshire expenditure. The outcomes of the consultation are detailed below. The three proposals were:
 - Proposal to cease the Hospital to Home Scheme.
 - Proposal to cease payments to Sherwood Forest Hospital Trust for health discharge staff at King's Mill hospital and
 - Proposal to reduce £5,000 funding to pharmacy scheme that supports medicine management in care homes. This work is underway but is not completed so is not reported on further.

Hospital to Home Support scheme

28. In October 2016 the Committee received a report on progress with arrangements to integrate health and social care in Mid-Nottinghamshire. A recommendation was noted to consult on the cessation of the Hospital to Home Support scheme, which is run by the Council but relies on volunteers to provide low level support to people being discharged from hospital.
29. It was reported that ceasing this scheme would save the Council £46,000 pa. It is now clear that the saving to the Council would be £22,000 pa, since it has been clarified as part of the review that £24,000 pa of costs is funded by the six Nottinghamshire Clinical Commissioning Groups (CCG). Committee is asked to note this change.
30. Reasons for proposing to cease the scheme were outlined in the October report in detail. In summary, the reasons were the high unit cost of the service to the Council, which in turn is due to low referrals and uptake of the support and provision of equivalent services run by other organisations in the local community.
31. An alternative scheme called the Assist Hospital Discharge Scheme is run by Mansfield District Council and provides practical and housing-related support to people being discharged from hospital; this is a free service to the patient and services include the installation of lifeline assistive technology and a key safe, benefits advice and support to meet the person when they come home and ensure that the home environment is safe on arrival (e.g. the heating is on and there is food in the house). Referrals to this service are received from a wide range of staff who work within Kings Mill Hospital, Millbrook and Mansfield Community Hospital. This free practical support can continue for a short period but if longer term support is needed, the Assist Enhanced Support service can be funded

by the person themselves or alternative domiciliary support can be commissioned by the Council if the person has eligible social care needs.

32. There are a range of domiciliary support organisations which provide personal care and/or low level practical support to people on a longer-term basis. Mears Care Ltd is the core provider of domiciliary care in Mansfield and Ashfield. Jigsaw Independence Service and Shirebrook Miners Welfare Independent Living Service are other examples, as well as Assist Enhanced Support. These services must be paid for by the client if he/she does not have eligible social care needs that should be met by the Council. If a person is eligible, then these services can be commissioned or funded by a Direct Payment. Costs range between £12 and £16 per hour, depending on the nature of the support and when required during the week.
33. Individual discussions have been held to consult with the 1.6 fte Council staff who run the Hospital to Home service. The nine volunteers have also been invited to a meeting to share their views, followed up by individual telephone discussions with those not able to attend. The staff felt that the service would be missed but acknowledged that referrals have been very low, particularly for people who would be eligible for services from the Council. There were no alternative proposals that would enable the service to increase referrals significantly. Volunteers accept that there has not been much work for them to do, due to the success of the Assist Hospital Discharge Scheme.
34. Discussions with the lead CCG (Mansfield and Ashfield) have been held in relation to this service and it has been agreed that it is reasonable to cease the service. A briefing report will be presented to the CCGs Commissioning Group for information.
35. Given this consultation, Committee is recommended to approve the cessation of the service by 31 March 2017. If this recommendation is approved, the Council staff will be supported to find redeployment opportunities or offered voluntary redundancy, in accordance with standard procedures. Any of the volunteers wishing to find alternative services to work with will also be supported to do this.

Payment for health discharge staff at King's Mill Hospital

36. The Council pays £175,000 per annum to Sherwood Forest Hospital Trust, part of which funds staff who assess the health needs and plans the discharge arrangements of people ready to leave hospital and arrange their discharge and part of which funds administration support to the social care team based at the hospital. This was part of an historic agreement when health and social care received a 'Delayed Transfers of Care Re-imburement Grant' which has since ceased. Sherwood Forest Hospital Trust was first notified in June 2016 of the intent of the Council to cease paying this money for health staff by 31st March 2017. It was agreed that this was enough time to plan for and mitigate against destabilising the discharge process and also tied in with a multi-agency review of discharge arrangements. The review is now not due to be completed until after Christmas.
37. As part of the consultation, the Trust has now requested that the Council delay in making a decision on ceasing the funding until the review of discharge arrangements is completed. In line, however, with the principles of Redefining Your Council and a focus on prioritising delivery of its statutory duties, funding health staff is not a priority for the

Council, whereas funding the social care discharge functions in the hospital is. Part of the money will still be required to fund administrative support for the Hospital Social Work team and some is also required to be re-invested in extra social care assessment capacity to meet the increased pace and demand at which people are now moving out of hospital as new discharge models are implemented. The Council believes it has given adequate notice to the Trust to enable them to manage this reduction and also offered Council resources to support the work by completing a Lean+ review of discharge processes and a consultation exercise, neither of which were taken up. The sum of £40,000 has been proposed to contribute to savings from 2017/18 and it is anticipated that this can be realised in year. Approval is therefore sought from Committee to approve continuation of this work and ceasing the £175,000 funding from 31st March 2017.

Other Options Considered

38. Continue with the current brokerage service one-off charge: however this does not seem equitable for self-funders who only use the service for a short period of time compared to those who use the service on an ongoing basis.
39. Maintain the Hospital to Home Support scheme: however, there are no suggestions about how the effectiveness of the scheme could be increased to justify the costs or to make a case for why this service needs to be provided by the Council, when other equivalent services are available.
40. Continue funding health discharge staff at King's Mill Hospital. This will not, however, enable the Council to re-invest this money to fund the additional social care assessment capacity that new discharge models require, or realise £40,000 savings.

Reason/s for Recommendation/s

41. The Council will consistently receive income to cover the costs of the brokerage service.
42. Self-funders will benefit from the savings associated with the Council brokering their care package and from the support that the Council would provide them with.
43. The Council will realise a saving of £22,000 pa by ceasing the Hospital to Home Support scheme from 1 April 2017 and alternative services are available.
44. Funding health staff as part of hospital discharge arrangements is not a priority for the Council, therefore this funding should cease in order to fund additional capacity to meet increasing demand on the social care assessors as part of new models of discharge arrangements and realise £40,000 savings.

Statutory and Policy Implications

45. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such

implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

Brokerage consultation financial implications

46. A change in the charging for the brokerage service from a one-off £100 charge to a full cost recovery model of £10.26 per four week period (or £133.32 per annum). There are an estimated 418 new and existing self-funders for 2017/18. If 50% of these self-funders received the new proposed brokerage service, this would equate to an annual income of £27,864.84. This is an increase of £12,164.84 per annum from the existing one-off brokerage charge.

Mid-Nottinghamshire partnership expenditure, savings proposals consultation - Hospital to Home Support scheme financial implications

47. It was reported that ceasing this scheme would save the Council £46,000 pa. It is now clear that the saving to the Council would be £22,000 pa, since it has been clarified as part of the review that £24,000 pa of costs is funded by the six Nottinghamshire Clinical Commissioning Groups (CCG). This reduces the saving that was previously forecast from this proposal. Committee is asked to note this change.

Mid-Nottinghamshire partnership expenditure, savings proposals consultation - Integrated Discharge Review financial implications

48. As per **paragraph 37** above, the sum of £40,000 of the annual £175,000 that the Council is paying Sherwood Forest Hospital Trust has been proposed to contribute to savings from 2017/18 and it is anticipated that this will be realised.

Human Resources Implications (SJJ 17/11/16)

49. If the Committee approves the recommendation to cease the Hospital to Home Support scheme by the end of March 2017, the 1.6 fte Council staff who run the scheme will be supported to find redeployment opportunities or offered voluntary redundancy, in accordance with standard procedures. Any of the volunteers wishing to find alternative services to work with will also be supported to do this.

Public Sector Equality Duty Implications

50. Equality Impact Assessments (EqIAs) have been carried out to assess the impact of the change on the brokerage service and the Hospital to Home Support scheme. These are available as background papers.

RECOMMENDATION/S

That the Committee:

- 1) notes the outcomes of the public consultation on the revised brokerage charges
- 2) considers and approves the proposal to apply a new brokerage charge for self-funders at a cost of £10.26 each four-week period to recover the costs incurred to the Council in organising their care
- 3) considers and approves the application of the new brokerage charges to existing and new service users who are self-funders and receive managed services
- 4) notes the outcome of consultation with staff and volunteers in the Hospital to Home Service and the change in savings to be achieved
- 5) approves the recommendation to cease the Hospital to Home Support scheme from 1 April 2017
- 6) approves the recommendation to cease funding health staff in the integrated discharge team at King's Mill Hospital from 1st April 2017 and receive a further report on recommendations for partly re-investing this in additional social care staff to meet increasing demands on the service.

Jane North
Transformation Director

Sue Batty
Service Director for Mid-Nottinghamshire

For any enquiries about this report please contact:

Lynette Rice
Commissioning Officer
T: 0115 9772780
E: lynette.rice@nottsc.gov.uk

Constitutional Comments (LM 14/11/16)

51. The recommendations in the report fall within the terms of reference of the Adult Social Care and Health Committee.

Financial Comments (KAS 29/11/16)

52. The financial implications are contained within paragraphs 46 to 48 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Care Act 2014 – implementation update – report to Adult Social Care and Health Committee on 12 September 2016

Update on progress with arrangements to integrate health and social care in Mid-Nottinghamshire – report to Adult Social Care and Health Committee on 10 October 2016

Consultation questionnaire on proposed charge for organising care and support for people with a higher level of savings

Consultation results

Brokerage Equality Impact Assessment (EqIA)

Hospital to Home Equality Impact Assessment (EqIA)

Integrated Discharge Assessment Team funding (Sherwood Forest Hospitals NHS Foundation Trust) (EqIA)

Electoral Division(s) and Member(s) Affected

All.

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