



To: **Members of the Cabinet**

## ***Notice of a Meeting of the Cabinet***

**Tuesday, 17 March 2015 at 2.00 pm**

**Meeting Rooms 1&2, County Hall, Oxford, OX1 1ND**

*Joanna Simons*

Joanna Simons  
Chief Executive

March 2015

**Contact Officer: Sue Whitehead**  
**Tel: (01865) 810262; E-Mail: [sue.whitehead@oxfordshire.gov.uk](mailto:sue.whitehead@oxfordshire.gov.uk)**

---

### **Membership**

#### *Councillors*

Ian Hudspeth	<i>Leader of the Council</i>
Rodney Rose	<i>Deputy Leader of the Council</i>
Mrs Judith Heathcoat	<i>Cabinet Member for Adult Social Care</i>
Nick Carter	<i>Cabinet Member for Business &amp; Customer Services</i>
Melinda Tilley	<i>Cabinet Member for Children, Education &amp; Families</i>
Lorraine Lindsay-Gale	<i>Cabinet Member for Cultural &amp; Community Services</i>
David Nimmo Smith	<i>Cabinet Member for Environment</i>
Lawrie Stratford	<i>Cabinet Member for Finance</i>
Hilary Hibbert-Biles	<i>Cabinet Member for Public Health &amp; the Voluntary Sector</i>

*The Agenda is attached. Decisions taken at the meeting will become effective at the end of the working day on unless called in by that date for review by the appropriate Scrutiny Committee. Copies of this Notice, Agenda and supporting papers are circulated to all Members of the County Council.*

*Date of next meeting: 21 April 2015*

## Declarations of Interest

### The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

### Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

### What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

### List of Disclosable Pecuniary Interests:

**Employment** (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on (01865) 815270 or [glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

**If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.**

# AGENDA

## 1. Apologies for Absence

## 2. Declarations of Interest

- guidance note opposite

## 3. Minutes (Pages 1 - 6)

To approve the minutes of the meeting held on 24 February 2015 (**CA3**) and to receive information arising from them.

## 4. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am two working days before the meeting, ask a question on any matter in respect of the Cabinet's delegated powers.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member, and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

## 5. Petitions and Public Address

## 6. The Big Plan - Learning Disability Strategy - 2015-2018 (Pages 7 - 18)

*Cabinet Member: Adult Social Care*

*Forward Plan Ref: 2014/156*

*Contact: Benedict Leigh, Strategic Commissioner, Adults Tel: (01865) 323548*

Report by Director of Adult Social Services and Chief Executive of Oxfordshire Clinical Commissioning Group (**CA6**).

Oxfordshire County Council is the lead commissioner of learning disability health and

social care services, through a county council and clinical commissioning group pooled budget.

The current Learning Disability Strategy is due for a refresh and a new strategy and commissioning intentions have been developed with people with learning disabilities, their families, and professionals before going to a broader consultation, which finished on 9 February 2015. As a result of the consultation we have made changes to some of the commissioning intentions in the draft strategy.

The report covers our commissioning plans for delivering services to people with learning disabilities in Oxfordshire, including changes made as a result of the consultation.

***The Cabinet is recommended to consider the results of the public consultation on Oxfordshire's joint Learning Disability Strategy 2015 – 2018 and approve the way forward as set out in this paper.***

## **7. Care Home Fees 2015 (Pages 19 - 56)**

*Cabinet Member:* Adult Social Care

*Forward Plan Ref:* 2014/202

*Contact:* Andrew Colling, Quality & Contracts Service Manager Tel: (01865) 323682

Report by Director of Adult Social Services (**CA7**).

The services that care homes provide within Oxfordshire play an important role in helping to meet the needs of vulnerable adults. The Council has to ensure that there is sufficient capacity within the social care market to meet its current and future commissioning requirements.

The Council has stated that it is keen to ensure the sustainability of care home services in Oxfordshire to meet the assessed needs of vulnerable adults, and is committed to work alongside providers to ensure that services are of the highest quality.

The purpose of this report is to describe the process the Council has undertaken to review the amount it pays for care homes and in particular to agree the Target Banding Rates to be applied for 2015-16.

***Cabinet is RECOMMENDED that in view of the above:***

***for 2015/16 to revise our Target Banding Rates from April 2015 and***

- (a) Increase the Target Banding rate for the Residential-Extensive Specialist Category to £473 per week for new placements.***
- (b) Increase all existing weekly Residential payment rates that are currently paid below £473 per week to £473 per week***
- (c) Increase the Nursing-Extensive Target Banding Rate to £583 per week***
- (d) Increase all existing weekly Nursing Extensive that are currently below £583 per week to £583 per week***
- (e) Increase the Nursing-Specialist Target Banding Rate to £655 per week***
- (f) Increase all existing weekly Nursing Extensive and Substantial rates that***

- are currently below £655 per week to £655 per week*
- (g) Increase the above rates to reflect the increase in Funded Nursing Care once this is announced later in April 2015.*
  - (h) Increase all other existing Care Home placements to reflect the increase in Funded Nursing care once this is announced later in April 2015*
  - (i) Continue to use these rates as a guide to secure a care home placement at a funding level as close to the Target Banding Rate as possible.*
  - (j) The above to apply from April 2015 and for care home placements in Oxfordshire.*

## **8. Forward Plan and Future Business (Pages 57 - 58)**

*Cabinet Member: All*

*Contact Officer: Sue Whitehead, Committee Services Manager (01865 810262)*

The Cabinet Procedure Rules provide that the business of each meeting at the Cabinet is to include "updating of the Forward Plan and proposals for business to be conducted at the following meeting". Items from the Forward Plan for the immediately forthcoming meetings of the Cabinet appear in the Schedule at **CA8**. This includes any updated information relating to the business for those meetings that has already been identified for inclusion in the next Forward Plan update.

The Schedule is for noting, but Cabinet Members may also wish to take this opportunity to identify any further changes they would wish to be incorporated in the next Forward Plan update.

***The Cabinet is RECOMMENDED to note the items currently identified for forthcoming meetings.***

## **9. Exempt Item**

In the event that any Member or Officer wishes to discuss the information set out in the Annex to Item 10, the Cabinet will be invited to resolve to exclude the public for the consideration of that Annex by passing a resolution in relation to that item in the following terms:

***"that the public be excluded during the consideration of the Annexes since it is likely that if they were present during that discussion there would be a disclosure of "exempt" information as described in Part I of Schedule 12A to the Local Government Act, 1972 and specified below the item in the Agenda".***

**NOTE:** The report does not contain exempt information and is available to the public. The exempt information is contained in the confidential annex.

**THE ANNEX TO THE ITEM NAMED HAS NOT BEEN MADE PUBLIC AND SHOULD BE REGARDED AS 'CONFIDENTIAL' BY MEMBERS AND OFFICERS ENTITLED TO RECEIVE THEM.**

**THIS IS FOR REASONS OF COMMERCIAL SENSITIVITY.**

**THIS ALSO MEANS THAT THE CONTENTS SHOULD NOT BE DISCUSSED WITH**

**OTHERS AND NO COPIES SHOULD BE MADE.**

**10. North West Bicester Exemplar Primary School (Pages 59 - 64)**

*Cabinet Member:* Environment

*Forward Plan Ref:* 2015/011

*Contact:* Adrian Rowlands, Service Manager – Property & Procurement Tel: (01865) 323678

Report by Director for Environment & Economy (**CA10**).

*The information contained in the annex is exempt in that it falls within the following prescribed category:*

*3. Information relating to the financial or business affairs of any particular person (including the authority holding that information) and since it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that where a tender or bidding process is in progress disclosure would distort the proper process of open competition and would prejudice the position of the authority in the process of the transaction and the Council's standing generally in relation to such transactions in future, to the detriment of the Council's ability properly to discharge its fiduciary and other duties as a public authority*

Cherwell District Council is developing a new local plan to guide the development of the district up to 2031 and significant housing growth is planned for Bicester. This plan includes proposals for North West Bicester (Eco Town) for at least 5000 homes in total (1793 of these by 2031) along with new primary schools and a Secondary school.

Outline Planning consent has been gained for the first phase (exemplar) of this overall development (housing and schools etc.) by the developer; associated with which is a S106 agreement securing land and contributions towards various infrastructure, including the proposed primary school.

The Scheme has been submitted for detailed planning consent in November 2014 following approval of the Outline Business Case that was granted in October 2014. The scheme is currently being developed to detailed design to be completed in order to enable construction to start in June 2015, with completion in time to enable pupils to begin school in September 2016.

This report is being submitted for consideration now by the Cabinet in anticipation of an expeditious Final Business Case review and subsequent governance approvals in the first financial quarter 2015, to facilitate mobilisation phases on receipt of the Land transfer agreement expected in May 2015.

***Cabinet is RECOMMENDED to:***

- (a) endorse the progress to date; and***
- (b) delegate to the Chief Finance Officer and Director for Environment & Economy in consultation with the Leader the authority to approve the Stage 2 Full Business Case and the award of the construction contract.***

## CABINET

**MINUTES** of the meeting held on Tuesday, 24 February 2015 commencing at 2.00 pm and finishing at 2.52 pm

**Present:**

**Voting Members:** Councillor Ian Hudspeth – in the Chair  
Councillor Rodney Rose  
Councillor Mrs Judith Heathcoat  
Councillor Nick Carter  
Councillor Melinda Tilley  
Councillor Lorraine Lindsay-Gale  
Councillor David Nimmo Smith  
Councillor Lawrie Stratford  
Councillor Hilary Hibbert-Biles

**Other Members in Attendance:** Councillor Nick Hards (Agenda Item 6)  
Councillor Laura Price (agenda Item 7)

**Officers:**

Whole of meeting Sue Whitehead (Chief Executive's Office)

Part of Meeting Item	Name
6	Kath Wilcox ( Corporate Finance)
7	Kate Terroni, Deputy Director Joint Commissioning; Ben Threadgold (Strategy & Performance);
8	Nathan Travis, Deputy Chief Fire Officer

*The Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled at the meeting, and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda, reports and schedule, copies of which are attached to the signed Minutes.*

**13/15 MINUTES**  
(Agenda Item. 3)

The Minutes of the meeting held on 27 January 2015 were approved and signed.

## **14/15 QUESTIONS FROM COUNTY COUNCILLORS**

(Agenda Item. 4)

Councillor Howson had given notice of the following question to Councillor Melinda Tilley:

"Can the Cabinet member identify by local authority district where the school is situated those secondary schools in Oxfordshire where any of the following groups performed below the county average for the % of pupils in the group making the expected progress for that group between Key Stages 2 & 4 in either English or Mathematics in 2014? The groups are: Low attainers, middle attainers, high attainers?"

Councillor Melinda Tilley supplied the figures requested which are attached as an annex to the minutes.

Supplementary: Councillor Howson expressed disappointment at some of the figures and in light of the fact that Oxfordshire was in the bottom 10% of funding from Government asked what attempts were being made to increase funding. Councillor Tilley replied that the County Council was a member of the F40 Group of Councils who considered they were underfunded and they did put pressure on Government but the situation was unlikely to change.

## **15/15 PETITIONS AND PUBLIC ADDRESS**

(Agenda Item. 5)

The following requests to address the meeting had been agreed:

Item 5 - Petition submitted by Professor Allport relating to a freeze on investment in fossil fuels and a call for a divestment of current holdings.

Item 6 – Councillor Nick Hards, Shadow Cabinet Member for Finance

Item 7 – Councillor Laura Price, Shadow Cabinet Member for Adult Social Care

Mr Hugh-Jones, Secretary of Oxfordshire Pensioners Action Group

## **16/15 2014/15 FINANCIAL MONITORING & BUSINESS STRATEGY DELIVERY REPORT - DECEMBER 2014**

(Agenda Item. 6)

Cabinet considered a report that focused on the delivery of the Directorate Business Strategies that were agreed as part of the Service and Resource Planning Process for 2014/15 – 2017/18. Parts 1 and 2 include projections for revenue, reserves and balances as at the end of December 2014. Capital Programme monitoring is included at Part 3 and changes to Fees and Charges are set out in Part 4.

Councillor Hards, Shadow Cabinet Member for Finance, highlighted a number of areas of concern and in particular the over spend in the area of



Children, Education & Families. He highlighted the cost of taking children into care and recognised the work being done to attract foster parents. He queried whether the Council was satisfied that it had the money right to find these people as the long term benefits were enormous. Whilst welcoming the improving trend in Adult Social Care he questioned whether it was a sustainable improvement. He highlighted the uncertainties created by the Care Act and referred to a recent press report. He noted the review being carried out with regard to home to school transport where it was hoped savings could be delivered and asked how far this review had got.

Councillor Stratford replied that the transport review was ongoing and would be looking to make the most efficient use of taxis and other transport. Overall he was optimistic that the final outcome would be close to budget. Cabinet Members responded to the points made.

Councillor Stratford introduced the contents of the report and moved the recommendations. He paid tribute to officers in all directorates for their work which meant that the Council was looking at a good end of year position.

During discussion Cabinet welcomed the capital schemes referred to in the report.

**RESOLVED:** to:

- (a) note the report and annexes including the Treasury Management lending list at Annex 4 and changes set out in paragraphs 66 - 67;
- (b) approve the virements request set out in Annex 2a;
- (c) approve the write off of client income totalling £31,638 relating to unpaid client contributions for residential care as set out in paragraph 64 and the write of £50,002 relating to capital works at a school as set out in paragraph 65;
- (d) approve the creation of the Oxford Western Conveyance Reserve and the initial contribution of £0.350m as set out in paragraph 76;
- (e) approve the fees for hiring the Riverside Centre as set out in paragraph 93 and Annex 7;
- (f) approve the release of the revised capital budgets of £4.100m Cuttleslowe roundabout and £4.824m Wolvercote roundabout to proceed to detailed design and procurement as set out in paragraph 89;
- (g) approve the entry of the A44 – A40 Loop Farm Link Road into the capital programme and the release of a £0.676m project development budget as set out in paragraph 90;
- (h) approve the changes to the Capital Programme set out in Annex 8c.

**17/15 ADULT SOCIAL CARE POLICY FRAMEWORK**

(Agenda Item. 7)

Cabinet considered a report seeking agreement on the new Adult Social Care Policy framework, highlighting its impact and requesting decisions on some key areas where the framework either proposes change to current practice or confirms practice not previously included in formal policy.

Mr Hugh-Jones, Secretary of Oxfordshire Pensioners' Action Group, expressed concern at the method of assessing income referred to at paragraph 65 of the report. In particular the notional addition added to the assessed income would mean pensioners would be put in a position of having to pay. He asked for a simple graph that would show the weekly income plotted against the weekly contribution. The Director of Adult Social Services undertook to provide the information requested. Councillor Heathcoat noted that both she and officers had explained the position previously but she was sure that it could be explained further.

Councillor Price, Shadow Cabinet Member for Adult Social Care, referred to the implications of the Care Act and the uncertainties that it created that would only be resolved once it was implemented. There was a need to ensure that there was funding. She asked a number of detailed questions relating to the eligibility criteria, interest on deferred charges, capping and brokers for care.

Responding to the comments made Councillor Heathcoat stated that the Council would have to meet its statutory obligations. The report was very full but at this stage there would always be some elements unanswered. She emphasised that they were in a good place with others interested in the work Oxfordshire was doing.

Councillor Heathcoat introduced the contents of the report and corrected the figure in paragraph 54 of the report which should read '1.49m'.

**RESOLVED:** to agree the proposed Adult Social Care policy framework, and in particular the following specific recommendations outlined in this report:

- Authorises others to carry out reviews when appropriate while retaining oversight and responsibility
- It is proposed that the council charges a single, flat arrangement fee for Deferred Payment Agreements of £680
- Charges interest in relation to Deferred Payment Agreements at the maximum national rate (2.6% currently) and this is adjusted to reflect any changes in this level every six months

- Passes property valuation costs to the individual in relation to setting up Deferred Payment Agreements and that they have the option to pay up front and in full or to add to the loan, in which case interest will be charged at the level set for the deferred payment agreement
- Charges people who pay the full cost for their support and care other than in a care home a one-off fee for arranging this. There will be two levels to this fee reflecting differing cost to the council incurred of simply negotiating a contract with a provider, or actively helping to manage the relationship between the provider and the individual:
  - £150 where the council acts as a broker, negotiating and agreeing care with a provider or providers on behalf of the individual
  - £500 where the council acts as a broker as above, and also manages the provision of the care and support on behalf of the individual (including paying the provider, quality and contract monitoring)
- From 1<sup>st</sup> April 2015, backdates charges for non-residential care as well as for residential care to the point at which the person started to have the support and care, while remaining committed to assessing people as soon as possible once eligible needs have been identified
- Accepts complaints from people paying for their own care and support including through a Direct Payment, accepting that this may involve asking organisations providing care to investigate or sign posting to an appropriate place to investigate (for example the Local Government Ombudsman)
- Does not charge carers a contribution to the cost of their support
- Continues to provide equipment free of charge before full assessment to aid independence and reduce or delay needs for care.

## **18/15 COMMUNITY RISK MANAGEMENT 2015-16 ACTION PLAN**

(Agenda Item. 8)

The Fire and Rescue Services Act 2004 requires the Secretary of State to prepare a Fire and Rescue National Framework to which Fire Authorities must have regard when discharging their functions. The 2012 Framework requires each Fire and Rescue Authority to produce a publicly available Integrated Risk Management Plan (IRMP). Within Oxfordshire Fire and Rescue Service (OFRS) this is our Community Risk Management Plan (CRMP).

Cabinet had before them for approval the Action Plan 2015-16 which had been subjected to full internal and external consultation for a period of 12 weeks. Cabinet is therefore invited to comment on the proposed Action Plan, consultation responses and management responses to the consultation responses.

Nathan Travis, Deputy Chief Fire Officer detailed the projects outlined in the report.

During discussion Cabinet welcomed the 4 projects and emphasised that in respect to Project 1 that the Fire and Rescue Service not be seen as a substitute for the ambulance service they were working alongside. Nathan Travis confirmed that it was clear to all involved that they provided a support service and not a replacement service.

Cabinet congratulated the Fire and Rescue Service on their work on the community safety hub, which would allow them to benefit the local community and to further enhance their already excellent reputation.

**RESOLVED:** to agree that all of the project proposals within this report are accepted and adopted in the final version of the CRMP Action Plan 2015-16.

**19/15 STAFFING REPORT - QUARTER 3 - 2014**

(Agenda Item. 9)

Cabinet considered a report that gave an update on staffing numbers and related activity during the period 1 October 2014 to 31 December 2014. It gave details of the agreed staffing numbers and establishment at 31 December 2014. The report also provided information on vacancies and the cost of posts being covered by agency staff.

**RESOLVED:** to:

- (a) note the report; and
- (b) confirm that the Staffing Report meets the Cabinet’s requirements in reporting and managing staffing numbers.

**20/15 FORWARD PLAN AND FUTURE BUSINESS**

(Agenda Item. 10)

The Cabinet considered a list of items for the immediately forthcoming meetings of the Cabinet together with changes and additions set out in the schedule of addenda.

**RESOLVED:** to note the items currently identified for forthcoming meetings.

..... in the Chair

Date of signing .....

Division(s):

## **CABINET – 17 MARCH 2015**

### **Oxfordshire's Learning Disability Strategy 2015 -2018 Report by Director of Adult Social Services and the Chief Executive of Oxfordshire Clinical Commissioning Group**

#### **Introduction**

1. Cabinet are asked to consider the results of the public consultation on Oxfordshire's joint Learning Disability Strategy 2015 – 2018.
2. The current Learning Disability Strategy is due for a refresh and has been developed with people with learning disabilities, their families, and professionals before going to a broader consultation, which finished on 9 February 2015. As a result of the consultation we have made changes to some of the commissioning intentions in the draft strategy. These changes are described below in paragraphs 32 to 38.
3. We will be integrating the provision of mental and physical health care for people with learning disabilities with mental and physical health care provided by mainstream health services so that everyone in Oxfordshire gets their physical and mental health support from the same health service, whether or not they have a learning disability.
4. In addition we will ensure that people with learning disabilities achieve good health and social care outcomes by commissioning resources that support those people with more complex health needs and ensure that mainstream services have capacity and capability to meet those needs.
5. We will provide a wellbeing and employment service supporting people to access informal community support and friendships, start volunteering, and get work.
6. As part of the support to mainstream services a reasonable adjustments advisory team will work to support health and social care providers to make their services accessible to people with learning disability. This service will identify and share best practice, train staff at all levels in supporting people with learning disabilities, and challenge services that fail to provide appropriate access.
7. Alongside the work of the big plan we are separately running a savings programme. Approximately 85% (£73m) of the spending in the learning disability pooled budget is in health and social care personal budgets allocated to individuals on the basis of assessed individual need. As the majority of spend is from this portion of the budget we will be seeking to make the required savings through meeting eligible needs in an efficient way.

8. This means that delivering the required savings requires system and cultural change that the Big Plan is designed to deliver. Our approach is to meet people's eligible needs and maximise their quality of life whilst using resources fairly and effectively. This requires on-going operational attention to eligibility and support planning at all levels of the organisation.

### Background

9. The Oxfordshire strategy has successfully supported increasingly more adults with a learning disability to live in their own home in the community. Oxfordshire has the highest proportion of adults living in supported living per head of population in the South East (*Health & Social Care Information Centre 2013*). Over the last 2 years, the number of people open to the learning disability team has increased by 16%. The proportion of people who are supported in their own home as opposed to residential care has increased from 72% to 81% in the same 2 years. This has been the result of a consistent strategy over the last 20 years.

	Mar-12	Mar-13	Mar-14	% increase 12/13	% increase 13/14	% increase over 2 years
<b>Adults open to Learning Disability team</b>	1792	1877	2078	4.74%	10.71%	15.96%
<b>Living at home</b>	1298	1437	1673	10.71%	16.42%	28.89%
<b>% at home</b>	72.43%	76.56%	80.51%	4.13%	5.16%	8.08%

Source: DH information centre: 2012-2014 RAP returns

10. However, we currently have an out of date learning disability health model, with a large specialist offer, and little integration with mainstream health provision. This has led to a high level of services, rather than support in the community at lower cost. There are particular local issues with the split between mental health and learning disability services, with people being allocated to services based on their IQ, rather than on any clinical or social care need.
11. The current Learning Disability Strategy is due for a refresh and has been developed with people with learning disabilities, their families, and professionals before going to a broader consultation. This consultation finished on 9 February 2015.
12. There is a significant overspend and demographic pressure on the Learning Disability Pooled Budget. This has led to the development of a savings and commissioning board focused on developing a strategy and operational response that changes our internal culture towards one of promoting independence and community provision, working with current services to improve efficiency and reduce costs, and that aims to commission services that deliver a long term reduction in the use of paid for services.

13. The majority of spending in the Learning Disability Pooled budget is in personal budgets, £73m of a total £84m are budgets controlled by the individuals who receive the services.
14. The remainder of the money is spent on health and social care teams, and on inpatient beds. About £5.5m of this is in a contract with Southern Health for inpatient beds and community learning disability health teams. The contract for this service expires in December 2015. There have been quality and performance concerns about the inpatient service from commissioners and regulators.
15. There has also been significant public concern, alongside concern from people with learning disabilities and their families, about current provision, and especially about inpatient services.

*Priorities*

16. People with learning disabilities have told us that they want to have choice and control over their lives, to live as independently as possible as part of the broader Oxfordshire community, to live in the right home for them with the right support, and to be healthy and safe. Our role as commissioners is to design services that support this ambition.
17. These priorities inform our proposed new model of service, which starts with an expectation of living a productive life, with services provided proportionate to need and will ensure that people with learning disabilities have access to all the health services that everyone else has (mainstream as the default), whilst providing a smaller, focused, specialist resource for those that need this.
18. This has led us to a series of commissioning and procurement proposals, set out in the draft strategy. These support our priorities and our proposed new model. These are described in the way forward section below.

*Contracts and Procurement*

19. The draft strategy proposes integrating the provision of mental and physical health care for people with learning disabilities with health mainstream services so that everyone in Oxfordshire gets their physical and mental health support from the same health services – whether or not they have a learning disability.
20. There are approximately 11,000 people living with learning disability in Oxfordshire, of whom approximately 2,000 are using services commissioned from the pooled budget at any one time. Most health care provided to this group is provided by mainstream health providers with the majority of that provided in primary care
21. A small number of people with learning disabilities (in the order of 1,200 in any one year, and 800 at any one time) receive mental and physical health support from a service provided by Southern Health NHS Foundation Trust and delivered by Community Learning Disability Teams.

22. This specialist healthcare includes inpatient beds, speech and language therapy, psychological therapy for mental illness, support around epilepsy and other health conditions, and support for the management of complex multiple conditions.
23. In thinking about delivering good health outcomes for people with learning disability the Big Plan addresses a number of challenges:
- (a) Most health care for most people is provided in primary care, which additionally acts as the care co-ordinator and referral and access point to most mainstream community and acute health services. Primary Care needs to have the capacity and capability to support the needs of people living with learning disabilities. Primary care is commissioned by NHS England and so outside of the scope of the pooled budget, but the Big Plan sets out how we can ensure that primary care works for the people of Oxfordshire living with learning disability.
  - (b) Many key health interventions that promote longer and healthier lives are commissioned by Public Health England and by Public Health at the County Council. These initiatives are also outside of the scope of the pooled budget, but the Big Plan ensures that these initiatives are accessible and work for the people of Oxfordshire living with learning disability
  - (c) Mainstream community, mental health and acute care (whether planned or unplanned) is mostly commissioned by Oxfordshire Clinical Commissioning Group from Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust with a smaller amount commissioned from independent providers and providers in neighbouring counties (for people living in border areas).
  - (d) There are some specialist health care services delivered to people in Oxfordshire that are commissioned by NHS England under specialist commissioning contracts
  - (e) All of these services are accessible to people living with learning disabilities except where the specialist health care commissioned from Southern Health NHS Foundation Trust provides a dedicated service.
24. To deliver better health outcomes for people with learning disability in mainstream settings we will need to undertake a number of actions
- (a) It is the intention of Oxfordshire Clinical Commissioning Group, to vary those contracts in paragraph 24 (c) so that they meet the needs of people with learning disability and remove the need for a specialist service as currently commissioned from Southern Health NHS Foundation Trust. This may require a transfer of resources into these contracts from the Learning Disability Pooled Budget which are currently used to commission inpatient beds and community learning disability health teams from Southern Health Foundation Trust
  - (b) Constructs local services such that they ensure that those health interventions set out paras 24 (a, b and d) work most effectively to deliver the aims of the Big Plan.



25. The contract with Southern Health Foundation Trust for these services ends on 31 December 2015 and any variations and transfer would take effect then, or earlier subject to provider agreement.

**Key messages from consultation**

26. Significant number of people engaged with the consultation which ran from 10 November 2014 to 9 February 2015. There were 577 people who took part in the consultation, of which 118 people responded to the questionnaire online. There were 20 submissions by email from the members of the public and stakeholder groups/organisations, and one letter.
27. We have also carried out a number of individual interviews and two workshops with senior clinicians from a range of health professions and with clinical staff and social care staff from the current integrated learning disability teams. These have looked at mapping current services to understand what support is provided and the difference it makes to people. These have been externally facilitated by an independent consultant from Helen Saunderson Associates.
28. Overall there was support for the priorities and vision within the Big Plan, however there is some concern that the plan is too ambitious, and the timeframe too short for the degree of cultural and organisational change it demands.
29. People with learning disabilities welcomed more choice and control and families welcomed the concept of an intensive support team, with an additional respite resource for people who have high levels of need
30. There was a clear ambition for the whole of Oxfordshire to be part of supporting people with learning disabilities with a clear response that we all need to work together to change attitudes and culture and that communities could support people better but will need to learn how and also address risk issues
31. There was concern about a range of people with more complex needs, in relation to multiple medical conditions and in relation to people with very complex behaviour that challenges their living situation, and in relation to those with multiple conditions (such as learning disabilities and autism, or learning disabilities and dementia)

**Responding to the consultation**

32. A summary of the key issues raised, together with our proposed response is below. The full report is available as and our more detailed response are available at [www.oxfordshire.gov.uk/bigplan](http://www.oxfordshire.gov.uk/bigplan)

**Issue**

**Response**

- |   |   |
|---|---|
| 33. While having more choice and control is generally welcomed, there are concerns about safety | It is intended that, when operational, the Multi Agency Safeguarding Hub (MASH) in Oxfordshire will have clinical specialist staff input, and we will ensure that a Learning Disability specialist clinical |
|---|---|

and exploitation of people with learning disabilities.

input in safeguarding remains.

The Well Being and Employment Service will work with providers and communities to develop local services. It is well known that when people are known in their local communities and have more friends and people who are not paid to be with them, they do better and are safer.

The County Council supports the Safe Places scheme around the county; and My Life, My Choice which campaigns on safety and access issues for people with learning disabilities.

34. The County Council and Clinical Commissioning Group need to work closely with many partners to ensure this works properly; there is a danger that some people will 'fall through gaps' - how will this be monitored? In monitoring services and success, people with learning disabilities are 'experts by experience' and need to be part of it.

Over the period of the strategy, Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will monitor outcomes for people with learning disabilities along the same lines as with all their services, Adjustments will be made in response to this monitoring.

We will work in close partnership with those providers we contract with as well as others, such as the other parts of the NHS, employers, children's services, district councils, transport providers and charities. There are systems in place for this partnership working; the strategy is a joint one between social care and health.

The Reasonable Adjustment Advisory Service will include people with learning disabilities, their families and carers. Oxfordshire County Council already uses service users in procuring services and monitoring their effectiveness and we will continue to do this.

The Health and Well Being Board will oversee quality and outcomes for people with learning disabilities. There are mechanisms in place for ensuring that their recommendations are taken into service delivery. Healthwatch, who sit on the board, have statutory powers to view services and trigger Care and Quality Commission inspections

There are joint housing strategies in place which will link with work in this strategy, especially Priority 3: Living in the Right Home:

Currently leads in health and social care for all care groups are putting together a model of care

agreed across social care and community health teams.

It will deliver integrated person centred care and support, to meet the outcomes the public and patients have told us they want to see.

35. There is concern that mainstream health services won't be able to support people with learning disabilities who have dementia. Oxfordshire County Council and Oxfordshire Clinical Commissioning Group are commissioning a countywide Dementia Advisory Service in late 2015, and this will incorporate a learning disability specialism.

The Reasonable Adjustment Advisory Service will be able to raise concerns with providers and commissioners of mainstream health services if the service they provide is not adequate for people with learning disabilities.

36. The Intensive Support Team needs to be integrated with the mental health provision to be properly effective and to ensure no one falls through gaps. Original plans were for the intensive support function to be commissioned as a stand-alone service. Consistent feedback about the importance of integrating this service means commissioners will local mental health providers will instead develop an integrated learning disability intensive support function, along similar lines to that which already happens in children's mental health services (CAMHS).

This function will ensure appropriate support to people with autism spectrum disorders who present with complex behaviours and challenges and are at high risk.

As the local mainstream mental health provider is also our CAMHS provider this will also help address issues of transition from children's services to adult services.

37. More consideration needs to be given to the care of people who have medically complex conditions and those with multiple and profound learning disabilities. A Medically Complex Case Management function will be created to ensure that those (around 150) people who need it have an integrated health service.

This group of patients have multiple medical conditions and a range of complex interactions with multiple medical specialists. They are often lacking much formal language and require alternative communication and engagement strategies as well as attention to their best

interests and consent. The need for consistent coordination of the multiple complex medical inputs is clear.

38. Respite, both in the daytime and overnight, needs to be reviewed as a priority. We plan to review all respite provision during 2015. The Care Act 2014 puts obligations on Local Authorities to ensure that its respite provision is of good quality and availability so that carers' needs are served.

### **The way forward**

#### *Access to all the services that everyone else has*

39. This has two main implications. Firstly the integration of health support for people with learning disabilities in mainstream health services via contract variations and secondly the provision of a reasonable adjustments team. The reasonable adjustments advisory team will work with mainstream services to identify and share best practice, train staff at all levels in supporting people with learning disabilities, and challenge services that fail to provide appropriate access.

#### *Integration with mainstream health provision*

40. Integration of physical health support will require Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to ensure that people who currently received physical health support from Southern Health Foundation Trust receive this support from mainstream provision. This will cover
- (a) Speech and language therapy
  - (b) Epilepsy Support
  - (c) Occupational therapy
  - (d) Physiotherapy
  - (e) Community Nursing (including delegated health tasks)
41. In some cases this will require the transfer of resources into these contracts. In some cases this will require the provision of expertise to enable the needs of people with learning disabilities to be met.
42. In services not currently commissioned from Southern Health NHS Foundation Trust it may be necessary to develop capacity and capability to ensure that existing mainstream provision delivers the aims of the Big Plan. For very complex needs this will be delivered in line with the intention set out at paragraph 50 below. For people with mental health problems this will form part of the integration set out in paragraphs 44-45 below. There is a wider group of people who may need to be supported in primary care and elsewhere. We will review the support that these people receive as part of their home care and supported living packages to ensure that it supports better health outcomes.
43. Integration of mental health support will require Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to ensure that people who currently received mental health support from Southern Health Foundation Trust receive this support from mainstream provision. This will cover

- (a) Support and treatment for people with mild to moderate mental health problems
- (b) Support and treatment for people with severe mental health problems
- (c) Support and treatment for people living with dementia

44. This includes the provision of inpatient beds where people require them – for example, in the event of a person being sectioned under the Mental Health Act. It will also integrate such housing, support and social care interventions delivered by personal budgets necessary to deliver better outcomes in line with the intentions of the Outcomes Based Contract for Mental Health that is currently being jointly negotiated by the County and Oxfordshire Clinical Commissioning Group with Oxford Health NHS Foundation Trust.

*An expectation of living a productive life, with minimal dependence on services*

45. Alongside shifts in the way that operational social care teams approach assessments and reviews we will commission a wellbeing and employment service. The wellbeing and employment service will work with people with learning disabilities to enable them to get paid work, volunteer, and form a part of the broader community of Oxfordshire. Universally available, this will be a volunteer focused and light touch service, with people with higher needs able to purchase additional support using their personal budgets.

*A smaller, focused, specialist co-ordinating resource*

46. We intend to provide a smaller and more focused specialist resource for people with health needs relating to their learning disability. This will include specialist support for people with complex behaviour that challenges and specialist support for people with significant medical complexity such as multiple co-morbid conditions, dementia, and end of life care.

47. We intend to provide specialist support for people with complex behaviour that challenges and the families and services that support them. This group of patients present with a complexity of need and challenging behaviour which cannot be safely managed by the person themselves, their family, and support provider. They are at high risk of a breakdown of their support arrangements (whether this be supported accommodation, residential care or the family home) and admission to hospital services. This includes people with autism spectrum disorders.

48. Based on the results of the consultation we intend to integrate this support with the provision of mental health support via contract variation. This work will be supported by the development of Personal Health Budgets for people with most complex needs as set out in NHS England's Operational Planning Guidance, *Forward View into Action*

49. We intend to provide specialist medical case coordination for the most medically complex clients. This group of patients have multiple medical conditions and a range of complex interactions with multiple medical specialists. They are often lacking much formal language and require

alternative communication and engagement strategies as well as attention to their best interests and consent.

50. This intervention will be delivered by a specialist health team that supports users and their families and carers, co-ordinates their care and helps them navigate complicated health pathways. It will work closely with primary care and other clinicians within those pathways, especially in relation to matters of capacity and consent to on-going treatment and to achieving better health outcomes.

### **Financial and Staff Implications**

51. The costs of varying contracts with mainstream health providers are subject to a negotiation by Oxfordshire Clinical Commissioning Group with those providers. This negotiation will be based on resources within the learning disability pooled budget to fund these services, excluding those resources used to fund the wellbeing and employment service and the reasonable adjustments advisory service. This is the funding that is currently used for commissioned health services (as at 13 above).

### **Equalities Implications**

52. No group will be particularly disadvantaged by these proposals. This is discussed in detail in the Service and Community Impact Assessment. This is available at [www.oxfordshire.gov.uk/bigplan](http://www.oxfordshire.gov.uk/bigplan).

### **Risk Management**

53. The proposed changes to health provision are a complicated and relatively large-scale service transformation involving at least four service providing organisations (Oxfordshire County Council, Southern Health Foundation Trust, Oxford Health Foundation Trust, and Oxford University Hospitals NHS Trust) and potentially more, depending on the award of tendered services.
54. These changes also potentially involve TUPE transfers of a number of clinical and professional staff. These changes will need to happen whilst services continues to support some very vulnerable clients. Close attention to service transition and support to clients during this transition is essential.
55. Failure to deliver the cultural and service changes that support the broader intentions of the strategy that will promote independence and manage demand, risk an on-going issue of reduced independence and choice for people with learning disabilities, and a continued budget pressure.

### **Key Dates**

56. The results of the consultation and future plans were jointly considered by Oxfordshire County Council and Oxfordshire clinical Commissioning Group at a Learning Disability Joint Management Group on 20 February 2015 and the approach set out above was endorsed as an appropriate response to the public consultation.

57. The current contract for Learning Disability Health Services with Southern Health Foundation Trust ends on 31 December 2015. It is Oxfordshire County Council and Oxfordshire Clinical Commissioning Group intention to have completed contract negotiations with mainstream health providers to vary existing NHS contracts held by Oxfordshire Commissioning Group for the provision of health services so that these cover people with learning disabilities, and to have completed procurement and started provision of any new services by this date.

### **Recommendation**

58. **The Cabinet is recommended to consider the results of the public consultation on Oxfordshire's joint Learning Disability Strategy 2015 – 2018 and approve the way forward as set out in this paper.**

JOHN JACKSON  
Director of Adult Social Services

DAVID SMITH  
Chief Executive of Oxfordshire Clinical Commissioning Group

Contact Officer: Benedict Leigh, Strategic Commissioner (Adults)  
Tel: (01865) 323548

February 2015

This page is intentionally left blank



Division(s):

## **CABINET – 17 MARCH 2015**

### **CARE HOME FEES**

#### **Report by Director of Adult Social Services**

#### **Introduction**

1. The services that care homes provide within Oxfordshire play an important role in helping to meet the needs of vulnerable adults. Oxfordshire County Council makes a significant investment in care home services on an annual basis and it is the largest single purchaser within the county.
2. The cost of adult social care and how it should be funded has for many years been the subject of discussion and much media attention.
  - (a) On an annual basis I have brought reports to Cabinet with recommendations about changes to our Target Banding Rates.
  - (b) At a national level there is guidance available regarding the implementation of The Care Act 2014 with many provisions coming into force in April 2015.
  - (c) Central Government is also consulting on the second phase of The Care Act which generally deals with funding reform.
3. In relation to care homes services for older people, providers have generally expressed concern that the prices paid by local authorities do not reflect the true cost of care. Disagreements over fee rates are not new and during the last three years there have been a number of legal challenges in other parts of the country made by care home providers against the way that some local authorities have undertaken their annual reviews of the rates they pay for the services delivered.
4. This report is brought to Cabinet to:
  - (a) describe the process the Council has undertaken to review the amount it pays for care homes this year; and
  - (b) agree the Target Banding Rates to be applied for 2015-16

#### **The Council's Obligations**

5. The Care Act 2014 Act creates one main legal framework by replacing most of the existing Adult Social Care legislation and incorporating good practice into a single statute focused on individuals, families, their wellbeing and what they wish to achieve in their lives. The Act also gives local authorities more universal duties to their residents that build on existing practice, including making information and

advice about social care widely available and partnership working with others such as the NHS.

6. From 1<sup>st</sup> April 2015 the Care Act requires implementation of the reforms in providing care and support. From 1<sup>st</sup> April 2016 the council will be required to implement financial reform and changes in relation to Complaints and Appeals. A consultation on these elements has just been launched by the Department of Health and the Council will be responding by the deadline on 31<sup>st</sup> March 2015.
7. The Council must meet the care needs of an individual who is assessed as being eligible for care and support. In order to satisfy this duty the Council may arrange accommodation in a care home or in premises of some other type.
8. The Care Act makes it a duty for local authorities to offer choice and extends this provision to include other types of accommodation such as Supported Living and Shared Lives. Local authorities are required to encourage a wide range of service provision to ensure that people have a choice of appropriate services.
9. Local authorities must have regard to ensuring a sufficiency of provision in terms of both capacity and capability to meet anticipated needs for all people in their area needing care and support regardless of how they are funded.
10. Where a local authority is responsible for meeting a person's care and support needs, and their needs have been assessed as requiring a particular type of accommodation in order to ensure that they are met, the person must have the right to choose between different providers of that type of accommodation provided that:
  - the accommodation is suitable in relation to the person's assessed needs;
  - to do so would not cost the local authority more than the amount specified in the adult's personal budget for accommodation of that type;
  - the accommodation is available; and
  - the provider of the accommodation is willing to enter into a contract with the local authority to provide the care at the rate identified in the person's personal budget on the local authority's terms and conditions.
11. The local authority must ensure that the person has a genuine choice and must ensure there is more than one option and that at least one option is available and affordable within a person's personal budget.
12. A person must also be able to choose alternative options, including a more expensive setting, where *a third party or in certain circumstances the resident is willing and able to pay the additional cost (this is commonly known as a 'top-up' payment)*. However, an additional payment must always be optional and never as a result of commissioning failures leading to a lack of choice.
13. One of the conditions associated with the provision of preferred accommodation is that such accommodation should not require the council to pay more than the amount specified in the adult's personal budget for accommodation of that type.

14. An individual's personal budget is defined as the cost to the local authority of meeting the person's needs which the local authority chooses or is required to meet. However, the local authority should take into consideration cases or circumstances where this 'cost to the local authority' may need to be adjusted to ensure that needs are met. For example, a person may have specific dietary requirements that can only be met in specific settings. In all cases the local authority must have regard to the actual cost of good quality care in deciding the personal budget to ensure that the amount is one that reflects local market conditions. This should also reflect other factors such as the person's circumstances and the availability of provision.
15. The Guidance also states that the Council should not set arbitrary amounts or ceilings for particular types of accommodation that do not reflect a fair cost of care.
16. The Council must also consider the impact of its own activities on the market as a whole, in particular the potential impact of its commissioning and re-commissioning decisions.
17. The Council is a significant purchaser of care and support in the county, and therefore our approach to commissioning will have an impact beyond those services which we contract for. As such the Council must not undertake any actions which may threaten the sustainability of the market as a whole, that is, the pool of providers able to deliver services of an appropriate quality – for example, by setting fee levels below an amount which is not sustainable for providers in the long-term.
18. In summary we have to arrange care and support in care homes for those that need it. We have to continue to meet individual preferences. People can continue to choose to top up, or pay an additional amount, for a more expensive care home of their choice. What we pay must be sufficient to meet assessed needs, and we must have due regard to the actual costs of providing care and other local factors. A range of factors have to be considered in setting the rate including the cost of providing care and the resources available to the council. We are required to comply with Government guidance, consult with the sector and undertake an equality impact assessment when setting care home fees.
19. Members will be aware from previous reports to Cabinet that as part of the fee setting process this Council has responded to requirements to
  - (a) Assess the actual cost of care in Oxfordshire.
  - (b) Consult with providers to hear their views on the same
  - (c) Consider local market factors
  - (d) Carry out an Impact Assessment as part of the decision making process.
20. The remainder of this report describes how we have gone about this.

## Purchasing Care Home Services for Older People in Oxfordshire

21. At the end of January 2015 Oxfordshire County Council funded 1599 older people in care home placements, of these 463 were in placements covered by a block contract with The Orders of St John Care Trust and 1136 were in spot placements.
22. 925 of the spot placements were permanent placements with 665 being nursing and 260 in residential homes. The remaining spot placements were of a temporary or short-term nature.
23. There are 106 care homes for older people in the county offering a total of c.4,200 placements. This means that c.60% of places are occupied by private payers.
24. This Council has traditionally set Target Banding Rates on an annual basis in order to spot purchase care home placements for older people. The Target Banding Rates indicate the target funding level that the council will seek to pay for an individual person following an assessment of their needs. There is therefore a relationship between the rate paid (Target Banding Rate) and the level of need.
25. Officers from the council then use this guide to secure a care home placement at a funding level as close to the Target Banding Rate as possible. Within the process there is flexibility to fund above the Target Banding Rate should a person's assessed needs require additional funding. We also pay above the Target Banding Rate where there is no alternative and we urgently need to find suitable accommodation that will meet someone's care needs. In this way the Council fulfils its obligation to ensure that the placement meets the individual's unique assessed needs.
26. The rates in place at 1<sup>st</sup> April 2014 covered 3 care categories.

### Residential Care Home (Care without nursing)

Social Care - Extensive/Specialist £458 per week

### Nursing Care Home (Care with nursing) \*

Social Care - Extensive £569 per week

Social Care - Specialist £640 per week

\*The figures quoted for care with nursing include the single-rate Funded Nursing Care and Incontinence Payments

27. Each year these banding rates are reviewed and decisions made about any change that should be made from one year to the next.
28. Our assessment is that we have Council funded placements in nearly all 106 care homes in Oxfordshire. However we estimate that only 26 care homes will accept people placed under spot arrangements and paid for at the level of our Target Banding Rates. This is consistent with the number of care homes that

would accept the Council's Target Banding Rates at this time last year

29. In summary the council purchases approximately 40% of the available care home places in Oxfordshire. We set a range of (target) rates to reflect different levels of need. In practice the actual amount paid can vary from these rates in order to meet the individual's assessed needs.

### The Proposal for 2015-16

30. For 2015-16, the Council has again applied the Association of Directors of Adult Social Services (ADASS) cost model to calculate Target Banding Rates. This model was tested thoroughly for the 2013-14 Target Banding Rate setting and has been updated and was used for the 2014-15 Target Banding Rate setting.
31. The reasons for using this model were covered in depth in the 2013-14 report but the key reason is that the model offers a cost of capital that reflects the Council's market view of no growth.
32. The Council has reviewed the banding rates generated by the model and applied an inflationary uplift to these rates, allowing for inflationary pressures. The composite inflation rate applied is 1.67%. This inflation exceeds the current CPI rate as the model is driven by staffing costs and staffing has been increased by the increase in the minimum wage rate of 3.01%.
33. The ADASS model is applicable to Residential Care and makes the assumption that the allowance for Funded Nursing Care can cover the additional costs of a nursing establishment.
34. The Council has used the ADASS model with a £7.04 hourly rate for care staff to arrive at a weekly residential cost of £466. The Funded Nursing Care element of £110.89 is then applied to arrive at a Nursing Rate of £576.
35. The revised Target Banding Rates we have proposed were adjusted as follows:

Target Banding Rate	Current (less FNC) £	Inflation	Revised £	FNC* £	Target Banding Rate 2015-16 £
Residential	458	1.67%	466		466
Nursing Extensive	458	1.67%	466	110.89	576
Nursing Specialist	528	1.67%	537	110.89	648

\*This is the 2014-15 rate and this will be revised on publication of the rate effective from April 2015

36. These Target Banding Rates will be used as the basis for agreeing the fee with the care home but, as stated above, the actual rate paid by the Council may differ in order to meet a person's specific or more complex needs.

## Consulting with the Care Home Sector

37. As in the previous years, Oxfordshire County Council has carried out its own consultation with care home providers. In December 2014 the Council wrote to all contracted care homes to advise them of the proposed alteration to the Council's Target Banding Rates and invited comments.
38. The Consultation offered 3 options:
  - Option 1: No Change
  - Option 2: Update the target banding rates by inflation
  - Option 3: An inflationary increase to all fee rates paid in Oxfordshire
39. At the same time and alongside this work to help identify provider operating costs we would consider a number of the usual associated market factors, including:
  - (a) Market share
  - (b) New developments within the care home sector in Oxfordshire
  - (c) The financial health of the care homes sector
  - (d) The quality of care available
  - (e) Average length of stay
  - (f) The numbers of new placements that need support each year
  - (g) User experiences
40. To ensure that there were a number of opportunities to obtain feedback we
  - (a) Embarked on an open consultation process that asked all care home providers to comment on our proposals and take part in a review of the cost of providing care home services in Oxfordshire. This formal consultation exercise was organised through the Council's website and ran from 9<sup>th</sup> December 2014 to 11<sup>th</sup> February 2015.
  - (b) Asked care home providers to upload (onto the website) their cost structures to support responses contained in the questionnaire
  - (c) Reminded providers of the consultation and the opportunity to take part.
  - (d) Offered to meet individual providers on a confidential basis to discuss operating costs and set up meetings at 3 venues (Oxford, Banbury and Abingdon) on 3 separate dates between 5<sup>th</sup> January and 11<sup>th</sup> February in order to do the same. In additions specific meetings were arranged to accommodate providers unavailable on those dates
  - (e) Reviewed the local market factors associated with care home provision in Oxfordshire.
41. The Council also contacted other stakeholders, including Age UK Oxfordshire, with an interest in Care Home placements to invite their comments on the Council's proposals.

## Feedback from the Consultation Process

42. There are 106 care homes that provide services for older people in Oxfordshire. 17 of these homes are operated by The Orders of St. John Care Trust and contracted to the Council through a long-term development arrangement. They, therefore, fall outside of this price review arrangement as provisions for price increases are contained within the contract in place. There are therefore 89 homes potentially affected by the Council banding rates.
43. There was a slightly improved response to the consultation this year. 12 providers either responded to the web based consultation or submitted other responses. 8 care home providers from Oxfordshire attended confidential individual meetings. In total the costs for 15 homes were submitted of which 3 gave all the background assumptions of how the costs were derived. A further 3 costs were discussed at the provider meetings and the assumptions explored through discussion. One provider submitted a detailed critique of the ADASS costing model.
44. The summary of costs received from providers is anonymised and shown at Annex 1. This excludes a return provided for a Physical Disability home. The range of costs for Residential placements is from £601 to £827 per week. The range of cost for Nursing placements is £712 to £976 per week. These are considerably higher than the banding rate.
45. The consultation response from providers is available in the Members room. Overall the general view from those providers that took part either through the consultation process or through individual meetings can be summarised as:

Comment	Response
(a) The Council should increase its Target Banding Rates. This is because providers feel there are cost pressures in all areas of their business and past fee decisions have not kept up with operating pressures.	The Target Banding Rates have been increased to reflect inflationary cost pressures. There has also been an increase in some cost lines where the Council has accepted/agreed with comments made through consultation. In other cost lines where it has not agreed or it has not been persuaded so no changes have been made. See also (h) below.
(b) The Council should apply inflation to all current placements not just to the Target Banding Rates as all placements are subject to annual cost pressures.	This report is about setting the Target Banding Rates. We did consider uplifting all placements as Option 3 in the consultation but this was not our preferred option as we considered it to be the most expensive option.
(c) The increase in Funded Nursing Care in 2014-15 was not passed onto providers.	The increase was included in the Target Banding Rate calculations for last year. The increase in Funded Nursing Care will be passed to all providers in 2015-16.

(d) Funded Nursing Care does not cover nursing costs and there are medical costs incurred that are not reflected in the model.	The NHS makes a contribution towards the nursing costs of a place in a care home with nursing. The funding level is set nationally and the Council has no control over this.
(e) Concerns that negotiating for fees above the Target Banding Rates (where the resident's needs warrant this) is time consuming, and therefore costly, for care homes. There is no clear process for negotiation and requests for higher fees are frequently refused.	We believe that the system we use is effective and allows us to make appropriate individual placements when required based on individually assessed needs. We are intending to review the way we purchase care home services in the future but any change is unlikely to take place until April 2016.
(f) There are difficulties where clients are placed in Care homes under different funding regimes i.e Interim Funding, Continuing Health Care, other Health rates. This causes problems when these funding streams stop & the costs reverts to Adult Social Care funding levels.	This comment is not about Target Banding Rates. Residents may move between funding regimes and the provider needs to be mindful in agreeing the placement that the funding stream may change. Whenever possible we will ensure that any change is seamless as possible for all involved.
(g) Comments that the council's withdrawal of free training for care providers is an added cost pressure and that providers must now fund training that was previously provided free of charge.	We are aware that some providers previously accessed this training. However others did not, relying instead on their own in-house or other training options. The Target Banding Rates allocate sufficient to cover 5 days training costs
(h) Detailed comments were received on the Costing model which may be summarised as none of the costing lines were sufficient to cover the costs of the Homes that responded.	Where the Council agrees with the comments made, adjustments have been made to the model. Where the evidence presented is insufficient, changes have not been made.

46. The Council has also received a response from the Oxfordshire Care Home Association regarding the Council's proposals.

Comment	Response
(a) The Association responded through a detailed review of the ADASS model concluding that the model allowed insufficient costs in most spend categories.	Where the Council agrees with the comments made, adjustments have been made to the model.
(b) The Association pointed out that the average care home size in Oxfordshire is 38 beds and the average occupancy 90% differing from the average care Home size	The Council agrees that different sizes of home, different occupancy, levels, different types of home will lead to different costs. The model is a model and can't reflect all circumstances.



of 48 beds and occupancy of 94% that is used in the model. These differences will increase the cost of a bed in a home.	
(c) The Association commented that the average wage rate used in the model of £7.04 per hour was less than the Living Wage of £7.85. The Association's view was that given that the County Council has identified the need for the care industry to attract, train, and retain staff, the living wage should be considered.	The wage rates reflected in the model reflect locally advertised vacancies in the Care Home sector.
(d) The Association summarises that "the extent of the shortfall will vary from home to home and is likely to be in the region of between £200 and £400 per resident per week".	If the Council were to implement a £300 per week increase, reflecting the mid point it would cost c.£14m which is clearly unaffordable.

47. The Association also expressed a view that "as Oxfordshire's cost model is only to be used to set "Target band" prices it could be argued that the figures are irrelevant anyway. It is the market that will set the rates. However every Local Authority has a duty to take account of the actual costs of providing the care it is purchasing. There have been a number of recent Judicial Reviews that have re-enforced this point".
48. In summary, we carried out a consultation inclusive of all care home providers that was conducted by letter, with web based consultation and face to face meetings. In all, 13% of care home providers participated in the consultation and only 15 care homes were willing to share their costs with us. Costs at those 15 homes appeared to be higher than either the banding rates of the County Council or the actual fees agreed by the Council.
49. Whilst we do not know why the majority of providers did not come forward with their costs, despite ample opportunity to do so in confidence, it is reported by those providers that did come forward that providers feel the Council has not fully considered information supplied by providers in previous years.
50. I have subsequently considered the views and information provided as part of the consultation. In response to these I have increased the target banding rate model by £7 per week to reflect higher utility costs, employee overheads and additional staff time for handover. Within the limited responses, there was a wide range of costs which were not evidenced. The Council has responded positively where it identified a specific trend.

The revised Target Banding Rates for 2015-16 are therefore:

Target Banding Rate	Current (less FNC) £	Inflation	Revised £	Increase following Consultation £	FNC* £	Target Banding Rate 2015-16
Residential	458	1.67%	466	7		473
Nursing Extensive	458	1.67%	466	7	110.89	583
Nursing Specialist	528	1.67%	537	7	110.89	655

\*This is the 2014-15 rate and this will be revised on publication of the rate effective from April 2015

## The Oxfordshire Care Home Market

51. As stated above, previous legal challenges elsewhere have also emphasised the need to take into account local market factors when considering price changes. These factors are now described in our Market Position Statement for Care Homes that was published last year.

<https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/news/2014/CareHomesMarketPositionStatement.pdf>

52. We already monitor developments within the Oxfordshire care homes market through regular reviews, performance information and on-going day-to-day contact with individual homes and organisations as part of our quality monitoring work. The following is a summary of our views:

- (a) Firstly we expect to **continue to purchase nursing care home services** in the future. Alongside this we anticipate purchasing fewer residential care home services and instead we will look to alternatives such as extra care housing and care at home. This is something that we have shared with the care homes sector as part of our Market Position Statement.
- (b) In terms of **market share** we estimate that we purchase about one-third of all care home places in Oxfordshire. We estimate a further 9% of places are purchased by health partners or by other local authorities meaning that just under 60% of all places are purchased privately. Whilst this means that we are in volume a minority purchaser of places it also suggests that the Council is the largest single purchaser.
- (c) **Changes within the care homes market** - Over the last few years there has been good interest in developing new care home services and extra care housing in Oxfordshire. In respect of the latter the council already has 512 extra care housing flats available, plus schemes under construction which will increase overall supply to approximately 770 by August 2015.

53. The Council is aware that several planning applications for new care home developments are at various stages currently and it appears that there remains interest from private providers in developing new sites in Oxfordshire.

54. The County experienced no care homes closures in 2014.

55. The risk here is that if the supply of care home places outstrips demand then vacancies may increase creating an imbalance between expenditure and income for some care homes.

56. A further concern is that if the current trend of new developments concentrating on the private market continues, the proportion of the market that the Council can access to support its vulnerable adults may reduce.

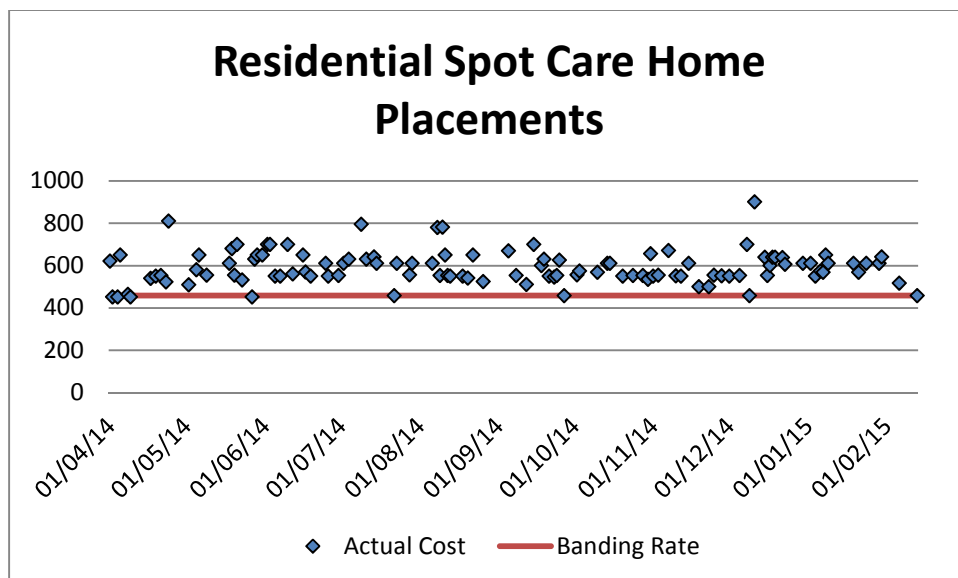
57. How we are purchasing - The following table shows the placements made from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015 and the average price paid. The table shows that we are paying above the target rate for all levels of need.

Category	Target Price	Band	Placements*	Average Purchase Price per week
Residential	£458		260	£581
Nursing - Extensive	£569		212	£572
Nursing - Specialist	£640		453	£740

\* Includes placements for people who originally funded their own care but excludes placements where the Target Banding Rate is unknown.

58. An analysis of the placements for 2014-15 is shown in the graphs below. Graph 1 shows that Current Residential placements are higher than the Target Banding Rate. The Target Banding Rate is set for the client group that is 'frail elderly' with substantial/critical needs. The needs of clients are varied including dementia and this is reflected in the individual placement rates.

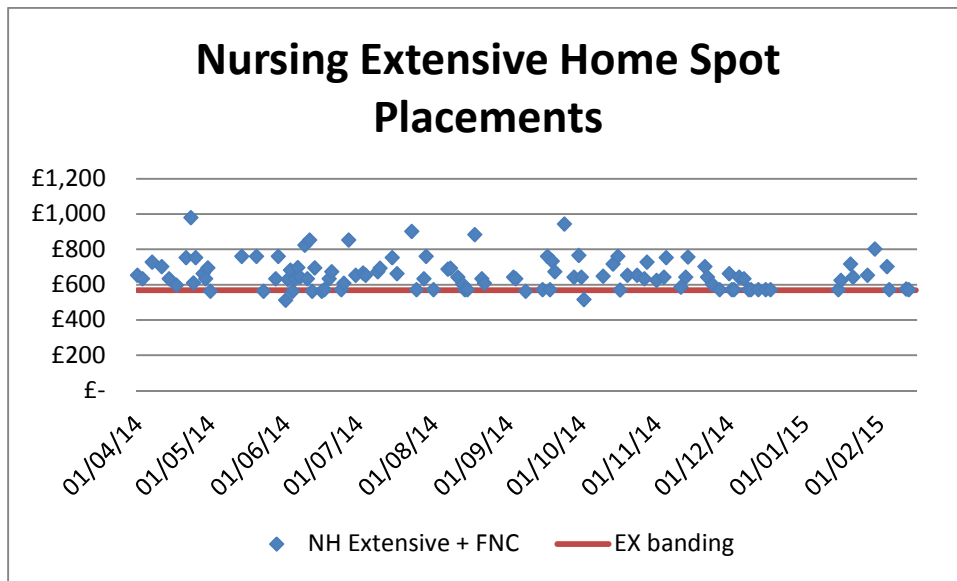
Graph 1: Residential Placements made in 2014-15 compared to banding rate



59. The County Council has been considering the introduction of a higher residential and/or a Dementia rate. This is not proposed for 2015-16 but will be further developed for 2016-17.

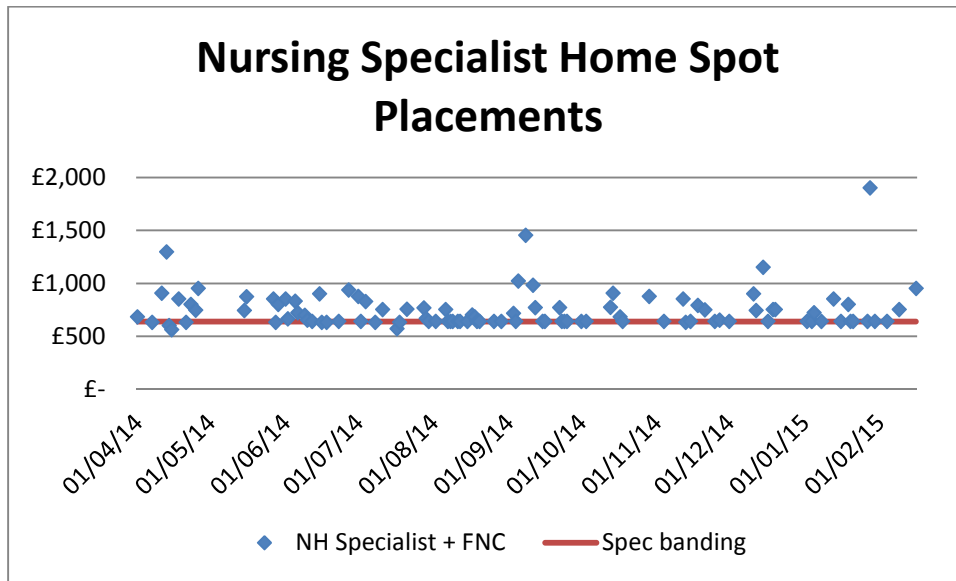
60. Graph 2 shows that Placements for Nursing – Extensive are being made around the banding rate.

Graph 2: Nursing – Extensive placements made in 2014-15 compared to banding rate



61. Graph 3 shows that the extent of the variety of rates for clients who fall within the Nursing Specialist category. The model is not designed to reflect the individual higher needs of clients and variation from the model is to be expected.

Graph 3: Nursing – Specialist placements made in 2014-15 compared to banding rate



62. As part of tackling Delayed Transfers of Care, the Council spent some of the Winter Pressures funding on short term block beds. The tender exercise generated a variety of quotes ranging from £569 per week to in excess of £1,000 per week for Nursing beds. From this response the council was able to secure beds at or around its Target Banding Rates (£640 - £700 per week) and providers were awarded short-term block contracts.
63. The **financial health of the sector** is regularly reviewed by the Council as part of our response to managing risk and business continuity in the current financial climate. In terms of sustainability we consider that the current financial health of the sector is similar to that of 12 months ago. There are a number of new Care Home developments opening during 2015 which we expect to provide in excess of 200 beds and occupancy levels appear to be good.
64. Our general view is that **the quality of care** in Oxfordshire is good and that there is a good foundation of quality care home providers in the county. We have reviewed the Care Quality Commission's latest checks on the Essential Standards of Care that are published on its website. These cover the areas of
- Treating people with respect and involving them in their care.
  - Providing care, treatment and support which meets people's needs
  - Caring for people safely and protecting them from harm
  - Standards of staffing
  - Standards of management.
65. In the majority of homes in Oxfordshire, the Care Quality Commission is reporting that when last checked standards were being met.
66. The Council remains concerned that **some people may be entering a care home setting too early in their life**. In 2014-15 (1<sup>st</sup> April 2014 to 31<sup>st</sup> January

2015), the Council funded 525 new permanent placements, 108 of these were people who had originally funded their own care but who now required support from the Council. Further analysis suggests that a number of these people may not have needed care home services when they first went into a care home as determined by our eligibility criteria for social care. With this in mind we are continuing to work with My Care My Home to provide independent advice for people who fund their own care about the best support options available to them. This service provides information and support for people regarding the alternatives to care homes and supports people to make the right decision for their own personal circumstances.

67. For Council funded residents the length of stay in a care home is approximately 2.3 years, this is a reduction from the average of 2.6 years reported last year.
68. 'Peoples' experience in a care home generally appears to be positive. Across Oxfordshire, people are generally happy with services they receive. Of a survey of 489 social care clients in February 2014 the questionnaires returned in respect of care home services (122) indicated that overall 97% were satisfied with services (74% of them being extremely or very satisfied), and only 1% were dissatisfied.'
69. In summary we believe there is a thriving care home market in Oxfordshire with new entrants coming in all the time. We are aware that a number of new developments will be opening in the next 12 months. We are not aware of any forced closures due to financial reasons. From 2015-16 the Council aims to place approximately 520 people into care homes every year, although its strategy is to support more people at home or, for those that require it, nursing care. Our conclusion is therefore that currently supply and demand are reasonably well balanced. The quality of care remains good and people are satisfied with the care that they receive.

## **Considerations**

70. The consultation process has once again generated a low response. Indeed the low number submitting cost structure returns would in the Council's view not provide a robust argument for substantially increasing funding to the sector above that already given.
71. However the cost structures we did receive indicated cost of provision above that which the council currently pays.
72. The County Council's service and resource planning process has identified that there are significant pressures on the older people's budget. As a result we need to focus resources for the benefit of an increasing number of vulnerable people. Increasing our spending on care home services goes against our stated business strategy for the future.
73. However these are clearly challenging times for both providers and purchasers and it is important to the council to make sure that there is a sufficient provision to meet existing and increased future service demands. Sustainability appears to be

the key but the care homes market is itself responding to demographic changes with new services being planned and developed.

74. One area of vulnerability may be some of our smaller homes as Laing & Buisson, who undertake considerable analysis of the sector, identify the operation of an efficient home starting at 48-50 beds capacity. The majority of homes responding to the consultation were smaller than 48 beds which may give rise in part to the higher costs. But smaller more homely establishments clearly have a place in our commissioning strategy and they may be more viable if they have lower overheads and less debt due to how long they have operated.
75. The care home providers who met with Council officers represent a sector of the market that accept a high proportion of Council funded residents. These providers stated that they are disproportionately affected by the Council's funding decisions and that negotiating individual rates (where this is necessary) is extremely time consuming.
76. What this suggests is that we need to recognise that whatever cost model is used the resulting figure generated is only an aid to discussion about what is an appropriate banding level or price to pay and that the fee must reflect the needs of the person. In any model there are local variations that will inevitably be challenged by both sides as each drives to obtain the best outcome. The cost of care will also vary from home to home, by its size and operational arrangements and by the funding and business model on which the service is based. In this respect the existence and use of a costing model does not in itself generate a solution to the question about what is the true cost of care. Indeed despite our best efforts to engage with the sector we would conclude that given the number of responses received we are still unable to determine what the actual cost of providing care in Oxfordshire is. That is why the ADASS model we have used is the most accurate measure although we have modified it slightly to reflect the issues set out in the paragraphs above.
77. Local market conditions in terms of supply and demand will have a legitimate impact on price. Local factors may also generate a situation that genuinely allows the local authority to purchase a service at a lower than cost price. If expansion outstrips placements then there may be an increase in the number of vacant beds available (unless these are taken up through demand resulting from demographic changes). Inevitably this will add to operating pressures for some providers as they experience vacancies and changing income levels. We have recognised these issues in our Service and Community Impact Assessment.
78. The result may be that in the future the council may be able to more easily access beds at a lower than cost price as providers seek to generate income. The counter argument is that some homes will go out of business and the market may end up being dominated by providers aiming only at the private market.
79. The Care Act places a responsibility on the Council to be mindful of the sustainability of the market. The Council considers that the approach of Target Banding Rates which can be moved to enhance the care provided based on the needs of the individual helps fulfil this Care Act requirement.

80. The Care Act may impact on the relationship between the Council and Care Homes through the enhanced right of the client to ask the Council to organise care. In advance of any legislative changes, the Council has joined a consortium of Councils led by Buckinghamshire County Council to review the Care market in each of the local authorities. This will inform the Council's strategy for 2016-17.
81. The Service & Community Impact Assessment is attached as Appendix 2. This report should be read in conjunction with that Impact Assessment. The Service & Community Impact Assessment concludes that should a significant increase in the care homes budget be made then there will be less money available to spend elsewhere within Adult Social Care. The impact on vulnerable people of having less money to spend on other types of support (including support to support people in their own homes) will have a greater negative impact on vulnerable and disabled people than a care home fee level increase.

### **Financial and Staff Implications**

82. The recommendation on Target Banding Rates needs to be considered in terms of the budget that has been agreed by the Council in February 2015. That budget agreed a further £20m of savings over the next 3 years. The Budget agreed an allowance for increases in Commissioned services and the proposal in this report is affordable within that funding. Any further increase to Target Banding Rates would need to be offset by additional savings leading to reductions in other Adult Social Care services.
83. If the Council sets the Residential banding rate at £473, then the cost to increase all Care Home placements below that rate to the new level is £52,000 per annum.
84. If the Council sets the Nursing Extensive banding rate at £583, then the cost of increasing all current placements below £583 to that level is £142,000 per annum.
85. If the Council sets the Nursing Specialist banding rate at £655, then the cost of increasing all current placements below £655 to that level is £151,000 per annum.
86. If the Council were to accept the above recommendations the total cost therefore is £345,000 annum. This is affordable within the budget that the Council set on February 17<sup>th</sup> 2015.
87. The Council will apply these revised banding rates to any provider currently being paid below the new Target Banding Rate.
88. Cabinet may wish to note that
- (a) The revised basic wage rate we have used in the calculation is £7.04 per hour and this has been compared to local advertisements for Care Staff. The adverts range from £6.50 to £7.95 which would indicate that the model hourly rate applied is reflective of the labour market. Whilst the hourly rate used in the model covers the minimum wage it does not meet the non-London living wage of £7.85.



- (b) We have reaffirmed our intention to maintain a significant level of investment in care homes for Older Persons as part of our Commissioning intentions. We aim to make 520 new placements a year most of which are likely to be for nursing care.
- (c) We are making available financial advice to self-funders so that their personal funds can be invested in such a way that it will sustain them for the rest of their time in care.
- (d) Where a care home is experiencing particular hardship or financial problems we will review their financial standing as part of our Safeguarding and Business Continuity strategies to determine appropriate action.

89. In our consultation we put forward a view that our preferred option was not to increase payment rates this year. However we have reviewed all the above information and have listened carefully to the comments and responses made throughout the consultation period. We have been mindful of the above points when coming to a conclusion about our Target Banding Rates for 2015/16.

90. We reaffirm our view that care homes in Oxfordshire have an important role to meet the needs of vulnerable adults. We also recognise that the Council has an important role to ensure that there is sufficient capacity within the social care market to meet its future commissioning requirements.

91. Because of this we have revised our recommended option for Care Home Fees and feel that Option 2 in our Consultation which was to inflate the Target Banding Rates should be recommended to Cabinet. In addition, this target banding rate has increased by £7 per week to reflect increased costs arising from provider feedback.

## **RECOMMENDATION**

92. The Cabinet is RECOMMENDED that in view of the above:

for 2015/16 to revise our Target Banding Rates from April 2015 and

- (a) Increase the Target Banding rate for the Residential-Extensive Specialist Category to £473 per week for new placements.
- (b) Increase all existing weekly Residential payment rates that are currently paid below £473 per week to £473 per week
- (c) Increase the Nursing-Extensive Target Banding Rate to £583 per week
- (d) Increase all existing weekly Nursing Extensive that are currently below £583 per week to £583 per week
- (e) Increase the Nursing-Specialist Target Banding Rate to £655 per week
- (f) Increase all existing weekly Nursing Extensive and Substantial rates that are currently below £655 per week to £655 per week
- (g) Increase the above rates to reflect the increase in Funded Nursing Care once this is announced later in April 2015.
- (h) Increase all other existing Care Home placements to reflect the increase in Funded Nursing care once this is announced later in April 2015

- (i) Continue to use these rates as a guide to secure a care home placement at a funding level as close to the Target Banding Rate as possible.
- (j) The above to apply from April 2015 and for care home placements in Oxfordshire.

JOHN JACKSON  
Director of Adult Social Services

Background papers: All Consultation responses are available in the Members Library

Contact Officer: Kate Terroni, Deputy Director Joint Commissioning  
Tel: (01865) 815792

March 2015

## CA7

## Annex 1: Summary of Costings received from Providers:

SUMMARY OF COSTINGS SUBMITTED															
Residential Care + assumed £110.89 for Nursing Care	Model 2015-16	A	B	C	D	E	F	G	H	I	J	K	L	M	N
<b>Bed number</b>	48	N/A	N/A	12	34	32	37	30	46	28	48	21	48		63
<b>Occupancy</b>	94%	N/A	N/A	80%	97%	84%	65%	93%	89%	70%	85%	98%	95%		89%
<b>Beds filled</b>	45	N/A	N/A	10	33	27	24	28	41	20	41	21	46		56
<b>Cost heads</b>															
<b>Care Costs per Resident</b>															
Qualified nurse staff															121
Care assistant staff (including activities)	160	284	268	200	152	171	159	191	176	200	318	261	195	463	160
Management / administration / reception staff	33	119	68	50	50	66	68	91	76	50	150	45	55		42
Catering, cleaning and laundry staff cost per resident	45	39	51	60	82	99	95	124	101	60	99	60	53		47
Training Expenses	5	3	9	10	37	43	48	56	52	10	7	2	5	9	11
Registration fees and recruitment	4	6	3	8	6	6	6	5	6	8	15	3	4		14
Corporate Overhead		-	-		0	0	0	0	0						
<b>Total staff</b>	246	451	400	328	327	385	377	467	410	328	589	371	312	472	394
<b>Accommodation Costs per Resident</b>															
Food	26	87	28	40	35	35	34	34	37	40	35	25	33	40	28
Utilities (gas, oil, electricity, water, telephone)	10	22	15	12	33	29	47	27	33	12	29	25	13	20	19
Handyman and gardening (on contract)	7		1		0	1	0	1	2		47	22	14		7
Insurance	5	2	0	5	3	3	3	3	4	5	10	3	4	14	5
Non food supplies and rentals	4	50	23	7	5	9	4	9	8	7	11	18	51	21	38
Repairs and maintenance (revenue costs)	16	36	39	20	16	15	15	17	16	20	47	48	86	59	42
<b>Total Accommodation Costs</b>	68	197	106	84	91	91	104	91	100	84	179	141	201	153	139
Corporate OHDS, Rent & Mortgage payments, Profit	151	175	165	189	183	199	200	192	194	189	59	143	191	-	247
<b>Total Residential Cost per week</b>	<b>466</b>	<b>823</b>	<b>671</b>	<b>601</b>	<b>601</b>	<b>675</b>	<b>681</b>	<b>750</b>	<b>704</b>	<b>601</b>	<b>827</b>	<b>655</b>	<b>704</b>	<b>625</b>	<b>780</b>
Nursing Costs = FNC	111	114	151	111	121	147	155	121	136	111	149		128		111
<b>Total Nursing cost per week</b>	<b>577</b>	<b>937</b>	<b>822</b>	<b>712</b>	<b>723</b>	<b>822</b>	<b>836</b>	<b>870</b>	<b>839</b>	<b>712</b>	<b>976</b>	<b>655</b>	<b>832</b>	<b>625</b>	<b>891</b>

ANNEX 2

## Service and Community Impact Assessment (SCIA)

### Front Sheet:

**Directorate and Service Area:**

Social & Community Services - Adult Social Care

**What is being assessed (eg name of policy, procedure, project, service or proposed service change):**

The outcome of the annual review process for Target Banding Rates paid to care homes and its impact on the care homes market in Oxfordshire.

**Responsible owner / senior officer:**

Kate Terroni  
(Deputy Director - Joint Commissioning)

**Date of assessment:** 4<sup>th</sup> March 2015

**Summary of judgement:**

It is felt that there will be limited impact from the recommended outcome due to the way that the current care home market is performing and the new service developments that are planned or are taking place.

### Detail of Assessment:

**Purpose of assessment:**

This assessment has been carried out

- To consider the impact of for care homes following the council's annual review of its Target Banding Rates for 2015-16
- To comply with the Council's duty under Section 149 of the Equalities Act 2010

Fee setting is a function to which section 149 of the Equality Act 2010 applies, and the Service and Community Impact Assessment is the method by which the Council will have due regard to the needs set out in section 149.

Section 149 of the Equalities Act 2010 (“the 2010 Act”) imposes a duty on the Council to give due regard to three needs in exercising its functions. This proposal is such a function. The three needs are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic, and those who do not.

Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.

The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs other people, and
- encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.
- take steps to meet the needs of disabled people which are different from the needs of people who are not disabled and include steps to take account of a person’s disabilities.

The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation
- marriage and civil partnership

<b>Context / Background:</b>
------------------------------

Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions.

The Council has a statutory duty to make arrangements for people who, following assessment are in need of care and support.

The services that care homes provide within Oxfordshire play an important role in helping to meet the needs of vulnerable adults. The Council also has an important role in ensuring that there is sufficient capacity within the social care market to meet its future commissioning requirements.

The cost of adult social care and how it should be funded has for many years been the subject of discussion and much media attention. These discussions have taken place at both a national and a local level and in many respects have focused on the cost of care home services. One of the reasons for this is that there is no nationally agreed methodology for calculating the same.

At a local level the council has stated that it is keen to ensure the sustainability of required care home services in Oxfordshire to meet the assessed needs of vulnerable adults. We have also said that we are committed to work alongside providers to ensure that the same is of the highest quality.

At the same time we are also working to support more people in the community so that they do not need to go into a care home. Working with the Districts/City Council and Housing Associations, we have embarked on a major expansion of Extra Care Housing.

The Council estimates that it buys c.33% of all care home places for older people in Oxfordshire. An additional c.9% of the bed availability is purchased by Health colleagues.

Each year we set Target Banding Rates for care homes – in Oxfordshire we have bandings representing different payments for different levels of client need.

The Council's decisions about changes to Target Banding Rates

- are important to the Council in meeting its statutory responsibility and
- will influence the sustainability and development of the care home market within this county.

As part of the review process this Council has responded to requirements to

- (a) Assess the actual cost of care in Oxfordshire.
- (b) Consult with providers to hear their views on the same
- (c) Consider local market factors
- (d) Carry out an Impact Assessment as part of the decision making process.

In order to ensure that appropriate consideration was given to these factors the Director for Adult Social Care undertakes a consultation exercise to help inform decision making about recommendations to be made to Cabinet.

**Proposals:**

Explain the detail of the proposals, including why this has been decided as the best course of action.

From April 2015 we are recommending that we revise our Target Banding Rates as follows

- (i). Increase the Target Banding rate for the Residential-Extensive Specialist Category to £473 per week for new placements.
- (ii). Increase all existing weekly Residential payment rates that are currently paid below £473 per week to £473 per week
- (iii). Increase the Nursing-Extensive Target Banding Rate to £583 per week
- (iv). Increase all existing weekly Nursing Extensive that are currently below £583 per week to £583 per week
- (v). Increase the Nursing-Specialist Target Banding Rate to £655 per week
- (vi). Increase all existing weekly Nursing Extensive and Substantial rates that are currently below £655 per week to £655 per week
- (vii). Increase the above rates to reflect the increase in Funded Nursing Care once this is announced later in April 2015.
- (viii). Increase all other existing Care Home placements to reflect the increase in Funded Nursing care once this is announced later in April 2015
- (ix). Continue to use these rates as a guide to secure a care home placement at a funding level as close to the Target Banding Rate as possible.
- (x). The above to apply from April 2015 and for care home placements in Oxfordshire.

Background to the Recommendations

Our discussions and consultations with the care sector were progressed to help establish a better understanding of the cost of care in Oxfordshire and to ensure that the Council adhered to government guidance and met its required obligations.

However this process has also presented us with a number of issues to address

- **The Consultation Process** has generated a limited response and a low number of providers submitting cost structure returns. Whilst there was a near unanimous view from a small number of respondents and the Oxfordshire Carehomes Association that the council should increase its rates, the limited response to the consultation has not provided us with sufficient evidence or a sufficiently robust argument to significantly increasing funding.

- **The Use of Cost Models** has also raised questions as there is no nationally agreed methodology for calculating the cost of care.

In Oxfordshire we have adapted a cost model produced by the Association of Directors of Social Services for our base calculations for Residential Care. It makes the assumption that the allowance for Funded Nursing Care can cover the additional costs of nursing services.

We have considered the operating costs presented to us by providers in response to the consultation process. We have questions about their usefulness as while there are some from care homes with bed capacity of round about 50 beds or more, a number of operating costs come from providers with bed capacity lower than the recognised efficient size of 48-50 beds. Therefore it is questionable whether the council can usefully use and rely on the costs for the smaller homes as representative of operating costs for other care homes in the county.

We have set aside cost data for homes run by The Orders of St. John Care Trust as this has a long-term development contract with the Council that operates on a block purchase arrangement.

- **Financial Pressures & Affordability** - Although the cost structures we did receive indicated cost of provision above that which the council currently pays, providers appeared to recognise the financial position that the council is in. It is worth noting that in many homes fees from the Council will not be the main source of income.

The council's Service & Resource Planning process has identified that there are significant pressures on the older people's budget. With demographics showing an increasing population of older people over coming years the council will need to allocate resources to meet the needs of an increasing number of vulnerable people. Furthermore our strategy is to allow people to remain in the community for as long as possible and increasing our spending on care home services would go against our stated business strategy.

- **Sufficiency of Service Availability** - Alongside the above we have recognised that these are clearly challenging times for both providers and purchasers. Under The Care Act 2014 the council has a role in ensuring that there is a sufficient provision to meet existing and increased future service demands.

Sustainability of current provision is key but the care homes market is itself responding to demographics with new services being planned and developed; the majority of these appear to be targeting the private payer market.

We also feel that most if not all new developments are building new services to a high specification. This will then more than likely attract a high price tariff.

Our view here is that if expansion outstrips placements then there may be an increase in the number of vacant beds available unless these are taken up



through demographic demand. Inevitably this will add to operating pressures for some providers as they experience vacancies and changing income levels.

We can speculate that in the future the council may be able to more easily access beds in homes that are not to such a high specification; the price for these services may or may not be at a lower than cost price as providers seek to generate income. The counter argument is that some homes will go out of business and the market may end up being dominated by larger providers aiming at the private market or those purchasers that will accept their rates.

As a result we have considered whether an increase for inflation, and higher banding rates, should be given to Care Home providers, or whether the funding should instead be spent on supplying a social care service to a wider client base.

To summarise our view is that

- The Consultation Process generated a limited response and a low number of providers submitting cost structure returns.
- There are differences between the cost information provided for different size homes.
- There are differences between how different cost components in the models are treated.
- Regardless of the cost model used we feel that any cost figure derived can only be an aid to discussion.
- We do not believe that the information we have can support us coming to an informed conclusion about the cost of providing care in Oxfordshire.
- The local market information we have leads us to believe that the care homes market for older people in Oxfordshire is relatively healthy and homes are able to provide service of a good quality.

We have also concluded that if there was a significant increase in our spending on care homes there would be less money available to spend elsewhere within Adult Social Care.

Our view here is that the impact on vulnerable people of the council having less money to spend on other types of support (including support to people in their own homes) would have a greater negative impact on vulnerable and disabled people than a care home fee level increase.

**Evidence / Intelligence:**

Explain any data, consultation outcomes, research findings, feedback from service users etc that supports your proposals and can help to inform the judgements you make about potential impact of different individuals, communities or groups.

Our approach to evidence /intelligence gathering has involved the following

- Reviewing the existing information available to us about the care homes market in Oxfordshire contained in our Market Position Statement
- Carrying out an open consultation exercise with care homes providers in Oxfordshire in order to establish the cost of providing care in Oxfordshire
- We have met with individual care homes to hear their views.

**Reviewing Local Market Factors** - We reviewed the local market factors associated with care home provision in Oxfordshire. To do this we reflected on the Market Position Statement we published in September 2014 (see link below) and the feedback we have had from providers as part of the consultation process.

<https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/news/2014/CareHomesMarketPositionStatement.pdf>

Open Consultation - The council embarked upon an open consultation process through the Council's website that

- Asked all care home providers to comment on our identified Options
- Invited them to take part in a review of the cost of providing care home services in Oxfordshire
- Asked them to submit their cost structures to support the responses and feedback they gave.
- The formal consultation ran from December 2014 to the middle of February 2015.

Individual Meetings - To ensure that there were a number of opportunities to obtain feedback we met with individual providers on a confidential appointments basis to discuss operating costs and to receive copies of their operating costs.

**Alternatives considered / rejected:**

Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option.

The Oxfordshire Carehome's Association has highlighted their view that there is a gap that has developed between the cost of providing care and the Council's Target Banding Rates. The Association summarises that "the extent of the shortfall will vary from home to home and is likely to be in the region of between £200 and £400 per resident per week".

We have calculated the cost of increasing payment rates to close this gap based on a £300 per week figure (estimated to be c.£14m) but consider that on pure financial grounds the cost of this change is unaffordable.

## Impact Assessment:

Identify any potential impacts of the policy or proposed service change on the population as a whole, or on particular groups. It might be helpful to think about the largest impacts or the key parts of the policy or proposed service change first, identifying any risks and actions, before thinking in more detail about particular groups, staff, other Council services, providers etc.

It is worth remembering that 'impact' can mean many things, and can be positive as well as negative. It could for example relate to access to services, the health and wellbeing of individuals or communities, the sustainability of supplier business models, or the training needs of staff.

We assess the impact of decisions on any relevant community, but with particular emphasis on:

- Groups that share the nine protected characteristics
  - age
  - disability
  - gender reassignment
  - pregnancy and maternity
  - race – this includes ethnic or national origins, colour or nationality
  - religion or belief – this includes lack of belief
  - sex
  - sexual orientation
  - marriage and civil partnership
- Rural communities
- Areas of deprivation

We also assess the impact on:

- Staff
- Other council services
- Other providers of council services
- Any other element which is relevant to the policy or proposed service change

For every community or group that you identify a potential impact you should discuss this in detail, using evidence (from data, consultation etc) where possible to support your judgements. You should then highlight specific risks and any mitigating actions you will take to either lessen the impact, or to address any gaps in understanding you have identified.

If you have not identified an impact on particular groups, staff, other Council services, providers etc you should indicate this to demonstrate you have considered it.

## IMPACT FOR COUNCIL (GENERAL)

The key issues for the council are that it is able to respond to its statutory duty to make arrangements for those people eligible for its support. To do this the council needs to access services which are of the right quality, location and price for an

eligible individual. The council also needs to ensure that there is a robust and adequate provision to meet the needs of individuals in a timely way. Where sudden unplanned changes occur in service provision any action taken by the council in response will safeguard the interests of the residents in a care home.

<b>Risks</b>	<b>Mitigations</b>
<p>There is a risk that providers in Oxfordshire may refuse to accept placements at the funding level offered by the council. Service users may need to be placed out-of-county or with alternative services.</p>	<ul style="list-style-type: none"> <li>• The council will maintain its practice of having Target Banding Rates. It will continue to place older people at a fee level as close to the Target Banding level as possible in order to secure the necessary services.</li> <li>• It will review the way that it purchases care home services to determine if its spot purchasing of placements should continue at the current level or whether alternative purchasing arrangements should be put in place.</li> </ul>
<p>There is a risk that changes to the composition of the care homes market in Oxfordshire will lead to an imbalance of service provision compared to that which the council needs to meet future demand. Service users may need to be placed in homes not of their first choosing, in out-of-county homes or with alternative services.</p>	<ul style="list-style-type: none"> <li>• The Council will continue to monitor the development and location of existing and new care homes services in Oxfordshire. This will be to determine a care home's willingness to accept council funded residents and the Council's ability to purchase care home beds across the county in specific locations.</li> <li>• The Council will continue to provide information on the composition of the Care Homes Market through its Market Position Statement.</li> <li>• It will review the way that it purchases care home services to determine if its spot purchasing of placements should continue at the current level or whether alternative purchasing arrangements should be put in place to ensure future access to services.</li> <li>• Alternatives such as extra-care housing and care at home will be explored in all cases to ensure that the widest possible care offering is available to meet an individual's assessed needs.</li> </ul>
<p>There is a risk that there may be delays in making placements into care homes as it becomes more difficult and takes more time to agree funding levels</p>	<ul style="list-style-type: none"> <li>• The Council will maximise its use of 'Discharge to Assess' and other community based services to ensure that eligible older people receive the most appropriate service and are able</li> </ul>

	<p>to remain in their own home for as long as they wish.</p> <ul style="list-style-type: none"> <li>• Alternatives such as extra-care housing and care at home will be explored in all cases to ensure that the widest possible care offering is available to meet an individual's assessed needs.</li> </ul>
<p>There is a risk that the council's relationship with its providers may deteriorate. This may mean that it is unable to influence the future direction of the care homes market in Oxfordshire.</p>	<ul style="list-style-type: none"> <li>• We will continue to maintain dialogue on a regular basis with care home providers about changes within the care home market in Oxfordshire.</li> <li>• We will ensure that information about placement patterns into care homes is made known</li> <li>• We will maintain contact with the relevant Care Associations in Oxfordshire.</li> <li>• In the short-term the Council has produced a Market Position Statement about care home services so that all existing and future care home providers are aware of the Council's strategy &amp; challenges for the future. This will be updated and reviewed at regular intervals</li> </ul>
<p>There is a risk that as the care home market in Oxfordshire develops some providers may experience financial pressures and operating difficulties with deteriorating quality of care and/or unplanned closures.</p>	<ul style="list-style-type: none"> <li>• The council will maintain regular planned quality monitoring and service development activity based on an assessment of risk for care homes in Oxfordshire.</li> <li>• We will continue to monitor the financial viability of providers with particular emphasis on those that have a higher proportion of council funded residents as part of their overall resident number or are of a smaller size of home.</li> <li>• We will explore ways in which the council can assist care homes to meet their obligations at an affordable cost through work with the main Care Associations in Oxfordshire.</li> </ul>
<p>There is a financial risk that the Council may need to commit additional budget to this service area if it regularly agrees prices above its Target Banding Rates in order to secure access to services</p>	<ul style="list-style-type: none"> <li>• The Council will maintain a robust and regular overview of its financial performance through budget monitoring in order to manage and respond to the same.</li> </ul>

<p>There is a risk that if the council needs to pay significantly more than its target banding rates that a reduced number of placements may have to be made per annum to ensure it keeps within budget. This may mean that fewer placements are made by the council and this may impact on a providers' financial stability.</p>	<ul style="list-style-type: none"> <li>• The council will continue to monitor the number of placements it makes in care homes.</li> <li>• It will continue to monitor the financial viability of providers.</li> <li>• We will explore ways in which the council can assist care homes to meet their obligations at an affordable cost.</li> <li>• It will explore alternative services to care homes whenever possible to ensure that it can maintain purchasing of care home placements within budget.</li> </ul>
<p>There may be a reputational risk to the council through adverse publicity and increased complaints if the council finds it is unable to access care home services when needed.</p>	<ul style="list-style-type: none"> <li>• The council will respond to any enquiries in accordance with its agreed procedures.</li> <li>• The Council will maximise its use of alternative community based services to ensure that eligible older people receive the most appropriate service prior to needing to enter a care home.</li> </ul>

**Impact on Individuals and Communities:**

**Community / Group being assessed (as per list above – eg age, rural communities – do an assessment for each one on the list)**

Summarise the specific requirements and/or potential impact on this community / group, and then highlight the most significant risks and mitigating action that has been or will be taken.

The council wishes to make sure that when considering entering a care home an individual does so taking into account all the alternatives available to them. It is concerned that some individuals may be entering a care home before they need to and as a consequence their resources may be depleted. It also wants to ensure that potential residents have a choice of care home close to where they live and that they are admitted to a care home that provides sustainable good quality care and is financially stable for the foreseeable future. We are concerned that if a home closes residents may have to move elsewhere, staff may lose their employment and/or may exit the market.

<b>Risks</b>	<b>Mitigations</b>
<p>There is a risk that there may be reduced choice options for eligible individuals requiring a care home placement. Potential residents may have to accept a place at a care home other than their first choice home and at a location further afield.</p>	<p>In order to ensure that potential residents continue to have a choice of care home whenever possible</p> <ul style="list-style-type: none"> <li>• The Council will continue to monitor the development and location of existing and new care homes services in Oxfordshire to enable potential residents to have a choice of care home.</li> <li>• The council will continue to place older people at a fee level as close to the Target Banding level as possible in order to secure the necessary services. Where necessary this may mean it agrees prices above its Target Banding Rate.</li> <li>• It will review the way that it purchases care home services to ensure that it can access beds and offer as much choice as possible to the people it supports</li> </ul>
<p>Family &amp; Friends may need to travel further afield to visit an individual in their care home</p>	<ul style="list-style-type: none"> <li>• The Council will review the care homes market to ensure that whenever possible an individual will have a choice of a home local to them.</li> </ul>
<p>There may be delays in making placements into care homes.</p>	<ul style="list-style-type: none"> <li>• The Council will maximise its use of 'Discharge to Assess' and other community based services to ensure that eligible older people receive the most appropriate service.</li> <li>• Where there may be a delay in accessing a placement for whatever reason the Council will explore alternatives to ensure that support is provided in the interim and an individual's assessed needs are fully met.</li> </ul>
<p>Some individuals may be entering a care home earlier than they need to.</p>	<ul style="list-style-type: none"> <li>• The council will promote a greater awareness of cost issues for Self-funders so that they can make informed choices about how they wish their support to be provided.</li> <li>• The council will continue to promote alternative service options such as Extra-care Housing or care in a person's own home.</li> </ul>

<p>Where a previously self-funding resident in a care home approaches the council for financial support they may be subsequently asked to move from their care home if they are paying a private fee level significantly above what the council has said it will pay as its Target Banding Rate for such care</p>	<ul style="list-style-type: none"> <li>• The council will ensure that all such cases are considered on an individual basis and will assess the individual to determine their care needs.</li> <li>• The council will continue to fund placements at a fee level as close to the Target Banding level as possible in order to secure the necessary services.</li> </ul>
<p>Some individuals in a care home, their family, friends or carers may experience a change in the quality of care provided</p>	<ul style="list-style-type: none"> <li>• The council will maintain regular planned quality monitoring and service development activity based on an assessment of risk for care homes in Oxfordshire.</li> <li>• It will maintain strong links with partners such as the Care Quality Commission and Health Commissioners to ensure that it can respond to complaints or weaknesses in provider services.</li> <li>• Where areas of weakness are identified Council staff will work with providers to ensure that such aspects are improved and sustained.</li> </ul>
<p>Some residents may find their care home is faced with unplanned or sudden closure forcing them to move to alternative accommodation, with an associated potential risk to their health and wellbeing</p>	<ul style="list-style-type: none"> <li>• The council will maintain regular planned quality monitoring and service development activity to determine the sustainability of services and to avoid unplanned or sudden closure.</li> <li>• The council will continue to monitor the financial viability of providers to achieve the same. Emphasis will be placed on those homes that have a higher proportion of council funded residents, are of a smaller size, or that have a financial viability rating that suggests they may be facing financial challenges/difficulties.</li> <li>• Where a care home is experiencing particular hardship or financial problems we will review their financial standing as part of our Safeguarding and Business Continuity strategies to determine appropriate action.</li> <li>• Should a care home need to close the council will treat each event under its Safeguarding Procedures. It will work</li> </ul>



	with all stakeholders and partners (specifically colleagues from the NHS in the case of a 'care home with nursing') to ensure that a suitable care alternative is found and that there are safe arrangements in place for the transfer of existing residents to a new establishment.
There is a risk that if a care home closes that staff working at the home may lose their employment and may exit the care market.	<ul style="list-style-type: none"> <li>• The council will continue to monitor the financial viability of providers.</li> <li>• Where a home needs to close the council will work closely with the owners to explore alternatives to ensure that alternative employment options are identified and as many of the workforce remain within the care market as possible</li> </ul>

No differential impact on individuals and communities beyond those given above has been identified as a result of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership, rural communities, areas of deprivation. However this will be reviewed as the policy develops and is implemented to ensure any impacts are identified and mitigated as far as possible.

Achieving Closure (ADASS)

[http://www.adass.org.uk/images/stories/Publications/Miscellaneous/Achieving\\_Closure.pdf](http://www.adass.org.uk/images/stories/Publications/Miscellaneous/Achieving_Closure.pdf)

Short-notice care home closures: a guide for local authority commissioners (SCIE)

<http://www.scie.org.uk/publications/homeclosures/>

### **Impact on Staff:**

Summarise the specific requirements and/or potential impact on staff, and then highlight the most significant risks and mitigating action that has been or will be taken.

The main area of risk here is in respect of increased demand for support from other Directorate services. There may also be attention and resources drawn away from the Directorate's normal business in order to respond to Care homes fees issues.

Risks	Mitigations
-------	-------------

Additional workload on Council Placement and Adult Social Care staff as they work harder to achieve placements.	<ul style="list-style-type: none"> <li>• The council will continue to fund older people at a fee level as close to the Target Banding level as possible in order to secure the necessary services.</li> <li>• Should additional resources be needed within the placement process the council will review this to maintain placement performance levels.</li> </ul>
Additional workload on Social Care assessment staff if required to move clients to alternative accommodation	<p>Any moves will be considered under Safeguarding Procedures that will require a project approach to actions and activities.</p> <p>The Council will ensure that dedicated staff is identified to support any moves.</p>
Increased management of complaints and representations	<p>To avoid an escalation in complaints/representations we will present clear information to residents and potential residents about the reasons for any changes to help avoid complaints and representations.</p>

### Impact on other Council services:

Summarise the specific requirements and/or potential impact on other council services, and then highlight the most significant risks and mitigating action that has been or will be taken.

The main area of risk here is in respect of increased demand for support from other council services.

<b>Risks</b>	<b>Mitigations</b>
Additional workload for Media and Communications Team as they respond to media enquiries	To avoid an escalation in representations we will present clear information to residents and potential residents about the reasons for any changes in services.
Additional workload for complaints and legal services as a result of having to advise on and respond to service changes.	Presentation of clear information to residents, family and carers. Regular communication to these groups throughout.
Increased demand for support from Council's Finance staff to support the	The Council will review the financial health of the care homes sector and

Joint Commissioning function.	these will be shared with Finance colleagues as a matter of course.
-------------------------------	---

### Impact on providers:

Summarise the specific requirements and/or potential impact on providers of council services, and then highlight the most significant risks and mitigating action that has been or will be taken.

The key impact for providers is that there may be a change in their cost/income profile that then places further pressure on their operation and service delivery. For providers less able to absorb such changes this may affect different areas of their operation to varying degrees.

Risks	Mitigations
There is a general risk that for some homes the providers financial profile will change and that this may put pressure on their service delivery.	<ul style="list-style-type: none"> <li>• The council will on a regular basis review the performance of care homes in Oxfordshire looking at the core components listed in the Evidence/Intelligence section (listed above)</li> <li>• Wherever possible the Council will identify homes that may be experiencing financial difficulty or at risk of closure.</li> <li>• We will continue to maintain dialogue on a regular basis with care home providers in Oxfordshire.</li> <li>• The council will continue to liaise with the Care Quality Commission and colleagues from the NHS to discuss areas of concern.</li> </ul>
There is a risk that providers may find it difficult to recruit staff and staff may migrate to other higher paying providers	<ul style="list-style-type: none"> <li>• The Council is addressing Workforce needs through the development of a new Workforce Strategy.</li> <li>• The council will review new care home developments to judge the potential impact on staff retention at existing homes in the vicinity and migration of staff to new providers.</li> </ul>
If a provider finds that it cannot maintain appropriate standards due to changes in its operating finances there may be a reduction in the quality of service delivered.	<ul style="list-style-type: none"> <li>• The council will maintain regular planned quality monitoring and service development activity based on an assessment of risk for care homes in Oxfordshire.</li> </ul>

	<ul style="list-style-type: none"> <li>• It will maintain strong links with partners such as the Care Quality Commission and Health Commissioners to ensure that it can respond to complaints or weaknesses in provider services.</li> <li>• A key element of this work will be to seek the views of residents and families to determine the quality of service delivered.</li> <li>• Where areas of weakness are identified Council staff will work with providers to ensure that such aspects are improved and sustained.</li> </ul>
<p>There may be a change in the operating cost/income profile for smaller homes/small single home operators in particular and this may make them more susceptible to sudden/unplanned closure than larger homes</p>	<ul style="list-style-type: none"> <li>• The council will maintain regular planned quality monitoring and service development activity to determine the sustainability of smaller homes to help avoid unplanned or sudden closure.</li> <li>• The council will continue to monitor the financial viability of providers to achieve the same. Emphasis will be placed on those homes that have a higher proportion of council funded residents, are of a smaller size, or that have a financial viability rating that suggests they may be facing financial challenges/difficulties.</li> <li>• Where a care home is experiencing particular hardship or financial problems we will review their financial standing as part of our Safeguarding and Business Continuity strategies to determine appropriate action.</li> </ul>

### **Action plan:**

Summarise the actions that will be taken as a result of the assessment, including when they will be completed and who will be responsible. It is important that the officer leading on the assessment follows up to make sure the actions are completed, and updates the assessment as appropriate. Any significant risks identified should also be added to the appropriate service or directorate risk register, to ensure they are appropriately managed and reviewed.

Action	By When	Person responsible
Review how we procure care home placements	April 2016	Commercial & Market Development Manager
On-going Quality Monitoring & Service Development programme to assure quality and viability of care home services in Oxfordshire	On-going	Contracts & Quality Service Manager
On-going review of the care home market and new care home developments in Oxfordshire	On-going	Commercial & Market Development Manager
Continue to develop alternative services such as Extra Care Housing and support at home	On-going	Commercial & Market Development Manager
Regular dialogue with Care Associations in Oxfordshire and individual care homes	On-going	Commercial & Market Development Manager/ Contracts & Quality Service Manager
Review of Market Position Statement	On-going	Commercial & Market Development Manager
Review the financial viability of care home providers	On-going	Contracts & Quality Service Manager
Maintain strong links with the Care Quality Commission and Oxfordshire Clinical Commissioning Group to share market intelligence	On-going	Contracts & Quality Service Manager

### Monitoring and review:

Try to be as specific as possible about when the assessment will be reviewed and updated, linking to key dates (for example when consultation outcomes will be available, before a Cabinet decision, at a key milestone in implementation)

To be reviewed

- Following Cabinet meeting on 17 March 2015
- 6 monthly thereafter commencing from April 2015

### Person responsible for assessment:

Andrew Colling, Contracts & Quality Service Manager

Version	Date	Notes (eg Initial draft, amended following consultation)
1.0	6 March 2015	Initial draft


Division(s): N/A
------------------

## CABINET – 17 MARCH 2015

### FORWARD PLAN AND FUTURE BUSINESS

#### Items identified from the Forward Plan for Forthcoming Decision

Topic/Decision	Portfolio/Ref
<b>Cabinet, 21 April 2015</b>	
<ul style="list-style-type: none"> <li>▪ <b>Delegated Powers of the Chief Executive - April 2015</b> To report on a quarterly basis any executive decisions taken by the Chief Executive under the specific powers and functions delegated to her under the terms of Part 7.3 of the Council's Constitution – Paragraph 6.3(c)(i). It is not for scrutiny call in.</li> </ul>	Cabinet, Leader 2014/178
<ul style="list-style-type: none"> <li>▪ <b>Cabinet Business Monitoring Report for Quarter 3</b> To note and seek agreement of the report.</li> </ul>	Cabinet, Deputy Leader 2014/177
<ul style="list-style-type: none"> <li>▪ <b>Section 75 Agreement</b> To seek approval for amendments to the agreement that governs the pooled budget arrangements between health and social care.</li> </ul>	Cabinet, Adult Social Care 2015/004
<ul style="list-style-type: none"> <li>▪ <b>2014/15 Financial Monitoring &amp; Business Strategy Delivery Report - February 2015</b> Financial report on revenue and capital spending against budget allocations, including virements between budget heads.</li> </ul>	Cabinet, Finance 2014/176

#### Cabinet Member for Children, Education & Families, 20 April 2015

<ul style="list-style-type: none"> <li>▪ <b>Recommended Preferred Sponsor for the New Primary School at Barton, Oxford</b> Whether to support the recommended sponsor preferred to run the new primary school in Barton, Oxford.</li> </ul>	Cabinet Member for Children, Education & Families, 2014/184
<ul style="list-style-type: none"> <li>▪ <b>Contract to Supply Children's Advocacy Services to Private Residential Homes</b> To seek approval for the Council (VIVA Service) to charge private residential homes for the provision of advocacy services for privately placed young people.</li> </ul>	Cabinet Member for Children, Education & Families, 2015/021

## Cabinet Member for Environment, 30 April 2015

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Parking Restrictions - Various Laybys on A40/A418</b><br/>To seek approval of the proposals.</li> </ul>                 | <p>Cabinet Member for Environment, 2014/086</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Amendments to Parking Restrictions - Park Road, Faringdon</b><br/>To seek approval of the proposals.</li> </ul>         | <p>Cabinet Member for Environment, 2014/087</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed 20mph Speed Limit - High Street, Shrivenham</b><br/>To seek approval of the proposals.</li> </ul>                       | <p>Cabinet Member for Environment, 2015/008</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Puffin Crossing - Cumnor Hill</b><br/>To seek approval of the proposals.</li> </ul>                                     | <p>Cabinet Member for Environment, 2014/115</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Parking Restrictions - Radley</b><br/>To seek approval to the proposals.</li> </ul>                                     | <p>Cabinet Member for Environment, 2014/033</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Amendments to Residents Parking Scheme - Henley</b><br/>To seek approval of the proposals.</li> </ul>                   | <p>Cabinet Member for Environment, 2014/169</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Derestriction - A423 Oxford Bypass, Kennington</b><br/>To seek approval of the proposals.</li> </ul>                    | <p>Cabinet Member for Environment, 2014/197</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Puffin Crossing (Revised Location) - A417 Standford in the Vale</b><br/>To seek approval of the proposals.</li> </ul>   | <p>Cabinet Member for Environment, 2014/186</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Right Turn Bans - New Access B4493 Didcot Road, Harwell</b><br/>To seek approval of the proposals.</li> </ul>           | <p>Cabinet Member for Environment, 2015/198</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Parking Restrictions in Vicinity of Bicester Town Station</b><br/>To seek approval of the proposals.</li> </ul>         | <p>Cabinet Member for Environment, 2014/201</p> |
| <ul style="list-style-type: none"> <li>▪ <b>Proposed Disabled Parking Places - Various Locations Throughout the County</b><br/>To seek approval of the proposals.</li> </ul> | <p>Cabinet Member for Environment, 2015/009</p> |



Division(s):

## **CABINET – 17 MARCH 2015**

### **NW Bicester Primary School – Progress and Authorisation for Delegated Governance Approval**

#### **Report by Director for Environment and Economy**

#### **Introduction**

1. Cherwell District Council is developing a new local plan to guide the development of the district up to 2031 and significant housing growth is planned for Bicester. This plan includes proposals for North West Bicester (Eco Town) for at least 5000 homes in total (1793 of these by 2031) along with new primary schools and a secondary school.
2. The first of these schools, a 1FE Primary school is required by September 2016 in order to meet pupil pressures arising from the development.
3. Funding is captured within the Council's Capital Programme and design development work has been managed by Carillion in association with White Design as Lead Consultant/Designer for the scheme.
4. The school will be run as an Academy and White Horse Federation have been confirmed as the Academy Sponsor
5. The Scheme has been submitted for detailed planning consent in November 2014 following approval of the Outline Business Case that was granted in October 2014. The scheme is currently being developed to detailed design in order to enable construction to start in June 2015, with completion in time to enable pupils to begin school in September 2016.
6. This report is being submitted for consideration now by the Cabinet in anticipation of an expeditious Final Business Case review and subsequent governance approvals in the first financial quarter 2015. This will facilitate mobilisation phases on receipt of the Land transfer agreement expected in May 2015.
7. Funding to construct the primary school for this exemplar phase has been obtained from a combination of this S106 developer contributions and funding from Cherwell District Council in the form of a government Eco-grant. Design work for this new school project commenced December 2013.

## **Exempt Information**

8. Annex 2 contains commercially sensitive information. The public should therefore be excluded during consideration of the Annex as discussion in public would be likely to lead to the disclosure to members of the public present of information in the following category prescribed by Part I of Schedule 12A to the Local Government Act 1972 (as amended):

*Category 3; Information relating to the financial or business affairs of any particular person (including the authority holding that information)*

and since it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that where a tender or bidding process is in progress disclosure would distort the proper process and would prejudice the position of the authority in the process of the transaction and the Council's standing generally in relation to such transactions in future, to the detriment of the Council's ability properly to discharge its fiduciary and other duties as a public authority.

## **Pupil Pressures**

9. It is anticipated that this Primary school will meet the need for additional primary age pupil places within the North West Bicester area from September 2016 required to accommodate the population growth generated by the Housing Development.
10. This project directly provides for the Council's statutory responsibility to ensure sufficiency of pupil places.

## **Options for Delivery**

11. The Project Team have a procurement strategy which has 3 no. alternative procurement routes which they recommend for this project:
- Single stage traditional tender
  - Single stage Design & Build
  - Procure through the County Council Partnership Framework (Carillion Capita)
12. The final recommendation on which procurement strategy to follow will be made during Stage 2 following consultation with contractors and OCC Partnership.

## **Communications Strategy**

13. The Carillion Project Manager has been coordinating the design of the school and site with White Design (OCC Design consultants) and the main Developer (A2 Dominion), OCC Corporate Landlord, School organisation & planning

(CEF) & Cherwell District council on the NW Bicester Eco-town site. Consultation with the confirmed academy sponsor has commenced to provide input to the detailed design of the school. The main building parameters are not subject to further sponsor consultation and planning consent is being sought on this basis. The new school plans will be subject to public consultation as part of the usual planning process.

### **Financial Assessment**

14. See Annex 1

### **Programme**

15. In order for the Academy to be ready to admit pupils in September 2016, the detailed design and Full Business Case will be required by May 2015. This will allow for full business case approval, contract let and the mobilisation to happen during June 2015 with construction starting on completion of land transfer.
16. Any delay in obtaining planning consent, land transfer or approval of the full business case or its approval will potential put at risk the ability to deliver the school for September 2016 and may result in further funding pressures on OCC to provide temporary teaching space for the Academy.

### **Outline Revenue Costs/Benefits & Value for Money Analysis**

17. The new Academy will be responsible for all running costs which will be funded from their delegated budget. Resources for Academy budgets are provided by government and will increase in line with pupil numbers as the Academy grows over time. However there will be revenue required to support the school in the early years of operation as staff and running costs will be proportionally greater while the school population grows. These costs are to be met by the council. Revenue funds are available from a growth portfolio fund and a formula for consistent and fair application of funds to new academies is in place.
18. Financial information relating to Value for Money can be found in the Annex Stage 1 Report

### **RECOMMENDATION**

19. **The Cabinet is RECOMMENDED to:**
- (a) **endorse the progress to date; and**
  - (b) **delegate to the Chief Finance Officer and Director for Environment & Economy in consultation with the Leader the authority to**

**approve the Stage 2 Full Business Case and the award of the construction contract**

SUE SCANE  
Director for Environment & Economy

Background papers:  
NW Bicester Primary School – Stage 1 Outline Business Case

Contact Officer:  
Mark Holmes, Programme Manager, Property & Facilities 01865 780200

January 2015

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank