



*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.*

Title:	Effect of Social Care Budget Reduction Response	
Date of Meeting:	12 June 2018	
Report of:	Rob Persey, Executive Director of Health and Adult Social Care	
	Dr David Supple, Chair of Brighton & Hove CCG	
Contact:	Barbara Deacon	Tel: 01273 296805
Email:	barbara.deacon@brighton-hove.gov.uk	
Wards Affected:	All	

**FOR GENERAL RELEASE**

## **Executive Summary**

This paper provides a detailed response to the deputation presented to the previous Health and Wellbeing Board on 6<sup>th</sup> March 2018 with regard to a Survey of GPs titled: The Effects of Reductions to the Social Care Budget. It is assumed for the purpose of this paper that the definition of social care in this context refers to adults aged over 18 with the primary cohort being the frail elderly.

The survey suggests and asks questions on the following:

- Demand for Social Care is rising but the budget to meet it is falling
- What is the impact to patients and GPs if they can't access Social Care?
- How frequent are the difficulties GPs refer to in the survey?
- Social Care needs more resources

This report provides factual context to the GP survey and presented under the four headings outlined above it challenges the conclusions of the GP survey, demonstrating that, whilst supporting the conclusion that additional resource would be welcome, it is incorrect to suggest both the indicated level of budget reduction in 2018/19 and infer the causal link to service delivery.

The report, prepared jointly by BHCC and the CCG is for information

## **1. Decisions, recommendations and any options**

1.1 That the Health & Wellbeing Board note the contents of the report

## **2. Relevant information**

2.1 The GP survey was sent out to 124 GPs in Brighton and Hove and 47 responses were received. The survey, when submitted to the previous Health and Wellbeing Board, was signed by eight signatories. Across the 37 GP practices in Brighton and Hove there are more than 160 GPs, either partners, salaried or locums. Therefore the survey results represent the views of approximately 29% of GPs across the city, and whilst valid to those respondents is not necessarily indicative of the views of the wider majority of general practice across the city

## **Demand for Social Care is rising but the budget to meet it is falling**

- 2.2 The GP survey correctly states that, nationally, the need for Social Care is rising each year and equally it is correct that since 2010 Council budgets have reduced annually in line with the reductions in central government grant funding to local authorities. However, in clarifying the GP survey statement that further savings have been identified for 2018/19, in Adult Social Care over the past 6 years the reduction in budget has been circa 5% against a national grant reduction closer to 40% and in this financial year the facts are there will be a net increase in the overall budget for adult social care of approximately £6.5m (including allowance for inflation) since 2015/16. Indeed whilst BHCC net budget has reduced by 3% from 2015/16 to 2018/19 the percentage spend on adult social care as a proportion of the council overall budget has increased by 4%. This is in recognition of the priority given to supporting vulnerable adults with eligible adult social care needs (Appendix 1).
- 2.3 The table below demonstrates that whilst there has been required budget reductions across all council services Health and Adult Social Care has been protected recognising both the statutory nature of our services provided and one of the Council's agreed Corporate plan priorities being '**A good life** – ensuring a city for all ages, inclusive of everyone and protecting the most vulnerable'
- 2.4 It is important to recognise that savings identified against specific service areas must not be confused with budget reductions. As we work more closely with health colleagues to maximise the effective use of resources, which from a HASC perspective prioritises meeting our statutory responsibilities, maximising independence and choice and control, with an emphasis upon preventative services, we will review how current services are delivered and look for more effective and efficient ways to meet person centred outcomes.
- 2.5 With regard to delayed transfers of care the graph in appendix 2 shows that we have reduced the number of delayed bed days in the last year by 540 days (38.3% decrease since this time last year). The Board regularly receives detailed information within the Better Care Fund reports and one of these reports is coming to the Board today.

## **What is the impact to patients and GPs if they can't access Social Care?**

- 2.6 To clarify the distinction between Adult Social Care and Continuing Health Care (CHC). CHC is defined nationally as a package of care funded by the NHS where an individual's care is fully funded by the NHS regardless of their wealth or savings. CHC may be available if the person's main requirement for care is down to health related problems. It can be received in hospital, a nursing home or at the individual's home. This is often described as 'fully funded care'. Eligibility for adult social care is based upon an assessment against a defined national framework and is chargeable on a scale dependent upon wealth and savings, further detail are available on the Council website. There are a number of clearly signposted routes into accessing Adult Social Care. With regard to primary care in the city, GPs are divided into six clusters and adult social care is delivered across 3 districts; east, central and west. These arrangements have been in place since May 2017 and work continues to further embed relationships between professional staff in the localities and clusters. However, this further embedding is from a position where relationships and pathways are in place already to ensure GPs are aware of the pathways into Adult Social Care and patients equally know or can be easily signposted into the Councils Access Service to be referred for assessment.

### **Social Care needs more resources**

- 2.7 The survey of GPs concludes with the statement that social care needs more resources. This is more than a local issue and the current funding challenges facing Adult Social Care are subject to regular voicing on the national policy stage. Health and Wellbeing Board members will be aware that a Green paper on future adult social care funding is expected this summer and there has equally been acknowledgement of the need for additional funding of the system in the more immediate term. We continue to inform and provide evidence to support the need for additional funding through a number of routes but securing this is not within our direct control. However, the Council and CCG would wish to reassure members of the HWB that we do maximise the efficient spend of resources within our control for adult social care and, under any eventuality, should additional resources become available we have a strategic approach being developed to maximise the value of spend under our proposal for closer integration in Brighton and Hove.

## **3. Important considerations and implications**

Legal:

- 3.1 There are no legal implications arising from this report which is to note.

Lawyer consulted: Elizabeth Culbert

Date: 30.05.18



Finance:

- 3.2 The financial implications are outlined within the report.
- 3.3 The table in paragraph 2.4 reflects how the Adult Social Care Budget has been protected from overall council savings in the last 4 years. The Adult Social Care budget has had an overall net increase of 8% since 2015/16 whereas the Council's overall budget has reduced by 3%.

Finance Officer consulted: Sophie Warburton Date: 31/05/2018

Equalities and Sustainability implications:

- 3.4 There are no further implications to note at this stage.

Equalities Officer consulted: Sarah Tighe-Ford Date: 31/05/2018

## **Supporting documents and information**

Appendix 1: Net Budget since 2010/11

Appendix 2: Total delayed days

Appendix 3: Data concerning Access Point referrals, interventions, progression and outcomes

