Overview & Scrutiny

Title:	**Adult Social Care & Housing Overview & Scrutiny Committee**
Date:	**4 March 2010**
Time:	**4.00pm**
Venue	**Committee Room 1, Hove Town Hall**
Members:	**Councillors:** Meadows (Chair), Wrighton (Deputy Chairman), Allen, Barnett, Janio, Pidgeon, Taylor and Wells
Contact:	**Giles Rossington** **Senior Scrutiny Officer** Giles.rossington@brighton-hove.gov.uk 01273 29-1038

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AGENDA

Part One **Page**

42 PROCEDURAL BUSINESS **1 - 2**

(copy attached)

43 MINUTES OF THE PREVIOUS MEETING(S) **3 - 14**

Draft Minutes of:

(a) the meeting held on 22 October 2009 (copy attached);

(b) the special Budget Strategy meeting held on 21 January 2010 (copy attached)

44 CHAIRMAN'S COMMUNICATIONS

45 PUBLIC QUESTIONS

No public questions have been received.

46 LETTERS FROM COUNCILLORS **15 - 26**

There are two Councillor letters:

(a) A letter requesting the establishment of an ad hoc panel has been received from Councillor Georgia Wrighton (a copy of Cllr Wrighton's letter and details of the proposed scrutiny panel are attached);

(b) A letter regarding leasehold mediation has been received from Councillor Ian Davey (a copy of Cllr Davey's letter is attached, as is a copy of a letter on the subject of leasehold mediation from the Assistant Director of Housing Management to the Leasehold Action Group).

47 NOTICES OF MOTIONS REFERRED FROM COUNCIL

No Notices of Motion have been received.

48 TRAINING SESSION: ADAPTATIONS CARE PATHWAYS

49 ANNUAL PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE **27 - 44**

Report of the Acting Director of Social Care (copy attached)

Contact Officer: *Philip Letchfield* *Tel: 01273 295078*
Ward Affected: *All Wards*

50 PERSONALISATION 45 - 122

Report of the Acting Director of Adult Social Care (copy attached)

51 ADULT SOCIAL CARE GREEN PAPER/ FREE PERSONAL CARE FOR OLDER PEOPLE - UPDATE

Verbal update from the Acting Director of Adult Social Care

52 CARE QUALITY COMMISSION: CONSULTATION ON ASSESSING QUALITY OF HEALTH AND SOCIAL CARE COMMISSIONERS AND PROVIDERS 123 - 142

Report of the Director of Strategy and Governance on the current Care Quality Commission (CQC) consultation on how best the CQC should assess the quality of commissioners and providers of health and social care (copy attached)

53 ASCHOSC WORK PROGRAMME 143 - 150

Report of the Director of Strategy and Governance on the Adult Social Care and Housing Work Programme 2010 (copy attached)

54 ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

To consider items to be submitted to the next available Cabinet or Cabinet Member Meeting.

55 ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to the next Council meeting for information.

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

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

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

For further details and general enquiries about this meeting contact Giles Rossington, (29-1038, email kath.vlcek@brighton-hove.gov.uk) or email scrutiny@brighton-hove.gov.uk

Date of Publication - Wednesday, 24 February 2010

Agenda Item 42

To consider the following Procedural Business:

A. Declaration of Substitutes

Where a Member of the Commitee is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Committee. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

B. Declarations of Interest

(1) To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.

(2) A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at a meeting of that Committee where –
(a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and
(b) at the time the decision was made or action was taken the Member was
(i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and
(ii) was present when the decision was made or action taken.

(3) If the interest is a prejudicial interest, the Code requires the Member concerned:
(a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].
(b) not to exercise executive functions in relation to that business and

(c) not to seek improperly to influence a decision about that business.

(4) The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:

(a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence;

(b) if the Member has obtained a dispensation from the Standards Committee; or

(c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

C. Declaration of Party Whip

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

Agenda Item 43(a)

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY COMMITTEE

4.00PM 22 OCTOBER 2009

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Meadows (Chairman); Wrighton (Deputy Chairman), Allen, Barnett, Taylor and Cobb

PART ONE

27. PROCEDURAL BUSINESS

27A. Declarations of Substitutes

27.1 Councillor Denise Cobb announced that she was attending as substitute for Councillor Geoff Wells

27B. Declarations of Interest

27.2 There were none.

27C. Declarations of Party Whip

27.3 There were none.

27D. Exclusion of Press and Public

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

27.5 RESOLVED – That the press and public be not excluded from the meeting.

28. MINUTES OF THE PREVIOUS MEETING

28.1 **RESOLVED -** That the minutes of the meeting held on 18 June 2009 be approved and signed by the Chairman.

29. CHAIRMAN'S COMMUNICATIONS

29.1 The Chair told members that the Director of Adult Social Care and Housing and the Director of Community Care were unable to attend this meeting because they were attending a national conference.

29.2 The Chair informed members that she anticipated that the council's Cabinet would be re-considering the recommendations of the ad hoc panel on students in the community at its November meeting.

29.3 The Chair announced that a working planning meeting was required to set the ASCHOSC agenda for coming months. This will be arranged in the near future.

30. PUBLIC QUESTIONS

30.1 There were none.

31. LETTERS FROM COUNCILLORS AND NOTICES OF MOTION

31.1 Councillor Christine Simpson presented her letter to the committee (see item in agenda). As well as the points made in her letter, Councillor Simpson raised an additional matter: whether changes to the way in which housing repairs are undertaken had been adequately communicated to the council's tenants?

31.2 Nick Hibberd, Assistant Director of Housing Management, and David Gray, Head of Repairs, answered members' queries. Mr Hibberd told members that, despite confusing reports in the local media, there had in fact been no change in policy. Contrary to media reports, there was also no crisis in terms of the repairs budget. Of the £31 million annual budget, some £11.4 million had been spent to date, with a further £5.7 million committed. This meant that approximately £13.9 million remained to be spent on in-year repair work., made up of £9 million capital and £4.9 million revenue.

31.3 Mr Hibberd stated that there had been some changes made to introduce improved budget management controls. These changes were made to improve the balance between responsive repairs and the capital programme, both to meet good practice recommended by the Audit Commission and to prepare the 3-year capital programme for the new Mears contract. In addition, the improved budget management controls will help to manage some budget pressures that have been identified in both the responsive repairs and voids budgets. This change has resulted in some non priority works being incorporated into the council's Planned Maintenance programme rather than being dealt with as responsive repairs, in line with best practice. However, all Health & Safety repairs and all works covered by Right To Repair continue to be carried out in accordance with the timescales detailed in the Tenant's Handbook.

31.4 Mr Gray told members that no Health & Safety repairs had been 'put off' until the next financial year, other than those non-priority repairs falling outside the council's Right To Repair obligations which had been assigned to the Planned Maintenance programme.

31.5 The Chair expressed concern that ward Councillors had not been appraised of changes to the repairs regime. Mr Hibberd apologised if Councillors had not received all the information they required, but reiterated that there had been no significant change of policy to communicate, but rather an inaccurate media report which had created unnecessary anxiety. Mr Hibberd offered to write to all Councillors setting out the true position with regard to repairs.

31.6 The Chair thanked Mr Hibberd for his offer, and members agreed that this issue should be considered for inclusion in the committee's work programme, but should not, at this time, be advanced via an ad hoc panel.

32. MEMBER TRAINING SESSION ON THE RESOURCE ALLOCATION SYSTEM

32.1 This item was introduced by Laura Scott Smith, Performance and Development Officer, and Gemma Lockwood, Performance and Development Officer.

32.2 Members asked questions on aspects of the resource allocation system (RAS) including the percentage of people expected to opt to manage their own care budgets; how clients are supported in applying to the RAS; and whether people opting not to manage their own budgets will receive fewer resources.

32.3 Ms Scott Smith and Ms Lockwood were thanked for their presentation.

33. MENTAL HEALTH SERVICES AND COMMISSIONING STRATEGY

33.1 Richard Ford, Commercial Director of the Sussex Partnership NHS Foundation Trust (SPFT), and Jane Simmons, Head of Partnerships and Public Engagement at NHS Brighton & Hove (NHSBH), answered members' questions on plans to reconfigure mental health services for city residents.

33.2 Mr Ford told members that a major re-design of the mental health services provided across Sussex by SPFT was underway. This initiative is called "Better By Design", and involves SPFT working closely with the four Sussex Primary Care Trusts, including NHSBH. Better By Design is driven by the need to innovate in order to improve services and also by the need to achieve value for money, particularly given the current economic outlook.

33.3 Better By Design will look at every aspect of mental health services provided by SPFT:

- In terms of community services, the aim is to ensure that these services are effectively aligned with primary healthcare (e.g. GP surgeries); that the totality of mental health services are centred upon community care, rather than community services being 'bolted on' to a pre-existing mental health system (as is currently often the case); and that community services are able to deliver a Sussex-wide target of four weeks from presentation to assessment/treatment by Community Mental Health Teams (CMHTs).

- In terms of day hospitals, the aim is to ensure that these services are responsive to user needs. (Currently, these facilities tend to be available Monday to Friday 9-5, whereas demand tends to be highest out of hours and at weekends.)

- In terms of specialist services, the aim is to develop Sussex capacity to deal with conditions such as eating disorders, substance misuse and personality disorders; to significantly increase the number of county in-patient beds for people with Learning Disabilities; and to significantly increase the capacity of county secure and forensic services. It will not be possible to duplicate these specialist services at locations across Sussex, so patients may have to travel to access these facilities (although many journeys will be shorter than they currently are, as significant numbers of Sussex residents currently receive specialist treatment outside the county).

- In terms of residential services (e.g. for people with young onset dementia or Korsakoff's syndrome), the aim is to encourage individualisation of care, giving clients and their families and carers more say in their own treatment.

- In terms of general in-patient services, the aim is to reduce county acute beds by 100 or so, as Sussex is, relatively speaking, over-supplied with mental health acute beds, and could do more to encourage treatment in the community. Both working age and older people's beds are expected to be reduced.

33.4 Members learnt that, as yet, there were no detailed plans to implement this initiative, as much of the work thus far had involved working out how to weigh matters such as cost, access and quality of service when making reconfiguration decisions, rather than on discussion of what the actual reconfiguration might look like on the ground.

33.5 Ms Simmons told members that there had already been considerable discussion with service users, carers etc. in relation to the Working Age Mental Health Strategy, and that the developed reconfiguration plans would go out to public consultation in due course.

33.5 Both Mr Ford and Ms Simmons offered to meet with members on either a formal or an informal basis to discuss their plans to develop city mental health services.

33.6 Mr Ford and Ms Simmons were thanked for their contribution.

34. SOCIAL CARE GREEN PAPER

34.1 Discussion of this item was postponed until a later meeting.

35. DECENT HOMES

35.1 This item was introduced by Nick Hibberd, Assistant Director, Housing Management. Mr Hibberd and Jugal Sharma, Assistant Director, Housing Strategy, answered members' questions.

35.2 Mr Hibberd told members that he was confident of reaching this year's target for bringing homes up to a decent standard.

35.3 In answer to questions regarding the Local Delivery Vehicle (LDV), Mr Sharma told members that a board to manage and a company to host the LDV had been set up, negotiations with potential financers were at an advanced stage and negotiations with the Department of Communities and Local Government were continuing. The council has developed a 'plan B' should its original LDV scheme not receive Government approval, and is confident that this scheme can be implemented with little or no extra cost should this option be preferred by members.

35.4 In response to a question as to whether the LDV was still required given the good progress in meeting the Decent Homes standard, Mr Hibberd told the committee that the LDV was part of the strategy for meeting the shortfall in investment required to bring all the housing stock up to Decent Homes standard, and was therefore still needed.

36. ANNUAL SAFEGUARDING REPORT

36.1 This item was introduced by Martin Farrelly, General Manager, Community Assessment, and Michelle Jenkins, Safeguarding Adults Manager.

36.2 Members noted that the report they had received was clearly a rough draft and was not of satisfactory quality; the material tabled should have been better presented and contextualised.

36.3 Mr Farrelly offered to try and get the figures presented in the Safeguarding report broken down by council ward.

36.4 Mr Farrelly and Ms Jenkins answered questions on matters including: the risks posed by direct payment, and the recourse available for people directly employing carers who fail to deliver according to their contracts.

36.5 RESOLVED – That the report be noted.

37. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

37.1 There were none.

38. ITEMS TO GO FORWARD TO COUNCIL

38.1 There were none.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

Agenda item 43(b)

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY COMMITTEE

3.00PM 21 JANUARY 2010

BANQUETING ROOM, HOVE TOWN HALL

MINUTES

Present: Councillors Meadows (Chairman); Allen, Barnett, Pidgeon, Taylor, Randall and Oxley

Co-opted Members:

PART ONE

39. PROCEDURAL BUSINESS

39A. Declarations of Substitutes

39.1 Councillor Brian Oxley announced that he was attending as substitute for Councillor Geoff Wells; Councillor Bill Randall announced that he was attending as substitute for Councillor Georgia Wrighton.

39B. Declarations of Interest

39.2 Councillor Randall declared a personal interest due to his involvement with the Local Delivery Vehicle.

39C. Declarations of Party Whip

39.3 There were none.

39D. Exclusion of Press and Public

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

39.5 RESOLVED – That the press and public be not excluded from the meeting.

40. SCRUTINY OF DIRECTORATE BUDGET STRATEGIES

40.1 Councillor Ken Norman, Cabinet Member for Adult Social Care and Health, introduced the Adult Social Care (ASC) section of this item. Councillor Maria Caulfield, Cabinet Member for Housing, introduced the sections relating to the Housing Revenue Account (HRA), to Housing Strategy and Supporting People (SP), and to Learning Disabilities (LD).

40.2 In response to a query about savings identified in terms of the LD budget, Councillor Caulfield told members that the healthcare element of care for some learning disabled people was chargeable to the local Primary Care Trust (PCT), but had formerly not been pursued by the council. This money was now being collected, with the result that there were considerable extra funds available to the service, facilitating a reduction in the council's LD budget allocation.

40.3 In answer to questions relating to savings to be made via the 'personalisation' of ASC (and to a more limited degree the introduction of personalisation and personal budgets to LD services), Councillors Norman and Caulfield informed members that national research offered robust evidence that significant savings were possible via the roll-out of personal budgeting, and that these savings should grow as the roll-out progressed. Joy Hollister, Director of Adult Social Care and Housing, added that Brighton & Hove was in a fortunate position, having not been one of the earliest adopters of personal budgets, as we were able to learn from both the good and bad practice of 'pilot' authorities. There was strong evidence that, by following the best emerging practice (particularly in terms of best practice resource allocation systems), personalisation could deliver significant savings.

40.4 In response to a question about negotiations with the Sussex Partnership NHS Foundation Trust (SPFT) over the council's commissioning of their services, members were told that discussions had been very positive, with the trust recognising that the council's 0% uplift in funding was in fact generous given the national financial situation (all the more so because the council had agreed extra funding to reflect demographic changes in the city which would result in extra work for SPFT).

40.5 Asked to explain how personalisation might deliver savings, Joy Hollister referred to the example of assessing people's needs. Formerly, a great deal of staff time and resources might have been spent on professional assessment of a client's needs, even in situations where that client's support requirements were minimal. With personalisation, it should, in many instances, be possible for clients to assess their own support requirements (with a degree of input from professionals – termed 'co-production'), leading to a very significant reduction in the costs of assessment.

40.6 In response to questions about the anticipated re-design of day services and possible cost savings and risks involved in this process, Councillor Norman told members that day service provision would be the subject of a forth-coming public consultation, and no decisions in regard to these services could be made until the results of this consultation

were analysed. Joy Hollister noted that council-provided day services were currently delivered at a very high unit cost, as occupancy rates were typically very poor. In contrast, some city day services provided by the 3rd sector operated at a much lower unit cost as these services were full or over-subscribed. There was therefore a very clear argument for favouring these cost-effective services over services which provided poor value for money, and the council was planning accordingly. However, some council day services were of such a specialist nature (e.g. offering significant therapeutic benefits to attendees) that it was not considered appropriate to consider their replacement with mainstream 3rd sector-provided services.

40.7 In response to questions about home care, Joy Hollister told members that the council had re-designed its services in response to the re-ablement agenda, with mainstream home care now commissioned from the independent sector, allowing the council's in-house home care team to be re-deployed in the specialist task of delivering re-ablement care. This was the best possible use of resources, given that it would simply not be possible within existing budget constraints for the council to deliver its re-ablement commitments and its mainstream home care commitments via the use of in-house staff. Whilst independent sector care providers are cheaper than in-house provision, all providers used by the council are rated as either 'good' or 'excellent'.

40.8 In answer to a question about anticipated increases in client contributions to care costs, Joy Hollister explained that this related to quicker financial assessment of clients, meaning that clients who were required to self-fund their care could be billed more promptly (clients may not be charged for care until their finances have been assessed, nor can charges be back-dated).

40.9 In response to questions about supported housing, Councillor Caulfield agreed that more supported housing was needed in the city, but stressed that this was difficult to achieve in the current financial climate, with little or no capital funding available. However, the council was exploring alternative measures, including looking at 'moving on' supported housing clients who could be returned to general needs housing, encouraging independent sector providers to take a greater interest in this sector, and investigating the possible use of undeveloped housing land for future developments.

40.10 Councillor Caulfield also told members that the council was committed to working with clients to ensure that they accessed all the benefits to which they were entitled. This is a priority for Housing Management, and pilot schemes around the city have proved extremely successful. The Welfare Rights team will seek to train other council teams in maximising benefit take-up and the council is also working closely on this issue with the Department of Work and Pensions and with the MacMillan cancer charity (i.e. on encouraging people with cancer to access the benefits to which they are entitled). Members noted that there might be a case for increasing resources here, as the cost benefits of maximising benefit uptake are likely to far outweigh any extra costs to the council.

40.11 In response to questions regarding the ASC and housing workforce, members were told that there were no plans for redundancies in housing or LD services. In ASC there may be some redundancies, although the figures quoted in the budget strategy report represent a worse case scenario and the council will endeavour to minimise the

negative impact of essential workforce re-organisation. There is no intention to make compulsory redundancies.

40.12 Asked what percentage of the £1 million allocated to possible redundancy payments across the council had been ear-marked for ASC, Joy Hollister told members that she did not have the figures to hand but would endeavour to pass them on.

40.13 In response to queries regarding the Local Delivery Vehicle (LDV), Councillor Caulfield told members that there had been thorough consultation with tenants over this issue (particularly via Housing Management Consultative Committee – HMCC), and the consensus was that the council should continue to actively pursue LDV options while the original LDV bid was being considered by the Government. The council faced stringent penalties if it failed to meet Decent Homes standards, and there was therefore still considerable value in pursuing LDV options, particularly as recent developments in financial markets might mean that the returns on the LDV could be higher than initially assumed (original financial projections were made at the nadir of the financial crisis and might prove over-cautious should markets improve). More funding (in the form of a loan from general reserves) will be required to facilitate re-modelling of the LDV finances, but this money will be repaid once the LDV is operational.

40.14 In reply to members' questions regarding the future of the Adult Social Care and Housing Directorate, members were told that this was a question which should be addressed to the council's Chief Executive as no one present was in a position to provide a definitive answer.

40.15 The Chair thanked the officers and members who had answered questions and expressed her good wishes for Joy Hollister in her new post with the City of London.

41. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

41.1 There were none.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

Agenda Item 46

Tom Hook
Head of Scrutiny
Brighton & Hove City Council

Friday, 18 December 2009

Dear Tom

Proposal for Ad Hoc Scrutiny to be commissioned by the Adult Social Care & Housing Scrutiny Committee into Local Services for people with Autistic Spectrum Condition

Further to our recent conversations and talks held with the Director os Social Care and other senior officers I have developed the attached proposal.

I understand there is a meeting on Monday 21st December to plan the scrutiny work programme for the coming months and would request this idea to be put forward for consideration alongside any other requests. I understand that any decision over whether to include will be taken by the Committee at a future meeting.

In considering 'pencilling in' this scrutiny I would mention that it is strategically important for the work around the preparation for the Autism Local Plan to start as soon as possible, as we are scheduled to implement the Plan by the end of 2010, and there is a lot of work and consultation needed before that!

Yours sincerely

Councillor Georgia Wrighton

Enclosed:
1. Completed scrutiny template
2. Flow diagram suggesting scope of review

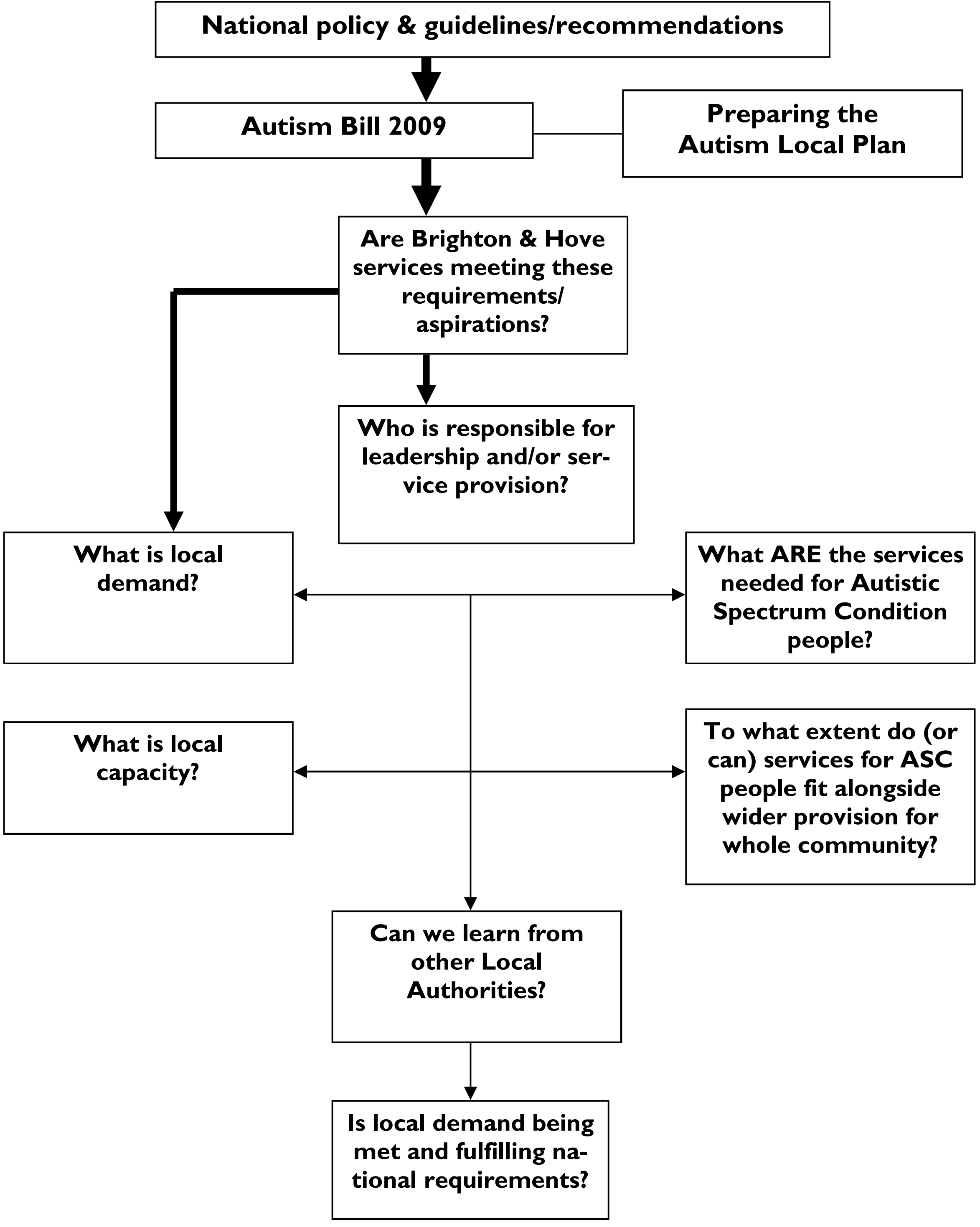
Template for Ad Hoc Scrutiny Panel into local services for Autistic Spectrum Condition

1.Matter for scrutiny and reason why raised	To examine local services for people with Autistic Spectrum Condition (ASC) against national guidelines and policy. (Raised to clarify where leadership responsibilities rest, and better define commissioning and funding arrangements)
2. Importance of the matter and relation to Council's strategic priorities and policies	According to DoH (Better Future consultation) there are estimated to be 2,500 ASC people in the city, a proportion of whom will have occasional or ongoing unmet needs for health/social services. The combined Adult Social Care & Housing Directorate budget is the BHCC's largest, amounting to £76.4m for 2010/11. Addressing unmet need may affect the call on public finances. Of the Council's corporate priorities four are met; • better use of public money • reduce inequality by increasing opportunities • fair enforcement of the law • open and effective city leadership
3. If scrutiny is requested on the basis of a deficiency in the decision making process, evidence that decision not properly made	N/A
4. Potential benefits of a scrutiny activity	• Better access and signposting to services • Fairer access and greater equality for all to services • Increased clarity of provision arrangements • Enhanced staff training • Spending efficiency through review
5. Other avenues tried and extent to which attempts have been made to resolve the matter	The matter was recently raised at the Joint Commissioning Board where greater clarity was sought over which agency had responsibility for local services for people with Autistic Spectrum Condition. Subsequent conversations with the Director of Social Care

	suggest that the current arrangements would benefit from greater clarity.
6. Any other considerations or relevant information: (e.g. an indication of the desired outcome, relevant evidence, suggested witnesses etc)	Desired outcomes; • clarify where leadership responsibilities rest, • better define commissioning and funding arrangements • Maximise commissioning effectiveness • Prepare and advise re the ASC Local Plan Suggested witnesses/evidence providers; Aspire Assert BHCC Housing Homeless Vulnerable People team BHCC – Integrated Learning Disability Mrs Sarah Brown Prof Hugo Critchley – Neural Behavioural Clinic Mrs Maggie Darling National Autistic Society PCT (Geraldine Hoban) SPFT (Richard Ford) SPFT – Access Team Service users
7. Suggested type of scrutiny/terms of reference for in-depth review	Ad hoc panel See attached suggested scoping diagram

17 December 2009

Proposed Ad Hoc Scrutiny panel into local services for Autistic Spectrum Condition



Councillor Ian Davey
King's House,
Grand Avenue
Hove
BN32LS

Councillor Anne Meadows
Chair of Adult Social Care & Housing
Overview & Scrutiny Committee
Via the Courier

Date: 21 December 2009
Our Ref: IAD/EB
Your Ref:

Dear Anne

I have been requested by a St Peters & North Laine resident and by The Brighton & Hove Leaseholders Association to ask the scrutiny committee if they will look into the possible use of Lease Mediation by Brighton & Hove City Council to resolve disputes with their leaseholders.

Lease mediation is an independent service that offers a less adversarial and mutually less expensive alternative to the usual dispute processes employed by the council. It provides an opportunity to arrive at a mutually agreeable resolution without the need to resort to the courts.

The value of this service has been recognised by Parliament who I have been informed recommend it as a way forward.

Following a protracted dispute Lease Mediation was used for the first time in the summer of 2009.

The Leaseholders Association, the resident involved and myself as ward councillor would like the council to consider adopting the use of this service as a default and politely request that the scrutiny committee ask for a report into its use so far and consider including a more in depth look into the leaseholders dispute process on their work programme.

I look forward to hearing the view of the committee.

Yours sincerely

I a Davey

Councillor Ian Davey
Green Group Deputy Convenor
Green Spokesperson on Transport

c.c Giles Rossington, Scrutiny Officer
Ms. X

Telephone: (01273) 296430 Fax: 0870 486 9414
Email: ian.davey@brighton-hove.gov.uk

Green Member for St Peter's & North Laine Ward

Linda Shaw
Chair, Brighton & Hove Leaseholder
Action Group

Date: 06th January 2010
Phone: (01273) 293756
Fax: (01273) 293317

e-mail: Nick.hibberd@brighton-hove.gov.uk

Dear Linda

Re: Use of LEASE Mediation Service by Brighton & Hove City Council

I am writing to clarify our policy with regard to the use of alternative dispute resolution to resolve leasehold disputes between Brighton & Hove City Council and leaseholders of council owned properties. My reason for writing, is that I have recently received several enquiries from Councillors and Leaseholders asking for clarification of the Council's policy with regard to using the LEASE Mediation Service to resolve leaseholder disputes.

As you are aware, LEASE is the name for the Leasehold Advisory Service. The Leasehold Advisory Service is an Executive Non-Departmental Public Body funded by the Government to provide free advice on the law affecting residential leasehold and commonhold property in England and Wales. LEASE also offers a mediation service, known as the LEASE Mediation Service.

The Council already has a policy of considering alternative dispute resolution, such as mediation, in cases where it has not been possible to resolve the disputes through our three-stage internal dispute procedure. However, the majority of our leaseholder disputes are resolved satisfactorily through the internal dispute procedure without the need for recourse to either the Leasehold Valuation Tribunal (LVT) or to mediation. In the summer of 2009, Brighton & Hove Council used the LEASE Mediation Service for the first time. This helped to bring a satisfactory resolution to a protracted dispute. This case was the first time that a leaseholder had actively requested mediation.

Our Leaseholder Handbook is aimed at helping council leaseholders understand the rights and responsibilities of both themselves as the homeowners and the council as their leasehold manager, and provides information on resolving disputes, including the use of alternative dispute resolution. For reference, a copy of the Leaseholder Handbook can be found on the Council's website:

http://www.brighton-hove.gov.uk/downloads/bhcc/housing/council_housing/Leaseholders_handbook.pdf

The Handbook outlines the procedures that the Council follows to try to resolve disputes. Please see section 6.5 of the Handbook. Although the council has a Corporate Complaints Procedure, because the area of leaseholders' service charges is specialised, Housing Management has its own procedure to try to resolve any problems. This approach has been praised and recognised as good practice by the Leasehold Valuation Tribunal. The Leaseholder Handbook clearly states at paragraph 6.86 that the council will consider alternative dispute resolution where appropriate:

"If no resolution has been reached at the end of this process, the council will consider whether alternative dispute resolution, such as mediation, would be appropriate" [para 6.86, page 30].

A link to the LEASE website is also available on the Council's website, which can be found via the Council's 'A to Z of services' section under 'Leasehold'. For reference the web link to the relevant page on the Council's website is below:

http://www.brighton-hove.gov.uk/index.cfm?request=c1136262

From this link, a leaseholder can find further information on the LEASE Mediation Service, including a link to an online video which explains how LEASE mediation works. An application form is also available from this website.

However, the recent enquiries asking whether mediation is available, and the low take up of mediation as a means of resolving disputes does seem to indicate that we are not communicating the option of alternative dispute resolution as clearly as we would like. The Council is therefore currently in the process of reviewing the information that we provide to Leaseholders, to ensure that we are clear about the option of mediation and when this may be an appropriate way of resolving a dispute. We are currently reviewing our website, to ensure that information on the LEASE Mediation Service can be easily found by Leaseholders, and we will include information on mediation services in the forthcoming Leaseholders Action Group newsletter.

Mediation will not always be considered by the Council, or by a leaseholder, as an appropriate way of resolving a dispute. Although mediation can be useful in some cases, some disputes revolve around a question of fact. For example, many disputes relate to whether a service charge is payable or not under the terms of the lease. Questions such as these are often questions of fact which, if disputed, can sometimes only be determined by a court or a Leasehold Valuation Tribunal (LVT). In some cases, the Council may therefore advise the leaseholder that mediation may not be a helpful way of resolving the dispute. Mediation also only works when both parties are willing to participate and explore a solution. I therefore do not feel that mediation should be adopted by default, but it should be considered in all cases where the internal dispute process has not found a satisfactory resolution to the dispute.

Finally, it is worth pointing out that the LEASE Mediation Service is not the only form of alternative dispute resolution available. Whilst the LEASE Mediation Service is a specialist service and appears to offer good value for money, some leaseholders may wish to seek alternative forms of dispute resolution through e.g. a private mediator. This may be the case where a Leaseholder has had previous contact with the LEASE and has not been satisfied with the advice that they have been given. In such cases, the Council would be willing to consider alternative forms of dispute resolution on an individual case basis.

I hope that this helps to clarify the Council's position with regard to resolving disputes. We hope that our position will become clearer to leaseholders as a result of the advice information that is currently underway. We expect to have completed the review of the information that we give out to leaseholders by the end of March 2010. In the meantime please let Peter Mustow know, if you would like the issue of mediation to be an agenda item at the next Leaseholder Action Group meeting.

Please do not hesitate to contact me if you have any further queries regarding this,

Yours sincerely,

Nick Hibberd
Assistant Director, Housing Management

cc. Councillor Anne Meadows, Chair of Adult Social Care & Housing Scrutiny Committee
Councillor Maria Caulfield, Cabinet Member for Housing
Councillor Georgia Wrighton, Deputy Chair of Adult Social Care & Housing Scrutiny Committee
Giles Rossington, Scrutiny Officer
Dave Arthur, Senior Leasehold & Right to Buy Officer
Shula Rich, Chair, Brighton & Hove District Leaseholders Association
Linda Shaw, Brighton & Hove Leaseholders Action Group
Ms X

ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item 49 Brighton & Hove City Council

Subject:		**Annual Performance Assessment for Adult Social Care**		
Date of Meeting:		**07 January 2010**		
Report of:		**The Acting Director of Social Care**		
Contact Officer:	Name:	Philip Letchfield	Tel:	29-5078
	E-mail:	Philip.letchfield@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The national regulator for adult social care, the Care Quality Commission (CQC), produce an Annual Performance Assessment which summarises progress in relation to the 7 outcomes for social care set our in the white paper 'Our Health Our Care Our Say'.

1.2 The Annual Assessment provides judgements in relation to each outcome, highlights areas where the council is doing well and where it should focus its improvement activity.

1.3 The Council is required to present the Annual Assessment to the relevant executive committee and to produce an Improvement Plan.

2. RECOMMENDATIONS:

(1) That the Adult Social Care and Housing Overview & Scrutiny Committee note and comment on the Annual Performance Assessment and related Improvement Plan

3. BACKGROUND INFORMATION

3.1 There have been significant developments in the national performance framework for adult social care over the past year. The CQC are a new regulatory body and the framework for delivering judgements is going through a period of change.

3.2 The Annual Performance Assessment, with judgements, is attached in full at Appendix 1. The report covers the year 2008/09.

3.3 The report is structured around the 7 national outcomes for adult social care and a judgement is made in relation to each outcome. Appendix 2 summarises the potential judgements and their meaning. The council is then given an overall rating based on the individual judgements against the 7 outcomes.

3.4 Brighton & Hove have been judged a Council that is performing well overall. Within this the Council is judged to be performing excellently in relation to 3 outcomes and performing well in relation to 4 outcomes.

3.5 In 2007/08 the Council was judged to be performing excellently in relation to 1 outcome and well in relation to the other 6 outcomes. The Councils performance has improved and Scrutiny can be reassured that delivery against all outcomes is in the performing well or excellent rating.

3.6 A relatively small number of improvements are identified and this is a reflection of the overall positive nature of the report. An Improvement Plan is attached at Appendix 3.

3.7 Staffs across all services are to be commended for continuing to deliver high quality and safe services at a time of major transformation across adult social care.

3.8 The report also highlights the strong leadership in place and the positive impact of joint working across the city. Although judgements are no longer made in relation to leadership and use of resources these elements of the report do feed into the Councils Comprehensive Area Assessment.

4. CONSULTATION

4.1 None

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The Annual Performance Assessment provides an assessment of use of resources within Adult Social Care and in partnership working. The Annual Performance Assessment contributes to the Comprehensive Area Assessment which will be published later in the year.

Finance Officer consulted: Anne Silley; Date: 24 /11/09

Legal Implications:

5.2 The legal background to the role and functions of CQC is contained in the body of this report which is for noting only. There are no specific legal or Human Rights Act implications arising directly from the content of this report.

Lawyer Consulted: Sandra O'Brien; Date: 30/11/09

Equalities Implications:

5.3 These are specifically covered within the Annual Performance Assessment under Outcome 6.

Sustainability Implications:

5.4 There are no specific sustainability implications in the Annual Performance Report.

Crime & Disorder Implications:

5.5 There are no specific crime and disorder implications in the Annual Performance Report.

Risk and Opportunity Management Implications:

5.6 The report provides an opportunity to identify key areas of improvement and respond to these.

Corporate / Citywide Implications:

5.7 This CQC report is a significant element of the Council's Comprehensive Area Assessment. The outcomes for adult social care can only be delivered on a city wide, partnership basis.

SUPPORTING DOCUMENTATION

Appendices:

1.

Documents in Members' Rooms:

None

Background Documents:
None

Annual Performance Assessment Report 2008/2009

Adult Social Care Services

Council Name: **Brighton and Hove**

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

Performing excellently - overall delivering well above the minimum requirements for people

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: Outcomes framework

You will also find an explanation of terms used in the report in the glossary on the web site.

Delivering Outcomes Assessment
Overall Brighton & Hove City Council is: **Performing Well**

Outcome 1: Improved health and well–being	The council is performing	**Well**
Outcome 2: Improved quality of life	The council is performing	**Excellently**
Outcome 3: Making a positive contribution	The council is performing	**Excellently**

Outcome 4:
Increased choice and control | The council is performing | **Well**

Outcome 5:
Freedom from discrimination and harassment | The council is performing | **Well**

Outcome 6:
Economic well-being | The council is performing | **Excellently**

Outcome 7:
Maintaining personal dignity and respect | The council is performing: | **Well**

Click on titles above to view a text summary of the outcome.

Assessment of Leadership and Commissioning and use of resources

Leadership

There is strong leadership and a good understanding of the social care agenda, despite the recent retirement of the Chief Executive. Interim arrangements are in place whilst the process of recruitment is underway and the council is acutely aware of the need to have in place secure leadership direction from a permanent Chief Executive. There has been work to promote the personalisation agenda with full member engagement and support. The council achieved financial balance during the year, through a value for money approach, realigning budgets and working effectively in partnership. The council are fully aware and prepared to meet the financial pressures placed upon public services by the current economic downturn and plans are underway to ensure protection of front line services through value for money reviews and exploration of service delivery.

Safeguarding vulnerable adults continues to remain a key priority and the council also successfully implemented the Deprivation of Liberty Safeguards, which provides key safeguards and promotes engagement and choice for people with the most complex and specialised care needs.

The lead member chairs the Partnership Board and the Joint Commissioning Board, on a rotating basis, with the chair of the PCT. Effective joint leadership arrangements have worked to ensure commissioning plans reflect the personalisation agenda. To further improve engagement the council established a new Partnership Board to provide a formal structure to ensure users of services and their carers are fully engaged with the personalisation programme. The council's consultation and improvement group continues to actively engage with users of services and their carers to ensure their views inform service development and improvement.

The council, specifically Adult Social Care, were recently awarded 'Investors in People' status, the national standard for recognising businesses that improve their performance by developing their staff.

The council is aware some current data collection arrangements do not enable accurate reflection of performance activity and delivery. This includes data specifically linked to grant funded services and delayed transfers of care. The

council needs this data to ensure it has sufficient information about activity in order to manage performance effectively.

Commissioning and use of resources

The council have successfully introduced a re-ablement service, which is helping people to remain living independently in the local community for longer. The Joint Strategic Needs Assessment continues to be refreshed to support commissioning plans and the Sustainable Communities Strategy. A new Partnership Board has been set up to support the Personalisation Programme. This new group is multi-agency and is involved in planning and helping shape services for the future. Membership includes stakeholders from all levels including, voluntary and community organisations and the independent sector. These arrangements are managed by robust governance measures through a strategic commissioning board, delivery board and commissioning boards.

Commissioners have a good and up to date knowledge of the quality and capabilities of existing local service providers and are leading the transformation of local services to help deliver personalised services. However, the council acknowledge they must continue to broaden partnerships with the community and voluntary sector to further support the development of the personalisation agenda. Although the council's policy is to purchase new placements from good and excellent care services, performance in a number of independent care services has slipped and has impacted on overall performance. However the council are proactive in working with appropriate regulators and providers to secure improvements or take steps to cancel contractual arrangements.

Summary of Performance

During the year the Local Strategic Partnership commissioned a review and refresh of the Sustainable Community Strategy. The findings identified significant areas of progress, supported by an increasing number of initiatives that actively promote and encourage healthier and safer lifestyles. The percentage of systematic reviews undertaken to measure outcomes achieved during the year for individuals in receipt of a care package provided by the council has fallen. The council explained that with the introduction of personalisation and easier access to community services a number of care packages do not require annual review. However the council must ensure activity does not reduce further. Acknowledging the need to improve outcomes for people who have to go into hospital for preventable reasons or those whose discharge from hospital is delayed due to appropriate services not being available, the council introduced an integrated discharge team and a re-ablement service offering good levels of intensive short term home care support to help reduce the need for longer term care.

The council working with partners provides a wide range of well established preventive services to support and encourage people to live independently and improve their quality of life. The range of specialist services available to carers is comprehensive and innovative and is responsive to the needs of carers. The council are committed to ensuring the contributions of people who use services and their carers are integral to the way social care services are developed, run and improved. The council has been instrumental in the development and adoption of a new Community Engagement Framework for the city. It sets clear aims and objectives for engagement and also sets out the council's commitment to high quality

engagement and provides a set of standards that all partners must use and adhere to. The council's personalisation programme is well established and is supported by a self directed support strategy that was launched during 2008. Work streams delivering on access, re-ablement, self directed support, workforce development, partnerships are all progressing and good outcomes are emerging, with improved performance on direct payments, excellent feedback from 'access point' users and a reduction in people needing long term care through re-ablement.

In recent years the council have developed a range of pathways and services for people who do not meet the eligibility criteria but still require advice or support. The council has modernised its approach to governing equalities by bringing together statutory partners across the city through the City Inclusion Partnership. The council have in place specific services that work actively with local employers encouraging the employment of people who use social care services. The resulting outcomes are positive with significantly higher numbers of people with a learning disability in employment than the average of similar councils.

The people of Brighton and Hove are offered protection from abuse as a result of local partners commitment to a single safeguarding plan and procedures. There is a Safeguarding Vulnerable Adults Board with appropriate representation from all key agencies. Through the local Practitioner Alliance against Abuse of Vulnerable Adults (PAVA) group there is a network of links developed within the voluntary, independent and statutory sectors. Considering the wide membership of the PAVA group and the Safeguarding Board there is a good level of awareness across the community and referring agencies regarding adult abuse. The council should ensure that its safeguarding strategy is fully accessible to people who fund their own social care, considering the developing personalisation agenda.

Outcome 1: Improved health and well–being

The council is performing: **Well**

What the council does well.

- A multi agency 'End of Life' strategy group brings together key stakeholders and through its work programme is seeking to promote and deliver best practice in end of life care. The group is chaired by the PCT and the council is actively engaged in its work. The councils own home care service has been accredited through the Liverpool care pathways scheme, a benchmark for best practice.
- There are good levels of intermediate care available and performance is significantly higher than the average of similar councils and positive outcomes for people is evidenced.

What the council needs to improve.

- Having recently reviewed data presented to the Department of Health in respect of hospital 'delayed transfers of care' the council is aware the overall numbers of people delayed is accurate. However, whether individuals are delayed for social care or health reasons is less accurate. A higher number of individuals were recorded, in error, as being 'delayed' due to social care reasons and therefore distorts the originally submitted data. The council and Health partners are fully

committed to revising their data recording systems to enable future data to be presented accurately.

- The percentage of systematic reviews undertaken to measure outcomes achieved for individuals known to the council has reduced. The council must ensure activity does not reduce further considering performance is now below the average of similar councils.

Outcome 2: Improved quality of life

The council is performing: **Excellently**

What the council does well.

- The ability of individuals to remain living independently at home has been enhanced by the improving provision of telecare equipment.
- The level of extra care housing continues to increase, with 76 new units recently completed.
- The introduction of a single access point was successfully introduced and is staffed by competent and well trained staff, offering a wide range of timely support and information. Staff can also access immediate solutions for small packages of home care and daily living equipment to achieve a timely resolution of peoples needs. There is evidence of high customer satisfaction levels with response times and quality of contact.
- With the introduction of the 'access' point the council report over 90% of initial enquiries are resolved at the first point of contact. This excellent service has contributed to an increase of minor adaptations being provided through the council. Despite this huge increase in demand for services the council have managed to significantly improve waiting times for minor adaptations, although further improvement is necessary for performance to be similar to other councils.
- A modernised approach to day care services enable people using the service to also access the broader community with opportunities for training, education, volunteering, accessing universal leisure and social activities.

What the council needs to improve.

Not applicable

Outcome 3: Making a positive contribution

The council is performing: **Excellently**

What the council does well.

- The council has been instrumental in the development and adoption of a new Community Engagement Framework for the city and it sets clear aims and objectives for engagement and provides a set of standards that all partners must use and adhere to.
- The council has an active and fully engaged voluntary sector and they play a key role in supporting local people and are able to influence improvement. The Community and Voluntary Sector Forum have seats on all the council's partnership boards.

- Effective mechanisms are in place to enable the council to routinely consult with and gather feedback from users of all services and their carers. This approach promotes and encourages people who use services and their carers to continuously engage in the improvement and development of services.

What the council needs to improve.
- Whilst the council has in place all the mechanisms for consultation and engagement with the voluntary sector, the latter report a shift in power base is required if the voluntary sector is to be fully influential. This perception is acknowledged by the council who are committed to exploration and resolution.

Outcome 4: Increased choice and control

The council is performing: **Well**

What the council does well.
- Comprehensive advocacy services, for all care groups, are well developed and include support for those who lack capacity.
- There is a good selection and range of community services available from low level preventive services such as neighbourhood care and befriending services to intensive high level support such as live in care.
- The council's personalisation programme is well established and is supported by a self directed support strategy that was launched during 2008. Work streams delivering on access, re-ablement, self-directed support, workforce development, partnerships are all progressing and good outcomes are emerging, with improved performance on direct payments.

What the council needs to improve.
Not applicable

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Well**

What the council does well.
- There are no continuing health care disputes and the partnership arrangement with the PCT ensures issues raised are managed effectively with no recourse to formal disputes.
- The council manages to achieve high standards of prevention of discrimination and harassment.
- Although the percentage of clients assessed during the year whose ethnicity was not stated has increased marginally performance remains better than the average of similar councils.

What the council needs to improve.
Not applicable

Outcome 6: Economic well - being

The council is performing: **Excellently**

What the council does well.

- The council have in place specific services that work actively with local employers encouraging the employment of people who use social care services. The resulting outcomes are positive with significantly higher numbers of people with a learning disability in employment than the average of similar councils.
- All carer assessments and reviews include discussion concerning education, training and employment. The carers grant is utilised, following a needs assessment or review, to enable carers the opportunity for breaks and services.
- Through the joint working arrangements with the Department of Work and Pensions and Housing Benefit the council help maximise income entitlement of individuals including those who self fund their own care to enable access to a wider choice of outcome solutions.

What the council needs to improve.
Not applicable

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Well**

What the council does well.

- Considering the wide membership of the PAVA group and the Safeguarding Board there is a good level of awareness across the community and referring agencies regarding adult abuse and this is reflected by the high number of safeguarding referrals from partner agencies.
- The views of people using services, relating to the provision of dignity, are routinely monitored in directly provided services through surveys and interviews. The council are keen to ensure that service users dignity and rights are not compromised by risk averse and unnecessary practices to manage safety and risks.
- Individuals are encouraged to maintain their own personal living environment by accessing a range of council funded schemes that support vulnerable households in obtaining improvements, repairs, gardening services and adaptations to their home environment.
- Carers are treated as full care partners by the council and carer surveys were part of the dignity audits, and results confirmed high satisfaction in this area for directly provided services.

What the council needs to improve.

- The council should ensure that its safeguarding strategy is fully accessible to people who fund their own social care, considering the developing personalisation agenda.

Appendix 2 Grade Descriptors

Grade	Descriptor
Grade 4: (Performing excellently) **People who use services find that services deliver well above minimum requirements**	**A service that overall delivers well above minimum requirements for people, is highly cost–effective and fully contributes to the achievement of wider outcomes for the community.**
Grade 3: (Performing well) **People who use services find that services consistently deliver above minimum requirements**	A service that consistently delivers above minimum requirements for people is cost-effective and makes contributions to wider outcomes for the community.
Grade 2: (Performing adequately) **People who use services find that services deliver only minimum requirements**	**A service that delivers only minimum requirements for people, but is not consistently cost-effective nor contributes significantly to wider outcomes for the community.**
Grade 1: (Performing poorly) **People who use services find that services do not deliver minimum (performing adequately) requirements**	A service that does not deliver minimum requirements for people, is not cost-effective and makes little or no contribution to wider outcomes for the community.

CQC Annual Performance Report 2008/09

Improvement Plan

	CQC Comment	Improvement Actions	Lead Officer
Outcome 1 Improved Health and wellbeing	Having recently reviewed data presented to the Department of Health in respect of hospital ‘delayed transfers of care’ the council is aware the overall numbers of people delayed is accurate. However, whether individuals are delayed for social care or health reasons is less accurate. A higher number of individuals were recorded, in error, as being ‘delayed’ due to social care reasons and therefore distorts the originally submitted data. The council and Health partners are fully committed to revising their data recording systems to enable future data to be presented accurately.	The Council and NHS partners have reviewed the process for data collection and revised this in the light the issues identified. A revised and robust process has been implemented and all partners are confident in the data quality. There is a new weekly sign-off by the General Manager, Adult Social Care. Nationally arrangements have been made for all local authorities to have access to the reports sent into the national data base (UNIFY 2).	Paul Martin
	The percentage of systematic reviews undertaken to measure outcomes achieved for individuals known to the council has reduced. The council must ensure activity does not reduce further considering performance is now below the average of similar councils.	A new Reviewing Team has been established within Adult Social Care and started work with effect from October 2009. Actual and planned activity within this team will deliver the improvement target of 82%.	Karin Divall

		There is an improvement plan and increased resources in place for Learning Disability Reviews to achieve our target of 82%. We also introduced Outcome focussed reviews in April 2009.	Jugal Sharma
Outcome 2 Improved quality of life	No specific improvements required		
Outcome 3 Making a positive contribution	Whilst the council has in place all the mechanisms for consultation and engagement with the voluntary sector, the latter report a shift in power base is required if the voluntary sector is to be fully influential. This perception is acknowledged by the council who are committed to exploration and resolution.	We will explore this issue within the current arrangements for engaging with voluntary sector partners. We will also meet with the sector as a collective group to look in more detail at the personalisation agenda/social capital, as well as using CVSF links. A market development worker is currently being recruited, hosted by the Federation of Disabled, to work with the third sector. We will explore and resolve our engagement with LD voluntary sector partners and self advocacy groups through review of LD Partnership Board with new	Denise D'Souza Jugal Sharma

		arrangements in place by April 2010. We will also contribute to work to improve voluntary sector partnerships across client groups.	
Outcome 4 Choice and Control	No specific improvement required		
Outcome 5 Freedom from Discrimination and Harassment	No specific improvements required		
Outcome 6 Economic well being	No specific improvement required		
Outcome 7 Dignity and Respect	The council should ensure that its safeguarding strategy is fully accessible to people who fund their own social care, considering the developing personalisation agenda.	The Safeguarding Board is now chaired by the DASS and has refreshed terms of reference. An action from the November 2009 Board meeting is that all partners will carry out an audit of communication/information so that the Board can be assured that information is readily available for people regardless of whether they receive services currently from ASC.	Karin Divall

		The BHCC leaflet has also been revised and has been distributed widely to ensure that people, again regardless of whether they fund services or not, have up to date information about where to go for advice and support. The BHCC single Access point which was established in May 2008 provides information and advice and signposting to people regardless of whether they fund their own services.	

ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item 50 Brighton & Hove City Council

Subject:		Personalisation Programme Update	
Date of Meeting:		04 March 2010	
Report of:		The Acting Director of Adult Social Care & Health	
Contact Officer:	Name:	Jaine Huntley	Tel: 29-5045
	E-mail:	Jaine.huntley@brighton-hove.gov.uk	
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 ‘Personalisation’ refers to the current policy in Adult Social Care of designing services around the needs of the individual and empowering people to make their own choices about the types of support they should receive.

1.2 The appendices to this report contain detailed information about the implementation of the personalisation programme.

2. RECOMMENDATIONS:

2.1 That members:

(1) note the content of this report;

(2) determine whether they require future updates on this issue.

3. BACKGROUND INFORMATION

3.1 Detailed information about personalisation is contained in the appendices to this report.

4. CONSULTATION

4.1 No formal consultation has been undertaken in compiling this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The Personalisation Programme is funded from the Social Care Reform Grant which runs to March 2011. No further funding is expected after this date.

Finance Officer Consulted: Anne Silley *Date:* 22.02.2010

Legal Implications:

5.2

Equalities Implications:

5.3 An equalities impact assessment has been carried out for the Personalisation Programme

Sustainability Implications:

5.4 None

Crime & Disorder Implications:

5.5 None

Risk and Opportunity Management Implications:

5.6 A risk register is attached

Corporate / Citywide Implications:

5.7 The Personalisation Programme is a City Wide agenda

SUPPORTING DOCUMENTATION

Appendices:

1. Highlight report March 2010
2. Personalisation Strategy
3. Executive summary

4. Key Highlights March 2010
5. Personalisation Milestones March 2010
6. Personalisation Risk Register March 2010

Documents in Members' Rooms:

None

Background Documents:

None

Highlight Report
Personalisation Programme

Name: Denise D'Souza Date: 4 March 2010

1 Purpose of this document

Personalisation Programme Update

2 Required Outcome

Delivery of Personalisation Strategy

3 Key Information

The Personalisation Strategy and Executive Summary are attached

4 Period Covered

The Personalisation Strategy runs to March 2011

5 Budget Status

The Personalisation Programme is funded from the Social Care Reform Grant

6 Schedule Status

The detailed programme (including timelines) is attached

7 Tasks Completed During the Period

A key highlights document is attached. This document highlights recent key events within Personalisation Programme.

8 Actual or potential problems/issues

The Risk Register for the Personalisation Programme is attached. Items which are considered to be at risk are highlighted in red.

9 Tasks to be completed During the Next Period

The City Conversation has commenced and will run throughout 2010

PERSONALISATION STRATEGY 2010-11

(V3.8)

'THE CITY CONVERSATION'

'Enabling access to a range and choice of services which support people to maximise their independence and quality of life'

FOREWORD

Our direction is clear; we need to make Personalisation including intervention and prevention, the cornerstone of all our services.

In Brighton & Hove this means every person in the city who has an identified social care need having choice and control over the shape of his or her life and where possible enabling that person to live independently in their own home.

For some, exercising choice and control will require significant levels of assistance either through professionals or independent care and support. Our challenge is to make sure this choice is possible for all our residents including the most vulnerable while keeping them safe.

Personalisation means improving health and preventing long-term conditions through an emphasis on self help and support that is continuous, integrated and individualised. It means building stronger communities in which disabled and older people can participate.

Nationally there is all party support for this vision and council Members in Brighton & Hove are committed to developing Personalisation from Ward level upwards by promoting opportunities for volunteering and involvement across the city.

In 2010 will be starting a 'City Conversation' with all our residents and partners to help deliver the strategic priorities contained within this strategy. It is a strategy that will improve the lives of all our older and disabled people in the city by enabling them to do the things they want to do in the way that they choose.

Our work has just begun and it is the biggest change to Social Care since the Community Care Act of 1990. Personalisation is a huge and exciting agenda that cannot be achieved by Adult Social Care alone. To achieve these changes will mean working jointly with Housing, Health and other directorates in the Council. It will also mean working across the sector with partners from independent, voluntary and community organisations to ensure that services in the city are able to meet the requirements of Putting People First.

Our commitment will ensure that the residents of Brighton & Hove can be confident that they will be able to make choices about how they live and be supported to do so, if necessary, for as long as they need.

Councillor Ken Norman

Cabinet Member for Adult Social Care & Health

CONTENTS

	PAGE
Background & Context	4
Putting People First	5
Our Vision & Strategic Principles	15
Our Strategic Priorities	15
Our Strategic Goals	16
Strategic Priority One – Delivery of High Quality Personalised Services	17
Strategic Priority Two – Delivering Value For Money	22
Strategic Priority Three – Working in Partnership	24
Strategic Priority Four – Developing our Workforce	27
Strategic Priority Five – Delivering Excellent Customer Services	28
Strategic Priority Six – Reducing Inequality	31
Strategic Priority Seven - Choice in Housing	37
Governance arrangements for Personalisation	39
Measuring Progress	40
Consultation & Engagement – The City Conversation	42
Appendices	43-45
Glossary	46-48

I) BACKGROUND AND CONTEXT

The White Paper, *"Our health, our care, our say" (Department of Health 2006)* set out the following outcomes:

- § Improved health and emotional well being,
- § Improved quality of life, making a positive contribution,
- § Increased choice and control,
- § Freedom from discrimination and harassment,
- § Economic well-being & maintaining dignity and respect.

The paper underlined that people want support when they need it, and they expect it quickly, easily and in a way that fits into their lives. They want Adult Social Care services to consider their needs with a greater focus on preventing problems from happening and promoting independence and wellbeing.

This means that every person who receives support from the Council, Health services or funded by themselves, will be able to shape their own lives and the services they receive no matter what those services are. This will lead to Social Care working more effectively, providing better value for money for everyone.

The changes we expect are:

- Integrated working with the NHS
- Commissioning Strategies that maximise choice and control whilst balancing investment in prevention and early intervention
- Universal information and advice services for all citizens
- Proportionate social care assessment processes
- Person centred planning and self-directed support to become mainstream activities with personal budgets which maximise choice and control
- Mechanisms to involve family members and other carers
- A framework that ensures people can exercise choice and control with advocacy and brokerage linked to the building of user-led organisations
- Appropriate safeguarding arrangements
- Dignity in Care across all our working practice
- Effective quality assurance and benchmarking arrangements

The Government expects that by 2010-2011, Councils will have made significant steps towards redesigning their Adult Social Care services, with the majority having most of the personalised system in place. We will have to show how we are working more effectively by focusing on supporting people to remain independent.

This means not only must our current systems and services change but also those of our partners and providers. We must empower people by giving them more choice and control over their lives and the support services they receive – a right previously available only to self-funders. Statutory agencies, including ourselves will have a different not lesser role. We will need to take a proactive and enabling approach and be prepared to be less controlling. It will put the principles of independent living into practice and enable people to be active citizens of the city. It is about flexibility and choice and having a decent quality of life. It is part of creating a healthier city with stronger and safer communities.

PUTTING PEOPLE FIRST

The Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) joined with a range of other agencies and six Government Ministers to sign the vision for Adult Social Care laid out in Putting People First. Putting People First sets out a shared ambition for the transformation of public services, promoting personalised support through the ability to exercise choice and control against a backdrop of strong and supportive local communities. The Putting People First agenda encourages us to broaden our focus beyond those with the highest needs. We will have to ensure that the application of the eligibility criteria is firmly situated within this wider context of Personalisation, including a strong emphasis on prevention and early intervention. This means we will need to make adjustments where necessary to ensure a seamless approach between Personalisation and the determination of eligibility for social care.

The Putting People First Concordat explains how an increasing number of people are living longer, but with more complex conditions such as dementia and chronic illnesses. By 2022 we expect that 14% (38,800) of our residents will be over 65 (Source Office of National Statistics). To ensure this demand for social care services is met the Concordat identified four cornerstones of Personalisation:

- Social Capital
- Prevention
- Universal Services
- Choice and Control

SOCIAL CAPITAL

Social capital theory describes how an individual's health and well-being can be affected by the way that they relate to social networks and communities. Individual benefits include increased positive mental well-being, confidence, self-esteem and a sense of belonging. High levels of social capital may act as a buffer in a deprived community by shielding individuals from the worst affects of deprivation, therefore building strong communities and neighbourhoods is extremely important in terms of improving health.

Social Capital means ensuring that people feel included and if necessary supported to be able to participate in their local community. It might include activities to address social inclusion such as volunteering activities, luncheon clubs or befriending; healthy living advice and support; employment advice and support; physical recreation and leisure pursuits; community safety; housing support and transport.

The vast majority of people will want to live in their own homes for as long as possible. At Brighton & Hove we want to support people to achieve this. In some cases this can be achieved through maximising social capital i.e. using the support of family members, work colleagues, friends and social networks.

Only a minority of these universal services will be funded through social care and many will be reliant on community-based provision.

Although the duty placed on councils to meet social care needs only applies to people who have been assessed as having eligible needs, we will also need to consider the significant benefits of addressing the needs of their local community more generally. There is a growing evidence base around interventions that can prevent or delay older people in particular from needing social care, although much work still needs to be done in this area.

In Brighton & Hove by 2011 we will ensure that we improve links with our public health and other corporate colleagues to develop existing good practice in community development.

Our Progress to Date - (Volunteers, Neighbours and Community Groups)

Joint work has taken place with health colleagues to support two neighbourhood volunteer schemes in Hangelton and Knoll and Queens Park & Craven Vale. Over the last 12 months Community Developments Workers, (commissioned from the third sector) working in communities across Brighton and Hove, have reported an increase in the number of residents actively involved in community activities. Particular focus has been given to engaging with seldom heard and isolated residents.

Across the city there are approximately 1855 people involved in community groups with 180 local community groups supported by workers.

Examples of the work being carried out include the Vallance Community Centre and Hangleton and Knoll 50+ Community Development Work.

There has also been input from other statutory services such as the Department of Work and Pensions (DWP), voluntary sector providers and the Neighbourhood Care Scheme. Nearly 500 people have been supported through this scheme with further plans to extend this scheme through the development of a co-ordinating body.

Our Lifelines scheme also enables older people to be supported by other older people through an agreement with the voluntary sector.

Access Point

Our officers in the Access Point have gathered an extensive range of information regarding community resources that can support independent living, promote wellbeing and provide opportunities for participation and inclusion. Good links have been established with organisations like Age Concern Crisis Service, Federation of Disabled People, Carers Centre and Community Meals.

Over time we have built up our knowledge of community and neighbourhood based social and cultural activities ranging from the University of the Third Age through to small community based clubs and activities. Experience has shown that our current data collection systems do not properly capture the rich variety of support and opportunity that we know we provide to large numbers of people. Work is currently taking place to systematically capture and record the outcomes achieved for users of the service.

Discussions have started with the Life Lines project (Age Concern) and the East Brighton Healthy Living Centre to explore ways in which we can use these organisations as a source of support to maintain independent living but also to reconnect isolated and vulnerable people to activity and support networks in their local neighbourhoods.

We are already in discussion with a number of community organisations with the view to trialling a number of neighbourhood based Access Surgeries. These surgeries will deliver information to people where they live and provide us with opportunities to further develop our knowledge of local resources and networks.

Daily Living Centre

The Daily Living Centre (DLC) is now managed alongside the Access Point and is delivering rapid access to assessment for daily living aids achieving maximum independence with the minimum of timely intervention. Enhanced Assessor Training is delivered from the DLC to a range of Health and third sector organisations, enabling them to support people to achieve independent daily living.

Community Solutions

Community Solutions has proved its ability to provide a re-abling service to a broad cross section of people. As it begins the transition from a pilot to an established part of our services it is now picking up all referrals coming through from the Access Point. The Community Solutions team work closely with colleagues in the Access Point Team to ensure that their service users benefit from their extensive knowledge of community support and networks.

Day Options

The Day Options Team will offer advice, guidance, signposting and act as 'brokers' to maximise and develop sustainable support and a broad range of activities and opportunities for older people in the city.

Staff will work with individuals or small groups of people to look at what local activities are available to them. This includes a variety of activities, ranging from attending the cinema, visiting friends, how to utilize local transport, and possibly setting up clubs, e.g. a small gardening co-op, book club, cookery sessions etc. Staff can also investigate training opportunities (e.g. University of the Third Age) if individuals so wish. Activities also focus on physical well being, and healthy eating. These may include working in partnership with other agencies including the voluntary sector.

Example Case Study – Success in Brokerage

Joyce is an active 78 year old woman, who fractured her hip after getting hit by a passing car. Prior to this, Joyce used to attend a day service several miles from her home address.

After spending several weeks in hospital Joyce regained her mobility, but lost her confidence in going out on her own.

The Day Options Team worked with Joyce to help her regain her confidence and reach desired goals in her life following her fall.

The member of staff has a directory of activities, in Joyce's local community, and shares these with her during her first home visit.

Joyce decided that as part of her rehabilitation, she would like to visit her sister who lives in the next county.

The member of staff worked with Joyce to find out information on local transport. A trip was organised, for a staff member to accompany Joyce to visit her sister (who she hasn't seen for eight years).

The visit went better than expected and Joyce now visits her sister every month through the use of a Direct Payment, which she uses to get a taxi to the local train station, a taxi to her sister's house and back again.

Joyce is now more independent, and enjoys socialising and going out again. She also decided that she no longer requires the 'traditional' day service, and instead attends a small local lunch club (with the help of the day options team) near to where she lives.

PREVENTION

Preventative services impact directly on the well-being of the city. Brighton & Hove already contribute to the work of the World Health Organisation (WHO) ' Healthy Cities' agenda and have aided the development of 'Healthy Ageing' in the city since 2004. This and the work of the Health City Partnership contributes significantly to prevention and early intervention services. In 2010 Adult Social Care, as a member of the Healthy City Partnership, will develop the following three key areas:

- Healthy Workforce/Place
- Healthy Living (Physical activity, mental health and well-being)
- Healthy Urban Design and Environment

In addition to this all individuals, whether or not they are funding their own care, can benefit from effective information, signposting and support planning. Early intervention, well-being and prevention through information provision means that we will be able to help people live at home independently, preventing them from needing social care support for as long as possible and potentially creating future cost efficiencies.

Individual financial means should have no bearing on this offer. We must consider how we can work to support high quality outcomes for all people in the city including those funding their own care and support.

Aside from the potential cost savings to be made through preventative strategies, it would appear that simple, low cost interventions may have a considerable impact on day-to-day quality of life.

The Commission for Social Care Inspection (CSCI) have already identified evidence that raising eligibility thresholds without putting in place adequate preventative strategies often leads to a short term dip in the number of people eligible for social care followed soon after by a longer-term rise. Therefore, rather than using eligibility criteria as a way of restricting the number of people receiving any form of support to only those with the very highest needs it will be preferable to adopt a strong preventative approach to help avoid rising levels of need and costs at a later stage. Early interventions can also improve general community well-being and wider social inclusion.

Our Progress to Date- (Low level Services and Early Intervention)

Access Point

The Access Point works with people to prevent ongoing or delayed need for services through the use of timely information and advice. Access Point can also offer equipment to service users requiring sensory or Occupational Therapy (OT) services across all needs groups including low to medium need service users.

Case Study – Success in Prevention

The Access Point was contacted via a local housing officer regarding a man whose first language is Arabic. He had been discharged from hospital following a knee operation and was struggling to move around his property, prepare meals and perform personal care. Using the 'Big Word' interpreting service, options were discussed with him and it was established that he was keen to remain independently at home without the use of a carer. The Access Officer arranged a referral to the WRVS Meals Service and ensured the special dietary requirements of Halal meat or vegetarian meals were met, and a perching stool was issued to enable bathing. These two simple services ensured that this man is still living independently at home in line with his wishes.

Community Solutions (Reablement)

The introduction of the Community Solutions Team has provided a streamlined approach that puts the service user at the centre of the process and prevents over assessment and duplication. The results so far have shown that many people who might traditionally have been provided with a home care package can maintain their independence with equipment, supportive technology and links into the local community. For those people who require more in depth intervention to meet their needs the Independence at Home team provides re-abling home care to support people to regain skills that they may have lost, to increase their motivation, build confidence and gradually reduce the amount of support that the person relies upon.

Home Care Support Workers have been trained to provide a more hands-off approach to care, encouraging people to do more for themselves and showing them how to use equipment effectively to maintain their independence. On average, care hours have been reduced by 69% for those people who have received both equipment and re-abling home care. 46% of people who completed their reabling care needed no ongoing services.

UNIVERSAL SERVICES

Universal Services means that we must ensure that support is available to everyone within their community. This remit is wider than social care and must include access and information regarding issues such as transport, leisure, education, employment, health, housing, community safety and information and advice.

The development of accessible and universal services will be vital for those individuals whose needs do not meet the council's eligibility criteria but who still need a certain level of support in order to maintain their independence and well-being. In particular, everyone should be able to access high-quality information and advice to point them in the right direction for help.

Our Progress to Date (Information, Advice and Advocacy for all & User Led Organisations)

Access Point

Our Access Point Officers are providing a cost effective service to the majority of people who contact the department for support, advice and information. This ensures that the maximum number of people achieve the maximum independence with the minimum of intervention. Community resources and networks are fully utilised to promote independence and enhance wellbeing. This is achieved by providing high quality information, advice and simple assessment. A rapid assessment service for daily living equipment is now available via the Daily Living Centre.
The success of the Access Point allows us to focus our more experienced and professionally trained staff on those users with more complex needs whilst developing outcome based planning, self directed support and brokerage.

Hospital Social Work Service

Many people experience an episode of hospital admission and are discharged home without ever having contact with Adult Social Care yet, benefit from information about services available in the community. Others are referred through to the hospital social care service but do not have a level of need that warrants our intervention. To ensure that a larger number of people do have access to information about the support available to them in the community we are working closely with hospital staff to ensure that they have access to the information that they need to achieve more effective hospital discharge. This includes scrutinising the referrals we receive from hospital staff and sending back those which could be dealt with by ward staff. This scrutiny is running alongside an initiative to support hospital staff with the information they need to achieve a greater number of appropriate 'ward led discharges' with confidence.

Information Prescriptions

The Council has been working collaboratively with partners in the Primary Care Trust (PCT) to develop Information Prescriptions. (Appendix Two) This is a project that brings together information from a range of providers across the city. A website has been developed that links information from these providers both locally and nationally. There are a number of pilot sites across the city which can provide people with an Information Prescription which identifies areas of information that could assist in maintaining independence for that person. Alternatively, there is a helpline number where an adviser can obtain the relevant information for the caller.

CHOICE AND CONTROL

Choice and control means giving people a clear understanding of how much is to be spent on their care and support and allows them to choose how they would like this funding to be used to suit their needs and preferences.

Our Progress to Date (Self Assessment, Self Directed Support, Personal Budgets)

Self Directed Support (SDS) is central to our overarching commitment to ensure greater choice and control for service users within Brighton & Hove. This shift in emphasis ensures that social care users have the same choices and opportunities as those who fund their own support.

Self Directed Support builds on previous moves towards personalisation, such as Direct Payments, care management and person-centered planning by providing purchasing power to enable formerly passive recipients of services to become consumers and resource managers.

We are redesigning our ASC systems to ensure we embrace the principles and values of self-directed support. In order to manage these changes three work-streams have been established which are managed by the Self Directed Support Executive Group. These work-streams are:

- Systems, which includes development of Resource Allocation System
- Information & Support
- Contract and Commissioning

Self Directed Support - Personal Budgets

In 2008 the Community Team for People with Learning Disabilities carried out a Personal Budgets Pilot. Following the success of this pilot more than 100 people have been offered the opportunity of Self Directed Support.

CASE STUDY – Success in Self Directed Support

Annie lived at home with her parents but wanted to go to college. The services offered for people with learning disabilities and supported living environments were not flexible enough to meet her needs. Annie wanted an opportunity to live, like other young people of her age, with her friends that she had grown up with. This would give her the opportunity to develop her independent living skills and be supported by staff that she and her house mates had chosen to support them. Annie pooled her Personal Budget with her friends to obtain accommodation they could all live in. Six months after the service was implemented Annie had developed a more mature identity, was happy and healthy and had started to 'come out of her shell'. She and her house mates now take turns in cooking the meals and doing the shopping. Annie now has her own bank account which she is able to manage with support and is able to treat herself now and again to clothes and CD's- without having to ask mum and dad!

Self-Directed Support - Outcome Based Support Planning

A small pilot of 30 service users was carried out to test an outcome based approach to support planning. The pilot is a flexible approach to home care which aims to respond to a person's changing preferences and choices and to actively encourage a participative approach and personal independence.

This comprises of a support planning process with the identification of objectives or 'outcomes' to be achieved with the person receiving care. The actual activities to be undertaken to meet the required outcomes (the support plan) are the subject of discussion and agreement between the person receiving the care and the care provider. The only criterion being that the agreed activities should directly contribute to the achievement of the required outcomes.

The pilot is being undertaken with an independent home care provider and if successful will be rolled out to all Approved Home Care Providers during 2010-11.

Case Study – Success in Outcome Focused Home Care

Mrs B. is 78 years with deteriorating mobility and had been experiencing falls with increasing frequency. Mrs B. had lost her confidence and had not been out of her house for a long time. The outcome based Support Planning process was carried out with Mrs B and a Care Manager from OPCAT. They identified outcomes to improve her quality of life and confidence. The outcomes were:

- To be able to go out either for a short walk with a Care Worker or to go out for lunch.
- To review medication and have it blister packed to enable Mrs B. to be in control of this aspect of her life.
- To have a different Zimmer frame as her current one was not the correct size.
- To be able to go to a lunch Club.

Mrs B. and her Care Worker looked at the hours allotted to her and decided to "bank" some of the time over a three week period so she could go to a supermarket and have lunch out with the assistance of the Care Worker. This was the first time Mrs B. had been out of her house for many months. Mrs B. has been out with the support of her Care Worker at least once a month. The next goal will be to build on these experiences to work toward Mrs B. attending a local Lunch Club so she can make contacts within her community. By using the hours in a more flexible way Mrs B is now working toward becoming more confident and independent. When asked how this had improved her quality of life she said that "before I used to just stare at the four walls, but now I can get out and have a laugh".

OUR VISION & STRATEGIC PRINCIPLES

Adult Social Care is changing. The Personalisation Strategy outlines the vision and plans that Brighton & Hove City Council has in place to fundamentally change the way social care services are commissioned and delivered within the city. Our vision sets out the way in which we will work across the council and with our partners and stakeholders to offer flexible, personalised services to all residents in the city. These changes will require working closely with local communities and service users to ensure that we offer safe but responsive services which meet social care needs.

> *"Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals' needs and aspirations and support them in leading fulfilled and healthy lives. Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well being are at risk of abuse and neglect."*

In delivering the strategy we will apply a number of key principles to all the work we carry out. These principles are:

- Listen to people's views and be open to change
- Enable people to make decisions and choices wherever possible
- Ensure appropriate balance between risk and choice
- Facilitate independence whereby people can access the appropriate resource at the right time and move on
- Offer or enable services that are flexible and designed to meet changing needs
- Be fair to all parts of the community and not discriminate on the basis of income or background
- Offer good value for money for the community and the person using the service
- Uphold the ten Dignity Challenges

OUR STRATEGIC PRIORITIES

The priorities contained within the Brighton & Hove Personalisation strategy align with the 5 key priorities indentified by the Association of Directors of Adult Social Services (ADASS) vision for adult social care laid out in Putting People First. Our priorities are:

- Delivery of High Quality Personalised Services
- Delivering Value For Money
- Working in Partnership
- Developing our Workforce
- Excellent Customer Services
- Reducing Inequality

OUR STRATEGIC GOALS

The challenges set down by Our Health, Our Care, Our Say and Putting People First are not insignificant but by March 2011 we expect people in Brighton & Hove who use our services and their carers, as well as front line staff and providers, to experience significant changes in the way we and our partner organisations work. We have seven strategic priorities. Each priority has a number of strategic goals that will be delivered throughout the lifetime of this strategy.

Strategic Priority 1: The Delivery of High Quality Personalised Services

Goal 1: Commissioning and Market Place Development
Goal 2: Self Directed Support Development (Business Processes)

Strategic Priority 2: Delivering Value For Money

Goal 1: Financial Remodelling
Goal 2: Managing Total Performance (Personalisation)

Strategic Priority 3: Working in Partnership

Goal 1: Establish Corporate Links
Goal 2: Stakeholder and Partner Engagement

Strategic Priority 4: Developing Our Workforce

Goal 1: Workforce Development

Goal 2: Raising Staff Awareness

Strategic Priority 5: Delivering Excellent Customer Services

Goal 1: Development of Operational Services

Goal 2: ICT and Systems to Support Personalisation.

Strategic Priority 6: Reducing Inequality

Goal 1: Safeguarding, Dignity and Well Being

Goal 2: Equalities Impact Assessment

Strategic Priority 7: Choice in Housing

Goal 1: Health Homes, Healthy Lives, Healthy City
Goal 2: Improving Housing Supply
Goal 3: Improving Housing Quality
Goal 4: Improving Housing Support

Strategic Priority One - Delivery of High Quality Personalised Services

Goal 1: Commissioning and Market Place Development

Our commissioning service needs to undergo a planned programme of redesign so that resources and support can be allocated on a truly individual basis. In the future, our commissioning must incentivise and stimulate quality provision offering high standards of care, dignity and maximum choice and control for all our service users.

We must also develop our local market to meet the rigours of Personalisation. If we are to offer residents increased choice and control we must have a market place that can deliver this. Our market strategy outlines the ways in which we will do this.

We need to capture information on 'gaps' in services and we will do this in a variety ways, such as recording 'gaps' identified by assessment teams, the Access Point, and through contract management meetings. We are working towards a real understanding of what will be needed. These could be services that are currently not provided or available in ways that are flexible enough to meet requirements.

We need to ensure that this information is made available to providers and potential providers. We will do this through the regular provider forum, through newsletters and other briefings and specialist events. We also will facilitate 'market development' meetings where providers and potential providers can learn of new initiatives and discuss future plans as a group or individually. Information on how markets are being developed will be shared with commissioners across services e.g. Learning Disabilities and in Health.

We will communicate the social care and health message to all current and potential providers and stakeholders to ensure consistency of understanding. Existing providers will be supported to meet new market need and develop initiatives. Where appropriate, this may include some decommissioning of services and realigning of monies.

There are a number of risks in the market strategy and we must take care to grow the market without destabilising what is already in place. Accreditation, 'kite marking' will be considered. Local commissioners will work with regional commissioning and contracting groups where risk and regulation will be discussed and regional approaches considered.

Key Action Points:

- Implement Market Place Strategy
- Carry out market place gap analysis with providers, voluntary organisations and the Third Sector
- Use data from Access Point, frontline teams, providers and users to establish market demand for services/providers
- Establish and develop appropriate Provider links/offer support re Personalisation agenda
- Develop electronic access to provider information which includes consideration of an accreditated list of services
- Develop a business/retail model for Community Equipment
- Review Personalisation links to main Commissioning Strategies
- Provide a Telecare open-day
- Develop opportunities for 'Support with Confidence' in personalised services
- Agree Contract ´´flexibilities´´ which allow measurement of personalised services

1a: Brokerage

There are a number of commonly identified brokerage models:

- In-house
- Independent
- Community Organisations (Peer Support)
- Individual, family and friends
- Support Providers

In Brighton & Hove we believe we already have a range of services which could be developed to meet the needs of the city. Our intention is to scope these services with a view to identify gaps and overlaps and redesign services where necessary to provide support to people who need extra support to manage and arrange their support package.

Key Action Points:

- Carry out a scoping exercise to determine levels of Brokerage in Brighton & Hove
- Redesign/readjust services and teams to meet the needs of the city.

Goal 2: Self Directed Support Development (Business Processes)

To develop and build upon previous successes with self-directed support for service users a Self Direct Support Executive Team has been set up to develop and promote choice and control for our service users. The Executive group oversees three sub-work-streams

2a: SDS Systems Sub Group

A key area of work in relation to personalisation is the development of a resource allocation system (RAS), with the aim of having a clear and rational way of calculating how much money a person is likely to need to arrange support. The primary role of this group has therefore been to support our participation in the FACE RAS development programme as well as sharing good practice with other local authorities. FACE is the leading supplier of assessment tools nationally and their RAS programme aims to deliver a scientific, evidence based model to support local decisions concerning resource allocation, built on their proven assessment tools.

The SDS Systems sub group is also the forum for identifying internal system requirements, particularly in relation to finance and income arrangements in order to deliver self directed care and personal budgets.

Key Action Points:

- Test prototype RAS
- Establish the level of consistency in assessments and budgets allocation.
- Identify and provide any training needs for assessment staff
- Roll out RAS across services
- Support the build of RAS & Assessment tools in Care Assess
- Participate in FACE RAS phase 2 work programme (Mental Health, enhancing the accuracy of RAS when applied to people with low levels of need etc.)
- Support development of integrated system for financial, commissioning and income arrangements

2b: SDS Information and Support Group.

Putting People First identifies the need for a universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding. This approach is endorsed in the Care and Support Green Paper.

The Information and Support sub group is developing information and support options to enable individuals to make informed choices regarding their self directed support. The group is made up of 16 representatives from voluntary organisations and staff from Adult Social Care. In the future the group will also include further representation from stakeholders. An important role of the group is to consult with service users.

Key Action Points:

- Develop a range of leaflets, fact sheets, DVD´s and posters promoting SDS
- Encourage, consult and raise awareness with service users and carers regarding SDS
- Develop support mechanisms for service users and carers to become employers and manage the associated financial responsibilities
- Development of council web pages on self directed support including links to web services (Big Bridge) for people with learning disabilities
- Develop peer support for service users and carers in conjunction with the Federation of Disabled People
- Develop Staff Practice Forums
- Develop guidance for staff on the processes of Self Directed Support
- Provide regular articles for publication in '*Person to Person*' voluntary sector newsletters and other relevant publications regarding SDS

2c: SDS Contract & Commissioning Group

The SDS Contract and Commissioning Sub Group provide advice and support regarding contractual arrangements related to self-directed support with the overall purpose of identifying gaps in service and providing market stimulation.

Key Action Points:

- Develop partnerships and improve personalised services with external providers
- Identify and develop SDS related commissioning plans
- Scope impact of Personalisation on Contract and Commissioning arrangements
- Identify gaps in service for market stimulation related to SDS
- Support commissioning models and future contracting arrangements for brokerage

2d: Delivering Self Directed Support

Self Directed Support builds on previous moves towards Personalisation (e.g. Direct Payments, care management, person centred planning) and takes them much further. What the self directed support model adds to these techniques is the budget and the purchasing power to enable passive recipients of services to become consumers and resource managers.

Key Action Points:

- Refresh SDS Implementation plan to align with Personalisation agenda
- All Service Users to be offered the opportunity for SDS (including Personal Budgets)
- Implement an assessment process which links to the Resource Allocation System
- Develop and agree an approach to Outcome Based Support Planning
- Develop potential opportunities for Independent Living Trusts
- Develop potential opportunities for Individual Service Funds
- Work in partnership with the local market to stimulate SDS opportunities with providers
- Meet the requirements of the NI130 Performance Indicator (Social care clients receiving Self Directed Support)

Strategic Priority Two - Delivering Value For Money

Goal 1: Financial Remodelling

Personalisation will align with our overall business plan that aims to provide more efficient services that are value for money. To achieve this we need to consider how the re-organisation of our services will impact across the whole of our services and the business of our providers. Our intention is to take a whole systems approach to change to ensure that services to users remain of the highest quality while maintaining value for money. Already we have seen improvements to our assessment processes that offer better value for money whilst maintaining a responsive and quality service for our service users**.** We now need to quantify the costs of Personalisation across the entire operational and commissioning functions to ensure that we manage those services within budget.

We intend to identify how changes to our services and ways of working will also have a potential impact on the work and services of our providers by clarifying the business models that will need to be adapted in response to Personalisation in the independent sector. This means that we will need to ensure that partnership working is optimised to improve outcomes for users and value for money.

Key Action Points:

- Develop model to test affordability, influence budget and Medium Term Financial Strategy
- Estimate costs of all council services under Personalisation (Access Point, Community Solutions, Brokerage, Reviews etc)
- Develop finance systems to support all aspects of Personalisation (RAS)
- Maximise income opportunities aligned with Personalisation
- Estimate expected unit costs and develop monitoring mechanisms
- Capture 'savings' from personalisation
- Measure impact of financial change on existing providers and our future commissioning requirements

Goal 2: Managing Total Performance (Personalisation)

Our current performance framework has been reviewed within the context of Putting People First. We have in place a framework which captures:

- The National Indicators Set relevant to Adult Social Care and within this the indicators that form part of our Local Area Agreement
- Feedback from people who use our services, co-ordinated through the Consultation and Information Group (CIG)
- Performance in relation to our contracted services
- Performance in relation to the seven national outcomes for Adult Social Care which is provided annually for the Self Assessment Survey.

We have also developed specific performance measures for each new service implemented, the Access Point measures are in place and the Community Solutions measures are in development. We have also reviewed the recent national 'tools' that have been developed specifically to support the performance management of PPF. It is proposed to make use of the five Key Milestones suggested by the regional ADASS group to provide a benchmark that we can measure progress against in relation to key PPF milestones. The SDS 'Dashboard' of indicators will be adopted to monitor progress across the 'end to end' process.

Key Action Points:

- To review the proposed framework in the light of the national 'tools' and confirm the framework to be used
- Review the work of the CIG group to strengthen the impact of user and carer feedback
- Develop contracts that are outcome focused and can respond to the personalisation of services
- To complete the development of measures for each service
- Establish Baseline Performance Indicators for long-term comparison
- Identify impacts of Personalisation on relevant performance indicators
- Measure performance through use of the five ADASS key milestone
- Maintain an SDS 'Dash-Board' of Performance

Strategic Priority 3: Working in Partnership

Goal 1: Establish Corporate Links

Personalisation crosses the breadth of the council's services and therefore must include participation from all directorates from the very highest level. This strategy initiates work to link to all the council's directorates.

This cross service engagement is vital to ensure that we develop Universal Services to all residents in Brighton & Hove. We can achieve this by involving:

- Corporate Communications
- Leadership Group
- Directors
- TMT
- DMT's
- Communities
- Ward Councillors

Key Action Points –

- Establish & Develop a 'Grid' of Partnership Opportunities related to Personalisation
- Carry out Corporate Consultation and Engagement regarding Personalisation
- Carry out a Staff Event for Personalisation
- Carry out a Members 'Personalisation' Event
- Carry out two city wide events 'The City Conversation' to develop and promote Personalisation
- Enable Member led community events to develop and promote Personalisation

Goal 2: Stakeholder and Partner Engagement

If we are to succeed in personalising services it is essential that citizens, stakeholders and partners are active participants in our change programme from the design stage onwards. Their involvement will help shape and refine our Personalisation Programme. We have already created the Partnership Board which includes Member and voluntary sector representation links and other strategic partners as well staff across Adult Social Care. The next step is involve other directorates across the council including Members, the private and voluntary sectors, the local community, stakeholders, partners, and the third sector to develop services.

Key Action Points:

- Develop a Carer, User and Stakeholder Engagement Plan
- Inform staff, service users and key stakeholders about changes in ASC (City Conversation)
- Publicise how staff, service users and key stakeholders can give their views and shape change

2a: Working with Providers

Our providers are vital in helping us deliver the services that will be required to meet the demands of Personalisation. It is essential therefore that we engage providers at an early stage. We will do this via various forums and as part of 'The City Conversation' planned for 2010.

Key Action Points:

- Inform providers about the Government's agenda to transform adult social care
- Support providers to adapt their organisation to provide flexible, person-centred support
- Inform providers and partners (including Health) of new services and referral pathways
- Ensure links to Primary and Community Strategy

2b: Working with Service Users

We need to ensure that service users and their families have a collective voice, influencing policy and provision. This can be achieved through the provision of a range of implementation groups to inform users and carers about our commissioning plans in relation to Personalisation.

Key Action Points:

- Obtain people's views to shape service developments
- Communicate the benefits of service re-developments
- Inform people about new services, support options and referral pathways
- Advise people about how we will respond to what people have told us they want

2c: Working with Community & Voluntary groups

Key Action Points:

- Obtain views from representative groups to help shape service developments, create fit-for purpose tools, and guide the development of accessible information for people and carers who use services
- Inform community groups about new services and referral pathways
- Support community groups to develop new ways of working to contribute to delivering on the Putting People First agenda.
- Ensure that there is support for at least one local user led organisation

2d: Working with the NHS

Address the 4 key PPF themes through collaborative and joint commissioning. Ensure that joint arrangements lead to effective and efficient services across the city. There is an opportunity to contribute to the development of Personal Health Budgets in Brighton & Hove, as learning from national pilot activity begins to build. Brighton and Hove NHS will be considering how to take forward and implement Personal Health Budgets locally.

Key Action Points:

- Link to developmental activity on the Primary and Community Care Strategy within the PCT to ensure that opportunities for Personalisation are capitalised on e.g. A&E services
- Develop opportunities for Personalisation within Expert patient/Peer Support Networks
- Assist with developing opportunities for Personalisation and information provision in GP services/practice based commissioning.
- Support any proposed Personal Health Budgets pilot activity locally
- Link to workforce development strategies and use staff awareness/ training and development opportunities to promote Personalisation where relevant.

Strategic Priority 4: Developing Our Workforce

Goal 1: Workforce Development

A workforce strategy that supports the transformation has been developed that has been significantly shaped by the principles of PPF. The workforce strategy is relevant to all staff in ASC as well as those working with us such as the independent and voluntary sector, unpaid carers, personal assistants and their employers. Whilst the primary focus of this strategy is on Adult Social Care there are links, overlaps and areas of common interest with partner stakeholders supporting vulnerable adults (such as health professionals, the police, housing etc). The detail of this work is contained within 6 strategic priorities within the workforce strategy. These priorities ensure that we will invest in our current and future leaders and empower them to identify solutions and take decisions that enable the workforce to own and deliver the vision for Personalisation. This will also mean supporting and developing our workforce to meet regulatory requirements, vocational training and meet the changing needs of people accessing social care, including personal assistants, their employers and unpaid carers.

To achieve this we will work in partnership with statutory, voluntary and independent sector partners to move towards a set of achievable targets, and to develop synergies between our workforce strategies.

Key Action Points:

- Carry out staff and Trade Union communication
- Carry out Workforce re-modelling
- Carry out Workforce budget planning
- Develop a comprehensive training and development programme that equips staff with new skills to develop new service models
- Create a leadership and development programme for Social Care Managers

Goal 2: Raising Staff Awareness

We need to attract and retain a workforce that reflects both the communities and individuals it delivers services to and to ddevelop skills and equip people to work confidently to meet new challenges and changes in the adult social care system.

Key Action Points:

- Identify and mobilise Personalisation 'enthusiasts'/develop Staff Practice Forums
- Offer Personalisation motivational and awareness raising sessions to all staff
- Identify key competencies/skill sets required by staff to deliver self-directed support/Personalisation

Strategic Priority 5: Delivering Excellent Customer Services

Goal 1: Development of Operational Services

Our Operational Services continue to improve and will be reviewed to achieve delivery within the framework "Putting People First". This means all that we do will offer Choice and Control & Universal Services while ensuring excellent Prevention services and opportunities to build Social Capital.

Our Access Point is well regarded and already offers timely, quality advice, information and signposting to universal services. Where service users have needs that can not be met at Access Point they are able to access Community Solutions. This means our skilled staff work with people and their carers for up to six weeks to enable them to determine their own outcomes for the future and to live as independently as possible. Those leaving hospital following a crisis or accident and need support will receive reablement provided either by our Independence at Home Team or our independent providers. This support will be offered either within their own home or by moving into our short term bed-based services to help people maximise their independence by learning or re-learning skills necessary for daily living. Following a period of reablement people who still have an assessed need for support will be offered the opportunity of a Personal Budget and proportional support to enable them to decide how best to use their budget to meet their on-going social care needs. People who are at particular risk or subject to abuse will receive social care support as part of an intervention plan which will look at how the risks that they face can be best managed.

Key Action Points:

- Take a whole systems approach to a review of Operational Services (The 'End to End' process) to ensure alignment with Putting People First.
- Develop Personalisation within Hospital and Transition Services to enable more people to remain at home rather than be admitted to hospital
- Arrange for people leaving hospital, with needs that make them eligible for social care support, opportunities for reablement (residential or domiciliary) that promote or restore their independence.
- Develop a partnership approach to working with Health colleagues for people with Long Term Conditions to enable them to live independently in the community
- Work with commissioners to support reablement and self-directed support with Independent Home Care providers
- Review the role of the Day Options Service and the Physical Disability outreach role.
- Improve prevention and learning from Safeguarding Adults work and provide leadership for Safeguarding Adults across the city
- All service users to be offered the opportunity of self-directed support including Personal Budgets by March 2010

1a: Development of Carers Services

Ensuring that carers are an integral part of the Adult Social Care vision for Personalisation will go a long way to meeting the key priorities in the national strategy and the local priorities for carers in Brighton & Hove. Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.

Key Action Points:

- Provide and further develop appropriate, good quality information for carers
- Implement an Information Sharing Policy
- Develop equality of access to services for all carers through targeted information and outreach work across all communities underrepresented in statutory and provider services
- Offer good quality, timely and proportionate outcome focused carers' needs assessments and reviews to meet National Indicator 135
- Ensure Self Directed Support options are available to carers
- Ensure provision of information to carers supporting cared for at end of life
- Ensure carer involvement in the development and provision of services
- Ensure carers' needs and views are taken into account on admission to, discharge from and during stays in hospital as well as in discussion and decisions about diagnosis, ongoing treatments, therapies and services
- To extend the choice and accessibility of quality break opportunities for carers
- To work with partners and local employers to help carers take up and/or remain in employment
- Ensure partnership working with JobCentre Plus
- Ensure access to support in NHS services
- Ensure access to advice and training
- Ensure access to emotional support
- Implement joint working between services for adults and services for children and whole family work

1b: Learning Disabilities

We have a model developed and hosted our first Choices Day for services users, family carers, partner organisations and prospective future ‘. We have convened our ‘Personal Budgets in Day Services’ Project Team and are completing financial modelling with a view to all service users having an up front allocation in our in house services next year. We are also piloting a similar approach with our voluntary/independent sector day services. We continue to work with our colleagues in the Children’s and Young People’s Trust (CYPT) to improve the transitions experience for young people and their families. Personalisation will be the default option for all young people who will require support as adults and need to start while they are children. Further work will also be carried out to raise awareness firstly amongst professionals in CYPT and then with families and young people.

Key Action Points:

- Develop and implement day options in learning disability services
- Develop and implement personalisation for younger people in transition to adult services across client groups.

Goal 2: ICT and Systems to Support Personalisation.

We have produced an Information Strategy to ensure that the Personalisation Programme is supported by developments in information and technology. This work is overseen by the Information Strategy Board.

All assessment staff now use CareFirst 6 and our Access Point team are using CareFirst 6 and Care Assess. We need to develop CareFirst and Care Assess to reflect and support our new ways of working e.g. Self Directed Support. We need to embed our RAS and all our performance data in the system and give staff an intuitive and simplified method of imputing which minimises error and maximises use of technology e.g. pre-population, duplication, mandatory fields, triggers etc. This will have the dual benefit of making imputing easier for staff and improving the integrity of our performance data.

CareFirst 6 has a range of benefits, but primarily it is web based and can interface with other web based systems and can communicate with citizen facing portals should we choose to implement this in the future. Care Assess will hold a whole range of assessment, care planning, resource allocation system, safeguarding and self directed support documentation. The Care Assess development will ensure that all performance data is included in the documentation build. New performance reports will need to be written as we change our structure and functions in order to gauge the effectiveness of new ways of working. Our current service agreements and financial modules will require modification to facilitate self-directed support. OLM, the suppliers of Care First have this area of work in development.

Goal 2: ICT and Systems to Support Personalisation.

Key Action Points:

1. Roll out Care Assess to all ASC Assessment teams (core documentation with performance indicators embedded) by April 2010.
2. Build RAS into Care Assess (ensuring practitioners can submit assessment and receive an indicative budget amount) by April 2010
3. Recruit to Information Governance post
4. Review and develop Information Governance arrangements
5. Implement e-monitoring within Home Care
6. Implement web based policy and procedures
7. Develop & implement web portal/access linking to CF6 & Personalisation systems
8. Implement effective data transfer with SPFT (data matching all Social Care performance information required) by March 2010

Strategic Priority 6: Reducing Inequality

Goal 1: Safeguarding, Dignity and Well Being

We need to ensure that there is a balance between risk and choice when implementing changes to the way that social care is delivered through the Personalisation agenda. There are risks in delivering support in new ways, just as there are risks inherent in traditional community care services. But with comprehensive risk management systems in place, and a strengthening of citizenship and communities, people can have control over their own lives and be safe from abuse.

We need to ensure there are systems in place which act on and minimise the risk of abuse and neglect of vulnerable adults, supported by a network of "champions", including volunteers and professionals promoting dignity in local care services.

We also need to ensure that policies and procedures currently in place for safeguarding adults continue to be relevant and workable as the changes to how people are supported develop, and that people have access to clear guidance for their own decision making on things such as employment checks and money management.

The Brighton and Hove Safeguarding Adults Board has a business Plan for 2009-11 which links closely with this Personalisation Strategy, identifying actions to ensure that the Personalisation agenda can achieve more effective safeguarding of vulnerable people.

Adult Social Care will also take responsibility for championing the rights and needs of older people, disabled people, people with mental health needs and carers within the local authority, across public services and in the wider community.

Early priorities will be intergenerational programmes involving older people as active citizens, integrated policy development which supports independent living (housing, access to work, education/training and leisure) including transition planning for young disabled people and local action to tackle the stigma faced by people with mental health problems.

Key Action Points:

- Develop Risk Enablement Panel
- Develop risk enablement processes/policy to support people to determine their own lives (co-produced)
- Contribute to SDS & Safeguarding training/awareness raising sessions
- Ensure robust links to Carer's Strategy
- Improve quality of safety networks and support through provision of Friendship Policy
- Establish Circles of Support via community engagement. Develop links with GP's, dentists, pharmacy, financial services
- Ensure Service User/Carer representation on Safeguarding Adults Board
- Work with Providers/Community to spread risk management
- Multi-Agency Safeguarding procedures to be reviewed (Pan Sussex)
- Safeguarding Training Strategy and Competency framework to reflect Personalisation programme
- Safeguarding to be included on staff training for Support Planning
- Ensure Recruitment and Selection arrangements in line with requirements from Independent Safeguarding Authority and vetting and barring scheme
- Provide training programme for Personal Assistants
- Develop Safeguarding Investigation audit process and feedback mechanism from service users
- Develop Safeguarding Adults Abuse Prevention Strategy
- Develop links with Safe in the City partnership
- Model Safeguarding protocols for voluntary sector organisations
- Agree Safeguarding monitoring data to be collected from CF6
- Ensure Safeguarding included in all commissioning arrangements

Dignity in Care

Upholding standards of dignity will be prioritised in everything we do. People have the right to expect to be treated with dignity and respect throughout our services. Continuous feedback from people who use services will continue to be collected so that we can further improve our services. We aim to work together with service users and partners to achieve Dignity in Care. (See Appendix One)

Key Action Points:

- Establish 'Dignity' as a corporate priority
- Deliver a local campaign to promote Dignity in Care
- Ensure Service User representatives represented at Dignity Board
- Ensure Dignity is prioritised in our policies, procedures and information services
- Identify and recruit further Independent Provider Dignity Champions
- Promote Well Being through service provision (Patching Lodge)
- Provide Dignity and Empowerment training to 50% of our independent providers
- Ensure Services who we contract/commission with meet the 10 Dignity Challenges
- Provide opportunities for feedback via our website
- Ensure 'Dignity' is a mandatory feature of all staff training in ASC

Goal 2: Equalities Impact Assessment

As part of the development of this strategy, we will carry out an Equalities Impact Assessment (EIA). The results of this assessment are helping us to ensure that our strategy and action plans contribute to improving access to personalised services to local people.

An Equality Impact Assessment is used to identify what effect, or likely effect, the Strategy will have on different groups within our communities. EIA's help to anticipate and identify equality consequences of policies, strategies and service delivery. EIA's should be used, as far as possible to ensure any negative impacts for a particular group or sector of the community are eliminated or counterbalanced by other measures.

The very inherent ideals of Personalisation allow all members of the community to access appropriate and proportionate support when they need it. Services will change and develop to meet the needs of our diverse community and it is anticipated that there will be increased access and participation from all user groups and services. With the shift towards community based provision it is anticipated that individual need will be met in a way that will be much more relevant to individual choice and lifestyle. We will also need to ensure that our staff group is reflective of our diverse community and trained to sensitively deliver services catered to meet individual need.

Key Action Points:

- Carry out an EIA for Personalisation that will assess the potential impact on the 6 strands of Diversity: Race, Religion/Belief, Sexual Orientation, Gender, Age, Disability
- Produce an EIA Action Plan that will monitor the positive impacts and eliminate, or counterbalance by other measures, any negative impacts on the 6 strands of diversity.
- Develop effective monitoring and feedback mechanisms

Health Equalities

Partnership working with Health colleagues has shown that preventative services can help to reduce inequality and make significant contributions to the reduction of deprivation. A joint steering group is already in place which reviews current health inequalities with a view to providing effective, preventative interventions which will reduce ongoing need for services.

Strategic Priority 7: Choice in Housing

Goal 1: Healthy Homes, Healthy Lives, Healthy City

The Housing Strategy sits at the heart of the city's Community Strategy and shows how the Council and its partners are working together to address the regions housing pressures and also the needs and aspirations of the city. We have 3 overall housing priorities that reflect the basic housing needs of local people:

- Improving housing supply
- Improving housing quality
- Improving housing support

Action to address these priorities will ensure we have the right type of high quality housing in the city to meet the needs of local people and that those in need are provided with appropriate support to enable them to maintain their independence.

Key Action Points:

- An increase in the amount of housing available for low cost home ownership and affordable rent
- An increase the number of affordable family homes
- Essential repairs, improvements and energy efficiency measures to around 1,000 homes in the private sector every year
- An Accessible Housing Register of adapted and wheelchair homes
- A Local Delivery Vehicle that will raise funding to help improve the quality of council housing up to the Decent Homes Standard and regenerate deprived areas
- Excellence in our housing management services
- Support being provided to around 5,000 people every year to help them maintain their independence
- The first Extra Care housing scheme for people with disabilities

Goal 2: Improving Housing Supply

We need to make sure that the city has the right type of housing to meets the needs of current and future residents.

Key Action Points:

- We will support households become homeowners
- Provide opportunities for households to move to larger homes or downsize as their needs change
- Identify opportunities to improve and develop deprived neighbourhoods
- Make best use of the housing stock
- Increase the supply of affordable rented housing

Goal 3: Improving Housing Quality

We want to make sure that residents are able to live in decent quality homes suitable for their needs.

Key Action Points:

- Work with home owners and landlords to maintain and improve the quality of their housing
- Reduce fuel poverty and minimise CO_2 emissions
- Develop the Brighton & Hove Standard for high quality and well maintained council housing and improve tenants' homes to ensure that they meet the standard
- Work with owners to bring more of the city's long term empty homes back into use
- Ensure new housing is developed to the latest standards

Goal 4: Improving Housing Support

Households have many different levels of need and there is no one solution that fits all housing need and so we seek to take advantage of every opportunity and provide a range of services to support households back to independence.

Key Action Points:

- Support households to make informed choices about their housing options
- Provide adaptations and support to households and their carers
- Work to prevent homelessness and rough sleeping
- Contribute to the wider city agendas of reducing worklessness, improving community cohesion, reducing anti-social behaviour and reducing inequality
- Work to ensure student housing provides a positive contribution to students' lives and the city

Housing Management

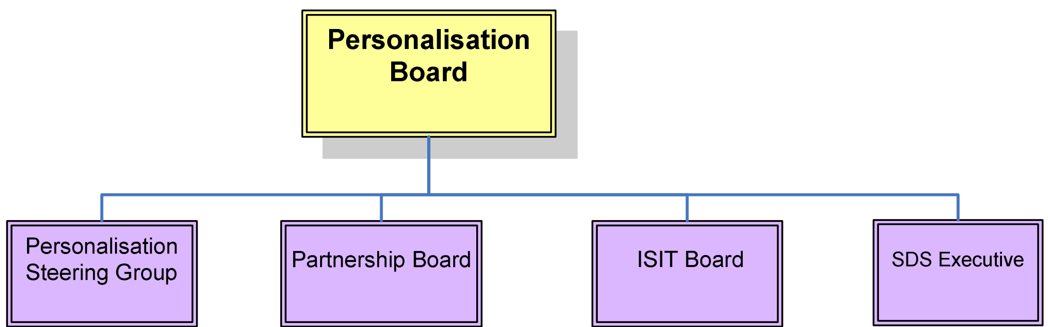
One of the biggest changes in Housing Management is the offer of personalised support plans within our 23 shelterd housing schemes within the city.

Personalised support plans which historically focused on health and social care are now seen as holistic, co-produced documents that incorporate the aspirations of the residents. Residents are no longer passive about the services that they receive and scheme managers now see their role to support the resident to achieve things for themselves.

The 850 residents of sheltered housing in Brighton and Hove are encouraged to be active partners in the projects that are undertaken and elect representatives to ensure that the opinions of the residents are heard and acted upon.

GOVERNANCE ARRANGEMENTS FOR PERSONALISATION

The Personalisation Programme which will deliver this strategy is overseen by the Personalisation Board. The Board consist of senior managers including the Director of Adult Social Care and Housing as well as Members of the Council. The board provides strategic direction for the programme and makes key decisions regarding the projects overseen in each of the work-streams.



MEASURING PROGRESS

In order to support the process of change ADASS and Local Government Association have worked in partnership with the Department of Health and other key stakeholders (including the Care Quality Commission (CQC) to establish a set of milestones against which we can judge our progress.

	April 2010	October 2010	April 2011
Effective partnerships with People using services, carers and other local citizens	That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them. That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. [***By Dec 2009]*** That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.	That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.	That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. ***(By December 2010)***
Self-directed support and personal budgets	That every council has introduced personal budgets, which are being used by existing or new service users/ carers.	That all **new** service users / carers (with assessed need for ongoing support) are offered a personal budget. That all service users whose care plans are subject to review are offered a personal budget.	That at least 30% of eligible service users/carers have a personal budget.
Prevention and	That every council has	That processes are in	That there is evidence

cost effective services	a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/ rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.	place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.	that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.
Information and advice	That every council has a strategy in place to create universal information and advice services.	That the council has put in place arrangements for universal access to information and advice.	That the public are informed about where they can go to get the best information and advice about their care and support needs.
Local commissioning	That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas. These commissioning strategies take account of the priorities identified through their JSNAs.	That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets. An increase in the range of service choice is evident. That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.	That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.

CONSULTATION & ENGAGEMENT – The City Conversation

During the life of this strategy there will be a number of engagement and consultation events with our staff, partners & stakeholders and service users that will shape and inform how personalised services develop in Brighton & Hove. These events will be called 'The City Conversation' and will also draw in previous work carried out by staff focus and 'ambassador' groups as well as more formal groups such as the Partnership Board.

The Partnership Board currently provides a forum which aims to influence issues in related to Personalisation in Adult Social Care. This group will influence council wide commissioning to empower adults in Brighton & Hove to have full and active participation in decision-making processes. This is achieved by ensuring that members of the board represent people in the local community, providers, stakeholders and local organisations.

Priority groups to engage in consultation

1. People who use services – adults receiving social care which is provided or arranged by ASC. This includes the families and carers of people who use services;
2. All Directorates within the council;
3. Service providers, particularly those with a direct service delivery role;
4. Statutory partners including the B&H PCT;
5. All staff working to support the delivery of care, which includes people working in the provider services and third sector organisations.
6. Elected Members of the Council
7. Local voluntary groups;
8. Local media.
9. Primary Care Trusts and the wider health community.
10. Regional and national development groups.

APPENDIX ONE

Dignity in Care

The 10 'Dignity Challenges' which meet the requirements of Dignity in Care are:

1. Have zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self-esteem
10. Act to alleviate people's loneliness and isolation

APPENDIX TWO

Information Prescriptions

Information Prescription

INFORMATION PRESCRIPTIONS

- Health conditions ☐
- Health and social care services ☐
- Advice for carers ☐
- Support groups, voluntary organisations and charities ☐
- Housing ☐
- Finance advice and benefits ☐
- Education and training ☐
- Employment and volunteering ☐
- Healthy living, social and leisure ☐
- Transport ☐
- Crisis support ☐

A social or healthcare worker feels you would benefit from information to help you lead a healthier and more independent life.

What information do I need?
Check the areas ticked on your prescription, for example: Health conditions ✔ Then see what type of information you need in that area - for example, 'Asthma'.

Getting your information
You can get your information in one of three ways - Choose which is best for you:

- visit our website at www.ipbh.org.uk
- visit your local library, where a member of staff will be on hand to help you
- call an information prescriptions advisor on 0800 013 0351

Prescriber
Please complete fully in black ink:

Information centre: ____________________

Prescriber's name: ____________________

Handouts given: ____________________

Note to prescriber: Please give top copy to the service user.
To order a new pad, visit www.ipbh.org.uk

Please return used Information Prescribing pad to:
Jane Bolding, NHS Brighton and Hove, Prestamex House,
171-173 Preston Road, Brighton, BN1 6AG.

APPENDIX THREE

Strategic Links

The Personalisation Strategy links to a number of key strategic documents these include:

- Housing Strategy
- Carers Strategy
- Our Health Our Care Our Say
- Brighton and Hove Supporting People Strategy
- Market Strategy
- Workforce Development Strategy
- Physical Disability Strategy
- ‘Turning the Tide’

APPENDIX FOUR

Glossary

Brokerage & Brokers

There are many organisations including Brighton & Hove City Council who have been providing brokerage services albeit by other names for many years (care matching, signposting, support planning, information and advice etc). However, more recently it has been quoted in the context of self-directed support and the ability to help people with a personal budget to make decisions about the way their care and support is delivered.

Carer

A friend or family member who supports a person with social care needs either full time or part time.

Community Solutions

An Adult Social Care multi-disciplinary assessment team working together with clients to bring about individual solutions with the aim of maximising independence in the community

Direct Payments

This is the mechanism by which money is paid to an individual to purchase their own care. (It only applies to those with identified need and who are eligible for public funding under the conditions set out in '*Fairer Access to Care Services – FACS*; see below')

Direct Payments are offered as an alternative to the traditional delivery of prescribed services – directly from, or commissioned by, ASC. It is the key mechanism for providing a *Personal Budget*, or part of a *Personal Budget* to the individual.

Eligibility criteria and Fair Access to Care Services (FACS)

We have a limited amount of money to spend. The eligibility criteria help us to make sure that money and services go to the people who need them most.

The Department of Health provides a national set of eligibility criteria, known as Fair Access to Care Services (FACS). FACS is the guide that all Adult Social Care departments in England use to help them decide who they can give services to and what those services will be.

When we say someone is 'eligible' for a service, it means they qualify for support services. However, the criteria are only a guide. We look at each person and their individual needs when we make our decisions.

The services an individual gets depends on their level of need. There are four classes of need: Critical, Substantial, Moderate & Low. FACS criteria will still need to be applied when the Self Directed Support (SDS) process is introduced.

Independence at Home

Independence at Home is an intensive reabling service provided by trained Home Care workers to support people to regain the skills that they may have lost and to increase motivation and confidence with the aim of reducing the number of hours of support a person needs and for them to remain in their own homes.

Home Care support workers are encouraged to take a more hands-off approach and to encourage Service Users to do more for themselves, whilst demonstrating how specialist equipment can be used to increase independence.

Outcome based planning

An 'outcome' is the objective or goal that someone wishes to achieve.

Outcome based planning plays a vital role in self directed support. It is a way to help service users work out what they need. For example, one outcome could be "to socialise more with other people outside my own home". A *support plan* can then be developed that will achieve this desired outcome.

Personalisation

The personalisation agenda aims to support people to make choices and to be included. It goes under many different names, including 'independent living', 'person-centred support' and 'self-directed support'. They are all based on the same principle: if people are to participate and contribute as equal citizens they must have choice and control over the support they need to go about their daily lives.

Personal Budgets

A Personal Budget is the social care funding allocated to the individual upfront, enabling them to understand how much financial support they may receive to enable them to make informed choices about the design and purchase of support. NB This is still based on eligibility to receive funding.

A Personal Budget may be constructed of:

- An amount of value in money passed to Service User – via a *Direct Payment*
- An in house service provided at a notional cost
- A commissioned service, via Adult Social Care
- Or any combination of the above.

Personal Assistants (PAs)

A Personal Assistant is a person employed to help someone witht heir daily social care. Using their Personal Budget, a person can employ a Personal Assistant to provide support like: cooking; cleaning; help with personal care like washing and using the toilet; driving or help with getting around; medical tasks; shopping; banking or paying bills.

Putting People First (PPF)

This is a Government agreement to transform public services. The aim of this agreement is to enable people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

Reablement

Reablement is short-term intensive support to promote independence following an illness, hospitalisation or an accident. It is time limited (generally 6 weeks in Brighton & Hove) and aims to reduce the need for services, help people to live independently at home and remain at home for longer.

Resource Allocation System (RAS)

A resource allocation system is a way of deciding how much money a person should get in a *Personal Budget.* The calculation is based on early assessment work from the *self assessment questionnaire.* If people know at an early stage roughly what their budget will be, they can start thinking about their own *support plan* and what they want to achieve. Any budget allocation is subject to eligibility criteria.

Self Assessment Questionnaire (SAQ)

The answers to this set of questions helps decide what level of support a person needs. It can be filled out by an individual on their own, or with assistance from a care professional or any member of the individual's own support network.

The SAQ gives an early indication, through the *resource allocation system*, of the amount of money allocated to the individual in a *Personal Budget.* This helps service users to look at how they plan to achieve the support they need at an early stage. The SAQ may identify the requirement for a more detailed or specialist assessment.

Self Directed Support (SDS)

This is about individuals being at the centre of the planning process, putting them in control of decisions about their support. It is about enabling each individual to decide what they want to achieve and how to do this.

This may mean that they self manage the support, but they might also choose to have somebody else manage it for them – this is still Self Directed Support.

It starts from how we provide information to enable individuals to make initial decisions about their care, covers the initial contact with an individual in need of assistance, and goes through to the review and monitoring of each person in receipt of some form of support.

Self Funders

If an individual is not eligible to receive funding from social care, a *personal budget* will not be offered. However "self-funders" can still be advised on their options, taking into account their support needs, and what outcomes they want to achieve.

Support Planning

A support plan says what type of help the service user needs to achieve identified *outcomes*. An individual can develop this plan a) on their own, b) with the help of their own support network, c) with an assessor or d) a combination of all three.

An outcome might be "to socialise more with other people outside my own home". The support plan may include something like "attend a weekly class at the local college" in order to achieve the outcome.

The plan will also show:

- What the money will be spent on
- Plans to promote health, safety, wellbeing and independence
- How the support will be organised and the help needed to do that.

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Cantonese ☐

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Turkish ☐

اگر مایلید این اطلاعات براي شما ترجمه شود خواهشمند است جعبه مربوطه را ضربدر بزنید، سپس این مدرك را به نشاني درج شده در انتهاي این صفحه ارسال نمایید.

Farsi ☐

Other (please state)

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Putting **People** First

Transforming Adult Social Care

Personalisation in Brighton & Hove
The City Conversation

Executive Summary

Executive Summary

Contents:

- **Introduction**
- **Adult Social Care in Brighton and Hove**
- **How will we start to make the changes**
- **What difference will it make to our residents**
- **Increasing our chances for success**

Our Vision:

> *"Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals' needs and aspirations and support them in leading fulfilled and healthy lives. Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well being are at risk of abuse and neglect."*

Introduction

The Government expects that by 2011 all Councils will have made significant steps towards redesigning their Adult Social Care services, with the majority having most of the personalised system in place. We will have to show how we are working more effectively by focusing on supporting people to remain independent.

This means not only must our current systems and services change but also those of our partners and providers. We must empower people by giving them more choice and control over their lives and the support services they receive – a right previously available only to self-funders. Statutory agencies, including ourselves will have a different not lesser role. We will need to take a proactive and enabling approach and be prepared to be less controlling. It will put the principles of independent living into practice and enable people to be active citizens of the city. It is about flexibility and choice and having a decent quality of life. It is part of creating a healthier city with stronger and safer communities.

Change through Personalisation

For Adult Social Care and Health these changes have culminated in Putting People First which set out a shared agreement on the direction of travel, a commitment to fundamentally change Adult Social Care and to achieve that significant change by March 2011. It outlined four key themes which councils and their partners should focus on to achieve the right results and outcomes for all people.

Four Key Themes (Social Capital, Prevention, Universal Services & Choice and Control)

The changes required incorporate not only people with acute complex needs, but also on promoting the wellbeing of all residents and the development of universal services to support this. Brighton & Hove City Council contributes regionally via the ADASS group to the development of Personalisation to ensure that all that we do draws upon and contributes to best practice.

Brighton and Hove City Council provide Adult Social Care in tandem with the independent sector. Over the last ten years, the direct provision of social care has increasingly been delivered through contracts with service providers in the independent sector and, more recently, integrated working arrangements with health services have been put in place.

This work will continue to ensure that we meet our seven Strategic Priorities:

- Strategic Priority 1: The Delivery of High Quality Personalised Services
- Strategic Priority 2: Delivering Value For Money
- Strategic Priority 3: Working in Partnership
- Strategic Priority 4: Developing Our Workforce
- Strategic Priority 5: Delivering Excellent Customer Services
- Strategic Priority 6: Reducing Inequality
- Strategic Priority 7: Strategic Priority Seven - Choice in Housing

How will we start to make the changes?

- Scope and map and review our current service arrangements.
- Raise awareness of the Personalisation agenda across the Council.
- Initiate the 'City Conversation' in early 2010
- Work with our principal partners and stakeholders to develop and improve opportunities for Personalisation.
- Engage Members to encourage and support Personalisation at all levels

What difference will the changes make to the City?

Residents will be aware of changes in terms of:

- easier access to information and services through our Access Point
- proportionate assessment for people with less complex needs through (supported) self-assessment;
- much more choice and control over their services
- support plans that are person-centred and outcome focused
- increased use of Personal Budgets and Direct Payments
- a clear focus on prevention
- an increase in reablement services
- an improved ability to support people with complex needs
- more people in paid work or volunteering
- more people supported to remain in their own home or become home owners/tenants in supported living – rather than residential care
- an increase in user-led organisations
- family carers receiving more support and assistance enabling them to have their own life and be healthy.
- Proportionate but robust safeguarding arrangements

Measuring our success

It is proposed to make use of the five Key Milestones suggested by the regional ADASS group to provide a benchmark that we can measure progress against in relation to key PPF milestones.

- Effective partnerships with People using services, carers and other local citizens
- Self-directed support and personal budgets
- Prevention and cost effective services
- Information and advice
- Local commissioning

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Putting **People First**

Transforming Adult Social Care

KEY HIGHLIGHTS FROM THE PERSONALISATION PROGRAMME MARCH 2010

STRATEGIC PRIORITY	WHAT	WHEN	WHO	DURATION
1) The Delivery of High Quality Personalised Services	**Personalisation will mean greater choices for service users. This means the local market will need to be ready to meet these social care needs.**	A Market Strategy is now in place	There is a dedicated work-stream assigned to this task which is being led by Jane MacDonald. A **Market Sector Development Worker** has been appointed to help develop this work	This work will be carried out over the duration of the project (2011) and beyond
	The Brokerage Scoping Paper identified that there is potential to develop teams to offer in house Brokerage.	The **'End to End ' Process review** identified that there is scope within the current teams to deliver brokerage options for service users this will be reviewed as an ongoing process.	Jaine Huntley is leading on this piece of work.	All service users must be offered **Personal Budgets** by March 2011 so Brokerage must be in place by then. Discussions are taking place about how in house processes/teams may need to change to accommodate this.

107

	The Personalisation agenda is being aligned with the major Commissioning Strategies such as PD, OP & Carers	The opportunities for Independent Brokers will be discussed as part of the City Conversation	The strategies are led in the main by the PCT in partnership with ourselves	The strategies are reviewed on a regular basis and will include consideration of the Personalisation agenda
	A Resource Allocation System (RAS) is being piloted in OPCAT. The intention is for the RAS to be 'live' by April 2010	All strategies have been reviewed	There is a Self Direct Support working group that is developing the RAS (SDS Systems) This work is led by Laura Scott Smith	Full rollout of the RAS will must take place by April 2010
	Officers are working regionally with FACE to develop specialist aspects of the RAS such as calculating the impact of low cost packages, mental health and personal health budgets	The pilot began in October and will run for 6 months	A sub group has been set up to improve information to service users and carers about opportunities for self-directed support. This group is led by Kathy Biggle	All service users must be offered the opportunity to take up Personal Budgets by 2011
			A sub group has been set up to develop contract and commissioning related to SDS this group is led by Sharon Lyons	This work has commenced and will run for the duration of the Personalisation Programme.

	Personal Budgets and Support Plans are being implemented in Learning Disability Services following on from the Individual Budgets Pilot.		**Learning Disability Services**	Ongoing
	The service has a Resource Allocation System and this is used with all service users. Personal budgets are being promoted particularly for young people on transition to ASC and LD services.			Began Nov 09
	Personal Budgets and Support Plans are also being implemented in Adult Social Care using an interim process whilst waiting for full implementation of RAS.		Gemma Lockwood	Ongoing

	Individual Service Funds are already being implemented in Learning Disability Services particularly in relation to Supported Living. A new type of support model is being worked on for the Wellington Road development. **The Commissioning Team for Learning Disability and CLDT are working on Transitions to improve outcomes for independent living through personal budgets and supported living.** **Learning Disability Services have introduced Day Options through the In House Services. Service users will have personal budgets and support plans for employment, educational and leisure needs with brokerage.**	Underway	**Learning Disability Services** Anne Richardson Naomi Cox Mandy Voice and Jacqui Streeter.	October 2010

STRATEGIC PRIORITY	WHAT	WHEN	WHO	DURATION
2) Delivering Value For Money	**There is a drive to meet the NI130 Performance Indicator of 1000+ by April 2010.** **This will be achieved by reviewing 1400 cases with the intention of offering service users the opportunity of a self directed package of care** **The financial impact of the Personalisation Programme is being assessed as part of a Financial Modelling Group** **The Personalisation agenda links directly with a range of National Performance Indicators (NI 131, 132, 133, 135 & 136) It also aligns with the ADASS 5 key milestones and the SDS performance**	All service users will be offered the opportunity of Self-Directed Support by April 2010 A working group has been set up to scope the financial impact. These are reported on an ongoing basis	An executive group has been set up to develop increased opportunities for Self-Directed Support. This group is led by Denise D'Souza. A **'Dashboard'** of performance is being considered by the executive in line with the Care-Networks Tool kit Finance (Anne Silley) and ASC are working closely to ascertain costs and future costs. A dedicated Finance Manager (Steve Dabson) has been recruited to support Personalisation There is a dedicated resource to report Performance Indicators on a monthly basis. This work is overseen by Phillip Letchfield	Work continues to increase our Performance Indicators related to Self-Directed Support. Financial modelling is a key part of the Personalisation Strategy the group will monitor the Personalisation Agenda for the duration of the programme. Performance monitoring will cover the life of the project and beyond.

	Dashboard			
STRATEGIC PRIORITY	**WHAT**	**WHEN**	**WHO**	**DURATION**
3) Working in Partnership	**The Personalisation Strategy will be used to initiate the City Conversation that will develop the Personalisation Agenda across all Council services and to all Brighton and Hove residents**	A number of events will take place in the City during 2010	Sharon Lyons is leading on the Personalisation Agenda	For the period of the Personalisation Programme

112

STRATEGIC PRIORITY	**WHAT**	**WHEN**	**WHO**	**DURATION**
4) Developing Our Workforce	**Personalisation will bring opportunities for workforce development. A staff slice group is helping to develop this work.**	A **Workforce Strategy** is now in place.	There is a dedicated work-stream assigned to this task led by Karin Divall	Working is on going and will be complete by 2011
STRATEGIC PRIORITY	**WHAT**	**WHEN**	**WHO**	**DURATION**
5) Delivering Excellent Customer Services	**An 'End to End' review of all Operational Services**	January 2010	Karin Divall and Denise D'Souza	This will be completed by April 2010
	Dedicated resource in place to ensure that IT systems can support changes required by Personalisation agenda.	Ongoing	There is a dedicated work-stream in place led by Phillip Letchfield and supported by Carol Fletcher (CF6)	This is a 3 year programme of work.
	Tender and Select Provider for Leadership Course	By February 2010	Martin Farrelly	Ongoing

STRATEGIC PRIORITY	WHAT	WHEN	WHO	DURATION
6) Reducing Inequality	**An Equalities Impact Assessment** has now been completed. The EIA will be consulted on as part of the **City Conversation.**	A programme has been devised to cover all aspects of Personalisation Commencing Summer 2010	Kathy Sweeney leads on this piece of work.	An EIA specific to Personalisation has been finalised and will be presented to Personalisation Board in January. To March 2011
STRATEGIC PRIORITY	**WHAT**	**WHEN**	**WHO**	**DURATION**
7) Choice in Housing	**Personalised Services** **Develop Personalised Care and Support Models in Extra Care Housing (Vernon Gardens) with funding (25K) provided by SEIE**	By 2010 January 2010	Housing Strategy and Housing Management Nicholas Day Associates & SEIE and Brighton and Hove Council	To March 2011 1 Year

PERSONALISATION PROGRAMME PLAN 2010/11					
WORKSTREAM	**MILESTONES**	**Start Date**	**End Date**	**Delay**	**LEAD**
WORKFORCE DEVELOPMENT					
Develop Workforce Strategy					Karin Divall
	Carry out Trade Union Communication	Dec-09	Mar-11		Karin Divall
	Carry out Workforce re-modelling	Nov-09	Mar-10		Karin Divall
	Carry out Budget Planning	Nov-09	Mar-11		Karin Divall
	Develop a comprehensive training and development programme that equips staff with new skills to develop new service models	Underway	Mar-11		Tim Wilson
	Create a Leadership and Development Programme for Social Care Managers	Jul-09	Mar-11		Martin Farrelly
Independent Sector					
	Include in workforce development strategy	Underway	Mar-11		Denise D'Souza
Raising Staff Awareness					

	Identify and mobilise Personalisation 'enthusiasts'/develop Staff Practice Forums	Underway	Mar-11		Kathy Biggle/Gemma Lockwood
	Offer Staff motivatonal and awareness raising sessions to all staff	Underway	Mar-11		Kathy Biggle/Gemma Lockwood
	Identify key compentencies/skill set required by staff to deliver self-directed support/Personalisation	Underway	Mar-11		Karin Divall

Risk Review on 24 SEPTEMBER 2009 to identify risks affecting the achievement of the objective: (updated January 2010)

PERSONALISATION PROGRAMME

LIKELIHOOD	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	Yellow	AMBER	RED	RED	RED
Likely 4	Yellow	AMBER	AMBER	RED	RED
Possible 3	Green	Yellow	AMBER	AMBER	RED
Unlikely 2	Green	Yellow	Yellow	AMBER	AMBER
Almost Impossible 1	Green	Green	Green	Yellow	Yellow
	IMPACT				

ADULT SOCIAL CARE

Key to "Effectiveness of Controls" A=Adequate I=Inadequate U=Uncertain

Risk No	Identified Risks & Opportunties	Currrent Controls	Effectiveness of Controls A I U *	Assessment of Risk Score as it is now with current controls: Likelihood (L)	Impact (I)	Risk Factor (LxI)	Further Controls Required and/or additional action to improve controls	Resources Required to Implement Controls	Assessment of Residual Risk With control measures implemented: Likelihood (L)	Impact (I)	Risk Factor (LxI)	Responsible Officer	Timescale /Review Frequency
1	Lack of clear programme management process including vision, objectives and outcomes leading to lack of clarity around the scope and definition of the projects and duplication of effort and under acheivement against targets. .	PID agreed. Clear governance arrangements agreed. Workstream managers to clarify scope and defintion of projects.	A	3	4	12	Personalisation Strategy	Personalisation Board, Personalisation Executive Group	1	4	5	DDS	Monthly
2	Lack of Ownership of the business change Staff not 'owning' Personalisation or delivering inconsistent practice resulting in cultural and organisational barriers Loss of key staff to deliver programme as a result	Personalisation Steering Group ensures involvement of GM's in process	U	5	4	20	GM's assigned workstream responsibilities related to Personalisation Programme. Systematic and comprehensive engagement training, and support to relevant staff including SDS training in corporate training plan & use of Good Practice currently in place at other LA's Roll out of staff awareness sessions and workforce development strategy	SDS Executive Group, Personalisation Steering Group	4	2	8	KD	Monthly
3	Adverse media attention to Personalisation	Proactive public relations to ensure maximum coverage of success factors	U	3	4	12	Carry out consultation on Personalisation Strategy	Personalisation Board	3	2	6	DDS	6 weekly

*A= Adequate I= Inadequate U= Uncertain

Risk No	Identified Risks & Opportunties	Currrent Controls	Effectiveness of Controls A I U*	Assessment of Risk Score as it is now with current controls: Likelihood (L)	Impact (I)	Risk Factor (LxI)	Further Controls Required and/or additional action to improve controls	Resources Required to Implement Controls	Assessment of Residual Risk With control measures implemented: Likelihood (L)	Impact (I)	Risk Factor (LxI)	Responsible Officer	Timescale /Review Frequency
4	Community Solutions (reablement) does not result in a reduction in assessment and care management and/or reduced costs	Planned programme of implementation for reablement in place End to End process ensures that all cases are offered the opportunity of re-ablement	A	2	4	8	Reablement in place Training and development offered to staff. Resourcing levels reviewed at each stage of end to end process	Personalisation Steering Group	2	2	4	KD	
	Reablement: Current in house teams do not have capacity to carry out reablement for all service users (including reviews) Independent Providers do not have capacity/skill base to carry out sufficient levels of reabling.	Training and development for both in house and Independent Providers	A	3	4	12	Ongoing monitoring of capacity levels of both in house teams and Independent Providers		2	4	8	KD	
	Reablement is carried out predominantly in house which results in the loss of provider 'good will' when ongoing home care support is provided. B Providers may sue for loss of income	Communicate and raise awareness with Independent Providers regarding Personalisation Programme	A	2	4	8					8	KD	
5	RAS implementation is delayed resulting in IB's not being in place by 2011 Financial implications of RAS not fully understood leading to financial overspend/pressure RAS links to CF6 are not fully understood or implemented The project does not produce RAS/SAQ and/or on time	Dedicated resource in place to complete task RAS modelling underway Pilot/proto-types being undertaken ICT workstream supporting transformation in place.	U	3	3	9	Partnership working with FACE/RAS agreed. Desk Top Testing in OPCAT agreed Ensure links between CF6 project group and SDS Systems sub group Use of external consultancy to produce RAS/SAQ development work Dedicated Finance Manager in place FACE/OLM working with participating LAs to develop tools in CareAssess/interface with FACE web calculator service. Participating in FACE RAS Phase 2 workstreams to refine tool	SDS System Group & related subgroups SDS Executive Group CF6 Project Board	1	2	3	LSS	Monthly
5a	RAS pilot testing is not completed on time due to lack of resources (staff) due to competing priorities Financial Resource (Project Accountant) is underutilised	Staff offered overtime to complete task	A	5	4	20	Dedicated resource needs to be identified either internally or externally and timescales need to be reviewed Specific workplan for Project Accountant is required	Personalisation Executive Group Personalisation Board					

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Risk No	Identified Risks & Opportunties	Currrent Controls	Effectiveness of Controls A I U*	Assessment of Risk Score as it is now with current controls: Likelihood (L)	Impact (I)	Risk Factor (LxI)	Further Controls Required and/or additional action to improve controls	Resources Required to Implement Controls	Assessment of Residual Risk With control measures implemented: Likelihood (L)	Impact (I)	Risk Factor (LxI)	Responsible Officer	Timescale /Review Frequency
6	IT Systems not fit for purpose which results in project delay. Delays in clarifying - new teams/membership and new performance reporting could delay implementation of Care Assess. Corporate ICT restructure having significant impact and lack of capacity	ISIT Supporting Transformation in place	A	3	4	12	Increase/further resources required such as OLM consultancy/financial monitoring systems Corporate ICT have engaged consultant and interim mangement to support processes. Clear process in place for Operational Teams and advise Care Assess project of changes. Create strong links between Care Assess project lead and key 'End to End' workstreams	CF6 Project Board ISIT Board	4	2	8	PL	Monthly
7	Multi Agency procedures do not fit new operational structure and practice under Personalisation.	Clear safeguarding policies and practice in place Team managers ensure that all staff are trained and that there is a clear remit for SSW's regarding safeguarding and attendance at peer groups. Consistency of practice through team manager provided through written guidance for group/team manager roles and responsibilities	A	4	3	12	Planned review of procedures via S.A.B pan Sussex Risk Enablement Panel in place	Risk Enablement Panel	2	2	4	MJ	
8	Implications for Commissioning are not understood at high level so poor decisions are made regarding Personalisation Council and PCT Commissioning Strategies not aligned with SDS leading to services that are not compatitable with individual Choice	Avoid entering into long-term commissioning arrangements until implications of Personalisation/SDS have become clear	A	2	4	8	Market Development Strategy	Partnership Board SDS Contract and Commissioning sub group	2	2	4	Sharon Lyons	Quarterly
9	Demand for services too high/low resulting in destablished local care market	Engage partners and stakeholders Monitor demand and service type Phased approach to change enabling development of the market over a 12 month period	A	2	4	8		Partnership Board SDS (Commissioning & Contracts)	2	2	4	DDS	Quarterly
10	Impact of internal systems changes (Funding Panels, Reablement, SDS and economic climate) and transistion of statutory commissioning to individually lead commissioning leads to destablised Market		A	4	4	16						Lynn Mounfield	

*A= Adequate I= Inadequate U= Uncertain

Risk No	Identified Risks & Opportunties	Currrent Controls	Effectiveness of Controls A I U*	Assessment of Risk Score as it is now with current controls			Further Controls Required and/or additional action to improve controls	Resources Required to Implement Controls	Assessment of Residual Risk With control measures implemented			Responsible Officer	Timescale /Review Frequency
				Likelihood (L)	Impact (I)	Risk Factor (LxI)			Likelihood (L)	Impact (I)	Risk Factor (LxI)		
11	Diverse Market Provision not in place quickly enough to meet the demands of a personalised approach to support	Dedicated resource in place to complete task (Independent Sector Development Worker)	A	3	4	12		SDS Executive Group, SDS sub group Contract & Commissioning					
12	Lack of engagment by Health Partners/Hospital Teams	Robust communication and engagement strategy. Ensure links within in 'End to End' process mapping	A	4	3	12	Support work related to Personal Health Budgets		2	2	4	DDS	Quarterly
13	Impact of Personalisation approach on existing members of staff	Early engagement with HR and trade unions.	U	3	4	12	Staff workshops and engagement events Provison of training and development opportunities	Personalisation Board Workforce Development Executive	2	3	6	KD	Monthly
14	Negative impact on Performance figures Corporate ICT restructure, lack of capacity/knowledge in Corporate team, need to confirm new reporting requirements. Data Quality issues remain a key concern.	Robust system of monitoring for NIS inplace	A	4	4	16	Monthly monitoring of impact and influencing factors reported to Personalisation Board Close working with staff to ensure clear understanding of impact (staff awareness sessions) Implementation of SDS 'Dashboard' External consultant and interim management in corporate ICT team. Monthly performance montoring meetings	Personalisation Board Partnership Board Access Point Executive Reablement Executive Personalisation Steering Group CHS supporting Corporate ICT	2	4	8	PL/CH	Monthly
15	2009/10 Efficiency savings not achieved Cost implications of doing things differently	Identify specfic savings and monitor Highlight the additional costs at outset Monitor carefully and identify alternative savings plan	A	2	4	8	Establish financial modelling workgroup Financial planning/monitoring in short/medium and long term Carry out VFM Reviews Dedicated Resource (Finance Manager - Personalisation)	Personalisation Board	2	3	6	DDS/KD	Monthly

*A= Adequate I= Inadequate U= Uncertain

Risk No	Identified Risks & Opportunties	Currrent Controls	Effectiveness of Controls A I U*	Assessment of Risk Score as it is now with current controls			Further Controls Required and/or additional action to improve controls	Resources Required to Implement Controls	Assessment of Residual Risk With control measures implemented			Responsible Officer	Timescale /Review Frequency
				Likelihood (L)	Impact (I)	Risk Factor (LxI)			Likelihood (L)	Impact (I)	Risk Factor (LxI)		
16	Project Budget insufficient resulting in inablitiy to deliver programme and poor user experience	Working with dedicated Finance Manager	P	3	4	12	Quantify costs savings/financial recovery Use evidence from impower financial sustainability model, and feed into budget strategy development.	Financial Modelling Group	2	3	6	Anne Silley	Monthly
17	Unexpected call on resources (i.e. severe weather) leaves priorities contained within Personalisation Project without means to progress (staff)			4	4	16							

*A= Adequate I= Inadequate U= Uncertain

ADULT SOCIAL CARE & HOUSING OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item 52 Brighton & Hove City Council

Subject:		**Care Quality Commission: Consultation on Assessing Quality**		
Date of Meeting:		**04 March 2010**		
Report of:		**The Director of Strategy and Governance**		
Contact Officer:	Name:	Giles Rossington	Tel:	29-1038
	E-mail:	Giles.rossington@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Care Quality Commission (CQC) is the body responsible for regulating, inspecting and assessing health and social care commissioners and providers in England.

1.2 The CQC is currently undertaking a national consultation, seeking views on how it might best assess the quality of commissioners and providers of health and social care services.

1.3 There is an opportunity here for the Adult Social Care and Housing Overview & Scrutiny Committee (ASCHOSC) to submit its views to the CQC. However, this consultation ends in April (i.e. before the next scheduled ASCHOSC meeting). Therefore, if members do intend to make a submission, they may wish to authorise a working group of members to make comments on behalf of ASCHOSC.

1.4 A summary of the CQC consultation document is attached as **Appendix 1** to this report.

2. RECOMMENDATIONS:

2.1 That members:

(1) note the contents of this report and determine whether to respond to the CQC consultation on assessing quality;

And, if members do wish to respond to the consultation:

(2) agree that a working party of ASCHOSC members be appointed to make comments on ASCHOSC's behalf;

(3) determine which members should sit on the working party.

3. BACKGROUND INFORMATION

3.1 The CQC was established in 2009 to regulate all publicly funded health and social care services in England. The CQC replaced separate regulatory regimes for health and social care services (the Healthcare Commission and the Commission for Social Care Inspection respectively).

3.2 **Appendix 1** to this report contains details of the current CQC consultation on how best it should assess the quality of commissioners (Local Authorities and Primary Care Trusts) and providers (public sector providers, but also the independent sector and '3rd sector' provision).

3.3 The CQC consultation ends in April 2010. In practical terms this means that, should ASCHOSC wish to make a submission, members would either have to agree on the content of their submission at the 04 March committee meeting, or (perhaps more realistically) agree to empower a working party of ASCHOSC members to make comments on behalf of the whole committee.

4. CONSULTATION

4.1 No formal consultation has been undertaken in preparing this report.

5. FINANCIAL & OTHER IMPLICATIONS:

<u>Financial Implications:</u>

5.1 There are none for the council.

Legal Implications:

5.2 The recommendations at 2.1 above are proper to be agreed by ASCHOSC. If the committee decides to form a working party, this should operate on the same basis as an ad hoc scrutiny panel, provision for which is made in Part 6.1, paragraph 5 of the council's constitution.

Lawyer consulted: Oliver Dixon Date: 19 February 2010

Equalities Implications:

5.3 None identified. If members do choose to make a submission to CQC, they may wish to consider equalities issues when formulating their comments.

Sustainability Implications:

5.4 None identified.

Crime & Disorder Implications:

5.5 None.

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 CQC regulates the commissioning and provision of health and social care services, including Local Authority commissioning/provision. It is therefore in the council's interest that the CQC's assessment regime is robust, fair and effective, so as to ensure that it provides the best possible regulation and advice.

SUPPORTING DOCUMENTATION

Appendices:

1. Summary of CQC consultation on assessing quality

Documents in Members' Rooms:

None

Background Documents:

None

Assessments of quality in 2010/11

Let us know how we should assess health and adult social care

Consultation summary

About the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. This means that as well as checking individual services, we look at how well the two sectors work together. There are many people who need to use both health and social care services, and it's important that their care is as 'joined up' as possible. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether care services are provided by the NHS, local authorities of private and voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and social care[1].
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Our work

We have a number of powers that enable us to assess organisations that provide and buy services (providers and commissioners).

Under new laws coming into effect in 2010, anyone who provides regulated healthcare or social care services must apply to be registered with us. Before we will register them, they must show that they are meeting essential standards of quality and safety. We can also use our range of enforcement powers to make sure providers are complying with the law. As well as registering providers, we have the powers to:

- Carry out **periodic reviews** (regular checks) of the performance of all health and adult social care providers and commissioners.

1 When we use the term 'social care' in this booklet we mean adult social care.

- Carry out **special reviews and studies** on economy, efficiency and effectiveness and on information issues in particular areas of care.
- **Publish information** that is useful, timely, and can compare performance between organisations, and can encourage them to improve. It should also support people to make choices and decisions.

By bringing all three of these powers together we carry out what we are calling 'assessments of quality'.

Let us know what you think

Whatever your interest in our work, we'd welcome your views on our high level ideas on how we will assess quality in 2010/11, which are summarised here. You can get in touch with us using the contact details at the back of this booklet. The full version of this consultation is available on our website (www.cqc.org.uk).

Assessments of quality

We want our assessments of quality to:

- Provide useful and up-to-date information and judgements about the quality of care, which is based on what matters to people who use services and their carers, and uses their views and experiences.
- Look at individual services, such as maternity services, and how well health and social care services are working together.
- Focus on the outcomes that people experience.
- Make sure that those who buy or provide services are held to account for the quality and value for money of those services.
- Make sure that our work joins up with other improvement agencies and systems.

- Celebrate and share good practice.
- Make sure that the benefits of our approach outweigh the costs.

Question 1
Do you agree with our aims for assessments of quality?

Quality and risk profiles

We plan to have a quality and risk profile for each care provider and commissioner. This will bring together all the information we hold about the quality of care they provide or buy for people. For example, it will include information we have received from other agencies, providers, people who use services and our own activities. These profiles are a very important part of our approach to regulation. We will be as open as possible in letting the public, providers and commissioners know what information we hold and in developing these profiles in consultation with all our stakeholders.

Better regulation

One of our strategic priorities is to regulate effectively in partnership. This means making sure that we are always focused on delivering the better regulation principles – to be proportionate, targeted, consistent, evidence-based, transparent and accountable. We need to work with other organisations to share information and avoid our regulatory activities being duplicated. We need to ensure that we are minimising the costs that we impose on providers and commissioners of care – for example by making better use of their own performance and management information and, where appropriate, carrying out joint inspections. The rest of this booklet sets out our thinking for each sector.

Question 2
What more could we do to promote efficiency and be more streamlined in our approach to assessments, in order to reduce the costs of assessments while maintaining the benefits?

Our approach for each sector

This part of the booklet sets out our framework proposals for each sector. During the consultation period we will work with organisations and people, including those who use services and their carers, local involvement networks and overview and scrutiny committees to develop our ideas further. We will publish our final proposals in more detail in spring 2010, taking account of what people have told us.

Assessing councils and primary care trusts as commissioners

Commissioners spend lots of public money on services for their local communities – our assessments of quality help to assess whether they are spending their money wisely. At the moment, we have different ways of assessing councils and primary care trusts (PCTs) as commissioners. We want to get better at looking at how health and social care commissioners work together, but we also know that we will have to make some assessments separately. In 2010/11, we want to test some ideas for how we could look at health and social care commissioning together. These ideas include:

- Work with the Department of Health and others to develop the same measures on outcomes, to hold councils and PCTs to account for commissioning better joined-up care.

- Joint service inspections[2] of councils and PCTs on safeguarding and joined up care.
- Work with other organisations to develop a joint outcomes framework for assessments of councils' and PCTs' performance.

We also want to develop our work on assessing value for money which, in the current financial climate, is particularly important for organisations that provide and buy services.

Assessing councils as commissioners

Our assessments of councils as commissioners in 2010/11 will continue to look at the outcomes that have been commissioned for people, and we will still hold councils to account for the quality of regulated services (such as care homes and home care agencies) that they purchase. We also want to look more at the progress councils have made in meeting the objectives set out by the Government in *Putting People First*. To arrive at our judgements we will continue to use evidence from:

- Performance against the relevant indicators set by the Government.
- Findings from special reviews carried out by us or others.
- Findings from service inspections.
- Councils' evidence from their self-assessments.

2 A service inspection is an evaluation of a council's performance in delivering social care, and the council's ability to improve that delivery in the future.

We want to set clear and stretching targets for high performing councils, and make our analysis and targeting of assessments stronger. This will make sure that our approach in 2010/11 is more challenging as well as more streamlined and efficient.

We will produce a report of our findings that will highlight where things are going well, as well as serious issues that need to be addressed. This will be our evidence and information for the Comprehensive Area Assessment, which is a joint assessment of how well people are being served by their local public services, and how well those services are working together to improve outcomes for local communities.

Question 3
Do you support the general direction of our approach for assessing councils as commissioners? What changes would you like to see to make sure that our assessments are as effective as possible in promoting improvement in the performance of councils?

Assessing primary care trusts as commissioners

We need to make sure that our approach to assessing PCTs as commissioners of services joins up with other assessments, such as World Class Commissioning.

The Government has just published *The operating framework for the NHS in England 2010/11*, which sets out national priorities for the NHS. We will continue to use sets of indicators to measure the quality of care against these priorities.

Our assessments of PCTs will include:

- Scores for each PCT against national priorities and existing commitments.
- A scored assessment of financial management (from work by the Audit Commission).

- Scores against World Class Commissioning as background information (from work by strategic health authorities).
- Findings from special reviews.
- Findings from joint inspections, such as children's services with Ofsted.
- Findings from joint service inspections with councils (we will be testing this in 2010/11).

We hold councils to account for the quality of regulated services they purchase, and we want to test this approach with PCTs, which buy social care services such as care homes and home care agencies.

We will produce a report of our findings that will highlight where things are going well, as well as serious issues that need to be addressed. This will be our evidence and information for Comprehensive Area Assessment.

Question 4
Do you support the general direction of our approach for assessing PCTs as commissioners? What changes would you like to see so that our assessments are as effective as possible in promoting improvement in the performance of PCTs?

Assessing NHS trusts and primary care trust providers

On 1 April 2010, NHS trusts (including foundation trusts) and PCT providers will fully come into our new system of registration. We therefore want the main focus for us and them to be making sure that all their services meet the essential standards of safety and quality set by registration.

In the past, we have made overall assessments of NHS trusts by looking back at their performance, and publishing information six months after the end of the year that was being assessed. We want our new system to provide more up-to-date information and, where possible, give more information to people at service level, such as maternity or stroke services.

We will continue to use sets of indicators to measure the quality of care against the national priorities in *The operating framework for the NHS in England 2010/11* that are tailored to each type of trust, such as those that look after people with learning disabilities or mental health needs.

Scoring

We do not propose to provide an overall score or rating of the quality of care provided by a trust, but we would like to know what you think about this. While an overall rating can be useful in encouraging improvement, it can also be misleading because it could hide variation in the quality of different services (such as stroke or maternity services) provided by an organisation.

Our assessments of quality of NHS trusts and PCTs as providers will include:

- A statement of a trust's or PCT provider's status of their registration.
- Scored assessments of performance against the national priorities and existing commitments set by the Government.

- A scored assessment of the quality of financial management (from work by the Audit Commission).
- Judgements about the quality of particular services we have reviewed.

Question 5
Do you support the general direction of our approach for assessing NHS trusts and PCTs as providers? What changes would you like to see to make sure that our assessments are as effective as possible in promoting improvement in the performance of NHS trusts and PCT providers?

Assessing adult social care providers

All adult social care providers will be fully registered with us under the new system by 1 October 2010. We therefore want the main focus for us and them to be making sure that all their services meet the essential standards of safety and quality set by registration.

We already award quality ratings to adult social care providers, and we intend to continue to award these under the new system. We believe that this is useful and meaningful, since we can report on the quality of care at a service level – for example an individual care home or a domiciliary care agency.

From April to September 2010, we will reassess ratings where an inspection is due (the current law requires us to inspect every care service at least once every three years).

Services will keep their existing ratings on 1 October 2010. But if we have to register a service with compliance conditions (conditions that require improvement or an action plan), we will make this information available to the public. This will mean that the public and people choosing services know that the service needs to improve to fully meet the new essential standards of safety and quality.

Between October 2010 and the end of March 2011, we will focus our assessments and inspections on services that are not compliant with registration. We will also reassess the ratings of services that are rated 'good' or 'excellent', and would have been due an inspection under the current three-year rule. We will limit these assessments to only consider quality over and above essential standards set by registration in key areas.

The future of quality ratings

We will need to make changes to our approach to quality ratings to reflect the new system of regulation, and we will work with all of our stakeholders to develop this. The changes we need to make include:

- How we award a rating – we think we will always need to carry out a visit to the site of a service, and will always seek the views and feedback from people using the service and other stakeholders (including relatives and visiting professionals).
- Frequency and methods – we think we will need to reassess ratings in a given period, with a reassessment taking place at least once every three years. There will also be checks on registration compliance.
- What we will assess – we think that we should look at some of the key registration outcomes of care to assess their quality over and above registration levels. We will also see if there are other things we could measure that demonstrate quality.
- Rating scale – there will need to be grades that show how good a service is; the challenge is deciding how many grades we need within that.

Question 6
Do you support the general direction of our approach for assessing adult social care providers? How do you think we should approach quality ratings in the future?

Assessing independent healthcare

We do not have the powers to carry out periodic reviews of independent healthcare. We will work with the Department of Health and the sector to think about how and when these services could have broader assessments of quality.

We will publish information we have about independent healthcare as part of our quality and risk profile – including findings from registration. And some NHS-funded independent healthcare services will be assessed as part of our special reviews programme, such as mental health or learning disability services.

Reporting our findings

We want to work with all of our stakeholders during this consultation period, so they can help shape the way we report the results of our assessments of quality. We particularly want to work with the public and people who use services to make sure we can give them a clear, concise summary of what is good about a service or care in a particular area, and what needs to get better.

Equally importantly, we want to consult with those who buy or provide services. We want to make sure that our reporting gives them a clear understanding of how they are performing and any improvements they need to make.

Question 7
Do you have any views on our approach to reporting our findings? What sort of information would you like us to publish – what would you find useful?

Special reviews and studies

Our special review and study powers allow us to look at the provision of NHS and social care and the commissioning of that care.

Our studies are research projects where we publish our national findings.

Our special reviews are assessments of providers and/or commissioners across England, and we make judgements or give scores against their performance. To make these judgements or scores we will use and collect data, or carry out visits, or both. The outcomes of these assessments will inform our registration and ongoing compliance work, and form part of our assessments of quality.

Table 1 overleaf sets out the topics we are considering for our special reviews or studies in 2010/11 and beyond. We have suggested these topics for a number of reasons, such as people may have told us they have concerns, or we have information that there is poor quality care in these areas. We have included some reviews that will help us to look at pathways, to see whether health and social care services are joined up to achieve the best outcomes for people and meet their needs. We will not be able to carry out all of these reviews in 2010/11, so your views are important in helping us to prioritise.

Table 1: Proposed topics for our special reviews or studies in 2010/11 and beyond

Topic
The pathway for people with dementia
The pathway for people with long-term neurological conditions
Nutrition and hydration
The impact on carers of discharge from hospital
A review of the care programme approach in mental health
The quality of nursing care
The use of restraint
The health and social care needs of offenders
Safe and effective surgery
Reducing preventable mortality in hospital
Unmet need in social care
Maternity services
Domiciliary (home) care

Question 8
Which of our proposed topics for special reviews and studies do you think are the highest priority? What specific issues would you like us to address and how could we best do this?

Giving us your views

Please send us your responses to the questions in this booklet by **Tuesday 27 April 2010**. The full version of this consultation is available on our website, and includes details about confidentiality of information (see web address below).

There are three ways you can give us your feedback:

Email
Email your response to **assessmentconsult@cqc.org.uk**

Post
Write to us at:
Assessment Consultation
Care Quality Commission
103-105 Bunhill Row
FREEPOST Lon 15399
London
EC1B 1QW

Online
Using our online form at
www.cqc.org.uk/getinvolved/consultations.cfm

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459

ADULT SOCIAL CARE & HOUSING OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item 53 Brighton & Hove City Council

Subject:		**ASCHOSC 2010-11 Work Programme**		
Date of Meeting:		**04 March 2010**		
Report of:		**The Director of Strategy and Governance**		
Contact Officer:	Name:	Giles Rossington	Tel:	29-1038
	E-mail:	Giles.rossington@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report presents a draft of a 2010-11 Adult Social Care & Housing Overview & Scrutiny Committee (ASCHOSC) work programme for discussion/agreement by ASCHOSC members.

1.2 A copy of the draft ASCHOSC work programme is attached as **Appendix 1** to this report.

2. RECOMMENDATIONS:

2.1 That members note the contents of this report and agree the attached draft work programme.

3. BACKGROUND INFORMATION

3.1 A cross-party group of members met in December 2009 to agree a draft ASCHOSC work programme for 2010-11. The members were: Councillor Anne Meadows (ASCHOSC Chair), Councillor Georgia Wrighton (ASCHOSC Deputy Chair). A conservative group member was also invited, but none of the conservative group ASCHOSC members were able to attend this meeting.

3.2 In addition, and at the ASCHOSC Chair's invitation, Councillor Garry Peltzer Dunn attended in his capacity as Chairman of the Health Overview & Scrutiny Committee (HOSC) in order to help ensure that the HOSC and ASCHOSC work programmes neither duplicated nor omitted issues cutting across health and social care boundaries.

3.3 Once agreed, the attached draft ASCHOSC work programme (see **Appendix 1**) will be indicative rather than definitive. Throughout the year the ASCHOSC Chair may choose to add or delete items from the work programme in response to events, to revisions of the council's Forward Plan etc. Items may also be added to the ASCHOSC agenda via the mechanisms of Councillor Questions, Public Questions, Petitions, Notices of Motion referred from Full Council and Referrals from other committees. (Details of these mechanisms can be found in the council's Constitution.) The Brighton & Hove Local Involvement Network (LINk) also has statutory powers (under the Local Government and Public Involvement in Health Act 2007) to refer issues relating to health, children's health and adult social care to the relevant local Overview & Scrutiny committees (i.e. ASCHOSC for adult social care concerns).

4. CONSULTATION

4.1 No formal consultation has been undertaken in preparing this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are none directly, other than for the Scrutiny team budget; all the actions proposed in the draft ASCHOSC work programme can be managed within the current Scrutiny team budget.

Legal Implications:

5.2 Part 6.1, paragraph 12.2, of the council's constitution makes overview and scrutiny committees responsible for setting their own work programme of overviewing and scrutinising the work of the executive, relevant council committees and services, and the effectiveness of the relevant partnerships or other bodies.

It follows that ASCHOSC has authority to agree the recommendation at 2.1 above.

Lawyer consulted: Oliver Dixon Date: 19 February 2010

Equalities Implications:

5.3 The annual ASCHOSC work programme should reflect the needs of the whole city, perhaps particularly those of communities which may typically be disadvantaged. More detailed consideration of equalities issues will be undertaken in regard to individual items as they come before the Committee.

Sustainability Implications:

5.4 Detailed consideration of sustainability issues will be undertaken in regard to individual items as they come before the Committee.

Crime & Disorder Implications:

5.5 Detailed consideration of crime & disorder issues will be undertaken in regard to individual items as they come before the Committee.

Risk and Opportunity Management Implications:

5.6 Detailed consideration of risk and opportunity management issues will be undertaken in regard to individual items as they come before the Committee.

Corporate / Citywide Implications:

5.7 Detailed consideration of corporate and citywide priorities will be undertaken in regard to individual items as they come before the Committee. Issues identified as citywide priorities and incorporated in the Local Area Agreement (LAA) will automatically be added to the work programme of the relevant Overview & Scrutiny committee should that LAA indicator be reported as 'red'.

SUPPORTING DOCUMENTATION

Appendices:

1. Draft 2010-11 ASCHOSC work programme

Documents in Members' Rooms:

None

Background Documents:

1. The council's Constitution
2. The Local Government and Public Involvement in Health Act (2007)

ASCHOSC Work Programme 2010

Issue	Date to be considered	Referred/Requested By?	Reason for Referral	Progress and Date	Notes
Scrutiny request re: services for adults with autism	04 March 2010	Cllr Wrighton	Cllr letter requesting establishment of scrutiny panel		
Care Quality Commission assessment of ASC services	04 March 2010	ASC	Update members on most recent assessment of BHCC ASC services		
ASC Green paper	04 March 2010	ASCHOSC	Update on BHCC response to Green Paper on funding of care for older people		
Assessment Care Pathways	04 March 2010	ASCHOSC	Training session on how people's care requirements are assessed		
Personalisation	04 March 2010	ASCHOSC	Update on progress towards implementing 'personalisation' in ASC		
Care Quality Commission consultation on assessing quality	04 March 2010	CQC	National consultation on how CQC should best assess the quality of health and social care commissioners/providers		

Issue	Date to be considered	Referred By?	Reason for Referral	Progress and Date	Notes
Rent setting	24 June 2010	ASCHOSC	Training session on how social housing rents are set		
Transfers of Care	24 June 2010	ASCHOSC	Look at issue of delayed transfers from acute to community care – with view to setting up an ad hoc panel		HOSC is considering this health/ASC cross-over issue at its May meeting and will feed any concerns into ASCHOSC
Dementia	24 June 2010	ASCHOSC	Report of Dementia Select Committee for information		
Autism Ad Hoc Panel	09 September 2010	Cllr Wrighton	Report of ad hoc panel on autism (if established) to be considered		

Issue	Date to be considered	Referred By?	Reason for Referral	Progress and Date	Notes
Health and Social Care Budget planning	04 November 2010	ASCHOSC	Training session on ASC and health budget setting		HOSC members to be invited to participate
ASC inspection report	04 November 2010	ASC	Report back on findings following CQC inspection of ASC		
New Repairs System	04 November 2010	ASCHOSC	Report on progress of new housing repairs system		
Decent Homes	04 November 2010	ASCHOSC	Progress report on reaching decent homes standard		
Budget Strategy	06 January 2011	ASCHOSC	To consider executive plans for ASC and Housing budget strategy 2011-12		