





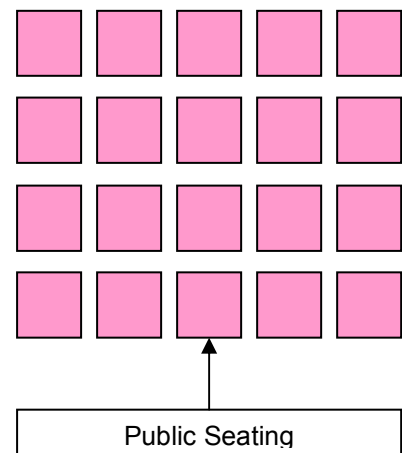
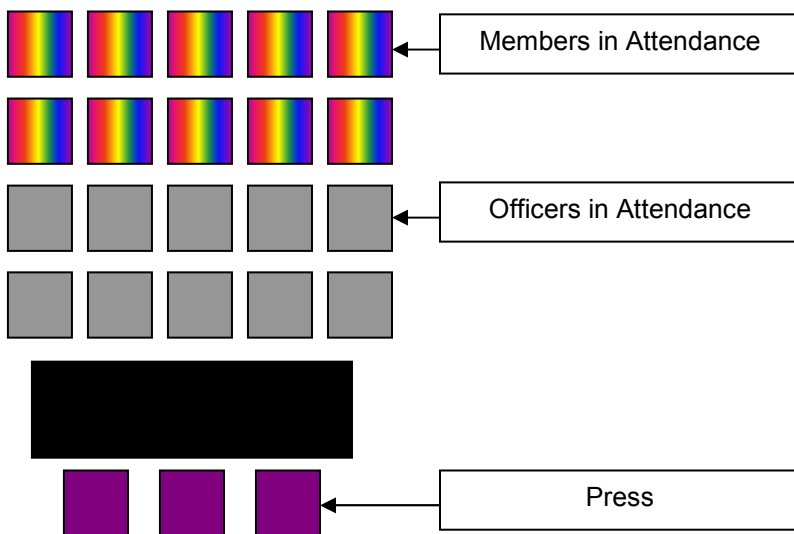
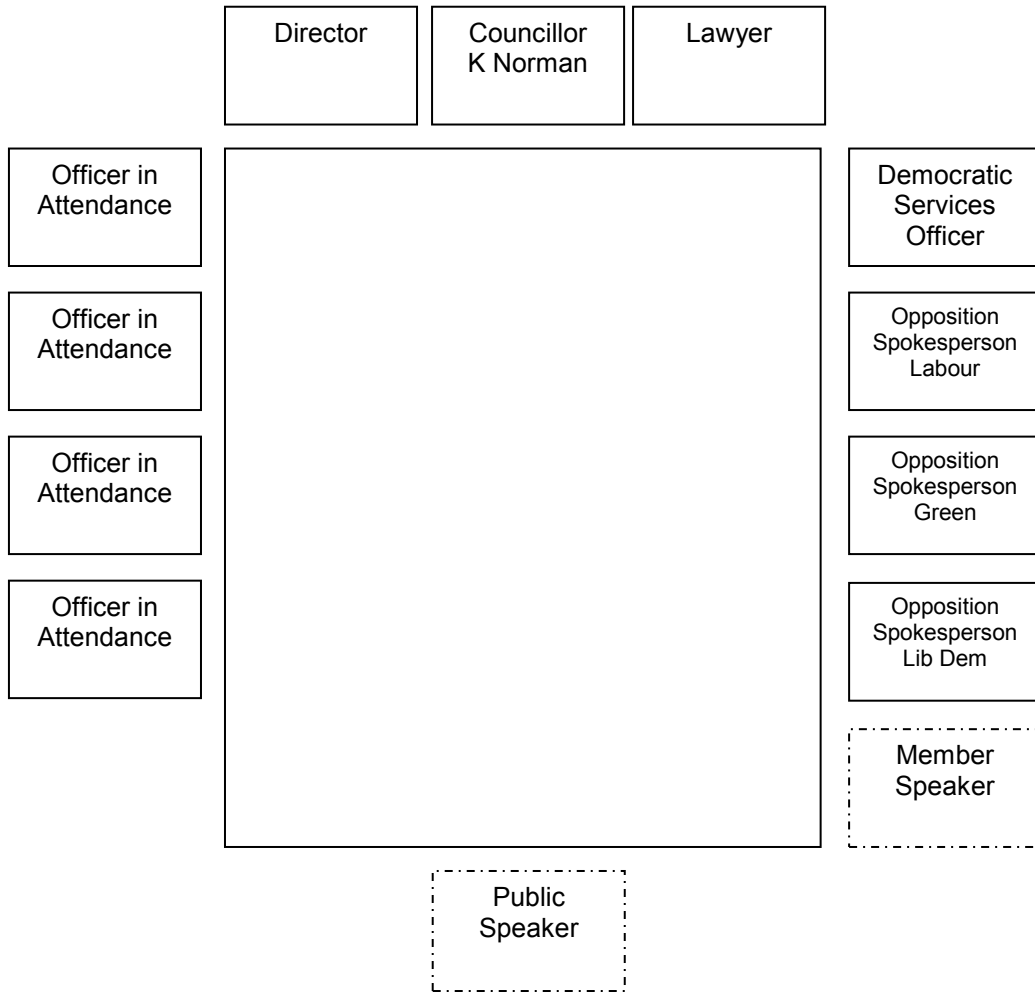
Brighton & Hove  
City Council

# Cabinet Member Meeting

Title:	<b>Adult Social Care &amp; Health Cabinet Member Meeting</b>
Date:	<b>15 June 2009</b>
Time:	<b>4.00pm</b>
Venue	<b>Committee Room 3, Hove Town Hall</b>
Members:	<b>Councillor:</b> K Norman (Cabinet Member)
Contact:	<b>Caroline De Marco</b> Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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# Democratic Services: Meeting Layout



## AGENDA

### 1. PROCEDURAL BUSINESS

- (a) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (b) 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 either that it is confidential or the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

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

### 2. MINUTES OF THE PREVIOUS MEETING

1 - 8

Minutes of the Meetings held on 6 March 2009 & 24 April 2009 (copies attached).

### 3. CABINET MEMBER'S COMMUNICATIONS

### 4. ITEMS RESERVED FOR DISCUSSION

- (a) Items reserved by the Cabinet Member
- (b) Items reserved by the Opposition Spokespersons
- (c) Items reserved by Members, with the agreement of the Cabinet Member.

*NOTE: Public Questions, Written Questions from Councillors, Petitions, Deputations, Letters from Councillors and Notices of Motion will be reserved automatically.*

### 5. PETITIONS

No petitions have been received by the date of publication.

### 6. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 8 June

## ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

2009)

No public questions have been received by the date of publication.

### 7. DEPUTATIONS

(The closing date for receipt of deputations is 12 noon on 8 June 2009)

No deputations have been received by the date of publication.

### 8. LETTERS FROM COUNCILLORS

No letters have been received.

### 9. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

### 10. NOTICES OF MOTIONS

No Notices of Motion have been received by the date of publication.

### 11. PERFORMANCE & MONITORING OLDER PEOPLE'S SERVICES OCTOBER 2008 TO MARCH 2009

9 - 24

Report of the Director of Adult Social Care & Housing (copy attached).

*Contact Officer:* Jane MacDonald                      *Tel:* 29-5038  
*Ward Affected:* All Wards;

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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 Caroline De Marco, (01273 291063, email [caroline.demarco@brighton-hove.gov.uk](mailto:caroline.demarco@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

Date of Publication - Friday, 5 June 2009

# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 2a

Brighton & Hove City Council

### BRIGHTON & HOVE CITY COUNCIL

#### ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00pm 6 MARCH 2009

COMMITTEE ROOM 1, HOVE TOWN HALL

#### MINUTES

**Present:** Councillor K Norman (Cabinet Member)

**Also in attendance:** Councillor Lepper (Opposition Spokesperson)

**Other Members present:** Councillor Wrighton.

#### PART ONE

#### 54. PROCEDURAL BUSINESS

##### 54(a) Declarations of Interests

54.1 There were none.

##### 54(b) Exclusion of Press and Public

54.2 In accordance with section 100A of the Local Government Act 1972 ("the Act"), the Cabinet Member considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the business to be transacted or the nature of the proceedings, that if members of the press and public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A(3) of the Act) or exempt information (as defined in section 100I(1) of the Act).

54.3 **RESOLVED** - That the press and public be not excluded from the meeting.

#### 55. MINUTES OF THE PREVIOUS MEETING

55.1 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 22 January 2009 be agreed and signed by the Cabinet Member.

#### 56. CABINET MEMBER'S COMMUNICATIONS

56.1 There were none

**57. ITEMS RESERVED FOR DISCUSSION**

57.1 **RESOLVED** – All items were reserved for discussion.

**58. PETITIONS**

58.1 There were none.

**59. PUBLIC QUESTIONS**

59.1 There were none.

**60. DEPUTATIONS**

60.1 There were none.

**61. LETTERS FROM COUNCILLORS**

61.1 There were none.

**62. WRITTEN QUESTIONS FROM COUNCILLORS**

62.1 There were none.

**63. NOTICES OF MOTIONS**

63.1 There were none.

**64. OLDER PEOPLE MENTAL HEALTH PLANNING FRAMEWORK 2009/10 TO 2011/12**

64.1 The Director of Community Care introduced the report of the Director of Strategy, Brighton & Hove City PCT, which set out the vision for the future development and commissioning of services to support older people with mental health needs, and their carers, in Brighton and Hove (for copy see minute book). The planning framework and the three year action plan were attached as appendix 1. In twelve months time, when year one of the action plan has been implemented, the framework would be updated and a full commissioning strategy would be published. Meanwhile, the framework would be reviewed in light of the publication of the National Dementia Strategy on 3 February 2009.

64.2 The Director of Adult Social Care & Housing explained that the Housing Overview & Scrutiny Committee held on 5 March had discussed the new Dementia Strategy and had expressed an interest in helping to inform the Older People Mental Health final strategy document. A report on this matter would be submitted to the Overview and Scrutiny Commission. The Director reported that Ian Bainbridge, the Deputy Regional Director of Social Care, Department of Health, South East, was keen for Brighton & Hove to bid for money as a demonstrator site for dementia. However, there was no extra money for the work on the strategy.

- 64.3 Councillor Lepper asked what kind of liaison had been carried out in relation to caring for people with dementia. The Commissioner for Older People Mental Health replied that there had been a consultation process and there would be Implementation Sub-Groups.
- 64.4 Councillor Wrighton informed the meeting that that the there had been enthusiasm at the Housing Overview & Scrutiny Committee in setting up a panel to consider dementia. This would be probably be arranged jointly with the Health Overview and Scrutiny Committee. Councillor Wrighton considered the framework a positive approach to help people receive an earlier diagnosis and access help at an earlier stage. However she made the point that many people were in the more severe category. She asked how these people could be helped to engaged and helped into directed care. The Director replied that officers had a great deal of experience in terms of engaging people who do not have the capacity to engage themselves. A great deal could be learnt from the work carried out in learning disabilities.
- 64.5 Councillor Lepper made the point that there were a significant number of older people with a problem with alcoholism and some with a substance misuse problem. There did not appear to be much information in the report about this issue. The Director of Community Care agreed that there were a high number of admissions of older people with alcohol problems. There was a need to have clear pathways into main stream services.
- 64.6 The Cabinet Member thanked the Commissioner for Older People Mental Health for her work in preparing the report.
- 64.7 **RESOLVED** - Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:
- (1) That the Brighton and Hove Older People Mental Health Planning Framework 2009–2012, be approved.
- 65. PHYSICAL DISABILITY STRATEGY - CHOICE, INDEPENDENT LIVING AND PERSONALISED CARE - A DRAFT STRATEGY FOR PHYSICAL DISABILITY SERVICES 2009-2012**
- 65.1 The Director of Community Care introduced a report of the Director of Adult Care & Housing which set out the first Physical Disability Commissioning Strategy for the City. It was a joint strategy across Brighton & Hove PCT and Brighton & Hove City Council and outlined the development of services for adults with physical disability over the next three years 2009-2012 (for copy see minute book).
- 65.2 Councillor Lepper acknowledged that people were happier in their own homes but expressed concern that some were left to fend for themselves. She would like assurances that help was at hand when things broke down. The Director of Community Care replied that there was a need to ensure that there was a choice of accommodation for people and that officers worked with the adaptations team. The role of advocates and continuity plans were important. There needed to be robust planning to ensure people were not left to fend for themselves.

- 65.3 Councillor Lepper reported that she had come across problems with a long waiting list for adaptations to bathrooms. For example, she knew of someone who had waited a year for a shower to be fitted. The Director of Adult Social Care & Housing replied that adaptations were a national issue. Locally, a lot of work had been carried out in this area and she expected an improvement in the next year. For example, officers were looking to improve procurement. Local authorities with short turnarounds had tighter criteria. The Director did not wish to see tighter criteria and subsequently fewer people being able to access help with adaptations. Councillor Wrighton reported that scrutiny was taking up the issue of adaptations.
- 65.4 Councillor Wrighton asked if there was a different way women could approach the strategy. She also raised the issue of the impact on equalities. The Commissioner for Physical Disabilities replied that an example would be the parenting role for disabled women. The Commissioner mentioned other examples of how the strategy would affect different groups, such as men's health promotion, helping hard to reach groups such as the BME community. A health trainer could outreach hard to reach groups. There had been a great deal of input from different groups and the strategy would need to be broad and responsive to the range of individual needs.
- 65.5 The Director of Adult Social Care & Housing stressed that clear direction on physical disabilities had been a gap in the city. She thanked the Commissioner for Physical Disabilities and the General Manager, Adult Social Care for producing a report of such quality.
- 65.6 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:
- (1) - That the attached strategy be noted and endorsed.

The meeting concluded at 4.40pm

Signed

Chair

Dated this

day of



# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 2b

Brighton & Hove City Council

### BRIGHTON & HOVE CITY COUNCIL

#### ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00pm 24 APRIL 2009

#### COMMITTEE ROOM 3, HOVE TOWN HALL

#### MINUTES

**Present:** Councillor Young (Cabinet Member, Acting for Councillor Ken Norman)

**Apologies:** Councillor Lepper (Opposition Spokesperson – Labour), Councillor Wrighton (Opposition Spokesperson – Green).

#### PART ONE

#### 66. PROCEDURAL BUSINESS

##### 66(a) Declarations of Interests

66.1 There were none.

##### 66(b) Exclusion of Press and Public

66.2 In accordance with section 100A of the Local Government Act 1972 (“the Act”), the Cabinet Member considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the business to be transacted or the nature of the proceedings, that if members of the press and public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A(3) of the Act) or exempt information (as defined in section 100I(1) of the Act).

66.3 **RESOLVED** - That the press and public be not excluded from the meeting.

#### 67. MINUTES OF THE PREVIOUS MEETING

67.1 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 6 March 2009 be submitted to the next meeting of the Cabinet Member Meeting for approval.

#### 68. CABINET MEMBER'S COMMUNICATIONS

68.1 There were none

**69. ITEMS RESERVED FOR DISCUSSION**

69.1 **RESOLVED** – All items were reserved for discussion.

**70. PETITIONS**

70.1 There were none.

**71. PUBLIC QUESTIONS**

71.1 There were none.

**72. DEPUTATIONS**

72.1 There were none.

**73. LETTERS FROM COUNCILLORS**

73.1 There were none.

**74. WRITTEN QUESTIONS FROM COUNCILLORS**

74.1 There were none.

**75. NOTICES OF MOTIONS**

75.1 There were none.

**76. DAILY LIVING CENTRE**

76.1 The Cabinet Member considered a report of the Director of Adult Social Care & Housing which explained that the current lease for the Daily Living Centre expired in October 2009. This provided an opportunity to explore whether there was a better location for the centre which provided value for money and improved access (for copy see minute book). The Daily Living Centre was currently based within Hove Business Park. A suitable alternative venue had been identified at Montague House Resource Centre.

76.2 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendation.

(1) That the relocation of the Daily Living Centre be approved.

**77. CHOICE BASED LETTINGS AND EXTRA CARE**

77.1 The Cabinet Member considered a report of the Director of Adult Social Care & Housing which explored how a model of allocation could be developed for Extra Care Housing that provided transparency, addressed value for money, and met the care & support needs of vulnerable people in the city within a framework of Choice Based Lettings (for copy see minute book).

77.2 It was proposed that when an Extra Care unit became available it would be advertised with details as to the level of mobility and number of hours care that could be offered. Only those households who had been assessed as needing Extra Care accommodation and needed the level of care that matched that available unit would be able to bid for the unit.

77.3 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:

- (1) That it is endorsed that Extra Care Housing should be allocated through Choice Base Lettings in line with the allocation of other affordable housing across the City.
- (2) That it is endorsed that all extra care vacancies are marked as such within the Homemove publications and are available only for people following an ASC assessment and confirmation that they meet ASC eligibility for extra care housing.

The meeting concluded at 4.09pm

Signed

Chair

Dated this

day of



# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 11

Brighton & Hove City Council

<b>Subject:</b>	Performance and Monitoring Older People's Services October 2008 to March 2009		
<b>Date of Meeting:</b>	Adult Social Care & Health CMM 15 June 2009		
<b>Report of:</b>	Joy Hollister, Director of Adult Social Care and Housing		
<b>Contact Officer:</b>	<b>Name:</b> Jane MacDonald	<b>Tel:</b> 295038	
	<b>E-mail:</b> jane.macdonald@brighton-hove.gov.uk		
<b>Key Decision</b>	No		
<b>Wards Affected:</b>	All		

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 To provide governance information on the performance and monitoring of Older People (OP) and Older People Mental Health (OPMH) care homes and home care, for the period 1 October 2008 to 31 March 2009.
- 1.2 For the report to cover both independent sector and council care homes and home care. Services referred to in this report involve a spend of approximately £46,000,000 per annum of which £14,000,000 is funded by client contributions, Health and other joint arrangements; over 95% of services are contracted to the independent sector.

### 2. RECOMMENDATIONS:

- 2.1 The recommendation is for officers to produce and analyse information on performance and monitoring arrangements for OP and OPMH care home and home care services throughout the given period. This is to drive up quality through robust and transparent monitoring procedures. It is also to ensure that the Cabinet member for Adult Social Care is kept abreast of key governance arrangements.
- 2.2 A further recommendation is to produce reports on a six monthly. The next report will cover the period 31 March 2009 to 30 September 2009.

### **3. RELEVANT INFORMATION**

#### **CARE HOMES**

##### **3.1 *Number of care beds and homes***

The number of care homes and beds available in the city for both OP and OPMH has remained static over the last few years, see appendix 1.1. (Breakdown of OP and OPMH long stay care home places 31 March 2009.)

Last year there was an increase in the volume of planning activity and building development, both with new providers coming into the city and existing providers expanding, and there are at least two new care homes that are expected to open within a couple of years. Other activity is in the earlier stages of planning and may possibly be affected by the current economic situation.

##### **3.2 *Overview of care homes with nursing***

Nursing homes provide 24 hour nursing care for the most vulnerable older people. In the period 1 October 2008 to 31 March 2009 the demand for long stay nursing care home placements, both OP and OPHM has remained high, see appendix 1.2. (Number of new nursing home placements.

##### **3.3 *Overview of care homes (residential care)***

Residential care homes provide accommodation, meals and personal care such as help with washing and eating. The strategic direction is for fewer long stay placements to be made in both OP and OPMH residential homes. There was, however a rise between October 2007 and October 2008, reasons for this are not entirely clear but are currently being explored. See appendix 1.3. Number of new residential placements.

The Council currently has three resource centres which provide residential and other services eg day care. One resource centre is registered for OP and two are registered for OPMH. These are increasingly moving to provide short stay beds, and in June 2008 there were only two long-stay beds in OP services and thirty two in OPMH services.

##### **3.4 *Short stay intermediate care and reablement services***

There is a drive towards short stay rehabilitation and reablement services. When consulted many older people said that they wanted to remain independent for as long as possible. Demand for Health provided intermediate care and Social Care transitional (reablement type) beds within the city continue to increase. See appendix 1.4. (Short term beds.)

The Council's in-house home care team is focusing on working towards a reabling approach for service users which confirms benefits for service users and may result in a reduced number of home care referrals.

### **3.5 *Out of area care home placements***

As there is a lack of capacity in the nursing home market, the Council sometimes contracts with providers outside the city. Currently there are about 40 OP and OPMH who if given the choice probably would have chosen to stay in a nursing home within the city, see appendix 1.5. (A snapshot of nursing home beds to show those in and outside the city.)

### **3.6 *Care homes and national comparisons***

CRILL (*Capturing Regulatory Information at a Local Level*) and LAMA (*Local Market Analyser*) is information about the quality of providers linked to purchasing made by Councils and PCTs on 30 September 2008. This can be used to make national comparisons.

This shows that Brighton & Hove place people in fewer care homes that are rated as excellent. In other areas of rating ie good, adequate and poor the percentages were broadly similar; see appendix 1.6. CRILL and Care homes. Since the capture of data last September the picture has improved; and on 31 March this year all residential homes that were rated as poor within the city are now rated as adequate. On the same date there was only one local nursing home (where there are block contact arrangements) that is rated poor.

## **HOME CARE**

### **3.7 *Overview of Home care market***

There was a successful home care re-tendering exercise carried out in 2008-09 and the contracts have been awarded to independent home care providers based on districts focused on groups of post-codes. All providers awarded a contract are rated as "good" or "excellent" by the Care Quality Commission (CQC formerly CSCI).

The new contract builds in an expectation that outcome focused home care will be introduced incrementally once a pilot is complete. This pilot will allow more control for the person receiving care and greater flexibility of the service to meet their changing needs and preferences.

### **3.8 *Number of Home care placements***

The number of service users receiving home care from approved providers has increased slightly over the last six months, with an average of 1,550 per month in the first quarter of this year, see appendix 1.7.(Number of people receiving home care.)

### **3.9 Hours of Home care provided**

Reports from independent providers suggest that the hours of care have remained fairly stable over the last six months. Further analysis shows that the number of people supported by intensive home care packages has increased and this is in line for the national trend for larger, more complex packages of care provided to people in their own homes, see appendix 1.8. (Home care: hours delivered weekly)

### **3.10 Home care and national comparisons**

Local domiciliary purchasing compares very well to nationally purchased care. 38% of local domiciliary care is excellent. This is up from 22% last year, which is an increase of 16% in the excellent care rating. In the last two years care that was not purchased as excellent is rated as good; no adequate or poor care was purchased locally. Nationally this year 20% of care purchased was excellent, 67% good and the remainder adequate or poor. See appendix 1.9. (CRILL and home care.)

## **Monitoring**

### **3.9 Quality of Care Home services**

#### **3.9.1 Monitoring by the Contracts Unit**

- The Contracts Unit continues to undertake desk top reviews on all care homes in the city, gathering a range of information from key stakeholders, including the outcomes of the latest CQC report. From this information each provider is then risk rated. This determines the intensity of future monitoring, with those providers rated as high risk receiving a focused audit to check compliance against the CQC requirements; and with those where there are serious concerns being subject to ongoing and intensive monitoring. See appendix 1.10. (Levels of assessed risk in care homes).
- Aligned to this is the role of the clinical quality review nurse whose role it is to undertake a clinical audit on all in city nursing homes. The nurse visited all 27 providers within the review period, rating 18 as good, 6 as adequate and 3 not yet rated.
- The views of service users using care home services continue to be sought by social work assessors through their completion of the service user satisfaction questionnaire. Residents continue to express high levels of satisfaction, with the majority of people stating that they are either satisfied or very satisfied with the services received. The Contracts Unit continues to ensure that all aspects of dissatisfaction are followed up through the case management route, with any themes of dissatisfaction emerging with a particular provider being addressed through the Contracts Unit quality monitoring process.

#### **3.9.2 Safeguarding Adult Alerts**

- Proportionally, the vast majority of Safeguarding Vulnerable Adult alerts have arisen in nursing homes. The Contracts Unit is closely aligned to the safeguarding process, and also uses information gathered in this respect to inform the desk top



review. The Contracts Unit will also address any quality standard issues once the safeguarding process has reached closure. Recently the Contracts Unit started to gather information on the number of level 1's relating to individual providers, and they will alert the care management teams if patterns emerge which raise concerns about particular care homes.

### **3.9.3 Health and Safety Monitoring**

- A Service Level Agreement has been set up between the Contracts Unit and the Health, Safety and Well-being Team to facilitate better health and safety compliance within the independent and voluntary sector. To date the benefits with regard to care home provision have been two fold with:
  - The recruitment of a Health and Safety Business Partner (Fire) in September 2008 who is currently auditing fire compliance in care homes and improving standards in this respect.
  - The provision of free Council run Contractors Health and Safety (CHAS) training, to enable providers to become CHAS accredited by 30 September 2010 as stipulated in the new Pre Placement Contract. The take up of this training has been high with the majority of providers attending these sessions.

### **3.9.4 Fairer contracting**

- With the introduction of fairer contracting, providers included on the Preferred Provider Scheme receive an enhanced fee rate if they are rated as good or excellent by the CQC, (with nursing homes also having to score good/excellent in their clinical audit). As an additional incentive for providers to improve the quality of their services, the Council and PCT are no longer placing in those care homes rated as poor. Currently about two thirds of providers are on the Preferred Provider Scheme, whilst the remaining third do not currently qualify for inclusion. The early signs are that the Fairer Contracting initiative is having a positive effect and driving up quality in care homes within the city.

## **3.10 Quality of Home Care services**

### **3.10.1 Council-led quality assurance activities**

- The Contracts Unit carried out 7 audits and 6 Contract Reviews in the period October 08 to March 09.
- 14 incidents or complaints have been reported to the Contract Unit in the period January 08 to June 08. See appendix 1.11. Incidents and complaints reported from Service Users who receive Home Care
- The Impetus, 60+ Action Group have reported on 60 surveys from service users who have an independent provider in the last six months. There are high levels of satisfaction.

- The Contract Unit has received 88 reports from reviewing and care management staff in the last three months. Again there are high levels of satisfaction with any issues raised addressed by the reviewing process or by the Contracts Unit.
- There have been 11 cases involving home care staff where there have been Safeguarding Vulnerable Adults, 4 of which were unsubstantiated. All Safeguarding alerts are monitored and any themes are highlighted and are discussed with the relevant provider.

### **3.10.2 Carer continuity**

- Carer continuity is one of the most important measures of quality of service as identified by service users. Independent providers continue to submit reports on the cases where at least one worker has been consistently working with an individual service user for the previous six months and across the sector, approximately half the service users have this level of continuity.

### **3.10.3 Workforce developments**

- ***Recruitment, retention and staff turnover***

Recruitment, retention and turnover of staff continue to be an issue, more particularly in the independent sector, however all approved home care providers have a staff turnover of less than 17%, which is the national average.

- ***Training***

There continues to be a high level of training activity across the home care sector, not least in response to meeting the induction and training needs of the 99 new workers who started in the last three months. The government target for the achievement of 50% of home care staff NVQ2 by 2009 has been met by the majority of Home Care Providers. This is slightly higher than with national reports on current levels of NVQ achievement. 30% of the independent providers workforce were registered for the NVQ2 qualification and working towards it. The providers who have had the longest presence in the city tend to have a higher level of NVQ qualification, probably reflecting at least in part their higher proportion of staff who have been with them for a comparatively longer time eg more than 2 years.

## **4. CONSULTATION**

- 4.1. All monitoring arrangements relating to care homes have been agreed with the Registered Care Homes Association and the previous Commission for Social Care Inspection.

## **5. FINANCIAL & OTHER IMPLICATIONS:**

### **5.1 Financial Implications:**

There are no direct financial implications arising from the report. Services referred to in this report involve spend of approximately £46,000,000 per annum of which £14,000,000 is funded by client contributions, health and other joint arrangements.

*Finance Office Consulted: Anne Silley Head of Financial Services (Adult Social Care & Housing, Cultural Services, Strategy & Governance) Date: 11 05 09*

## 5.2 Legal Implications:

There are no specific contractual/procurement issues, however in general contracts must be entered into in compliance with the Council's contract standing orders and where appropriate EU and UK procurement laws; and in such a manner as to ensure transparency, non discrimination and value for money. The Council must take the Human Rights Act into account in respect of its actions but it is not considered that any individual's Human Rights Act rights would be adversely affected by the recommendations in this report.

*Lawyer Consulted: Sonia Likhari Contracts Lawyer*

*Date: 08 05 09*

## 5.3 Equalities Implications:

Equalities underpin all social care contractual arrangements.

## 5.4 Sustainability Implications:

None identified

## 5.5 Crime & Disorder Implications:

None identified

## 5.6 Risk and Opportunity Management Implications:

None identified

## 5.7 Corporate / Citywide Implications:

Measuring the performance and quality of care homes and home care providers helps towards meeting the Council's priority of ensuring better use of public money.

## **6. EVALUATION OF ANY ALTERNATIVE OPTIONS**

This Report is for information and not an evaluation of any alternative options.

## **7. REASON FOR REPORT RECOMMENDATIONS**

7.1 The reason for this Report is to ensure monitoring processes are transparent and robust which will result in improvement to services. It is also to ensure that the Cabinet member for Adult Social Care is kept abreast of key governance arrangements in OP and OPMH care homes and home care.

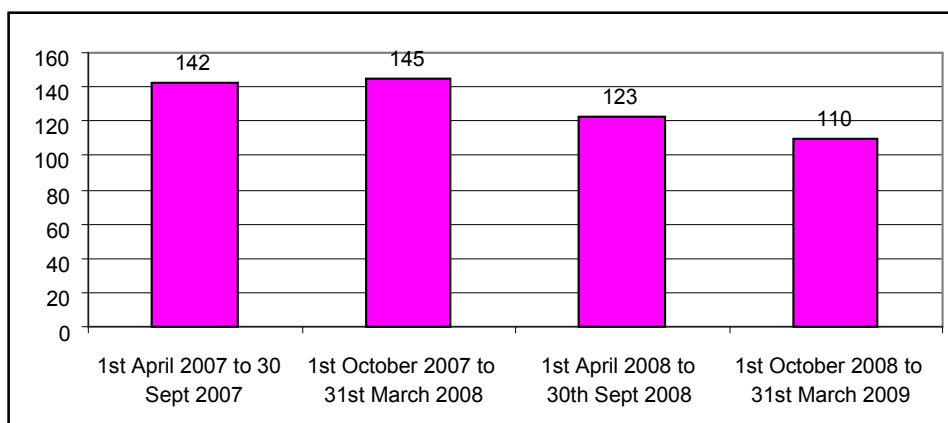
## SUPPORTING DOCUMENTATION

### Appendix one:

#### 1.1 Breakdown of OP and OPMH long stay care home places 31<sup>st</sup> March 2009

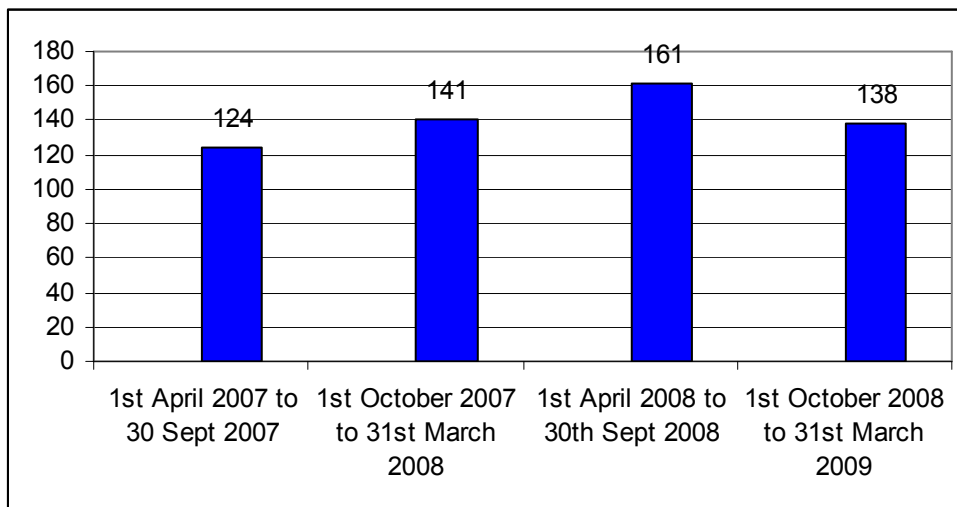
Type of provision	Total number of predominantly long stay beds in the city		Number of homes by primary category (note some homes are registered for more than one category)		Number of Preferred Providers	
	OP	OPMH	OP	OPMH	OP	OPMH
Residential care home	681	207	29	9	21	9
Brighton & Hove City Council resource centre	0	38	0 Note Craven Vale is short stay care	2	n/a	n/a
Care home with nursing	640	111	23	3	12	2
<b>Totals</b>	<b>1,319</b>	<b>356</b>	<b>53</b>	<b>14</b>	<b>33</b>	<b>11</b>

#### 1.2 Number of new nursing home placements



Overall the trend is for a reduction in the number of new nursing home placements. Numbers rose 1st October 2007 to 31st March 2008 following the opening and closing of Miles Court.

### 1.3. Number of new residential home placements



#### 1.4. Short term beds

##### Intermediate care/rehab beds

location	type of provision	number	comment
Newhaven rehab Centre	Community Beds	32	
Knoll House	Specialist ICS provision	20	
Highgrove nursing home	Independent older people nursing home	16	
Roan	Independent older people residential home	4	
Caburn	Independent older people residential home	4	
Craven vale	Resource centre for older people	17	
<b>TOTAL not including winter beds</b>		<b>93</b>	
Lister and Fleming	RSCH wards	21	These are winter beds that have not yet decommissioned – winter flex
Lindfield	PRH wards	5	These beds are commissioned for Stroke rehab but have non-acute patients in them
<b>TOTAL inc winter beds</b>		<b>119</b>	

## Transitional reablement beds/flats

location	type of provision	number	comment
Glentworth nursing home	Independent older people nursing home	7	
Sycamore nursing home	Independent older people nursing home	6	
Ireland Lodge	Mental Health resource centre (organic)	12	
Wayfield Avenue	Mental Health resource centre (functional)	3	
New Larchwood	Extra Care housing	5/6	
Somerset Point	Sheltered Housing	1 flat	
Sanders House	Sheltered Housing	1 flat	
Craven vale	Resource centre for older people	Up to 6	These beds are currently being developed and will come on stream July/August.
<b>TOTAL</b>		<b>41</b>	

### 1.5 A snapshot of nursing home places to show those in and outside the city

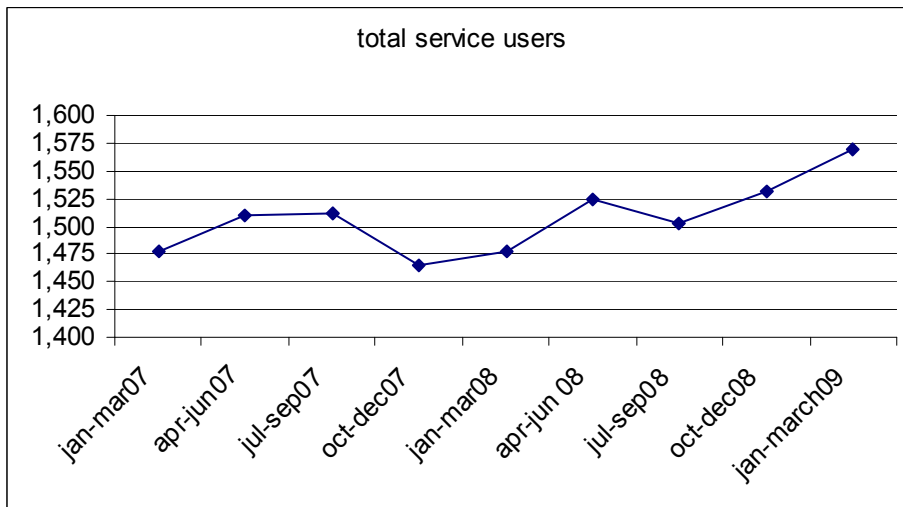
date	total	in the city	boundary of city	out of city by choice	out of city not by choice
31st March 2007	429	302	27	57	43
1st November 2007	444	315	30	60	39
31st March 2008	425	298	28	59	40
1st November 2008	419	302	25	52	40
31st March 2009	388	274	21	51	42

### 1.6. CRILL and care homes

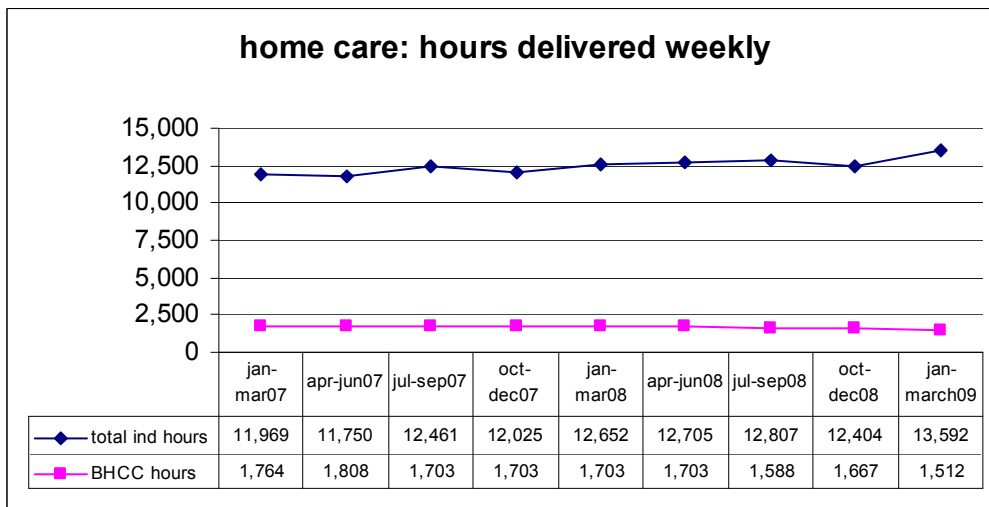
		Total valid	Not Yet Rated	Poor	Adequate	Good	Excellent
COUNCIL AREA (LAMA) PLACES	All places 30.9.07	2115	308	90	253	1117	347
	All places 30.9.08	2344	186	141	377	1260	380
COUNCIL PURCHASING (As at 30th Sept)	Placements in LA at 30.9.07	1032	154	36	133	599	110
	Placements in LA at 30.9.08	920	50	51	182	526	111
	Placements out of LA at 30.9.07	4	0	0	0	4	0
	Placements out of LA at 30.9.08	13	0	0	8	5	0
COUNCIL PURCHASING (Last two collections)	Permanent placements made Apr-Sept 07	120	19	5	18	68	10
	Permanent placements made Apr-Sept 08	198	17	16	49	100	16
	Temporary placements made Apr-Sept 07	453	211	7	44	111	80
	Temporary placements made Apr-Sept 08	207	7	16	77	54	53



**1.7. Number of People receiving Home Care**



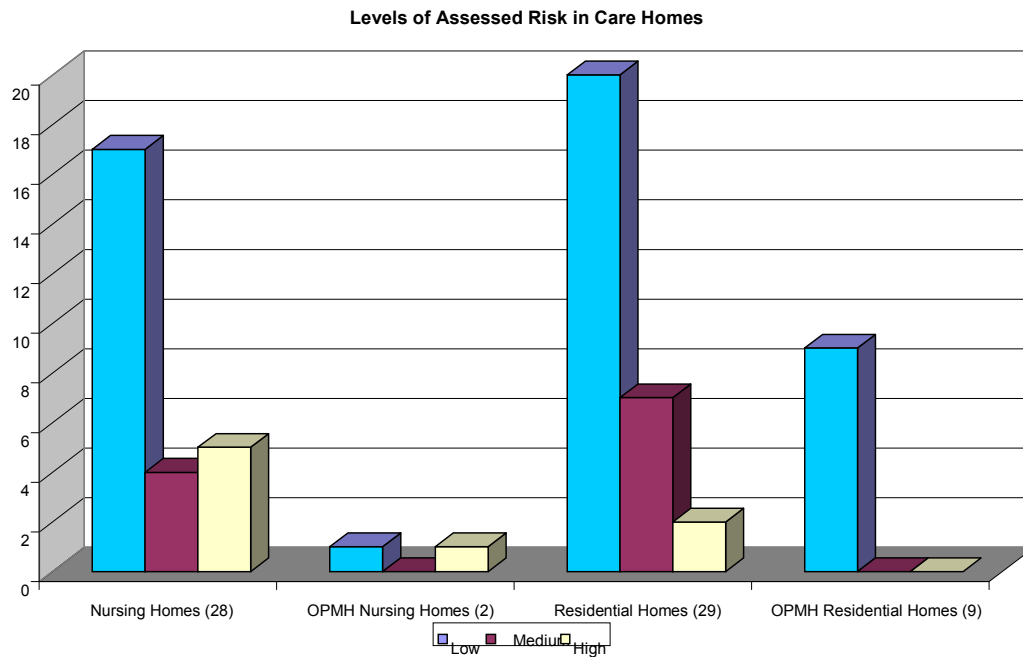
**1.8 Home Care: Hours delivered weekly**



**1.9. CRILL and home care**

				Total valid	Not Yet Rated	Rating Suspended	Poor	Adequate	Good	Excellent
ENGLAND SERVICES	All services in England at 30.9.07			4264	669	3	49	448	2400	698
	All services in England at 30.9.08			5017	727	7	51	627	2807	805
COUNCIL AREA (LAMA) PLACES	All services 30.9.07			17	2			1	10	4
	All services 30.9.08			21	3				13	5
COUNCIL PURCHASING	USERS in sample week (2007)			1226	0	0	0	0	958	268
	USERS in sample week (2008)			1183	0	0	0	0	734	449
NATIONAL PURCHASING	USERS in sample week (2007)			2877 47	50692	22	373 6	24221	1657 53	43345
	USERS in sample week (2008)			2848 06	31989	157	234 8	29769	1696 17	51083

### 1.10. Levels of Assessed Risk in Care Homes



### 1.11. Incidents and complaints reported from Service Users who receive Home Care

There have been 14 incidents/complaints reported to the Contract Unit in the six months October to March 09. They have been spread across 6 of our 10 main providers. The issues in summary have been:

<b>Issue</b>	<b>Frequency</b>
<i>Missed calls or late calls</i>	<b>1</b>
<i>Misc</i>	<b>2</b>
<i>Not staying full agreed time/ rushing service user</i>	<b>2</b>
<i>Ex- employee not handing in uniform</i>	<b>1</b>
<i>Poor continuity</i>	<b>3</b>
<i>Provider not responding quickly enough to complaint</i>	<b>1</b>
<i>Poor Hygiene practises/ care</i>	<b>2</b>
<i>Inappropriate log entries/confidentiality</i>	<b>2</b>
<b>Total</b>	<b>14</b>

#### Documents in Members' Rooms

1. N/A

#### Background Documents

1. CRILL (*Capturing Regulatory Information at a Local Level*) and LAMA (*Local Market Analyser*) 2008-9

