





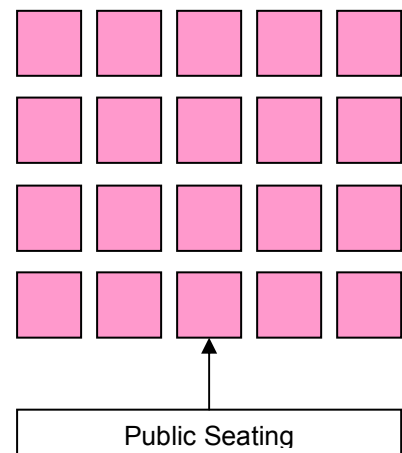
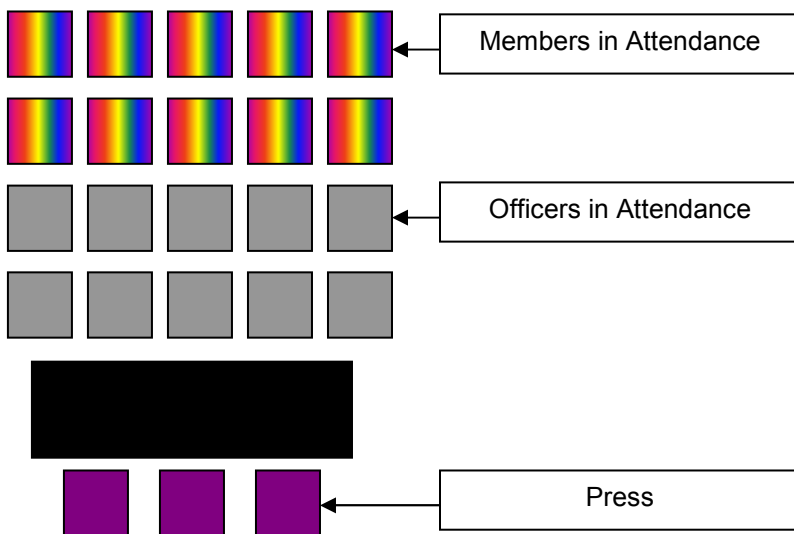
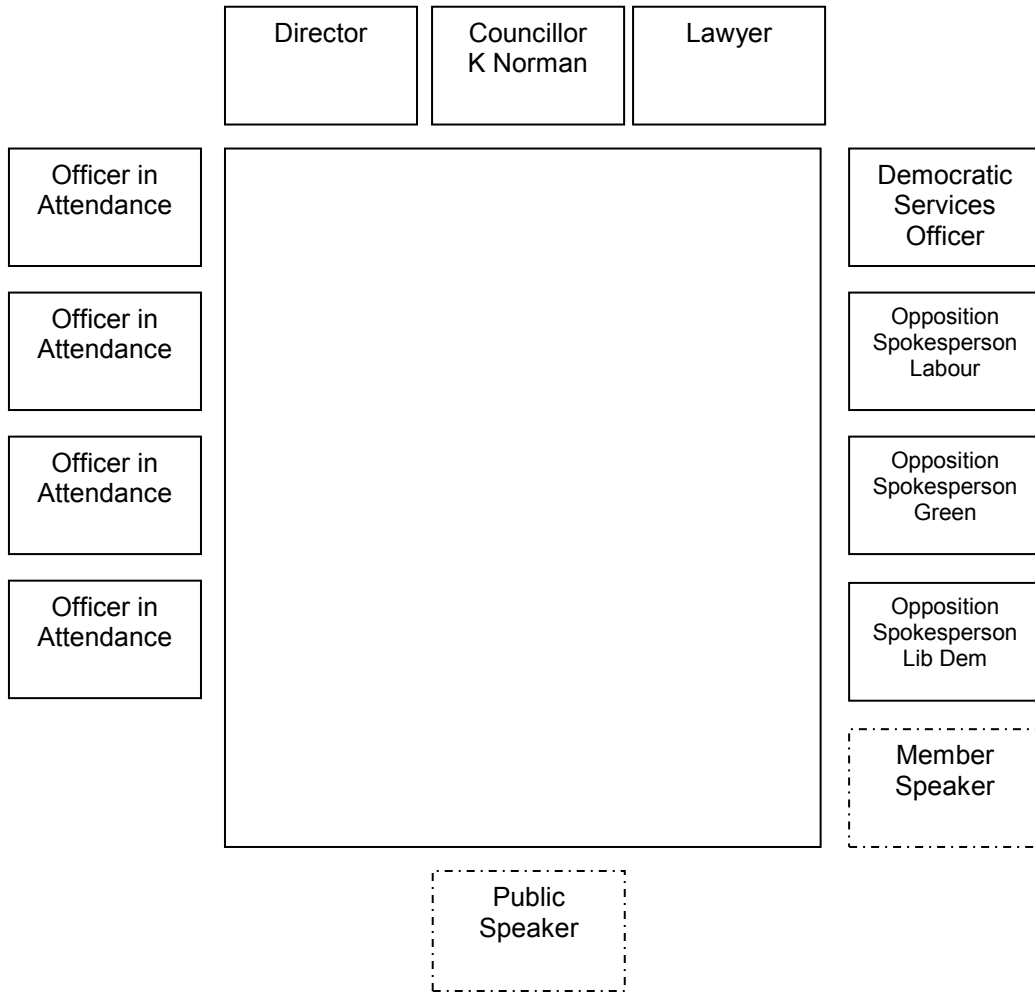
Brighton & Hove  
City Council

# Cabinet Member Meeting

Title:	<b>Adult Social Care &amp; Health Cabinet Member Meeting</b>
Date:	<b>4 February 2010</b>
Time:	<b>4.30pm</b>
Venue	<b>Committee Room 1, 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

### 37. 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.*

### 38. MINUTES OF THE PREVIOUS MEETINGS

1 - 12

Minutes of the Meetings held on 19 October and 3 December 2009 (copies attached).

### 39. CABINET MEMBER'S COMMUNICATIONS

### 40. 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.*

### 41. PETITIONS

No petitions have been received by the date of publication.

### 42. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 28 January

## ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

2010)

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

### 43. DEPUTATIONS

(The closing date for receipt of deputations is 12 noon on 28 January 2010)

No deputations have been received by the date of publication.

### 44. LETTERS FROM COUNCILLORS

No letters have been received.

### 45. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

### 46. NOTICES OF MOTIONS

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

### 47. PERFORMANCE AND MONITORING OF OLDER PEOPLE'S SERVICES - APRIL TO SEPTEMBER 2009 13 - 28

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

*Contact Officer:* Ambrose Page *Tel:* 01273 295341  
*Ward Affected:* All Wards;

### 48. PERSONALISATION AND DAY SERVICES 29 - 36

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

*Contact Officer:* Karin Divall *Tel:* 29-4478  
*Ward Affected:* All Wards;

### 49. HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME 2009/2010 37 - 42

The work programme has been referred to the Cabinet Member for noting by the Health Overview and Scrutiny Committee under the item "items to refer to Cabinet or Cabinet Member Meetings" (copy attached).

## PART TWO

### 50. TENDER FOR INDEPENDENT MENTAL CAPACITY ADVOCACY 43 - 48

Report of Director of Adult Social Care & Housing (circulated to members only).

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

## ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

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.

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk). Agendas are available to view five working days prior to the meeting date.

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 - Wednesday, 27 January 2010



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

**Agenda Item 38 a**

Brighton & Hove City Council

**BRIGHTON & HOVE CITY COUNCIL**

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

**4.00pm 19 OCTOBER 2009**

**COMMITTEE ROOM 1, HOVE TOWN HALL**

## **MINUTES**

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

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

**Apologies:** Councillor Lepper

### **PART ONE**

#### **12. PROCEDURAL BUSINESS**

##### **12(a) Declarations of Interests**

12.1 There were none.

##### **12(b) Exclusion of Press and Public**

12.2 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).

#### **13. MINUTES OF THE PREVIOUS MEETING**

13.1 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 15 June 2009 be agreed and signed by the Cabinet Member.

#### **14. CABINET MEMBER'S COMMUNICATIONS**

**Access Point**

- 14.1 The Cabinet Member was pleased to report that Access Point had been awarded a public service award in the Best Innovative Category. They had shared the award with the Family Information Centre.

**Changing Places Toilets**

- 14.2 The Cabinet Member reported that two new Changing Places toilets had opened in Madeira Drive. Meanwhile, the Cabinet Member was hopeful that more Changing Places toilets could be provided and paid for by developers.

**Vernon Gardens and Craven Vale**

- 14.3 The Cabinet Member reported that work on Vernon Gardens had now commenced and would be completed in about a year. This would provide extra care facilities. The Cabinet Member was looking forward to seeing more extra care facilities in the city but this was dependent on finances. Meanwhile 7 new beds would be provided at Craven Vale.

**15. ITEMS RESERVED FOR DISCUSSION**

- 15.1 **RESOLVED** – All items were reserved for discussion.

**16. PETITIONS**

- 16.1 There were none.

**17. PUBLIC QUESTIONS**

- 17.1 There were none.

**18. DEPUTATIONS**

- 18.1 There were none.

**19. LETTERS FROM COUNCILLORS**

- 19.1 There were none.

**20. WRITTEN QUESTIONS FROM COUNCILLORS**

- 20.1 There were none.

**21. NOTICES OF MOTIONS**

- 21.1 There were none.



**22. CONTRACT UNIT PERFORMANCE AND MONITORING WORKING AGE ADULT (UNDER 65'S) SERVICES, JANUARY TO JUNE 2009**

- 22.1 The Cabinet Member considered a report of the Director of Adult Social Care & Housing which provided governance information on the performance and monitoring of Under 65's (working age adult) services to people with mental health issues, physical disabilities and sensory loss, for the period 1 January to 30 June 2009, in order to drive up quality and performance through robust and transparent monitoring procedures (for copy see minute book). Learning Disabilities would be covered in a separate report.
- 22.2 Officers responded to a number of questions submitted by Councillor Taylor in advance of the meeting.
- 22.3 The Contracts Manager commented that there was a small reduction of people in residential care. This reflected the strategic approach to reduce numbers of people in residential care.
- 22.4 Councillor Taylor referred to paragraph 3.2 of the report and asked about the increase in numbers of people with mental health needs receiving domiciliary care compared to the previous year's figure. The Director of Community Care explained that officers were working with Sussex Partnership Trust to have more assertive outreach and were supporting people in the community.
- 22.5 Councillor Taylor commented that 11 people stopped receiving community care in the same period. He asked how many people received help in their homes. The Director of Community Care replied that these service users were probably in supported accommodation. Supported accommodation could include support in peoples' homes.
- 22.6 Councillor Taylor referred to paragraph 3.1.1 and asked what plans were in place to increase local capacity. The Director of Community Care stressed that people could be brought back to the city if other service users were moved through the service. However, it was necessary to look at service users individual needs and place them in appropriate accommodation.
- 22.7 Councillor Taylor referred to capacity in relation to paragraph 3.4.4. The Contracts Manager explained that some people had to be placed outside of the city. The Council monitored the residential care homes using desk top reviews.
- 22.8 Councillor Taylor asked how existing residents of older persons care homes were impacted by the presence of this group of people. The Director of Community Care replied that the Care Quality Commission inspectors would look at that issue. Sometimes people were placed out of area as they required care in specialist units.
- 22.9 The Assistant Director, Adult Social Care stressed that officers did everything they could to support people in their own homes. Residential care was only used when service users could no longer be supported.

- 22.10 Councillor Taylor asked about the cost of providing out of area in comparison with East Sussex. He also asked if costs were a consideration when people presented. The Director of Adult Social Care & Housing stressed that the needs of people placed in residential care varied from low to high need. There were small numbers of people in residential care with a big spectrum of needs. This made it difficult to compare units costs. The Director of Community Care stated that the spend on physical disability was mid range.
- 22.11 The Contracts Manager informed Councillor Taylor that the monitoring of quality of services took place on an annual basis for each client.
- 22.12 Councillor Taylor referred to 3.7.2 of the report. He asked what facilities existed for family members to start an alert. The Contracts Manager replied that secure systems were in place. She was confident that members of the public and family members could report any problems.
- 22.13 Councillor Taylor referred to the sustainability implications and considered that there was scope for reducing carbon emissions. The Contract Manager replied that homecare contracts operated on a geographical basis. All contracts had a sustainability clause. They sought to minimise any environmental impact. Meanwhile, the Daily Living Centre had been relocated to improve public access. The Director of Adult Social Care & Housing explained that the council had signed up to the national 10:10 campaign. This presented challenges for the department. More information could be brought back on this issue.
- 22.14 Councillor Taylor referred to paragraph 3.3.5 and made the point that 9 day care contracts did not meet the standards. He asked what action was being taken to improve standards. The Contracts Manager replied that the contracts were reviewed annually. Having full reviews was as important as achieving numeric targets. The Director of Community Care stressed that there were a number of small contracts with a different service level agreement. More detail could be given in future reports.
- 22.15 The Cabinet Member stated that future reports should contain greater detail.
- 22.16 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:
- (1) That the report be noted.
  - (2) That more governance information be provided in future reports on the performance and monitoring of working age adult services to people with mental health issues, physical disabilities and sensory loss, in order to drive up quality and performance through robust and transparent monitoring procedures.
  - (3) That it is agreed that the performance information gathered by the Contracts Unit is sufficient to progress the Council's commitment to the Personalisation agenda as stated in "*Putting people first: a shared vision and commitment to the transformation of adult social care*" (December 2007). This agenda is fundamental to the BHCC commissioning and contracting processes and supports people to be able 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.

- (4) That officers produce reports on a six monthly basis. The next report will cover the period 1 July to 31 December 2009.

### **23. SAFEGUARDING ADULTS 2008/2009**

- 23.1 The Cabinet Member considered a report of the Director Adult Social Care and Housing which explained that Adult Social Care are the lead investigating authority for safeguarding alerts which are raised when someone has a concern about the way a vulnerable person has been treated. Adult Social Care collected statistical information on the number of safeguarding alerts received and the investigations that they carry out. The report set out the activity during 2008/09 and compared this with activity during the preceding year (for copy see minute book).
- 23.2 The Assistant Director Adult Social Care reported that the Annual Report would be submitted to the Adult Social Care and Health and Housing Cabinet Member Meetings in December.
- 23.3 Councillor Taylor asked if the report included people with autistic spectrum and how the report fitted in with criminal legislation.
- 23.4 The Director of Adult Social Care and Housing explained that the report covered all forms of abuse for all vulnerable adults. Social workers and the police were trained in procedures. If a criminal activity took place, there were protocols to follow. The police would lead with council officers' help and advice. Meanwhile, there was an Adult Social Care Safeguarding Board. The Annual Report would contain more detail. An action plan had 11 standards for safeguarding. This report did not cover Learning Disabilities.
- 23.5 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:
- (1) That the trends over the last two years for safeguarding adults work in Brighton and Hove be noted; and reports be received in future on a quarterly basis in order to monitor safeguarding performance.
- (2) That the Annual Report, which is produced for the Annual Conference, is presented to the Cabinet Members Meeting in December 2009.
- (3) That it is noted that the Safeguarding Adults Annual Conference will take place on December 3<sup>rd</sup> 2009.

### **24. IMPLEMENTING PERSONALISATION IN ADULT SOCIAL CARE**

- 24.1 The Cabinet Member considered a report of the Director of Adult Social Care & Housing which explained that Adult Social Care was mid-way through a three year transformation to deliver services that focus on individuals and delivered

outcomes that maximised people's independence, choice and control. The report set out the changes that had taken place to date within Adult Social Care Services (for copy see minute book).

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

- (1) That the progress of the wider transformation agenda be monitored by receiving quarterly reports on the progress being made to implement Personalisation within Adult Social Care.

## 25. SUSSEX PARTNERSHIP FOUNDATION TRUST (SPFT) CONTRACT

25.1 The Cabinet Member considered a report of the Director of Adult Social Care & Housing which set out the changes in the contractual arrangements between the Primary Care Trust and Sussex Partnership Foundation Trust. These linked to changes in the publication of a Department of Health National Contract for Mental Health. The report also provided detail of the current contractual position. Prior to this the Primary Care Trust had signed a 5 year contract with the Trust (for copy see minute book).

25.2 Councillor Taylor asked for clarification of paragraph 3.5. He also asked how the contract would be monitored. The Director of Adult Social Care & Housing explained that the contract would include financial penalties to encourage improved quality and performance. The Director of Community Care explained that there was a range of robust mechanisms for monitoring the contract.

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

- (1) That the current contractual position be noted.
- (2) That officers prepare a further update report.

The meeting concluded at 5.00pm

Signed

Chair

Dated this

day of

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

**Agenda Item 38b**

Brighton & Hove City Council

**BRIGHTON & HOVE CITY COUNCIL**

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

**4.00pm 3 DECEMBER 2009**

**COMMITTEE ROOM 3, HOVE TOWN HALL**

## **MINUTES**

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

**Also in attendance:** Councillor Lepper (Opposition Spokesperson – Labour Group)

### **PART ONE**

#### **26. PROCEDURAL BUSINESS**

##### **26(a) Declarations of Interests**

26.1 There were none.

##### **26(b) Exclusion of Press and Public**

26.2 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).

#### **27. CABINET MEMBER'S COMMUNICATIONS**

##### **Patching Lodge**

27.1 The Cabinet Member reported that Patching Lodge was opened by the Duke of Gloucester on 12 November 2009. The development included 76 flats, community facilities and a garden.

##### **Carers Question Time**

27.2 The Cabinet Member reported that he had recently attended Carers Question Time. This event had been very successful.

**Safeguarding Adults Conference**

- 27.3 The Cabinet Member reported that he had attended the morning session of the Safeguarding Adults Conference. There had been an interesting and heartrending presentation concerning case studies of people who had been abused.

**International Day of Disabled Persons 2009**

- 27.4 The Cabinet Member reported that the International Day of Disabled Persons 2009 was being celebrated at the Dome today (3 December 2009). The Mayor was attending the event.

**Adult Social Care – Annual Performance Assessment**

- 27.5 The Cabinet Member reported that the Care Quality Commission (CQC) had published their annual performance assessment on 2 December 2009. The results were very positive for Brighton & Hove. The Council had been judged to be performing excellently in relation to 3 outcomes and performing well in relation to 4 outcomes.
- 27.6 Councillor Lepper gave her congratulations to all concerned for the good results. The Cabinet Member stated the results had been achieved due to the hard work of staff.

**28. ITEMS RESERVED FOR DISCUSSION**

- 28.1 **RESOLVED** – All items were reserved for discussion.

**29. PETITIONS**

- 29.1 There were none.

**30. PUBLIC QUESTIONS**

- 30.1 There were none.

**31. DEPUTATIONS**

- 31.1 There were none.

**32. LETTERS FROM COUNCILLORS**

- 32.1 There were none.

**33. WRITTEN QUESTIONS FROM COUNCILLORS**

- 33.1 There were none.

**34. NOTICES OF MOTIONS****Support and Guidance for the Deafblind in Brighton and Hove**

34.1 The Cabinet Member considered the following Notice of Motion proposed by Councillor Lepper and referred from Council on 8 October 2009:

“Whilst there is no generally accepted definition of deafblindness there is a working description that has been accepted over many years; ‘persons are regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility’. Deafblindness is a visual and hearing impairment. These impairments can be of any type or degree and are sometimes called multi-sensory impairments (MSI). There are many different causes of MSI. Most people who are multi-sensory impaired have some useful vision and/or hearing.

This Council welcomes the Department of Health’s Social Care for Deafblind Children and Adults – LAC (DH) 2009 6 circular. The implementation of this guidance will have a positive impact upon the level of support that deafblind people in the City receive.

The improved deafblind guidance expects this Council to carry out the following:

- Identify, make contact with and keep records of deafblind people in the City
- Ensure that assessments are carried out by properly trained personnel
- Ensure that appropriate services are provided for deafblind people- remembering that individual services who are deaf or who are blind, may not be appropriate for someone who is both deaf and blind
- Ensure that all deafblind people in the City have access to fully trained, one-to-one support workers if necessary
- Provide information in a suitable format which is accessible to deafblind people

The Council therefore requests that the Cabinet Member for Adult Social Care & Health considers the guidance contained in the circular and how it could best be implemented to suit the particular local circumstances in Brighton & Hove.”

34.2 Councillor Lepper reported that there were 390 deafblind people in Brighton & Hove. The guidance stated that there should be assistance with communicators. Brighton & Hove only had 4 communicators. There was a concern that there might be deafblind people in the city who could benefit from communicators but who did not know how to access assistance.

34.3 The Assistant Director, Adult Social Care reported that officers were in contact with Deafblind UK. The council had a Support Worker who worked through the Supporting People Team. The council agreed with the recommendations and was signed up to the guidance.

34.4 The Cabinet Member asked officers prepare a report for a future meeting to explain the work being carried out to help DeafBlind people in the City.

34.5 **RESOLVED** – (1) That the Notice of Motion be noted.

(2) That a report be prepared for a future Cabinet Member Meeting explaining the work being carried out to help Deafblind people in the City.

### **35. ANNUAL SAFEGUARDING REPORT**

35.1 The Cabinet Member considered a report of the Director of Adult Social Care & Housing which explained that the council produced an annual report which set out the performance and practice across the city which aimed to ensure the safety of vulnerable people. The annual report outlined the work that had been carried out by all the City Council Partners and the work of the Multi-Agency Safeguarding Adults Board which was chaired by the Director of Adult Social Care & Housing (for copy see minute book). The annual report was set out in Appendix 1 of the report.

35.2 The Assistant Director, Adult Social Care reported that the report had been presented at the Brighton & Hove Safeguarding Adults Annual Conference today (3 December 2009). During the year there had been one service case review and a managerial review. An audit was carried out last year on safeguarding investigations and an action plan and training programme had been developed. There had been an increase in alerts but this was levelling off. Older people and people with learning disabilities were most likely to suffer abuse. A prevention strategy, the personalisation agenda and safeguarding were priorities for future development.

35.3 Councillor Lepper raised the issue of abuse within families. The Cabinet Member agreed these were the most difficult cases to pick up. The Assistant Director, Adult Social Care explained that cases of financial abuse would be detected more successfully when a new reporting system was in place.

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

(1) That the work that has been carried out by agencies across the City to safeguard vulnerable adults be noted.

(2) That it be noted that the report was presented at the Brighton & Hove Safeguarding Adults Annual Conference which took place on 3 December 2009.

### **36. PERSONALISATION UPDATE REPORT**

36.1 The Cabinet Member considered a report of the Director of Adult Social Care & Housing which detailed the key highlights and actions of the personalisation agenda, the work area, timetables and details of leads (appendix 1). The paper sought to give an overview of the work underway to fulfil the requirements of the Putting People First Concordat. Targets to measure progress were set out in appendix 2 of the report (for copy see minute book).

36.2 Councillor Lepper suggested that a glossary of abbreviations would be useful in future. The Director of Adult Social Care & Housing agreed that reports should be



written in accessible language and that a glossary could be provided. The Cabinet Member confirmed that the comments would be taken on board.

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

- (1) That the work in progress be noted.
- (2) That in light of the targets to meet key milestones (appendix 2) to deliver personalisation, reports will be made available on a quarterly basis.
- (3) That the Personalisation Strategy be presented to the Adult Social Care & Health Cabinet Member meeting 11 January 2009.

The meeting concluded at 4.31pm

Signed

Chair

Dated this

day of



# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 47

Brighton & Hove City Council

<b>Subject:</b>	Performance and Monitoring Older People's Services April to September 2009		
<b>Date of Meeting:</b>	11 <sup>th</sup> January 2010		
<b>Report of:</b>	Director of Adult Social Care & Housing		
<b>Contact Officer:</b>	Name: Ambrose Page	Tel: 295038	
	E-mail: Ambrose.page@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 report on the performance and monitoring of Older People (OP) and Older People Mental Health (OPMH) care homes and home care, for the period 1st April to 30<sup>th</sup> September 2009.
- 1.2 For the report to cover both independent sector and council run care homes and home care.

#### 2. RECOMMENDATIONS:

- 2.1 For members to be informed about:
  - The performance of the above mentioned services
  - How the quality of these services is monitored and the outcomes of these monitoring arrangements
  - Any particular trends in respect to the above mentioned areas
- 2.2 To require a further report that covers the period 1<sup>st</sup> October 2009 to 31<sup>st</sup> March 2010 and thereafter on a six monthly basis.

#### 3. RELEVANT INFORMATION PERFORMANCE

##### Performance in Care Homes

##### 3.1 Numbers of care homes and beds

The number of care homes and beds available in the city for both OP and OPMH has increased marginally with the opening of a new dual registered care home, see Appendix 1: Breakdown of OP and OPMH long stay care home places 30 September 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 a couple of 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 April 2009 to 30 September 2009 the demand for long stay nursing care home placements, both OP and OPMH remained high, but overall the trend is for fewer long stay places. The demand is for 26% fewer places compared to the same period two years ago (See Appendix 2: Number of New Nursing home placements).

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

Residential care homes provide accommodation, meals and personal care such as help with washing and eating. The intention is for fewer long stay placements to be made in both OP and OPMH residential homes. Performance is in line with the strategic direction and the overall trend is for a reduction in new placements. (See Appendix 3: Number of new Residential Placements).

The Council currently has three resource centres which provide residential and other services e.g. 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 September 2009 there were no long-stay beds in OP services and 26 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 say that they want to remain independent for as long as possible. Demand for Health provided intermediate care and transitional (reablement type) beds within the city continue to increase (see Appendix 4: Short term beds).

### **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 5: A snapshot of nursing home beds to show those in and outside the city).

### **3.6. Reflections on care home performance information**

The combination of a marginal increase in nursing home capacity and a predicted increase in general care home provision in the future, aligned to a decrease in the number of long term placements has the following potential benefits:

- Improved quality of provision as a result of increased competition in the care home market
- More choice of provision for service users
- A decrease in the numbers of service users needing to be placed out of City because of shortages of provision within Brighton and Hove
- Less pressure on the budget

Additionally, the decrease in the numbers of long term placements not only demonstrates the success of the short stay and Intermediate Care and Reablement services in reducing the number of long term admissions, but

also shows that the public are electing to utilise less traditional models of care.

### **Performance in Home Care**

#### **3.6 Number of Home Care Packages**

Numbers of service users receiving Home Care from Approved Providers has decreased over the last six months; it has gone from 1550 to 1441. Direct payment increases and the impact of Intermediate Care Services and reablement maybe positive factors in this. (See Appendix 6: Number of People receiving Home Care).

The council's own home care team is focusing on working towards a reabling approach for service users which is in line with national research that confirms benefits for service users and may result in reduced numbers of referrals for home care.

#### **3.7 Hours of Home Care Provided**

Reports from independent providers demonstrate that hours of care have reduced in the last six months. If this is broken down the numbers of people supported by intensive home care packages has increased and this is line for the national trend for larger, more complex packages of care provided to people in their own homes (see Appendix 7: Home Care: Hours delivered weekly).

#### **3.8 Overview of Home Care Market**

There was a successful home care re-tendering exercise carried out in 2008-09 and the contracts were 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).

An Outcome Focused Home Care Pilot has been in place to assist with the change management process within ASC and with providers. This pilot is focusing on the person's outcomes to allow more control for the person receiving care and greater flexibility of the service to meet their changing needs and preferences. This links into all of the Department of Health (DOH) guidance on Fairer Contracting and consideration for new ways of commissioning care. Linking the feedback from Service Users into the National and Local Strategic Agendas e.g. Putting People First, and 'Our Health, Our Care, Our Say,' and the Care Standards Act 2000.

#### **3.9 Reflections on Home Care Performance information**

The decrease in the numbers of service users receiving Home Care from Approved Providers is indicative of the impact of personalisation, and Intermediate Care Services and reablement.

### **General performance information**

#### **3.10 Capturing Regulatory Information at a Local Level (CRILL)**

The annual CRILL has been completed and this can be included in the next report, at which point the data will have been published.

## **MONITORING**

### **Monitoring in Care Homes**

#### **3.11 Monitoring by the Contracts Unit**

- The Social Care Contracts Unit continues to undertake desk top reviews (DTR) on all care homes in the City, gathering a range of intelligence from key stakeholders, including the outcomes of the latest Care Quality Commission (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. For low to medium risk providers, they will either be written to, seeking confirmation that they have met any outstanding requirements, or will receive a contract review visit.
- In total 14 DTR's were completed in this period, resulting in 7 contract reviews and 3 focused audits being undertaken.
- Based on the CQC ratings, the overall quality of all care homes has increased between April and October. Please refer to Appendix 8 in this respect. With respect to the 2 OPMH nursing homes the City, whilst they were both rated 'good' in April 2009, one of these had received a 'poor' rating by October. Appendixes 9 to 11 provides a break down of the remaining categories of care homes, i.e. residential, residential OPMH, and nursing homes
- Aligned to this is the role of the Clinical Quality Review Nurse who is employed by NHS Brighton & Hove and whose role it is to undertake a clinical audit on all in City nursing homes. She had visited all 27 providers prior to the review period, and has been revisiting nursing homes since April 2009 to continue monitoring compliance against the clinical standards. There has been a marginal increase in quality within the review period (See Appendix 12)
- 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 when visiting them. Residents continue to express high levels of satisfaction in this respect, 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 any 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.

#### **3.12 Safeguarding Adult Alerts**

- Proportionate to the number of homes, Safeguarding Vulnerable Adult alerts have been most prevalent in OPMH nursing homes, though statistically, given the needs of this particular service user group, there is an expectation that a greater number of alerts will be received homes providing care for this category of resident. Nursing homes have also had a high number of alerts, including one level 4. In total there have been 26 alerts altogether, with Appendix 13 giving a breakdown of how these are distribution across the different categories of care 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 pick up on any quality standard issues which need following up once the safeguarding

process has reached closure, and has done so on 3 separate occasions with the review period, for two nursing homes and one OPMH nursing home.

### **3.13 Health and Safety Monitoring**

- Health and Safety: The Service Level Agreement continues to operate 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 as follows:
  - The Health and Safety Business Partner (Fire) is continuing to audit fire compliance in care homes and improving standards in this respect. To-date he has visited all providers except one, and has assessed the average level of compliance as being 92.5% throughout the sector. The most prevalent area of non compliance is providers not having in place a Personal Emergency Evacuation Plan (PEEP), and as with all areas where homes are found wanting, he will support and work with them to become compliant. If non compliance continues to become an issue, and service users are at potential risk, he will consult with the East Sussex Fire and Rescue Service who have a stronger legal mandate to take enforcement action.
  - He will also be returning to those care homes which he previously visited to start to audit more general health and safety compliance; and will also i) offer to review current Fire Risk Assessment, ii) carry out Fire Risk Assessments where it is deemed not to be suitable or sufficient, and iii) offer to carry out new Fire Risk Assessment where one is not available.
  - The take up of free Council run Contractors Health and Safety (CHAS) training, to enable providers to become CHAS accredited by 30<sup>th</sup> September 2010 has been high with the majority of providers attending these sessions.

### **3.14 Fairer Contracting**

- With the introduction of Fairer contracting in April, providers are now included on the Preferred Provider Scheme and 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). Additionally the Council and NHS Brighton & Hove are no longer placing in those care homes rated as poor, and these thing should act as a stimulus for providers to improve the quality of their services. Whereas in April 2009 59% of care homes were eligible to be included in the Preferred Provider Scheme, this figure rose to 66% in October 2009, signifying a 7% increase in preferred providers.

### **Monitoring in Home Care**

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

- The contract management process includes audits that are carried out annually and timescales are given to providers to meet any requirements made in the audit report. Monitoring service user views are also part of the quality assurance process and these are obtained through the Impetus (previously Sixty plus action group), service user questionnaires received from care managers and other feedback. Complaints, safeguarding adults' investigations and other information are also constantly monitored.

- The Contracts Unit carried out 5 audits and 8 Contract Reviews in the period April to September 09.
- 7 incidents or complaints have been reported to the Contract Unit in the period April to September 09 (see Appendix 14 Incidents and complaints reported from Service Users who receive Home Care). One very complex complaint was investigated by the contracts unit and the outcome resulted in an improved service for the person and a plaudit for the positive outcome.
- The Impetus, 60+ Action Group have reported on 46 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 78 reports from reviewing and care management staff in the last six 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 14 cases involving home care staff where there have been Safeguarding Vulnerable Adult Alerts, 9 of which were unsubstantiated. All Safeguarding alerts are monitored and any themes are highlighted and are discussed with the relevant provider (see Appendix 15 for level of investigation for Home Care Services).

### **3.16 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. Across the sector, approximately half the service users have this level of continuity.

### **3.17 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 the majority of 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 say more than 2 years.

### **3.18 Personalisation Developments**

- **Reablement:**  
Reablement is emerging as a pivotal service in the spectrum of health and social care provision that will support the delivery of Putting People First and Healthier People Excellent Care. Existing service provision has so far only



been developed 'in house'. This has in part reflected the niche that in-house providers have focused on, in the home care market and the challenges of developing such services in the independent sector. However there are key drivers for developing reablement services in the independent sector:

- To promote service user choice in service provision
- To strengthen partnership working and support business continuity across the statutory and independent sector through the promotion of a mixed economy of care

Models of delivery have been discussed with providers and work is underway for each provider to have a discreet team dedicated to reablement within existing provider services. Training and staff development will be a critical to successful delivery. A focus on outcomes will drive the commissioning and contracting process.

- **Electronic Monitoring system:** is to be introduced in the latter part of 2010, and will modernise systems and fits well with personalised services for individuals. There is potential to deliver major efficiencies that are being made by other Local Authorities who have more accurate invoices with large savings made on the difference between contracted hours and actual hours delivered. A working group and implementation plan to work in partnership with providers are to be put into place.

#### 4. CONSULTATION

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

#### 5. FINANCIAL & OTHER IMPLICATIONS:

##### 5.1 Financial Implications:

There are no direct financial implications arising from this report. Services referred to in this report involve annual net spend (after client contributions, health and other joint arrangements) of approximately £31 million per annum.

Finance Officer Consulted: Anne Silley      Date: 7<sup>th</sup> December 2009

##### 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

Date: 4<sup>th</sup> December 2009

##### 5.3 Equalities Implications:

Equalities underpin all social care contractual arrangements.

5.4 Sustainability Implications:

There is a sustainability clause contained in the contracts underpinning these services. More specifically, the Home Care arrangements promote the sustainability agenda through the adoption of district based provision.

5.5 Crime & Disorder Implications:

None identified

5.6 Risk and Opportunity Management Implications:

The monitoring arrangements detailed in this report are in place to ensure that the Council purchases good quality services, with positive outcomes for service users. These arrangements will reduce risk, both to the service users and the Council.

5.7 Corporate / Citywide Implications:

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

**6. EVALUATION OF ANY ALTERNATIVE OPTIONS**

6.1. None considered.

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 The reasons for the report recommendations are to keep members informed about the levels of older people care home and home care provision, and its usage; along with information on the quality of provision and how this is being monitored.

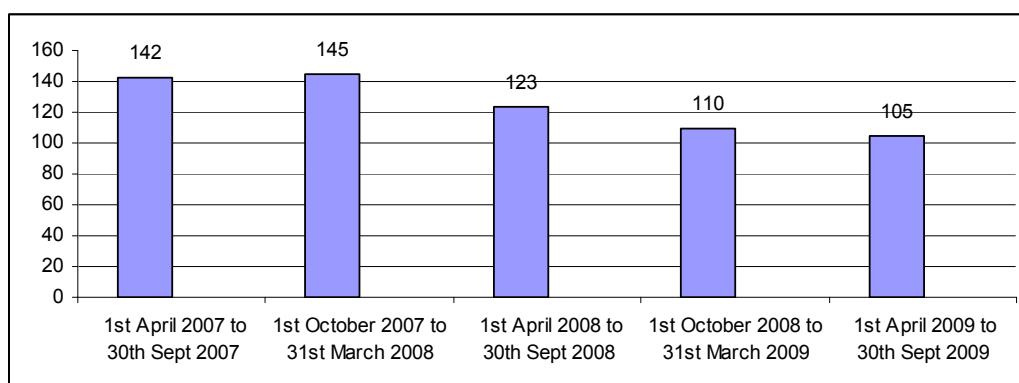
## SUPPORTING DOCUMENTATION

### Appendices:

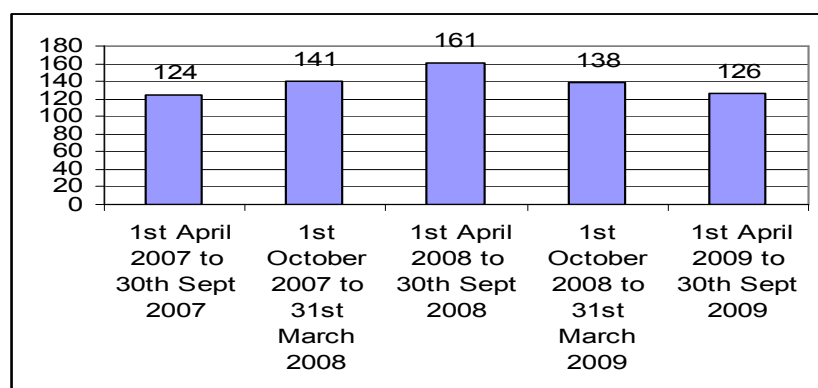
#### 1. Breakdown of OP and OPMH long stay care home places 30<sup>th</sup> September 2009

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	30	9	25	8
Brighton & Hove City Council resource centre	0	38	0 Note Craven Vale is short stay care only	2	n/a	n/a
Care home with nursing	669	111	25	3	11	2
<b>Totals</b>	<b>1,348</b>	<b>356</b>	<b>55</b>	<b>14</b>	<b>36</b>	<b>10</b>

#### 2. Number of new nursing home places



### 3. Number of new residential home places



### 4. Short term beds

#### Transitional re-ablement beds/flats i.e. predominantly Council

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)	10	Also 4 long stay 5 respite 4 flexible use
Wayfield Avenue	Mental Health resource centre (functional)	3	Also 1 flexible
New Larchwood	Extra Care housing	5/6	
Somerset Point	Sheltered Housing	1 flat	
Sanders House	Sheltered Housing	1 flat	
Craven vale	Older people resource centre	7	Also 7 respite
<b>TOTAL</b>		<b>41</b>	

#### Rehab beds i.e. predominantly Health

location	type of provision	number	comment
Newhaven rehab Centre	Community Beds	32	Must be returned to city by March 2010 or shortly afterwards
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	Older people resource centre	17	
<b>TOTAL inc Newhaven Rehab</b>		<b>93</b>	

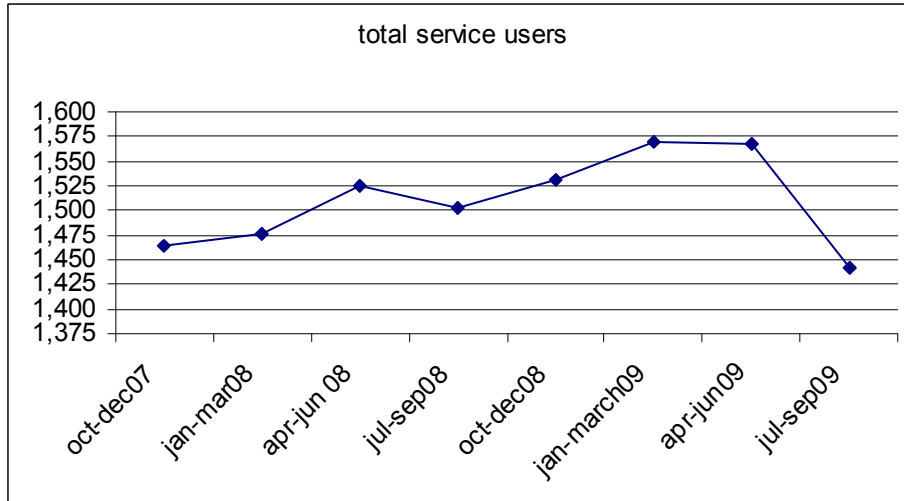
5. A snapshot of nursing home places to show those in and out of the city

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 <sup>st</sup> November 2009	393	287	20	46	40

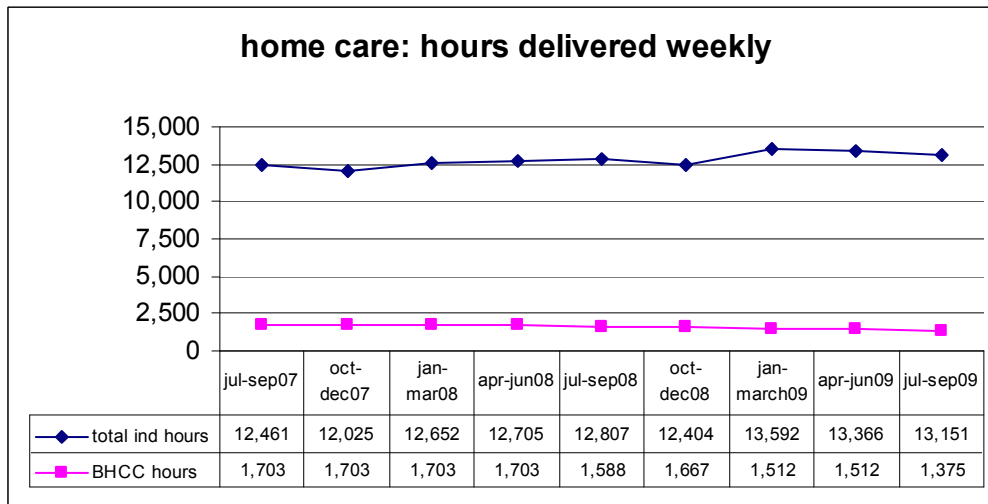
  

date	total	in the city	boundary of city	out of city by choice	out of city not by choice
31st March 2007	429	302	27	57	43
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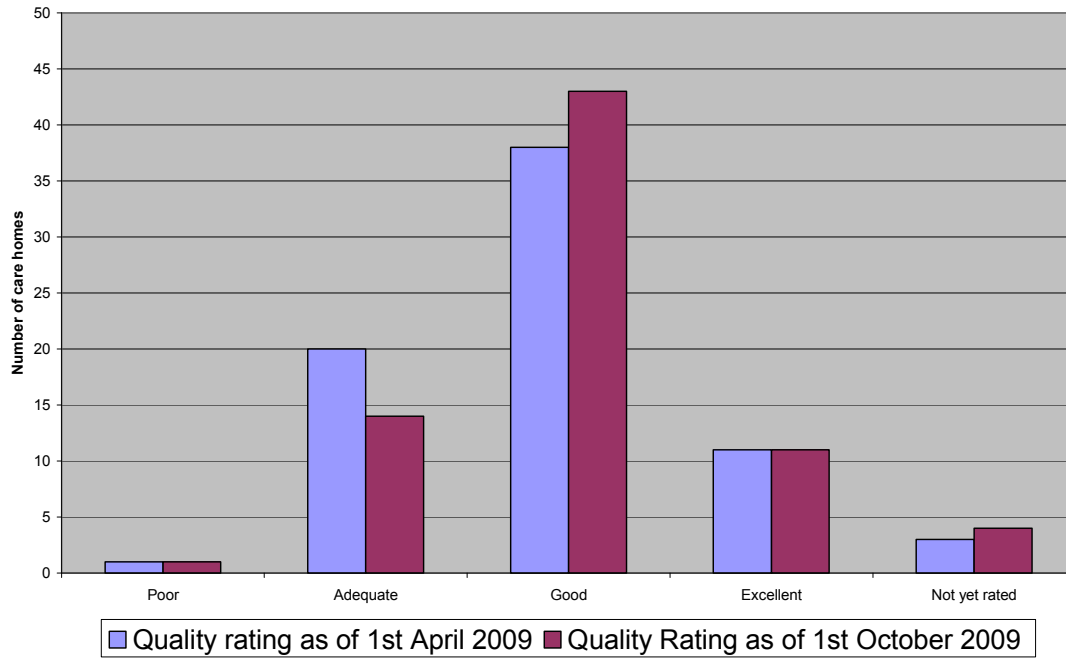
## 6. Number of People receiving Home Care



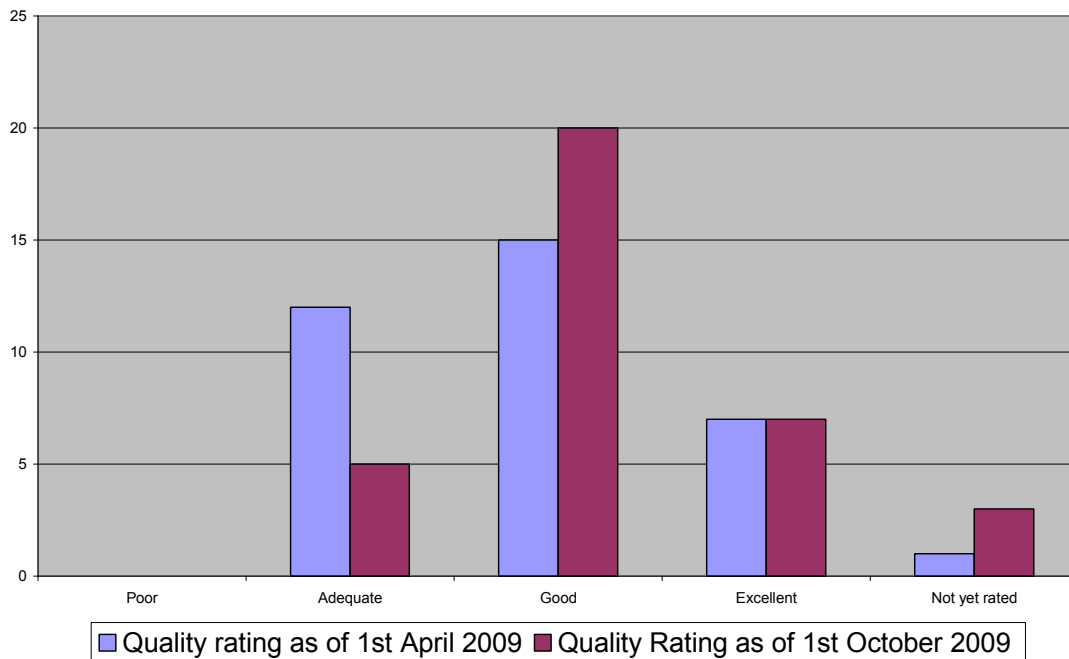
## 7. Home Care: Hours delivered weekly



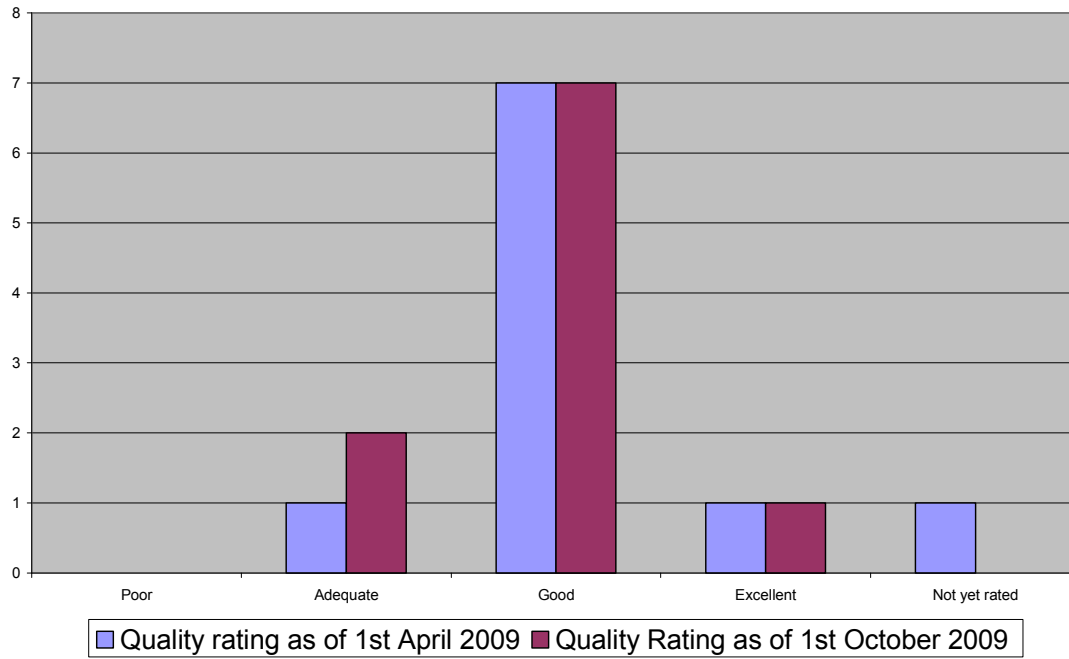
**8. Trends in the overall quality of care homes from April to October 2009**



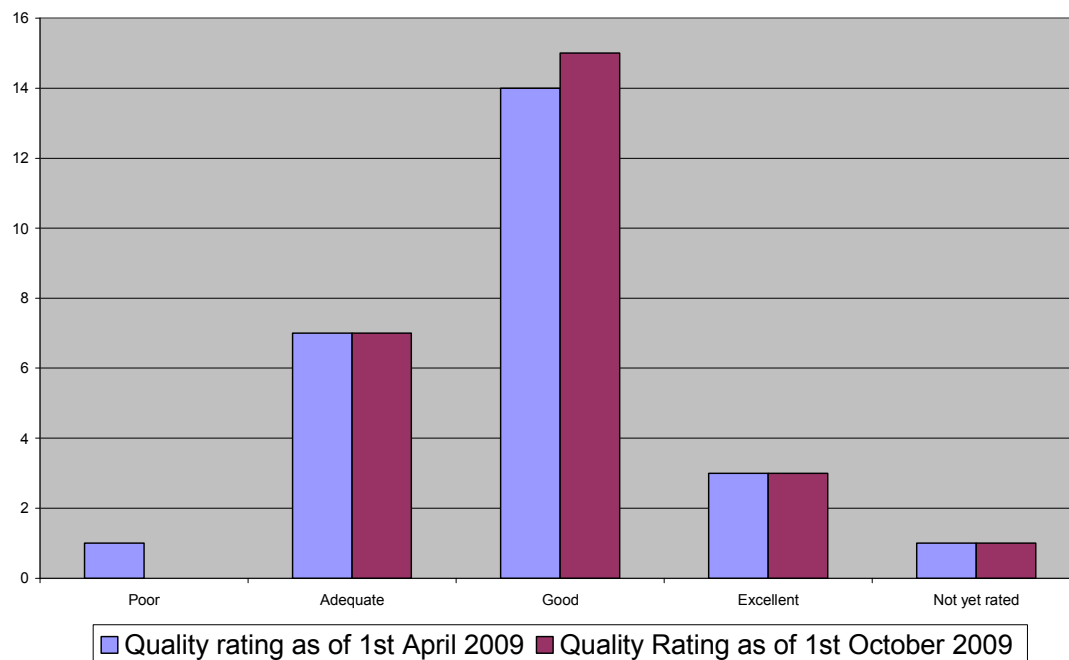
**9. Quality trends in residential homes (35)**



### 10. Quality trends in OPMH residential homes (10)

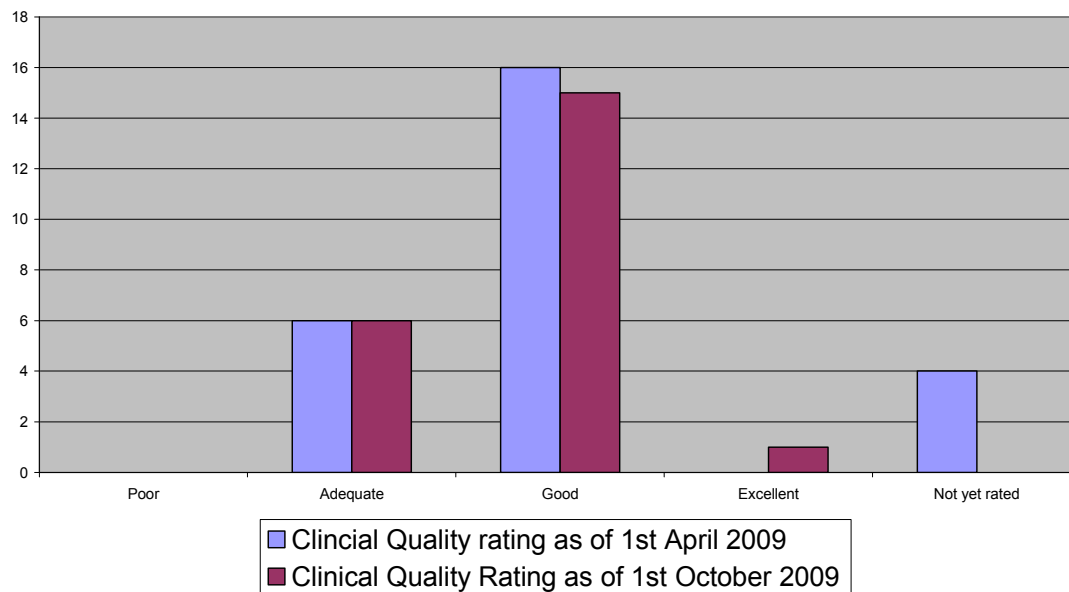


### 11. Quality trends in nursing homes (25)

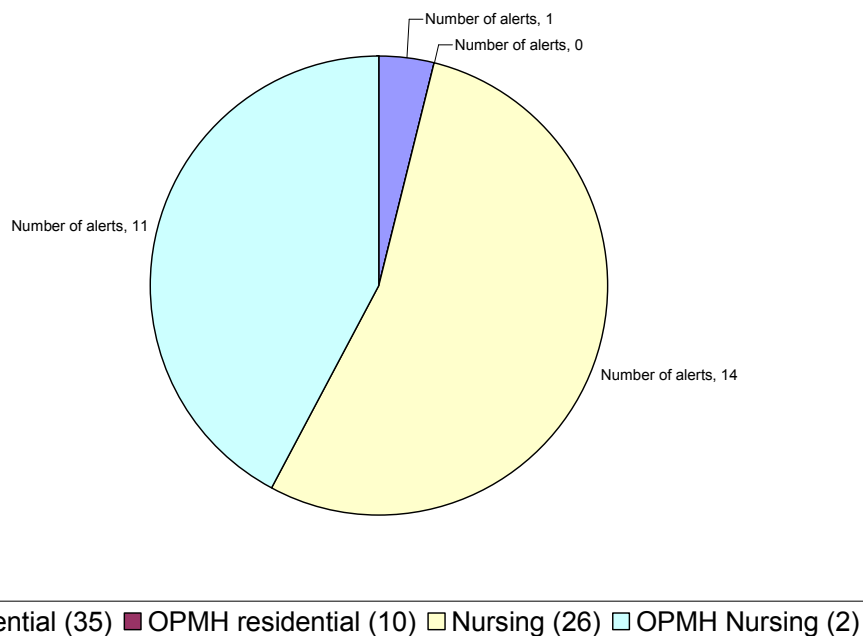




## 12. Trends in the Clinical Quality of nursing homes and OPMH nursing homes



## 13. Number of alerts raised in all categories of care homes



**14. 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 April to Sep 09. They have been spread across 6 of our 10 main providers. The issues in summary have been:

<b>Issue</b>	<b>Frequency</b>
Missed calls or late calls	<b>2</b>
Mismatch of carer with service user	<b>1</b>
Not staying full agreed time/ rushing service user	
Poor quality care	<b>1</b>
Poor continuity	
Provider not responding to phone calls	<b>1</b>
Replacement carer not as goods as regular one	<b>1</b>
Inappropriate log entries/confidentiality	
Service user reported carer was rude	<b>1</b>
<b>Total</b>	<b>7</b>

**15. Levels of safeguarding investigations for Home Care**

<b>Level Of Investigation</b>	<b>Number of Investigations carried out</b>
Level One	7
Level Two	2
Level Three	1
Level Four	1

**Documents In Members' Rooms**

1. N/A

**Background Documents**

1. None

# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 48

Brighton & Hove City Council

<b>Subject:</b>	<b>Personalisation and Day Services</b>		
<b>Date of Meeting:</b>	<b>11<sup>th</sup> January 2010</b>		
<b>Report of:</b>	<b>Director, Adult Social Care and Housing</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Karin Divall</b>	<b>Tel:</b> <b>29-6370</b>
	<b>E-mail:</b>	<a href="mailto:Karin.divall@brighton-hove.gov.uk">Karin.divall@brighton-hove.gov.uk</a>	
<b>Key Decision:</b>	<b>Yes</b>	<b>Forward Plan No: ASC 13867</b>	
<b>Wards Affected:</b>	<b>All</b>		

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT

- 1.1 Adult Social Care is changing the way in which it provides services so that people have opportunities for choice, control and independence over the way in which they live their lives.
- 1.2 A Value for Money Review of Day Services for Older People was undertaken in 2008 and the recommendations of the review were approved at Cabinet Member Meeting on 11<sup>th</sup> September 2008.
- 1.3 The value for money review of day services found lower numbers of people using traditional day services. There have also been falling numbers of referrals. The consequence of these falling numbers has been an increase in the cost per head of providing these services.
- 1.4 **This report provides information on:**
  - Actions following the value for money review
  - Issues affecting day services, including work that is being carried forward within Adult Social Care which will impact on demand for more traditional building-based day services
  - Opportunities for the development and modernisation of day services through partnership working
- 1.5 The value for money review concentrated on day services for older people, but this report also includes reference to day services for disabled adults, which operates from Montague House.

## **2. RECOMMENDATIONS**

- 2.1 That the Cabinet Member notes:
- Low occupancy and under utilisation of staff, buildings and transport in day services
  - The Increase in demand for day opportunities that promote citizenship and independence
  - Opportunities exist to make best use of staff buildings and transport through developing services in partnership with other organisations
- 2.2 That the Cabinet Member requests that a full consultation is carried out over a three month period to collect views of partner organisations, staff and unions about the future shape of Day Services and Day Options.
- 2.3 That the Cabinet Member receives a further report back at the end of the consultation period.

## **3. RELEVANT BACKGROUND INFORMATION**

- 3.1 Adult Social Care currently provide five building based Day Services at Tower House (older people), Montague House (disabled adults), Craven Vale within the resource centre (older people), and Wayfield Avenue and Ireland Lodge within the resource centres (older people mental health needs). A total of 59 staff work across the services.
- 3.2 Adult Social Care also contracts with Somerset Day Centre and St Johns Day Centre to provide day services, and with the Trust for Developing Communities to develop and enable volunteer led community services at New Larchwood.
- 3.3 Adult Social Care are also working with Hanover Housing, Lifelines and Care Co-Ops to develop an exciting new community resource run by older people and disabled adults, and Guinness Housing and the Brighton & Hove Federation of Disabled People to develop an accessible meeting, advice and advocacy service run by disabled people for disabled people at Vernon Gardens.
- 3.4 Previous consultation has shown that the main reasons why people currently use building based day services are to address social isolation and for carers respite or to enable carers to continue to work.
- 3.5 A recent consultation with service users and carers resulted in a high level of satisfaction with their day service.

## 4 PROGRESS FOLLOWING THE VALUE FOR MONEY REVIEW

VFM Review	Actions
Combined Day Services	Due to falling demand, Combined Day Services no longer operate in sheltered housing schemes across the city. All 38 service users were successfully transferred to other services, and occupancy at Tower House has risen as a result.
Day Options Team	A “Day Options” team has been established with the aim of giving people more choice and control about what opportunities may be available to them in the community.
Mental Health Services	A Mental health focus group now exists with the aim of developing a new model for day services for older people with mental health needs, focusing on working in partnership, utilising buildings better, and offering more choice and flexibility for services users and their carers.
Reablement	Day services now have a reablement focus, with examples of services users moving on from day services into community activities where possible.
Joint Management	The management of day services for older people and younger adults with a physical disability have been amalgamated, giving more opportunity for joint working across services.
Work with Commissioners	Work has begun with commissioners to consider the future needs of the population and local drivers that may affect the development of day services.
Independent Sector Provision	Commissioners have established a strategic group to include independent sector providers to prepare the market for personalisation.

## 5 DRIVERS FOR CHANGE

### 5.1 National and Local Developments

There are a number of factors that will influence the development of day services across the city. These include:

- Putting People First: The Personalisation Agenda in Adult Social Care
- National Strategy for Carers
- National Dementia Strategy
- Transforming Community Services: Enabling Patterns of Provision
- Preventive Strategy

These strategies emphasise the need to work in partnership. Transforming Community Services emphasises: “Providers of community services, whether existing or prospective, need to be in a position to offer innovative and dynamic proposals to the commissioner requirements. They need to this in the environment that encourages choice and competition.”

## 5.2 Occupancy

Occupancy rates have been at a low level for some time in day services. Managers have been putting measures in place to increase numbers, and although occupancy has not improved significantly, the number of people on the books has increased over the last few months. Occupancy is significantly lower than places booked; this is mainly due to service users being unable to attend (e.g. they are ill, in hospital or visiting family etc). Table 1 demonstrates average occupancy levels for the period April - September 2009.

## 5.3 Unit costs

There is a relationship between low occupancy in centres and high unit costs. The table below illustrates the unit costs for one day of day services.

**Table 1: Day Services Occupancy figures and Unit Costs Apr – Sept 09**

Name of Centre	Days Open	Total Places Per week	Costs 09/10	Average occupancy Apr – Sept 09	Unit Cost per person per day Apr – Sept 09
Wayfield Avenue	7	154	347,390	62%	70
Ireland Lodge	7	154	392,806	53%	93
Craven Vale	7	155	393,142	59%	83
Tower House	5	150	414,650	70.3%	79
Montague House	5	140	385,766	49%	108

\* service users are assessed to pay a charge for day services up to a maximum of £22 per day, Low occupancy also results in less income

## 5.4 Levels of need

The demand for traditional based day services has reduced. In older people's services, this may be linked to the fact that people attending day services are now older and have higher levels of need. 51% of users in day services for older people are 85 plus. A proportion of these older people have complex health needs, (mental and or physical) and this may indicate a need for joint working with health partners.

5.5 These changing levels of need may demand a different way of providing day services for those people who require more staffing input, (e.g. People attending for sessions rather than long days.)

## 5.6 Underuse of buildings/transport

With low occupancy in most services, buildings are under utilised not only during the day, but also in the evenings and at weekends. All buildings are well maintained, offering excellent facilities. There is also a need to share transport resources more effectively. There may be opportunities to work

with partners to maximise the use of buildings and transport, or to use them differently.

#### **5.7 The role of Adult Social Care in the provision of day services**

Services directly provided by the council are under intense scrutiny to demonstrate value for money and excellence. Other directly provided services in Adult Social Care (home care and residential care) have developed a “niche market” so that their services can be differentiated from that provided in the independent sector. Some of these services have been developed in partnership with other organisations.

5.8 Both Ireland Lodge and Wayfield Avenue (both centres for older people with a mental health need) have more of a specialist function, mainly concentrating on the needs of people with dementia. Montague House also retains a more specialist function. However, opportunities may be available to work in partnership with statutory and 3<sup>rd</sup> sector organisations to develop these specialist services to give users a more enhanced service.

5.9 At present mainstream day services for older people directly provided in Adult Social Care does not have a “niche” market to differentiate itself from day services provided in the voluntary sector. Staff are highly skilled at providing care and support to people with specialist needs, and these skills are not being maximised. In addition, although opportunities exist, no formal partnerships exist with other organisations in the development of day services.

#### **5.10 Contracted Day Services**

Commissioners are working with Somerset and St John’s day centres to review day services provision. Both centres are actively engaged as they recognise the need to modernise the service.

### **6 OPPORTUNITIES**

#### **6.1 Work with partner organisations**

Other partner organisations are currently examining ways in which they can respond to important national and local developments outlined above. An opportunity now exists for Adult Social Care to work with partners to establish how best day services can be developed to respond to this agenda. Formal consultation will be required with partner organisations, to ascertain how resources in Adult Social Care could be maximised (i.e. staff skills, buildings and transport)

#### **6.2 Staff skills, buildings and transport**

Valuable resources exist in day services: staff are well trained and are skilled in working with people with complex needs, buildings are well maintained but underused, and transport provision would benefit from a review to maximise efficiency.

### 6.3 **The development of Day Options**

Opportunities now exist to build on the work that has been taking place in the development of Day Options for people accessing Adult Social Care services. Montague House has for the past four years been developing an outreach Day Options service which provides an opportunity for someone accessing the service for the first time to set their own goals for independent living.

6.4 Within older people services a similar piece of work has just been developed with a new Day Options team that will support people in a similar way to decide their own goals and how they would like to achieve independence, address social isolation etc.

6.5 There are now opportunities for staff from both services (older people and younger adults) to work more closely together to further develop needs led, rather than an age led service.

6.6 However, these initiatives are only low level currently as there are not the resources available to expand them and to develop direct payments that will then enable people to access services independently, whilst investment is tied up within buildings.

### 6.7 **Joint working**

Given the under use of buildings, opportunities may exist to rationalise day services across the city. "Community Hubs" could be developed with different organisations working together to provide services to one local area. However, consultation with partners would be required to establish demand before any decision could be made about rationalisation.

### 6.8 **Income for Adult Social Care**

There is an opportunity to maximise income for Adult Social Care through possible shared use of buildings.

## 7 **PROPOSALS**

7.1 Given the low occupancy in building based day services and the development of different way of providing day opportunities for people, an opportunity now exists to explore how best Adult Social Care can make best use of staff expertise, valuable buildings and transport.

7.2 It is proposed that commissioners undertake a formal consultation with partner organisations to establish how Adult Social Care day services can work with them respond to changing need to the city. This will build on the informal work currently happening in day services for older people with mental health needs, and will build a sound platform to ensure that Adult Social Care are providing a services to those people with a higher or more specialist level of need.

7.3 It is important to use the limited resources we spend on day services in the way that brings maximum benefit to as many people as possible and to ensure that we have the balance right between building based services and services that work directly with people in their communities.



## 8. CONSULTATION

- 8.1 It is proposed that there will now be a three month consultation led by commissioners in Adult Social Care with partner organisations, staff and unions, and voluntary sector organisations, with a report back to the Cabinet member at the end of the consultation. As services users have been extensively consulted recently, it is proposed to explore their views further following the development of a blueprint for day services.

## 9 FINANCIAL & OTHER IMPLICATIONS:

### 9.1 Financial Implications:

The 2009/10 budget for day services to Older People and people with physical disabilities is £2.3 million. The estimated unit cost of services and occupancy levels are set out in paragraph 5.3. The review of day services in 2008 led to a reduction in unit costs through increasing occupancy, however, the current unit costs remain high compared with other authorities in the Audit Commission comparator group. The development of day opportunities as set out in the report should lead to improved Value for Money.

*Finance Officer consulted Anne Silley  
2009*

*Date 15<sup>th</sup> December*

### 9.2 Legal Implications:

The Local Authority has a continuing duty to the public purse in addition to considering the needs of the local population for services. This report describes such a dual approach. It describes an under use of some services, consultation that has taken place already with current service users and planned consultation with partners and other interested or affected parties to inform a blue print for day services in the City. Service Users will have the opportunity to provide their views on that blue print once formulated. This approach ensures fairness and compliance with the Right to a Fair Hearing contained in Article 6 of the European Convention on Human Rights (Human Rights Act 1998).

*Lawyer Consulted: Sandra O'Brien*

*Date: 15 December 2009*

### 9.3 Equalities Implications:

Older people, people with disabilities and mental illness access existing day services. There is still quite limited access to outreach and day options services and these services are still not available for people with mental health needs.

### 9.4 Sustainability Implications:

Building based services have to be serviced, heated etc, and transport is required to bring people from across the City into day services. There are opportunities to maximise the use of resources to make services more

sustainable. Day options use resources already provided in the local community.

9.5 **Crime & Disorder Implications:**

People may prefer to travel to and attend a building based service with other people as this can give a greater sense of personal security.

9.6 **Risk and Opportunity Management Implications:**

The risk of continuing to provide building based services with a fall in demand is that the costs per head will increase and there will not be the resources available to invest in personalisation of day services.

9.7 **Corporate / Citywide Implications:**

Day services for older people and disabled people are in Kempton / Preston Park, with mental health day services in Hove and Woodingdean.

**10. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

10.1 The aim of the consultation will be to test out the various options for the future delivery of day services.

**11. REASONS FOR REPORT RECOMMENDATIONS**

11.1 To ensure that the Cabinet Member receives a wide spread of views to inform his decision-making in developing day services within personalisation.

**SUPPORTING DOCUMENTATION**

**Appendices:**

None

**Documents In Members' Rooms**

None

**Background Documents**

None

# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 49

Brighton & Hove City Council

### HOSC Work Programme 2009/2010

Issue	Date to be considered	Referred/Requested By?	Reason for Referral	Progress and Date	Notes
Dental Services	02 December 2009	HOSC (March 09)	Update requested re: outstanding performance issues		
Mental Health – commissioning and provision	02 December 2009	SPFT/NHSBH	Brief HOSC members on major reconfiguration of Sussex MH services – presentation by SPFT; paper from NHSBH		Report for information on future reconfiguration of Sussex MH services
Health Inequalities	02 December 2009	Audit Committee	Referred from Sep 09 Audit Committee		
NHS Brighton & Hove Strategic Commissioning Plan	02 December 2009	NHS BH	Update of PCT's commissioning intentions		

<b>Issue</b>	<b>Date to be considered</b>	<b>Referred By?</b>	<b>Reason for Referral</b>	<b>Progress and Date</b>	<b>Notes</b>
LINK Update	27 January 2010	HOSC	Regular HOSC item		Postponed from 02 Dec at request of LINK
Annual Health Check Report Back	02 December 2009	HOSC	Report for information on 08/09 Healthcare Commission performance scores for local NHS trusts		
3T Progress Report/Transfer of RSCH acute services to community settings	27 January 2010	BSUHT/Cllrs Mitchell and Turton	Update on progress re: the redevelopment of the RSCH site		Item to include the issue of transferring acute services into community settings
Immunisation/Vaccination	27 January 2010	Cllr Kitcat	Report on city vaccination rates compared to national/regional rates		
Breast Cancer Screening	27 January 2010	HOSC	Update on screening services (following recent underperformance)		
South Downs Health Trust Integration with West (and East)	27 January 2010	SDH	Update on plans to integrate SDH with community provider arms of WSPCT and (potentially) ES PCTs		

Sussex Community Services					
<b>Issue</b>	<b>Date to be considered</b>	<b>Referred By?</b>	<b>Reason for Referral</b>	<b>Progress and Date</b>	<b>Notes</b>
Alcohol Related Hospital Admissions	10 March 2010	HOSC	Examine red LAA indicator with view to setting up an ad hoc panel		
Car Park Charges at NHS trusts	10 March 2010	Cllr Peltzer Dunn	Examine local (acute) trust policy for visitor car parking at hospital sites		
BSUHT emergency planning	10 March 2010	Cllr McCaffery	Examine BSUH planning for acute care in emergencies		To include plans for healthcare provision after a major incident at RSCH site
Public Health	10 March 2010 (possible)	Director of Public Health	Update on public health priorities for the city		Timing may depend on severity of flu pandemic
Sussex Orthopaedic Treatment Centre Update	05 May 2010	HOSC	Update on SOTC performance (as some performance issues remained unresolved following last meeting in Nov 08)		
Transfers of Care	05 May 2010	Cllr McCaffery	Examine delays in transferring patients out of acute care		

<b>Issue</b>	<b>Date to be considered</b>	<b>Referred By?</b>	<b>Reason for Referral</b>	<b>Progress and Date</b>	<b>Notes</b>
Swine Flu	05 May 2010	HOSC/Cllr McCaffery	Determine lessons to be learnt from swine flu pandemic, including maintaining acute care provision in an outbreak		
Fit For the Future	05 May 2010 (estimated date)	Joint HOSC	Final results of the Joint HOSC on reconfiguration of West Sussex acute care		
Ad Hoc Panel on GP-Led Health Centre	1 <sup>st</sup> meeting post May 2010	HOSC	12 monthly update on the GP-Led Health Centre (to incorporate report on how the PCT ensures the commercial competitiveness of local health care providers)		
Older People in Hospital	1 <sup>st</sup> meeting post May 2010	Cllrs McCaffery and Barnett	Report on acute care provision for older people		
Older People's Mental Health Care	1 <sup>st</sup> meeting post May 2010	Cllr Barnett	Report on nursing (EMI) provision for older people		

<b>Issue</b>	<b>Date to be considered</b>	<b>Referred By?</b>	<b>Reason for Referral</b>	<b>Progress and Date</b>	<b>Notes</b>
Patient Experience/Measuring Outcomes	2nd meeting post May 2010	BSUHT/NHS BH	Report on how NHS organisations are increasingly focusing on patient experience, and on measuring outcomes rather than processes		
Community Mental Health Services	2nd meeting post May 2010	Cllr Meadows	Examine how the NHS policy of providing MH services in the community whenever possible impacts upon other services (e.g. police, housing, ASC) and how any costs/risks are shared by partners		
Health Visitors, Midwives and Breast Feeding	2nd meeting post May 2010	Cllr McCaffery	Examine breast feeding uptake and effectiveness of the integration of pre, peri and post natal services		





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