



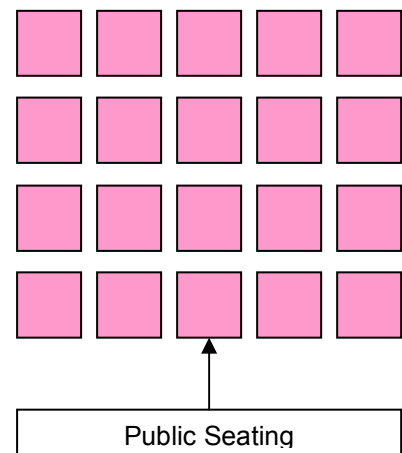
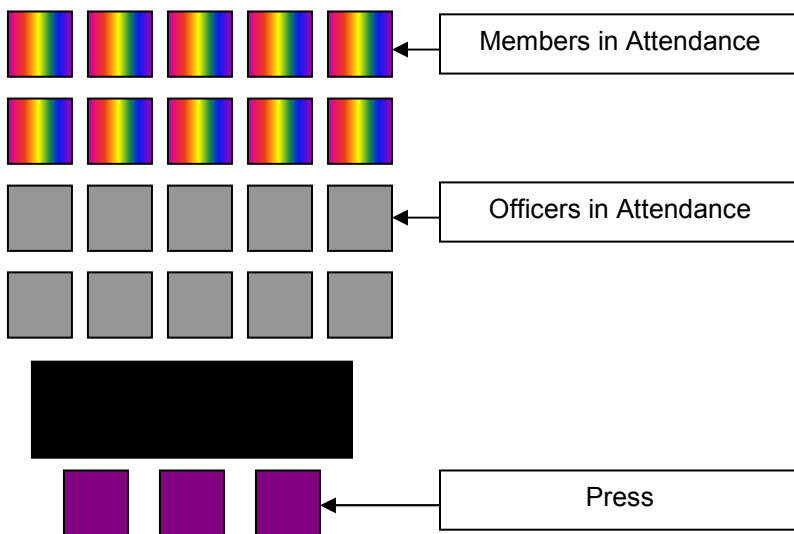
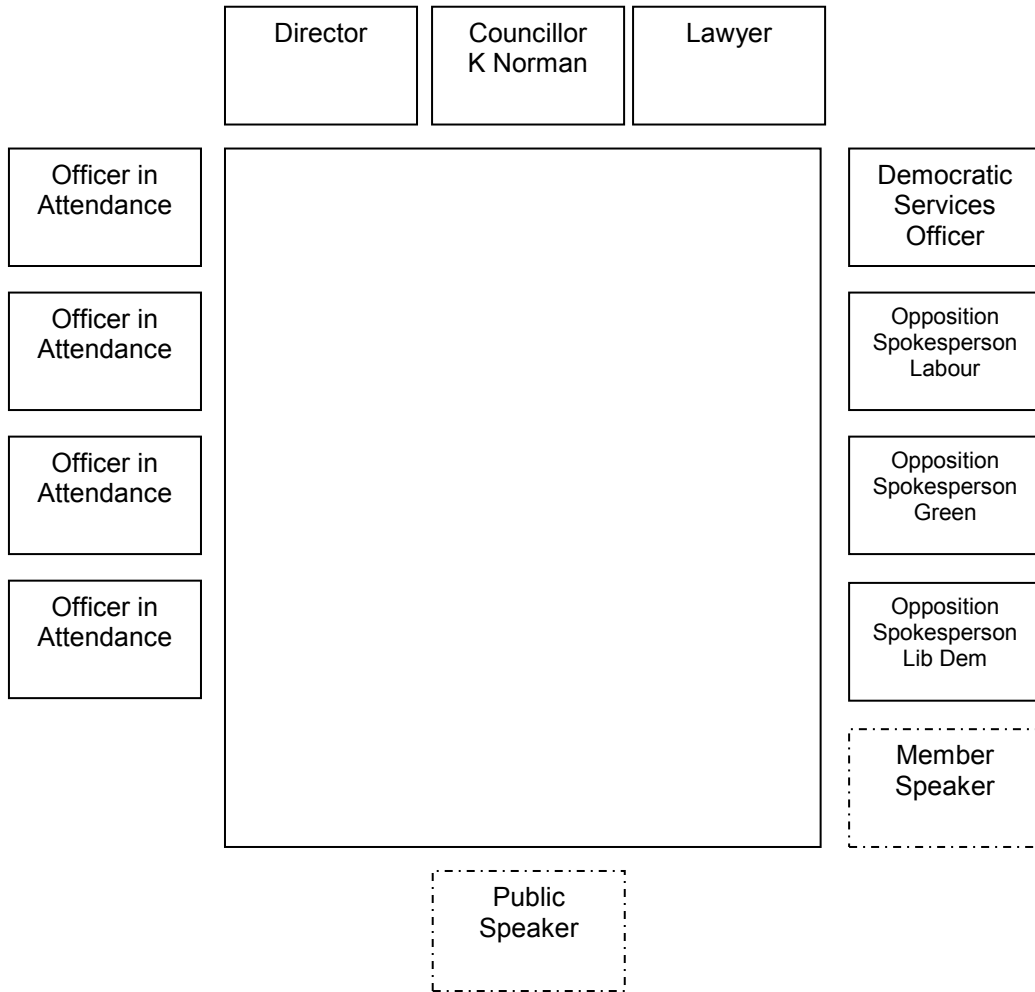
Brighton & Hove
City Council

Cabinet Member Meeting

Title:	Adult Social Care & Health Cabinet Member Meeting
Date:	14 June 2010
Time:	4.00pm
Venue	Committee Room 3, Hove Town Hall
Members:	Councillor: K Norman (Cabinet Member)
Contact:	Caroline De Marco Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

	The Town Hall has facilities for wheelchair users, including lifts and toilets
	An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.
	FIRE / EMERGENCY EVACUATION PROCEDURE If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions: <ul style="list-style-type: none">• You should proceed calmly; do not run and do not use the lifts;• Do not stop to collect personal belongings;• Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and• Do not re-enter the building until told that it is safe to do so.

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 - 4

Minutes of the Meeting held on 15 March 2010 (copy 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 7 June 2010)

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

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

7. DEPUTATIONS

(The closing date for receipt of deputations is 12 noon on 7 June 2010)

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. PERSONALISATION AND DAY SERVICES

5 - 26

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

Contact Officer: Anne Hagan, Marnie Naylor Tel: 01273 296370, Tel:
01273 296033

Ward Affected: All Wards;

12. CONTRACT UNIT PERFORMANCE AND MONITORING OF WORKING AGE ADULT (UNDER 65S) SERVICES, OCTOBER 2009 TO MARCH 2010

27 - 40

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

Contact Officer: Judith Cooper Tel: 01273 296313
Ward Affected: All Wards;

13. PERFORMANCE AND MONITORING OLDER PEOPLE'S SERVICES 1ST OCTOBER 2009 T 31ST MARCH 2010

41 - 58

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

Contact Officer: Lynn Mounfield Tel: 01273 296201
Ward Affected: All Wards;

14. CARELINK PLUS

59 - 68

Report of Acting Director, Adult Social Care and Health (copy attached).

Contact Officer: Anne Hagan Tel: 01273 296370
Ward Affected: All Wards;

15. SAFEGUARDING VULNERABLE ADULTS DATA

69 - 78

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

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Contact Officer: Karin Divall
Ward Affected: All Wards;

Tel: 29-4478

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. 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) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Friday, 4 June 2010

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 2

Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00pm 15 MARCH 2010

COMMITTEE ROOM 1, HOVE TOWN HALL

MINUTES

Present: Councillor K Norman (Cabinet Member)

PART ONE

51. PROCEDURAL BUSINESS

51(a) Declarations of Interests

51.1 There were none.

51(b) Exclusion of Press and Public

51.2 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).

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

52. MINUTES OF THE PREVIOUS MEETING

52.1 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 4 February 2010 be agreed and signed by the Cabinet Member.

53. CABINET MEMBER'S COMMUNICATIONS

Denise D'Souza

53.1 The Cabinet Member reported that Denise D'Souza was now officially Acting Director of Adult Social Care & Health.

Care Quality Commission

53.2 The Cabinet Member reported that the CQC would carry out their inspection for three days at the end of May. The outcome would be known at the end of July. The inspectors would like to meet stakeholders and partners.

54. ITEMS RESERVED FOR DISCUSSION

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

55. PETITIONS

55.1 There were none.

56. PUBLIC QUESTIONS

56.1 There were none.

57. DEPUTATIONS

57.1 There were none.

58. LETTERS FROM COUNCILLORS

58.1 There were none.

59. WRITTEN QUESTIONS FROM COUNCILLORS

59.1 There were none.

60. NOTICES OF MOTIONS

60.1 There were none.

61. INDEPENDENT & VOLUNTARY SECTOR FEE REPORT 2010/11

61.1 The Cabinet Member considered a report of the Acting Director of Adult Social Care & Health which recommended fee levels for a range of independent and voluntary sector providers who were supplying care services on behalf of Brighton & Hove Council.

61.2 The Contracts Manager reported that the proposal was to hold the fee levels at the 2009/10 rates for 2010/11 for all independent and voluntary sector providers (with the exception of providers who were supplying care services for people with learning disabilities – which was the responsibility of the Cabinet Member for Housing). It was proposed to hold Direct payments at the 2009/10 levels for 2010/11. It was proposed to match the applicable host authority rates for new placements made in Out of City care homes for Older People and Older People Mental Health for 2010/11. These proposals were suggested in light of the above inflation increases made in recent years, the expected low rate of inflation and the general drive for efficiency across the public sector.

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

- (1) That approval is granted for the fee levels of all independent and voluntary sector providers to be held at the 2009/10 rates, except learning disability providers who will be reported on separately.
- (2) That approval is granted for new placements in Out of City care homes Older People and OPMH to be made at the applicable host authority set rate.

62. SAFEGUARDING VULNERABLE ADULTS DATA

62.1 The Cabinet Member considered a report of the Acting Director of Adult Social Care & Health which explained that Adult Social Care collected statistical information on the number of safeguarding alerts received and the investigations carried out. From October 2009 the NHS Information Centre for Health and Social Care had requested additional information to be collected by Local Authorities, as part of the development of a national data collection on the abuse of vulnerable adults.

62.2 The Assistant Director, Adult Social Care reported that this was the first quarterly report which set out the activity during October, November and December 2009 for work completed in Adult Social Care Services.

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

- (1) That the trends for this period for safeguarding adults work in Brighton and Hove be noted.
- (2) That this information will be included in the Safeguarding Annual Report for April 2009/2010.

63. VERNON GARDENS SHARED CARE HOUSING - APPROVAL TO TENDER

63.1 The Cabinet Member considered a report of the Acting Director of Adult Social Care & Health which sought approval to go out to tender for the provision of care and support for the residents who would be living in 10 units of Extra Care Housing accommodation in Vernon Gardens, with the aim of the service commencing in August 2010.

63.2 The Contracts Manager reported that staff were working with the potential new residents of Vernon Gardens to enable them to choose and design the services that would be commissioned for them. It had been decided that there would be a night service and a retire and rise service. 25 people had expressed interest in the services and there were 10 places. A selection process was in place to select people for the service.

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

- (1) That approval is given to go out to tender for a 3-year contract for the provision of care and support services for the residents who will be living in the 10 units of

accommodation comprising the new Extra Care Housing Scheme for people with Physical Disabilities at Vernon Gardens.

The meeting concluded at 4.15pm

Signed

Chair

Dated this

day of

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 11

Brighton & Hove City Council

Subject: Personalisation and Day Services
Date of Meeting: 14th June 2010
Report of: Acting Director, Adult Social Care and Health
Contact Officer: Name: **Anne Hagan** Tel: **29-6370**
Marnie Naylor **29-6033**
E-mail: Anne.hagan@brighton-hove.gov.uk
Marnie.naylor@brighton-hove.gov.uk
Key Decision: Yes Forward plan: ASC 15706
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 Adult Social Care is continuing to change the way in which it provides services so that people have opportunities for choice, control and independence over the way in which they wish to live their lives.
- 1.2 A report was presented to Cabinet Member meetings on 11th January 2010 which highlighted low numbers of people using building based Day Services for older people and for people with a physical disability. Low levels of occupancy have also previously been reported in Cabinet Member meetings in 2008.
- 1.3 At the meeting on 11th January, Cabinet Members agreed the recommendations to carry out a full consultation to collect the views of partner organisations, staff and unions about the future shape of Day Services.
- 1.4 **This report provides information on:**
 - 1 Feedback from consultation with Service Users
 - 2 Feedback from consultation with partner organisations, staff and trade unions.
 - 3 Opportunities to further develop working in partnership with health and third sector colleagues
 - 4 Work being undertaken by commissioners which will affect the future development of day services.
 - 5 Proposals to introduce a new model for day services for Montague House and Tower House.

2. RECOMMENDATIONS:

- 2.1 That the Cabinet Member agrees to a two staged approach to the review of

day services to take account of both the results of the consultation and wider developments affecting the delivery of community services (including the prevention agenda and the Dementia strategy.)

Stage 1

- 1 Services are currently underused: Make the best use of facilities and resources by combining Montague House and Tower House.
- 2 Develop a new community resource model at Tower House which builds on the successful elements of day services.
- 3 Improve facilities at Tower House to provide an enhanced service for people who use the building.
- 4 To encourage health and 3rd sector involvement in the development of services at Tower House.
- 5 To work with commissioners to explore the future use of Montague House with a view to providing services to more people that will promote health prevention and health promotion, and builds on the success of the Daily Living Centre and the Low Vision Clinic.

Stage 2

- 1 To work with commissioners to deliver the outcomes of the prevention agenda that will affect the future shape of day services. This will include Craven Vale, Somerset Day Centre and community facilities at Patching Lodge in the east of the city and St John's Day Centre in the west.
 - 2 To work with commissioners to take forward the outcome of the local dementia strategy which will affect day services currently provided at Ireland Lodge and Wayfield Avenue.
- 2.2 That the Cabinet Member receives a further progress report back following the implementation of Stage 1 in autumn 2010.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 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. Commissioners are working in the East of the city to develop community facilities at Patching Lodge.
- 3.3 Adult Social Care are also working with Hanover Housing, Lifelines and Care Co-Ops to develop a 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 National and Local Developments

There are a number of factors that influence the development of day services across the city. These strategies emphasise the need to work in partnership. They include:

- 1 Putting People First: The Personalisation Agenda in Adult Social Care:
- 2 Integrated working with the NHS
- 3 Commissioning Strategies that maximise choice and control whilst balancing investment in prevention and early intervention
- 4 Universal information and advice services for all citizens
- 5 Person centred planning and self-directed support to become mainstream activities with personal budgets which maximise choice and control
- 6 A framework that ensures people can exercise choice and control with advocacy and brokerage linked to the building of user-led organisations
- 7 Dignity in Care across all our working practice

Other Strategies include:

- National Strategy for Carers
- National Dementia Strategy
- Transforming Community Services: Enabling Patterns of Provision
- Preventive Strategy
- Better by Design
- Healthy Living Strategies

3.6 Current Issues effecting Day Services

- 1 The traditional building based model of day services has been in place for several years, and this needs to be reviewed to reflect the personalisation agenda in Adult Social Care.
- 2 Occupancy rates have been at a low level for some time in day services.
- 3 Low occupancy in centres leads to a higher unit cost.
- 4 Buildings are under utilised.
- 5 The high cost of day services run by Adult Social Care should be linked to the provision of a more specialised service, and in most cases this is currently not the case. Staff skills are underutilised as a result.

- 6 Opportunities now exist for Adult Social Care to work with partners to respond to local and national developments.
- 7 People want to be offered more choice to meet their individual needs and make better use of local community facilities, e.g. employment, education facilities etc.
- 8 Adult Social Care need to continue to provide more flexible services to meet the needs of carers to prevent carer breakdown and people needing a higher level of service provision.

4. CONSULTATION

4.1 Service users, their carers, staff, trade unions, and partner organisations were consulted on current day service provision and on their ideas for how it could be developed in the future.

4.2 Consultation was completed over a period of six months using a range of methods and working with advocates for service users.

- 1 **Service Users/Carers:** Satisfaction questionnaires were used in a variety of ways which included advocate input, carer evening events, small group work and one to one meetings.
- 2 **Staff/unions:** Meetings were held with all staff working in day services and given opportunities to voice their views.
- 3 **Adult Social Care colleagues/Partner Organisations:** A number of meetings were held to gather ideas for how day services could be developed in the future, highlighting any gaps that exist.

See Appendix 1: List of organisations consulted

4.3 Summary of the outcomes of consultation

4.3.1 Service Users and Carers

- 1 In general those people were satisfied with the service they were receiving.
- 2 Carers requested more flexible services which would enable them to continue to work or have opportunities to join in other activities/have regular breaks themselves.
- 3 Service users requested more opportunities to carry out life skill activities e.g. cooking sessions, and learning new skills e.g. I.T skills to use the internet. They also requested more community linked activities, e.g. trips to library and information about local opportunities. An important part of attending the day service was to see friends, and have a nutritional hot meal. Service users made it clear that they wanted more choices in how they could achieve goals whilst attending day services, and have the opportunity to attend shorter days (sessions) or have more flexible services available e.g. drop in facilities. It was paramount for people to remain as independent as possible and remain living independently, with support from services.
- 4 Transport also played an important factor in attending the day services, with a mix of people being satisfied and dissatisfied.

See Appendix 2: summary of service user feedback

4.4 ASC and Partner Organisations

- 1 In general more emphasis was placed on the need for flexible services, opening longer days, offering a variety of activities which included prevention and information/signposting to alternative community activities.
- 2 Requesting a more varied service which will prevent people requiring higher levels of service provision/long term care/hospital care.
- 3 Several partners suggested day services focus on well-being/health prevention/promotion activities, to include services such as 'leg clinics', health screening, falls prevention, healthy eating, physical activity, medication reviews etc.
- 4 Provision of more information to local people on a variety of issues for example, welfare benefits, information prescriptions etc.
- 5 Third sector to provide/run activities in Local Authority buildings.
- 6 Health partners to run satellite services using Local Authority buildings.
- 7 Hospital discharge and care services to be available closer to home: the use of ASC buildings to host clinic/reablement facilities.
- 8 Better use of buildings 'out of normal hours' or more creative use of activities out of normal opening hours, e.g. health walks run from the day services at the end of the day.
- 9 Overwhelmingly the emphasis was on using community resources as opposed to people using 'traditional' style day type services.
- 10 Staff in day services to act as brokers to introduce people to local activities, and investigate self directed support.
- 11 Emergency carer relief and safeguarding.
- 12 Good public transport links.
- 13 Introduce a single assessment process.
- 14 Have a needs led service rather than age led.
- 15 Day Services taking an active role to ensure joined up activity relating to the healthy living/prevention agenda in Health and Social Care.
- 16 Clear future direction for the third sector provision (commissioning intentions)
- 17 Take into consideration the needs of carers as well as people using the day services directly.
- 18 Where ever possible people with low levels of Dementia (early onset) should be maintained in 'mainstream' day services.
- 19 To maximise the use of Ireland Lodge and Wayfield Avenue by creating a more specialist service for people with a higher level of mental health need, needs led, not age led.

5. PROPOSALS

- 5.1 The extensive consultation with services users, carers, and partner organisations demonstrates gaps in services and indicates a clear direction for day services across the city.

- 5.2 The consultation has been carried out at the same time as work is being done to progress the prevention agenda and the Dementia strategy. Given the importance of these two significant developments, it is crucial that they influence the future direction of day services provided by Adult Social Care.
- 5.3 However, there are more immediate changes that can be made to day services which will lead to better outcomes for services users, promote partnership working, and demonstrate a value for money approach.
- 5.4 **Staged Approach**
It is proposed that the development of day services is undertaken in two stages:
Stage 1
- 5.4.1 As occupancy at Tower House and Montague House continues to be consistently low, it would be more effective to combine the two resources to create a single new Community Resource based at Tower House. This would provide service users with an enhanced service.
- 5.4.2 Tower House could accommodate all 54 members from Montague House. There are currently 76 members in Tower House across the week with an average of 18 people attending per day.
- 5.4.3 Some work would need to be carried out at Tower House to modernise the bathroom and toilets and to make sure the building met the needs of people who are attending. It is proposed that the cost of this work could be funded through the Social Care Reform Capital grant.
- 5.4.4 The intention is that this community resource model will actively encourage health and 3rd sector involvement in the development of services with a preventative emphasis.
- 5.4.5 If the proposal to create a community resource was accepted, officers would work with colleagues in Adult Social Care and commissioners to consider further proposals for the use of Montague House.
- 5.4.6 Montague House has a range of facilities at present which include the Daily Living Centre and the low Vision Clinic, as well as office accommodation for some Assessment teams. There are opportunities to make best use of the building and to provide services to more people. This could include services that promote health prevention, well being and health promotion that would also build on the success of the current resources situated there. (Daily Living Centre and the Low Vision Clinic.)
- 5.4.7 If Cabinet Member agreed to the proposals, further work would be undertaken with service users and their families to reassure them that they will continue to receive their day services. The needs of individuals would be met and, if relevant, alternative options could be explored with them through the use of individual budgets.

5.4.8 Further consultation would need to be undertaken with staff and trade unions which would detail how the new service specification for the new community resource would impact on the number of staff required, and their roles and responsibilities.

5.5 Stage 2:

5.5.1 **Craven Vale, Somerset and St John's Day Centre:** Following developments with the prevention agenda, it is proposed that officers would work with commissioners to consider future provision at Craven Vale, Somerset Day Centre and community facilities at Patching Lodge in the east of the city and St John's Day Centre in the west.

5.5.2 **Ireland Lodge and Wayfield Avenue:** The consultation indicated that Ireland Lodge and Wayfield Avenue need to be used as more specialist resources for people with dementia. There was an emphasis on the need for partnership working with health colleagues to prevent people being admitted and readmitted into hospital unnecessarily. This would include early diagnosis and treatment for early onset dementia e.g. memory screening clinics.

5.5.3 Given the extensive work on the dementia strategy locally, it will be critical that Adult Social Care work closely with commissioners to deliver an outcome based needs led service (not age related) at these two specialist centres in partnership with health and third sector colleagues.

6 FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

6.1 The estimated cost of day care provision for 2010/11 is £2.4 million. The unit costs of day services are relatively high at £176 per person per week for older people and £209 per person per week for people with physical disabilities. Occupancy levels are low and this is driving up the unit costs. The cost of modernising Tower House has not yet been estimated but it is expected that costs can be met from the Social Care Reform Grant. The proposed changes should improve the value for money of the services and deliver the required efficiency savings over the next two years. An update on costs and savings will be provided when the proposals are next reported.

Finance Officer Consulted: Anne Silley: Date 19 May 2010

Legal Implications:

- 6.2 The context both local and national for the review of day service provision in Brighton and Hove is set out comprehensively in the body of this report. The proposed review process properly takes account of the Local Authority's duty to the public purse whilst focusing on a needs lead approach that fits with the personalisation agenda and equalities legislation. Full consultation has been undertaken with interested and affected parties to inform the process which comprises a two stage approach with the results of the first stage to be reported to CMM autumn 2010; thus ensuring both transparency and proper monitoring and scrutiny.

Any changes to the provision of day services must take into account individual's Human Rights; consultation with users ensures their Article 6 Rights to a Fair Hearing are addressed.

Lawyer Consulted: Sandra O'Brien Date: 28 May 2010

Equalities Implications:

- 6.3 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. A full Equalities Impact Assessment was completed for day services in 2009. Consultation with service users has incorporated equality feedback information.

Sustainability Implications:

- 6.4 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 by having services "under one roof" This would also be a more effective use of amenities (e.g. electricity etc) and services available (e.g. fewer vehicles required to transport people to day services.) Day options use resources already provided in the local community.

Crime & Disorder Implications:

- 6.5 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.

Risk and Opportunity Management Implications:

- 6.6 Excellent opportunities exist to work with partner organisations in the development of day services. The continued use of underused resources does not represent value for money. 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.

Corporate / Citywide Implications:

- 6.7 Day services for older people and disabled people are in Kemptown, East Brighton, Preston Park, and East Brighton, with mental health day services in Hove and Woodingdean.

7. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 7.1 The thorough and extensive consultation has indicated the future direction for day services development. Other options for service development have been considered and evaluated but at the present time, the proposal to combine Montague House and Tower House

8. REASONS FOR REPORT RECOMMENDATIONS

- 8.1 To respond to the views expressed in the extensive consultation on the future of day services and to ensure Adult Social Care makes best use of its valuable resources.

SUPPORTING DOCUMENTATION

Appendices:

Appendix 1: List of organisations consulted

Appendix 2: Summary of service user feedback

Appendix three: Summary of responses from ASC partners, Health & Voluntary sector colleagues April/May 2010

Documents In Members' Rooms

None

Background Documents

None

Appendix one

A.S.C. PARTNERS, HEALTH AND VOLUNTARY SECTOR ORGANISATIONS CONSULTED

Organisation	Role
PCT-Mental Health PCT-PD PCT Older People	Commissioners
Adult Social Care	Officers involved in the Personalisation agenda
Adult Social Care	Commissioners
ASC Assessment teams Access Point CAT Community Solutions PDAT	General Managers./Operations Managers/ Care Managers
Day Services	Senior Care Officers/ Care Officers
SPFT	Service Managers/ Care Managers
SDH	Community Nurse Managers
Somerset Day Centre St Johns FED Care Co-ops Age Concern Alzheimer's Society	Consulted at a Day Services Development Forum
MIND	
Headway	
Carers Centre	
Trade Unions	

Appendix two

Day Service consultations summaries:

Craven Vale 'Service Users' Satisfaction Questionnaire 'Nov 2009' results-summary

At the time of the questionnaire, 83 people were using the day service at Craven Vale. Although 35 questionnaires were given out only a total of **16** day service users took part in the questionnaire during the consultation fortnight, held in November 2009.

- 1 **40%** said that they received written information about the service before attending, **40%** said they hadn't received anything and **20%** were not sure.
- 2 **92.9%** said they were not informed about charges before they used the day service, **7.1%** weren't sure.
- 3 Of those taking part **68.8%** said they were made to feel very welcome when they arrived at the day service, **31.3%** said they were made to feel quite welcome, nobody answered not very welcome.
- 4 **60%** were given a named worker on arrival, **26.7%** were not given a named worker, and **13.3%** were not sure.
- 5 **56.3%** felt that staff got to know them very well as a 'person', and **43.8%** answered quite well.
- 6 **31.3%**, said that individual needs were understood very well, **68.8%** said these were met quite well and nobody answered not very well.
- 7 **18.8%** answered that they were very involved in decisions about their care, **62.5%** said they were quite involved, and **12.5%** said they were not involved and **6.3%** said they were not very involved at all.
- 8 **57.1%** of those asked said they are informed of any changes that take place regarding the service they receive, **28.6%** answered usually, **14.3%** replied sometimes and nobody answered never.
- 9 **86.7%** replied that they got a choice of food that suited their taste, **13.3%** answered no. **91.7%** said it suited their dietary needs and **8.3%** said no.
- 10 When receiving personal care needs, **46.7%** said they could choose a male or female member of staff to assist them. **26.7%** answered usually and **13.3%** said sometimes, nobody answered never. Those that did require assistance responded that **87.5%** of the time they felt comfortable with the help they received, **6.3%** replied usually and **6.3%** answered never.

- 11 **12.5%** were always happy with activities provided, **56.3%** answered usually and **31.3%** answered sometimes.
- 12 **100%** of people asked said they felt comfortable to voice a complaint. One person skipped the question and **100%** knew who to talk to.
- 13 Out of 16 people that took part in the questionnaire, all received transport. **31.3%** said it always comes at a time that suited them, **62.5%** said usually and **6.3%** said sometimes.
- 14 **100%** answered that opening times were flexible enough to meet their current needs.
- 15 **75%** replied that staff were polite and courteous even under pressure, **25%** responded that they usually were.
- 16 **66.7%** felt that staff always encouraged them to do things for themselves, e.g. washing up, walking etc. **26.7%** said this usually happened and **6.7%** said sometimes. Of those asked **61.5%** said that staff had helped them maintain current skills, e.g. cooking, and **38.5%** said no to this. **37.5%** said they had learnt new skills.
- 17 Of those that answered they said that coming to the day service had helped them in the following areas of their life.
- Physical health **78.6%**
 - Emotional health & well being **86.7%**
 - Looking after your personal care needs **53.8%**
 - Helping to prepare meals and drinks **30.8%**
 - Helping to communicate and keep in touch with other people **100%**
 - Helping to feel safe and secure **92.9%**
 - Helping others care for you **54.5%**
 - Helping to undertake community, leisure and work activities **33.3%**
- 1 **68.8%** felt they were treated with dignity and respect, **31.3%** felt quite well.
- 2 Overall **93.8%** were very satisfied with the service, **6.3%** were quite satisfied and nobody was dissatisfied.
- 3 **78.6%** of those that took part were female, **21.4%** were male and **85.7%** considered themselves to have a disability.

Tower House 'Service User's' Satisfaction Questionnaire
'Nov 2009' results-summary

At the time of the questionnaire, 73 people were using the day service at Tower House. A total of **32** day service users took part in the questionnaire during the consultation fortnight, held in November 2009.

18 **45.2%** said that they received written information about the service before attending, **29%** said they hadn't received anything and **25.8%** were not sure.

19 **13%** said they were not informed about charges before they used the day service, **21.7%** weren't sure.

20 Of those taking part an overwhelming **84.4%** said they were made to feel welcome when they arrived at the day service, **15.6%** said they were made to feel quite welcome, nobody answered not very welcome.

21 **61.3%** were given a named worker on arrival, **19.4%** were not given a named worker, and **19.4%** were not sure.

22 More than $\frac{3}{4}$'s, **81.3%** felt that staff got to know them as a 'person', and **18.8%** answered quite well.

23 Well over half, **62.5%**, said that individual needs were understood, **37.5%** said these were met quite well and nobody answered not very well.

24 **43.3%** answered that they were very involved in decisions about their care, **36.7%** said they were quite involved, and **16.7%** said they were not involved and **3.3%** said they were not very involved at all.

25 **74.2%** of those asked said they are informed of any changes that take place regarding the service they receive, **22.6%** answered usually, **3.2%** replied sometimes and nobody answered never.

26 **100%** replied that they got a choice of food that suited their taste, and also met dietary needs.

27 When receiving personal care needs, **40%** said they could choose a male or female member of staff to assist them. A third of service users did not require any assistance, whilst **23.3%** answered sometimes and **3.3%** answered never. Those that did require assistance responded that **90.6%** of the time they felt comfortable with the help they received, **9.4%** replied usually.

28 Almost $\frac{2}{3}$'s **65.6%** were always happy with activities provided, **31.3%** answered usually and **3.1%** answered sometimes.

- 29 **87.1%** of people asked said they felt comfortable to voice a complaint and **12.9%** said they were not feel comfortable. **84.4%** said they knew who to tell and **15.6%** did not know who they would inform.
- 30 Out of 32 people that took part in the questionnaire, 31 received transport. **62.5%** said it always comes at a time that suited them, **31.3%** said usually and **3.1%** said sometimes.
- 31 **93.8%** answered that opening times were flexible enough to meet their current needs and **6.3%** said that they weren't.
- 32 **87.5%** replied that staff were polite and courteous even under pressure, **12.5%** responded that they usually were.
- 33 Just over $\frac{3}{4}$'s felt that staff encouraged them to do things for themselves, e.g. washing up, walking etc. **76%** said this always happened, **16%** said usually and **8%** said never. Of those asked **45%** said that staff had helped them maintain current skills, e.g. cooking, and **55%** said no to this. **38.5%** said they had learnt new skills.
- 34 Over 66% said that coming to the day service had helped them in the following areas of their life.

Physical health **92.9%**

Emotional health & well being **100%**

Looking after your personal care needs **50%**

Helping to prepare meals and drinks **21.7%**

Helping to communicate and keep in touch with other people **89.7%**

Helping to feel safe and secure **78.6%**

Helping others care for you **45.8%**

Helping to undertake community, leisure and work activities **57.1%**

- 4 **93.8%** felt they were treated with dignity and respect, **6.3%** felt quite well.
- 5 Overall **70%** were very satisfied with the service, **30%** were quite satisfied and nobody was dissatisfied.
- 6 **85.2%** of those that took part were female, **14.8%** were male and **73.1%** considered themselves to have a disability.

Wayfield Avenue 'Service User's' Satisfaction Questionnaire
'Oct 2009' results-summary

At the time of the questionnaire, 81 people were using the day service at Wayfield Avenue. A total of **18** out of **20** day service users took part in the questionnaire during the consultation fortnight, held in October 2009.

- 1 **33.3%** said that they received written information about the service before attending, **44.4%** said they hadn't received anything and **22.2%** were not sure.
- 1 More than half those who replied, **58%** received information about the service, prior to attending, and those that did found the information very useful.
- 2 **54.4%** said they were informed about charges before they used the day service, **27.3%** said they were not informed, **18.2%** weren't sure.
- 3 Almost $\frac{3}{4}$'s of those taking part **72.2%** said they were made to feel welcome when they arrived at the day service, **27.8%** said they were made to feel quite welcome, nobody answered not very welcome
- 4 **27.8%** were given a named worker on arrival, **38.9%** were not given a named worker, and **33.3%** were not sure.
- 5 More than half **61.1%** felt that staff got to know them as a 'person', **22.2%** answered quite well and **16.7%** answered not very well.
- 6 More than half **55.6%** said that individual needs were understood, **27.8%** said these were met quite well, the remainder **16.7%** said not very well.
- 7 Less than half answered that they were very involved in decisions about their care **27.8%**, **50%** said they were quite involved, and **22.2%** said they were not involved.
- 8 **40%** of those asked said they are informed of any changes that take place regarding the service they receive, **26.7%** answered usually, **26.7%** replied sometimes and the remainder **6.7%** responded never.
- 9 **83%** replied that they got a choice of food that suited their taste, **16.7%** said they did not, of these **81.3%** said this met dietary needs, the remainder **18.8%** said it did not meet dietary needs.
- 10 When receiving personal care needs, just under half **44.4%** said they could choose a male or female member of staff to assist them. Some service users did not require any assistance, whilst the remainder

answered usually and sometimes. Those that did require assistance responded that **88.9%** of the time they felt comfortable with the help they received, **11.1%** replied usually.

- 11 Just over half **55.6%** were always happy with activities provided, **38.9%** usually, and **5.6%** sometimes.
- 12 **100%** of people asked said they felt comfortable to voice a complaint, **83.3%** said they knew who they would tell, and **16.7%** did not know who they would inform.
- 13 Out of 18 people that took part in the questionnaires, 14 received transport. **61.1%** said it always comes at a time that suited them, **11.1%** said usually, **5.6%** said sometimes. **55.6%** said it arrived on time, **22.2%** said it usually arrived on time.
- 14 **100%** answered that opening times were flexible enough to meet their current needs.
- 15 **94.4%** replied that staff were polite and courteous even under pressure, **5.6%** responded that they usually were.
- 16 Almost $\frac{3}{4}$'s felt that staff encouraged them to things for themselves, e.g. washing up, walking etc. **71.4%** said this always happened, **21.4%** said usually, and **7.1%** said sometimes. Of those asked, **73.3%** said that staff had helped them maintain current skills, e.g. cooking, and **26.7%** replied no to this. **37.5%** said they had learnt new skills.
- 17 Over **50%** said that coming to the day service had helped them in the following areas of their life:
 - Physical health **66.7%**
 - Emotional health and well being **77.8%**
 - Looking after personal care needs **50%**
 - Helping to communicate and keep in touch with other people **88.9%**
 - Helping to feel safe and secure **88.9%**
 - Helping others care for you **70.6%**
- 18 **83.3%** felt they were treated with dignity and respect, **16.7%** felt quite well.
- 19 Overall **72.2%** were very satisfied with the service, **27.8%** were quite satisfied, and nobody was dissatisfied.
- 20 **57.1%** of those that took part were female, **42.9%** were male, and **21.4%** said they also had a physical disability.

Ireland Lodge 'Service User's' Satisfaction Questionnaire
'Oct 2009' results-summary

At the time of the questionnaire, **33** people were using the day service at Ireland Lodge. A total of **7** day service users took part in the questionnaire during the consultation fortnight, held in October 2009.

- 2 **28.6%** said that they received written information about the service before attending, **28.6%** said they hadn't received anything and **42.9%** were not sure.

- 21 **40%** said they were not informed about charges before they used the day service, **60%** weren't sure.

- 22 Almost $\frac{3}{4}$'s of those taking part **71.4%** said they were made to feel welcome when they arrived at the day service, **28.6%** said they were made to feel quite welcome, nobody answered not very welcome

- 23 **14.3%** were given a named worker on arrival, **57.1%** were not given a named worker, and **28.6%** were not sure.

- 24 More than half **71%** felt that staff got to know them as a 'person', and **28.6%** answered quite well.

- 25 More than half **57.1%** said that individual needs were understood, **28.6%** said these were met quite well, the remainder **14.3%** said not very well.

- 26 More than half answered that they were very involved in decisions about their care **57.1%**, **28.6%** said they were quite involved, and **14.3%** said they were not involved.

- 27 **42.9%** of those asked said they are informed of any changes that take place regarding the service they receive, **14.3%** answered usually, **28.6%** replied sometimes and the remainder **14.3%** responded never.

- 28 **100%** replied that they got a choice of food that suited their taste, and also met dietary needs.

- 29 When receiving personal care needs, **16.7%** said they could choose a male or female member of staff to assist them. Some service users did not require any assistance, whilst the remainder answered usually and sometimes. Those that did require assistance responded that **80%** of the time they felt comfortable with the help they received, **20%** replied usually.

- 30 Over $\frac{3}{4}$'s **85.7%** were always happy with activities provided, and **14.3%**

sometimes.

- 31 **100%** of people asked said they felt comfortable to voice a complaint, **85.7%** said they knew who they would tell, and **14.3%** did not know who they would inform.
- 32 Out of 7 people that took part in the questionnaires, all received transport. **100%** said it always comes at a time that suited them.
- 33 **100%** answered that opening times were flexible enough to meet their current needs.
- 34 **57.1%** replied that staff were polite and courteous even under pressure, **42.9%** responded that they usually were.
- 35 Over half felt that staff encouraged them to things for themselves, e.g. washing up, walking etc. **60%** said this always happened, **20%** said usually, and **20%** said sometimes. (2 people skipped the question). Of those asked, **25%** said that staff had helped them maintain current skills, e.g. cooking, and **75%** replied no to this. **16.7%** said they had learnt new skills.
- 36 Over **50%** said that coming to the day service had helped them in the following areas of their life:
- Physical health **85.7%**
 - Emotional health and well being **85.7%**
 - Helping to communicate and keep in touch with other people **80%**
 - Helping to feel safe and secure **100%**
 - Helping others care for you **57.1%**
 - Only **14.3%** felt that attending the day service helped looked after personal care needs
- 37 **71.4%** felt they were treated with dignity and respect, **28.6%** felt quite well.
- 38 Overall **71.4%** were very satisfied with the service, **28.6%** were quite satisfied, and nobody was dissatisfied.
- 39 **57.1%** of those that took part were female, **42.9%** were male, and nobody had a physical disability.

Montague House Resource Centre 'Members' Satisfaction Questionnaire
'March 2010' results-summary

At the time of the questionnaire, 73 people were using the day service at Montague House. A total of **40** day service members took part in the questionnaire during the consultation fortnight, held in March 2010.

35 **51.6%** said that they received written information about the service before attending, **19.4%** said they hadn't received anything and **29.0%** were not sure.

36 **18.8 %** said they were not informed about charges before they used the day service, **31.3 %** weren't sure.

37 Of those taking part most members **83.9 %** said they were made to feel very welcome when they arrived at the day service, **16.1 %** said they were made to feel quite welcome, nobody stated they did not feel welcomed.

38 **93.5 %** were given a named worker on arrival, **3.2 %** were not given a named worker, and **3.2 %** were not sure.

39 **71%** felt that staff got to know them as a 'person', and **25.8 %** answered they felt staff knew them 'quite well'.

40 Half the members **50%**, felt that their individual needs were understood, **40%** said these were met quite well , **6.7%** felt their individual needs were not very well met, and **3.3%** felt their needs were not very well met at all.

41 **50.0 %** felt that they were very involved in decisions about their care, **40.0%** said they were quite involved, and **6.7 %** said they were not involved and **3.3%** said they were not very involved at all.

42 **63.3 %** of those asked reported that they are informed of any changes that take place regarding the service they receive, **33.3 %** answered usually, **3.3%** replied sometimes and nobody answered never.

43 **55 %** said that they got a choice of food that suited their taste, and also suited their dietary needs. **45%** felt the food options did not meet their needs. (No hot meals are available at the centre, a sandwich delivery service, attends the centre)

44 When receiving personal care needs, **37.9 %** said they could choose a male or female member of staff to assist them. **6.9%** of members usually had a choice, **10.3%** replied they sometimes had a choice , **17.2%** never had a choice, **27.6%** of members did not require any assistance,

45 **63.3%** of members are always happy with the activities provided, **10%**

were usually happy with activities. **26.7%** sometimes.

46 **80 %** of people asked said they felt comfortable to voice a complaint and **20 %** said they would not feel comfortable, **90%** of members would know who to speak too, **10%** would not know who to contact.

47 Out of the members who receive transport, **25 %** said it always comes at a time that suited them, **28.6 %** said usually and **3.6%** said sometimes. **10.7%** said the time never suited them.

48 A majority of **96.6 %** reported that opening times were flexible enough to meet their current needs and **3.4%** said that the opening times did not fit their needs.

49 **82.1 %** replied that staff were polite and courteous even under pressure, **17.9 %** responded that they usually were. No members reported the staff were ever rude.

50 **63%** felt that staff encouraged them to do things for themselves, e.g. washing up, walking, making drinks etc. **29.6 %** said usually and **3.7%** said sometimes. **77.8 %** said that staff had helped them maintain current skills, e.g. cooking, and **22.2%** said no to this.

51 Members responded that they felt coming to the day service had helped them in the following areas of their life.

Physical health **69%**

Emotional health & well being **93.1%**

Looking after your personal care needs **48.3%**

Helping to prepare meals and drinks **44.8%**

Helping to communicate and keep in touch with other people **86.2%**

Helping to feel safe and secure **93.1%**

Helping others care for you **57.1%**

Helping to undertake community, leisure and work activities **69%**

7 **89.3%** felt they were treated with dignity and respect, **10.7 %** felt quite well.

8 Overall **70.4%** were very satisfied with the service, **25.9%** were quite satisfied and **3.7%** felt quite dissatisfied with the service they received.

60.7% of members who completed the survey were male, 39.3% female
96.2% considered they had a disability.

Appendix three:

DAY SERVICES Summary of responses from ASC partners, Health and Voluntary sector colleagues April/May 2010

**WHAT DAY SERVICES L.A SHOULD PROVIDE IN THE FUTURE
GAPS IN DAY SERVICES**

<p>'KNOWN '- IDENTIFIED BY PEOPLE BEING CONSULTED</p>	<p>A</p> <ul style="list-style-type: none"> <input type="checkbox"/>I Drop in facilities that are structured and well advertised <input type="checkbox"/> More therapy focussed to include health and well being, falls prevention, community nurses support etc. <input type="checkbox"/> Variety of activities to include past/present hobbies <input type="checkbox"/> Reablement services-linking with community solutions and home care teams <input type="checkbox"/> Flexible extended day <input type="checkbox"/> Sessions morning or/and afternoon <input type="checkbox"/> 'Need's' led service Mental Health <input type="checkbox"/> 'Need's' led service mainstream/physical disability <input type="checkbox"/> Mental Health clinics (e.g. memory clinics) <input checked="" type="checkbox"/>I High end 'specialist' day services <input type="checkbox"/>II Signposting/Day options, linking into community activities <input type="checkbox"/>I Good value for money <input type="checkbox"/>I Partnership working to promote Health and well being, possible satellite clinics (leg clubs, diabetes etc) <input type="checkbox"/>I Provide preventative services to stop people requiring long term care/hospital readmission <input type="checkbox"/>I Provide information on a variety of issues e.g. welfare benefits, information prescriptions etc. <p>POSITIVE IMPACT</p>	<p>B</p> <ul style="list-style-type: none"> <input type="checkbox"/>I Flexible extended days <input type="checkbox"/> Seven days a week in all services <input type="checkbox"/> Short Term Reablement <input type="checkbox"/> More flexible transport arrangements <input type="checkbox"/> Outreach for younger people with Dementia <input type="checkbox"/> Outreach for older people with Dementia <input type="checkbox"/> Memory clinics across the City <input type="checkbox"/> Well being clinics across the City <input type="checkbox"/> Advertise and offer information on all day services/activities consistently <input checked="" type="checkbox"/>I At point of referral financial assessment required within first week of attending day services <input type="checkbox"/>II Specialist training for staff <input type="checkbox"/>I Needs led rather than age led services <input type="checkbox"/> Level of need tool required <p>POSITIVE IMPACT</p>
--	---	---

<p>‘NOT KNOWN’- HOW,WHAT,W HERE,WHEN</p> <p>LOGISTICS & COST</p>	<p>C</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Transport review required- Centralise transport across the City <input type="checkbox"/> <input type="checkbox"/> Decide Drop in charges- impact of these <input type="checkbox"/> <input type="checkbox"/> Use of facilities across the City <input type="checkbox"/> <input type="checkbox"/> Pooled budgets (SDS/Direct Payments) <input type="checkbox"/> <input type="checkbox"/> Outcome of Dementia strategy workshops and future commissioning requirements of day services <input type="checkbox"/> <input type="checkbox"/> Third sector commissioning outcomes <input type="checkbox"/> <input type="checkbox"/> Cost to advertise services, brochures etc. <input type="checkbox"/> <input checked="" type="checkbox"/> Brokerage service <input type="checkbox"/> <input type="checkbox"/> Specialist training <input type="checkbox"/> <input type="checkbox"/> Future of Craven Vale/East of Brighton day Services <input type="checkbox"/> <input type="checkbox"/> Dedicated Care Manager for day Services <input type="checkbox"/> <input type="checkbox"/> Future models of third sector (commissioning) <p>NEUTRAL IMPACT/COST IMPLICATIONS</p>	<p>D</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input checked="" type="checkbox"/> Single Assessment into day Services <input type="checkbox"/> <input type="checkbox"/> Combine Tower House and Montague House into one venue (18+) <input type="checkbox"/> <input type="checkbox"/> Look at offering people that use day services S.D.S/direct payments <input type="checkbox"/> <input type="checkbox"/> Operate community run cafes in L.A venues <input type="checkbox"/> <input type="checkbox"/> Advertise community space available <input type="checkbox"/> <input type="checkbox"/> Champions to take forward partnership board <input type="checkbox"/> <input type="checkbox"/> More evidence required regarding possibility of offering more day care at weekends <input type="checkbox"/> <input type="checkbox"/> Investigate more joint working to include out of hours use of building <input type="checkbox"/> <input type="checkbox"/> Opportunities for third parties to run day services <input type="checkbox"/> <input checked="" type="checkbox"/> PCT Satellite services run at Montague House, e.g. leg clubs, Neuro rehab team, working with people that have had strokes <p>SUGGESTIVE COMMENTS</p>
--	--	---

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 12

Brighton & Hove City Council

Subject: Contract Unit Performance and Monitoring of Working Age Adult (Under 65s) Services, October 2009 to March 2010

Date of Meeting: 14th June 2010

Report of: Acting Director of Adult Social Care & Health

Contact Officer: Name: Judith Cooper Tel: 296313
E-mail: Judith.cooper@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 To provide governance information on the performance and monitoring of Under 65s (working age adult) services to people with learning disabilities, mental health issues, physical disabilities and sensory loss, for the period 1st October 2009 to 31st March 2010, in order to drive up quality and performance through robust and transparent monitoring procedures.
- 1.2 *“Putting people first: a shared vision and commitment to the transformation of adult social care”* (December 2007) provides the key policy context of Personalisation. 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.
- 1.3 For the report to cover both the independent and council sector. Services referred to in this report involve a gross spend of **£44,646,644** per annum of which **£12,274,299** is funded by client contributions, Health and other joint arrangements giving a net spend of **£32,372,345**:

Service type	Spend Summary		Income	Net spend
	In-house	Community Care		
Learning Disabilities	8,702,445	22,354,117	-9,038,043	22,018,519
Adult Mental Health (including NRPF)*	0	6,664,141	-1,986,482	4,677,659
Physical Disabilities	441,727	6,484,214	-1,249,774	5,676,167
TOTAL	9,144,172	35,502,472	-12,274,299	32,372,345

* NRPF = no recourse to public funds

2. RECOMMENDATIONS:

- 2.1 The Cabinet Member notes and comments on the report.
- 2.2 The Cabinet member receives reports on a six monthly basis. The next report will cover the period 1st April 2010 to 30th September 2010.
- 2.3 The report is submitted to the Joint Commissioning Board for agreement on the jointly commissioned services.

3. RELEVANT INFORMATION

- Service user data has been drawn from CareFirst 6.
- All Contract Unit performance monitoring relates to people assessed and funded through the Community Care budget.
- Definitions are found in Appendix 1.

LEARNING DISABILITIES

3.1 RESIDENTIAL CARE HOMES

- 3.1.1 There were only 13 new agreements for people with learning disabilities to go into long term residential care homes within the 6 months between October 2009 and March 2010 and this compares well with the previous 6 months when there were 18 referrals. However, 5 of the 13 had already left these placements by April 2010 (for example to move into the new supported living accommodation at Sackville Gardens) and most of the remainder involved movement between homes, usually due to changing needs of the individuals concerned. This again is similar to the previous 6 months – of the 18 new agreements, only 10 are in long term residential care homes. This reflects the joint strategic commissioning approach taken by BHCC and NHS Brighton & Hove which is to provide a variety of flexible and easily accessed services in community settings.
- 3.1.2 However, there is a long-term core of people who are currently in residential care; 237 people received residential care between October 2009 and March 2010, compared with 245 in the previous 6 months. Of these 126 people were in care homes within the Brighton & Hove area representing 53% of the total. A further 71 were in care homes in East or West Sussex (30% of total) and 41 (17%) were outside of Sussex including 8 in Kent and 9 in Surrey. In the previous 6 months 131 people were in placements in the city and 114 were out of city. These figures suggest that the number of people in residential care homes is falling slightly and that a higher number of them are able to be placed within the local area; both of these fulfil current commissioning intentions.
- 3.1.3 All residential care homes are subject to CQC national standards and are rated accordingly:

Type of home	No. in BHCC+	Capacity (beds)	CQC rating				
			Poor	Adequate	Good	Excellent	NYR*
Local authority	8	47	0	2	5	0	1
Private	23+	196	2	2	16	2	1
Voluntary	7	44	0	0	4	3	0
TOTALS	38	287	2	4	25	5	2

+ Excludes 1 home for OPLD

*NYR = not yet rated

Of the 38 providers 30 are rated either Good or Excellent by CQC, which is 79% of the total.

- 3.1.4 Any home that receives a poor rating will not have any new BHCC clients placed there until they reach the required standard. However, a service user who is in such a home is risk assessed and if deemed to be at no risk will not be moved (unless the home deteriorates more).
- 3.1.5 The Contracts Unit also undertake Desk Top Reviews once a CQC inspection report is made public. If the risk assessment outcome is medium or high then monitoring visits, contract reviews or audits will be undertaken to the homes to support the managers to reach the required standards. Between October 2009 and March 2010 5 DTRs took place. The outcomes varied from low (1), to medium (2) to high risk (2) and a series of meetings and full audits was instigated (see 3.2.6 below). in addition 3 other planned audits took place.
- 3.1.6 Of great concern were the new ratings from CQC in February 2010 when two care homes received a Poor rating. The Contracts Unit supported the two homes (in conjunction with the Community Learning Disability Team) to take immediate steps to make improvements by undertaking full audits. This included advice on safeguarding, CHAS accreditation and involving service users, support to devise actions plans to meet CQC's requirements, identifying critical training and reviewing Policies and Procedures. CQC have recently re-assessed the two homes and both have raised their standard (reports not yet available on CQC website).
- 3.1.7 Additionally, 301 days of **respite care** were provided for 59 people between October 2009 and March 2010, averaging a duration of 3.4 days per stay. This is lower than the previous 6 months where 411 days of respite were provided (average duration 4.9 days) for 61 service users and is possibly due to disruption in the Pioneer House service as it re-located to New Church Road (the Beach House) in December 2009.

3.2 COMMUNITY SUPPORT SERVICES

- 3.2.1 Learning Disabilities community support services are an expanding area within BHCC because of the strategic shift from provision of residential care to supporting people to remain independent, either in a supported environment or in their own homes. This reflects the key messages of the

government's strategy for people with learning disabilities "Valuing People Now: a new three-year strategy for people with learning disabilities" (January 2009).

- 3.2.2 Community Support Services for people with learning disabilities includes Supported Living, Supported Accommodation, Day Care, home care and Shared Lives services. Most of these services relate to the provision of services in a person's home and involve supporting them to remain as independent as possible. Most services are provided by specialists to the field of learning disabilities.
- 3.2.3 Between October 2009 and March 2010 189 people received **home care or other community support services** in comparison to 190 in the previous 6 months. However, many service users receive several services that build up their individualised service agreements that allow them to remain in the community. Thus, the 189 people received 236 services
- 3.2.4 **Supported Accommodation and Supported Living** are accommodation options where people have their own tenancies but are provided with care and support. They are community based and are seen as a good example of promoting choice and control for people with learning disabilities within BHCC. It is expected that there will be increasing numbers of people in such options in the future.
- 3.2.5 Providers CMG and Southdown have strong track records of providing supported living and supported accommodation in BHCC. At the end of March 2010 there were 22 in supported accommodation services and 20 people in supported living. 4 of the supported accommodation and 15 of the supported living placements were new in the 6 months October 2009 to March 2010 (however the supported living numbers include the 10 people who moved into 61 and 63 Sackville Gardens – see paragraph 3.2.6 below). In the previous 6 months 9 people moved into supported accommodation. N.B. these figures do not include Supporting People funded Supported Living.
- 3.2.6 There were few options for supported living in BHCC until the end of 2009. Throughout 2009 the Contracts Unit supported the tender process for **Sackville Gardens**, a 10-unit Supported Living service. One 5-bed unit supports people short-term before moving on to more independent living and the other 5-bed unit is for long-term service users with complex needs and potentially challenging behaviours. The tender included participation from service users, families and advocates as part of the evaluation and interview process. Sackville Gardens opened end November/start December 2009.
- 3.2.7 37 people (to end March 2010) were living in **Shared Lives** accommodation (formerly called Adult Placements), living with families. Schemes that provide Shared Lives do have to be registered with CQC and there are two for learning disabilities within BHCC. One of these is the charity, Grace Eyre Foundation, which was re-rated as Excellent by CQC in March 2010. The other is the BHCC run Shared Lives Scheme which was re-rated as Good by CQC in March 2010. 39 people were in Shared Lives in the previous 6 months.

3.3 ACTIVE LIVES (DAY CARE)

- 3.3.1 240 people with Learning Disabilities attended Day Care services between October 2009 and March 2010 and 250 in the preceding 6 months. Currently day services (or resource centres) are remodelling, to include the provision of community support from the resource centre. Grace Eyre Foundation has done this with their Choices programme and Scope are now beginning to offer a similar service. The aim is to move away from Monday-Friday full time attendance at a day centre and instead to provide people with personal budgets so that their day time activity is more meaningful and central to the person and facilitates more presence in the community. It is anticipated that as more personal budgets are awarded, the less day services will be used. This is also an area that is likely to see the use of Individual Service Funds, another choice for service users instead of a personal budget.
- 3.3.2 As day services are not registered and inspected by CQC the Contracts Unit carry out annual audits to monitor the quality of provision to ensure that the service is meeting standards based on those used by CQC for other services. There are 5 day centres for people with learning disabilities in BHCC which are audited on a rolling timetable.
- 3.3.3 **Case study: Scope** was audited in March 2010 following on from their move to the Sharon Collins Resource Centre which is a purpose built facility which has replaced Scope's previous Brighton base; Hamilton House. The new building is entirely on ground level and is fully accessible for its users. The new building better facilitates service user involvement and through its accessibility, is person centred in essence. The service is now able to be more responsive to service user needs; it is based in the centre of town near many facilities and the area where it is situated is flat/level. There is much evidence to support improved practice, such as the embedding of Person Centred Plans and the move toward Communication Passports for all service users. It is the Contracts Unit view that Scope is an essential specialist service that delivers significant support and activity to its service users, many of whom have profound and multiple disabilities. The service is person centred and evidently well run with service user's best interests at the forefront. Wherever possible, service users are involved in decision making processes and are positively encouraged to comment on the service they receive. It is apparent that the move to the new building has taken much commitment and effort from the team of staff and it is enjoyable to experience the positive atmosphere in the Sharon Collins Resource Centre. The building – and vitally the staff – meets the complex needs of its users. The service is developing in line with strategic modelling. The only concerns from the audit related to organisation of paperwork.
- 3.3.4 Also in March was a contract review of Mencap which was carried out jointly with Supporting People colleagues; all Supporting People and Contract Unit PIs are being met and no concerns were raised.

MENTAL HEALTH

3.4 RESIDENTIAL CARE HOMES

- 3.4.1 At the end of March 2010 there were 100 people in Brighton & Hove receiving mental health residential services. This figure does not include those receiving housing based accommodation such as hostels (where the community care budget is recharged). This is a figure that has remained stable over the last year as there were 96 people in care homes in the preceding 6 months.
- 3.4.2 Of the 100 people the majority were resident in BHCC care homes – 60. Of the other service users 33 were in East Sussex or West Sussex. 5 of the remainder are in Kent and the remaining 2 were in Southampton and Stroud.
- 3.4.3 In the 6 months to end March 2010 there were 13 admissions to long-term care compared to 16 in the preceding 6 months. Again these figures are not subject to much change. However since April 2010 there has been a new Transitions mental health team established to support and facilitate people with mental health problems to move on into community based options rather than remain long-term in residential care. This also has the advantage of freeing-up and thus increasing access to local residential care. It is expected that this will have an impact on these figures in the coming year.
- 3.4.4 It should be noted that the number of care homes and beds available in the city for people with mental health needs has remained stable over the last few years. It is not predicted that this will change but if the throughput of people in residential care home placements increases there will be a reduction in use of Out of City residential care.
- 3.4.5 There are 8 residential care homes registered with the Care Quality Commission (CQC) in the BHCC area for people of working age with mental health needs of which one is a care home with nursing. With reference to the table below it can be seen that 100% of these homes are Good or Excellent (recognising that one is not yet rated due to change of ownership).

Type of home	No. in BHCC	Capacity (beds)	CQC rating				
			Poor	Adequate	Good	Excellent	NYR*
Local authority	1	24	0	0	0	1	0
Private	4	70	0	0	3	0	1
Voluntary/charity	3	52	0	0	1+	2	0
TOTALS	8	146	0	0	4	3	1

+ = this home takes over 60s only

*NYR = not yet rated

- 3.4.6 In addition to residential care homes there is a small number of people with mental health issues who live in Shared Lives or Supported Living accommodation. At the end of March 2010 there were 15 people in Shared Lives accommodation although only one in Supported Living. The Shared Lives Scheme is rated by CQC as Good and is provided by Sussex Partnership Foundation Trust.

3.4.7 Between October 2009 and March 2010 there were 3 Desk Top Reviews (DTRs) of these establishments. It was concluded that 2 were low risk whilst the third remains open due to incomplete information (it being a new provider to BHCC).

3.5 HOME CARE

3.5.1 In the 6 months to end March 2010 there were 41 people with mental health needs receiving domiciliary care services (compared to 42 in the preceding 6 months). There were 11 new service agreements (for 8 service users) within this time. All 41 received services from the independent approved provider organisations working under BHCC contracts. They are performance monitored by the Contracts Unit twice yearly via contract review and audit and reported on to this meeting. All home care providers in the city are judged good or excellent by CQC.

3.6 DAY SERVICES

3.6.1 In the 6 months between October 2009 and end March 2010 there were 70 people with mental health problems receiving day care services. 58 of these were using Preston Park Resource Centre and 9 Care Co-ops. This compares with 84 using services for the preceding 6 months. It is likely that this reduction relates to the fact that PPRC is now undertaking more longer term work with service users as well as an increase in outreach work rather than day centre based work, moving away from traditional models to something that is more supportive of the Personalisation agenda. It is recognised that this needs to be reflected in new targets for day contracts in the next year.

3.6.2 There are no national standards for Day Care, but BHCC has a variety of day service contracts with 17 providers (21 contracts) which include quality assurance standards and performance indicators. These are reviewed annually by the Contracts Unit and the Commissioner for Mental Health and service levels are reviewed and adjusted as necessary. For each contract performance data is provided quarterly or half yearly.

3.6.3 Assessment as at October 2009:

Service level met/exceeded	Service partially met	Service level not met	Unable to assess service level
10 ½	6 ½	3	1 *

* data not received in time (this service was an exceeded in previous year)

Where the services do not meet their service levels the Contract Officer for Mental Health provides additional support to examine underlying reasons. For example one of the 3 above one didn't meet its service level because it not satisfy the Value For Money criteria used – however the service itself was not under criticism. The Contract Officer is currently working on a new and more relevant service specification. Another was a new contract and the service did not get underway until August, so it was unable to meet its targets.

PHYSICAL DISABILITIES & SENSORY SERVICES

3.7 RESIDENTIAL CARE & NURSING HOMES

- 3.7.1 There is a relatively stable number of people with physical disabilities receiving long term residential care some of which are in residential homes with nursing. At the end of March 2010 there were 39 people in residential care, of which 4 were new agreements between October 2009 and March 2010. In the previous 6 months there were 3 new agreements.
- 3.7.2 This figure excludes people attending respite care which is regularly accessed as part of care packages often several times a year. Between October 2009 and end March 2010 there were 11 referrals for respite care and in the previous 6 months there were 20.
- 3.7.3 Due to the lack of capacity in the city most service users have to be placed outside the city unless they are placed in older people's care or nursing homes. Anyone placed will have had a full assessment which will demonstrate that the proposed home is appropriate to the assessed care needs. Many of the homes have dual registration either for Older People and physical disabilities or for learning disabilities and physical disabilities. Homes that also cater for people with learning disabilities have been considered under the learning disabilities section of this report and homes for older people in a different report.
- 3.7.4 Of the 39 people in residential care at end of March 2010, 13 were within the BHCC area including 5 at Swanborough House (for Acquired Brain Injury). 24 of the 39 service users are in East or West Sussex which means that 95% of BHCC service users are in Sussex.
- 3.7.5 17 of the 39 people are in care homes with nursing; of these 8 have been there for over 5 years.
- 3.7.6 The local authority has recently commissioned 10 units of accommodation that are under development at **Vernon Gardens** as Extra Care Housing for disabled adults, due to open in late 2010. The accommodation will be managed by a Housing Association and each resident will have an individualised service package suited to their needs.
- 3.7.7 There have been 2 Desk Top Reviews (DTRs) of care homes for people with physical disabilities (between October 2009 and March 2010), both of these are in East Sussex but because we have so few service users based locally the Contracts Unit has traditionally carried out DTRs on these care homes.

3.8 HOME CARE AND COMMUNITY SUPPORT

- 3.8.1 The vast majority of people with physical disabilities live in the community. At the end of March 2010 there were 324 service users receiving 414 services. As with mental health most of these services were provided by the home care providers with which BHCC has contracts. The exceptions are Headway (ABI) which provided homecare for 17 service users and Swanborough (ABI) which provided for 9 people.

- 3.8.2 The previous 6 months provide a similar pattern with 297 service users and 388 agreements but it can be seen that the number receiving home care services increased by over 8%. It is suggested that this shows the impact of the Personalisation agenda as people are increasingly receiving packages of care that reflect individual choice and control.
- 3.8.3 Between October 2009 and March 2010 there were 128 new agreements for domiciliary services but many of these were short term – 60 have already ended. 41 of the new agreements were with the in-house or Reablement teams and 30 of those have closed.
- 3.8.4 This is very different to the previous 6 months when there were 66 new agreements set up of which only 4 have finished. As such, it would seem probable that the 6 months to end March 2010 have been skewed by the winter pressures and physical problems caused; however, this also reflects the continuing growth (and success) of reablement within BHCC; all new domiciliary care packages that are suitable now start with reablement.

3.9 DAY SERVICES

- 3.9.1 The majority of day services are provided for people with physical disabilities by the in-house service at Montague House. Between October 2009 and March 2010 73 people received day services of which 64 attended Montague House. This is a stable figure reflecting the previous 6 months total and also periods prior to that time.
- 3.9.2 All Montague House attendees have person centred care plans and named key workers. Monitoring quality of services will be carried out by assessment teams as part of their regular review process.
- 3.9.3 Private and voluntary providers of day services are annually audited by the Contracts Unit. Those who provide an outreach service (community support) within their day service have that part of the service monitored within the audit; no concerns have been raised during the period of this report.

3.10 SAFEGUARDING

- 3.10.1 The Safeguarding of vulnerable adults from abuse and neglect is a critical aspect of social care. The Contracts Unit is part of the safeguarding process in place within BHCC, attending relevant Strategy meetings, and also uses the information to feed desk top reviews as part of performance monitoring. The Contracts Unit encourages reporting of all alerts as good practice and has more active involvement in the Level 3 and upwards strategy meetings. Where there is a safeguarding issue that relates to home care and the service user is under 65, the data is listed under home care and is not referred to here so as to ensure there is no double counting.
- 3.10.2 **Learning Disability:** Between October 2009 and March 2010 there were 169 Safeguarding alerts, of which 52 required no response (i.e unfounded) and 32 were Level 3 or higher (less than 19%) of which the Contracts Unit was fully involved in 9. 40 of the total – all levels - were substantiated.

However, the CLDT produces an extensive report on Safeguarding for ASC CMM and the detail will be found within that.

- 3.10.3 **Mental Health:** the Contracts Unit has been working with Sussex Foundation Partnership Trust to ensure effective communication on safeguarding – this is complicated by the fact that BHCC and SPFT are using different IT systems. However, a system has now been established and the Contracts Unit is now notified of alerts with particular reference to care homes. Between October 2009 and March 2010 there were 3 alerts for people with Mental Health issues. Of these one was at Level 3 and two of them were unsubstantiated.
- 3.10.4 **Physical disabilities/sensory impairment:** there were 2 alerts between October 2009 and March 2010 within care homes, one at Level 1 and one at Level 3; both were substantiated.

4. CONSULTATION

- 4.1. All BHCC monitoring arrangements relating to care homes have been agreed with the relevant Homes 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 £44.6 million per annum of which £12.3 million is funded by client contributions, health and other joint arrangements.

Finance Officer Consulted: Mike Bentley, Accountant (Adult Social Care & Section 75) Date: 17/5/10

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. The report provides essential data to ensure both transparency and scrutiny of quality of provision and value for money in terms of expenditure of public funds.

Lawyer Consulted: Sonia Likhari, Contracts Lawyer and Sandra O'Brien Acting Senior Lawyer. Date: 26/05/10

- 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

- 6.1 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 and suitable for BHCC performance requirements which will also 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 working age adults care homes, home care and day care.

SUPPORTING DOCUMENTATION

Appendix 1 - Definitions:

Residential care	Includes care homes for long or short term care which provide accommodation, meals and personal care and the vast majority of care falls within this category. It also includes respite care.
Shared Lives	Formerly the Adult Placement Scheme this refers to family-based services for adults with support needs, where they share family life. This type of support is both flexible and highly personalised. The opportunity to share family life reduces isolation and promotes community involvement, as well as helping people to learn the skills that they need to live as independently as possible. Shared lives can provide long term accommodation and care/support or short breaks and day care.
Home Care	Home Care services offer practical help and support to people at home with essential daily tasks they are unable to manage safely for themselves. For example, this help may be in the form of assisting you to get up or go to bed, to get washed or to get dressed, or help with shopping, laundry, etc. Aim to help people live as independently as possible and to encourage people to regain skills they may have lost because of illness or disability. Support at home can be arranged yourself using Direct Payments or the service can be provided to you by a private or voluntary organisation.
Supported Accommodation	Covers learning disabilities, physical disabilities and mental health, with these services it is the same provider for accommodation and support. Can be short or long term, includes necessary personal care, meals and laundry to help you cope with every day living. People have their own tenancies.
Supported Living	As above but the ownership of the accommodation is separate to the care providers.
Community support (stand-alone service)	Part of Home Care, the service user is supported to enhance their social skills and engage in community activities e.g. theatre visits, holidays, attending college etc.
Day Care/Active Lives	Day care includes any kind of planned activity that takes place out of the home during the day including going to a Day Centre. Day centres are provided by local social care services, by voluntary or community organisations, or are privately run. Many day centres provide a range of planned activities inside and outside the centre, including horse riding and gardening. Day care also includes outreach services into the community. This is a specific function and is identified in Person Centred Plans.
Extra Care Housing	Extra Care Housing is a type of specialised housing that provides independence and choice to adults with varying care needs and enables them to remain in their own home. Services are provided in a purpose built, housing environment with care and support delivered to meet the individual resident's needs. This type of housing provides 24-hour support, meals, domestic help, leisure and recreation facilities and a genuinely safe environment to its residents. The Department of Health Extra Care Housing Fund supports local authorities to develop services including BHCC.

Direct Payments	A critical part of the government's personalisation agenda as stated in "Putting people first: a shared vision and commitment to the transformation of adult social care" (December 2007). DPs allow people to have greater choice and control over their lives as they make their own decisions about how their care is delivered.
Personal budgets	Another aspect of personalisation, Personal Budgets are designed to bring about independence and choice for people receiving care or support by giving people a clear, up front idea about how much money is available for their support. Thus, people are empowered to take control and make decisions about the care that they receive.
Desk Top Reviews	DTRs are a performance tool used by the Contract Unit to assess residential care homes. They take place after a Care Quality Commission report has come out. A DTR includes an analysis of all available information including the CQC report, Service User, relative and advocates questionnaires, feedback from reviewing officers, Safeguarding alerts and health and safety issues. A risk assessment is then made (low, medium, high) and recommendations may be made, including whether to continue placing at a home.
Individual Service Fund	A way of managing an individual's budget within a service provider. It is a good way of organising Self-Directed Support when someone cannot or does not want to manage their own money.
Care Quality Commission	The CQC is the independent regulator of health and social care in England.

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 13

Brighton & Hove City Council

Subject:	Performance and Monitoring Older People's Services 1 st October 2009 to 31 st March 2010		
Date of Meeting:	14 th June 2010		
Report of:	Acting Director of Adult Social Care and Health		
Contact Officer:	Name: Lynn Mounfield	Tel: 296201	
	E-mail: Lynn.mounfield@brighton-hove.gov.uk		
Wards Affected:	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 October 2009 to 31st March 2010.
- 1.2 For the report to cover both independent sector and council run care homes and home care.

2. RECOMMENDATIONS:

- 2.1 The Cabinet Member notes and comments on the report.
- 2.2 The Cabinet member receives reports on a six monthly basis. The next report will cover the period 1st April 2010 to 30th September 2010.
- 2.3 The report is submitted to the Joint Commissioning Board for agreement on the jointly commissioned services.

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 changed marginally with the change in registration of one of the care homes from OPMH residential to OPMH nursing, see Appendix 1: Breakdown of OP and OPMH long stay care home places 30 September 2009
- Planning activity and building development within the city currently comprises two providers who are looking at commencing work this summer with an anticipated completion date of summer/autumn 2011.

3.2 Overview of care homes with nursing

- Nursing homes provide 24 hour nursing care for the most vulnerable older people. Within the reporting period the demand for long stay nursing care

home placements, both OP and OPHM remained high, but overall the trend is for fewer long stay places, with a marginal reduction in the number of new placements (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, and this is demonstrated by there having been a 23% reduction in new residential placements within the reporting period (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 there are no long-stay beds in OP services and 18 in OPMH services, which is a 31% reduction on the previous period.

3.4 Short stay Intermediate Care and Reablement services

- There continues to be an accent on 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 at the same levels as detailed in previous report (see Appendix 4: Short term beds).
- However, notice has been given on the Intermediate Care Beds at Roan, and Caburn House Residential Care Homes, in view of the Primary Care Trust's plans to rationalise the way such services are delivered throughout the City.

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 57 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). Though this figure represents an increase from the previous report, it is envisaged that with both the new and predicted increase in nursing home provision within the City that this figure will reduce over time.

3.6. Reflections on care home performance information

The combination of a marginal increase in nursing home capacity, in particular OPMH nursing provision, and a predicted increase in general care home provision in the future, aligned to an overall decrease in the number of long term placements continues to have 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, particularly in rest homes, 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.

3.7. Waivers

- Sometimes the Council has to place service users in care homes that are requesting fees in excess of the set rates, and there are two situations where a request for such a waiver can be agreed. Either because the service user's needs cannot be met within the set rates, or because there are currently no suitable vacancies at the appropriate set rate.
- With the period covered by this report there have been a total of 30 waivers which constitutes 19% of all placements made. Appendix 6 gives you a breakdown of these figures as they apply to each registration category of care homes.
- Proportionally there have been a higher number of waivers for OPMH nursing homes, and to a less extent OPMH residential homes, indicative of the greater lack of capacity in these types of provision, and the ability of such providers being in a stronger position to demand higher fees.

Performance in Home Care

3.8 Number of Home Care Packages

- Numbers of service users receiving Home Care from Approved Providers has decreased slightly over the last six months; it has gone from 1441 to 1403. Direct payment increases and the impact of Intermediate Care Services and reablement maybe positive factors in this. (See Appendix 7: Number of People receiving Home Care).

3.9 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 8: Home Care: Hours delivered weekly).

3.10 Overview of Home Care Market

- All of the Approved Home Care Providers have maintained their "Good" or "Excellent" rating by the Care Quality Commission and are currently working on re-registering as is the requirement from CQC.
- This quarter presented challenges due to the snow and the providers followed the traffic light risk assessment process (part of the contingency plans) to prioritise care provision on the particularly difficult days. The partnership work was very successful between the providers and the council. Care workers were commended for their dedication by Ken Norman and the Mayor.
- An Outcome Based Commissioning Home Care Pilot has been in place to assist with the change management process within ASC, and with

providers, in line with Putting People First. The pilot focused 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 pilot was evaluated in February 2010 and a report was presented to the Personalisation Board in March 2010. The Board agreed for the Outcome Based Commissioning (OBC) approach to be rolled out to all approved providers in home care incrementally. The goal is that all existing service users will benefit from the option to receive a more flexible service following a support planning process by April 2011.

3.11 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.
- 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.

General performance information

3.12 Capturing Regulatory Information at a Local Level (CRILL)

- In the previous report it was agreed that information from the annual CRILL report would be included in this report. This is useful information in that it gives comparative information from other local authorities. In this respect, out of all the 928 service users placed in care homes as on 30th September 2009, 80.2% were either living in a 'Good or Excellent' rated care establishment. This figure is marginally below the national average, and the average of comparable local authorities with Medway Town Unitary Authority being 92.5% and Slough Unitary Authority 59.1%.

MONITORING

Monitoring in Care Homes

3.13 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 27 DTR's were completed in this period, the outcomes of which are detailed in Appendix 9.
- Based on the CQC ratings, the overall quality of all care homes increased between October and April. Please refer to Appendix 10 in this respect. This trend is quite marked with an increase in excellent rated care homes from 15 to 19 per cent, and an increase in good rated homes from 59 to 71 per cent. This increase in quality is also evidenced through a reduction in adequate rated homes from 19 to 7 percent, and poor rated homes from a

previous 1 percent to a position where there are no poor rated care homes at the end of the review period. Appendices 11 to 13 give a breakdown of these trends as they apply to all categories of older people care homes except OPMH nursing homes, as being only 3, it is more straightforward to report that the rating of one of these has gone from poor to adequate, the other remains at its previous good rating, and the other provider, which is new, is not yet rated by CQC.

- 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 before October 2009 to continue monitoring compliance against the clinical standards. There has been a marginal variation in clinical quality within the review period (See Appendix 14)
- 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 has now developed more robust mechanisms for capturing the information contained within these questionnaire, and the next report will include specific data on how well care a service provider is performing in respect to specific areas such as equalities, and dignity & respect; and more precise data on the ethnicity of those service users who are being asked to comment on the quality of the services they receive.

3.14 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 four level 4's, one of which resulted in all the service users needing to be relocated to alternative care provision.
- There have been 30 alerts altogether, with Appendix 15 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.

3.15 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 facility 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 92.4% 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 has also been returning to those care homes which he previously visited to audit more general health and safety compliance; and has also offered where appropriate to review current Fire Risk Assessment, carry out Fire Risk Assessments where it is deemed not to be suitable or sufficient, and offer to carry out new Fire Risk Assessment where one is not available.
- Though there was a positive take up of the free Council run Contractors Health and Safety (CHAS) training, to assist providers to become CHAS accredited by 30th September 2010, the majority of older people care homes have yet to achieve this status. To address this, the Health, Safety and Wellbeing Team will be attending the next care homes bi annual forum in May and the Contracts Unit will be writing to providers reiterating their contractual obligations to comply with this condition by the above mentioned date.

Monitoring in Home Care

3.16 Council-led quality assurance activities

- There is a robust approach to the contract management of Home Care Contracts: this 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 6 Contract Reviews in the period October 2009 to March 2010.
- 18 incidents or complaints have been reported to the Contract Unit in the period October 2009 to March 2010 (see Appendix 16 Incidents and complaints reported from Service Users who receive Home Care). All of these complaints and incidents are investigated and contribute to the Audit and Contract Review process.
- The Impetus, 60+ Action Group have reported on 41 surveys from service users who have an independent provider in the last six months. There continues to be 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 22 cases involving home care staff where there have been Safeguarding Vulnerable Adult Alerts, 11 of which were unsubstantiated. All Safeguarding alerts are monitored and any themes are highlighted and are discussed with the relevant provider (see Appendix 17 for level of investigation for Home Care Services).

3.17 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.

3.18 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 61 new workers who started in the last three months. The government target for the achievement of 50% of home care staff NVQ2 has been met by the majority of Home Care Providers. This is slightly higher than with national reports on current levels of NVQ achievement. 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.
- The workforce development unit has supported the Contracts Unit in developing a Reablement Course for the trainers of the independent sector and a similar process will be put into place for the OBC.

3.19 Personalisation Developments

- **Reablement:**
- As part of the personalisation process the Approved Home Care Providers will be trialling the provision of reablement service to service users. Senior carers, management and training staff have been trained in the theory of reablement and how to provide a reablement care package for a six week period.
- The process to be trialled is that when a service user has a statutory annual review carried out by a Care Manager/ Reviewing Officer, (based within the Reviewing Team) and they are identified as benefitting from reablement. The Care Manager will identify the outcomes to be met in the period of reablement. If the person is in receipt of home care from an independent provider they will remain with that provider and have a period of reablement by their team.
- This period of reablement (anything up to six weeks) will be carried out in partnership with the Care Manager/ Reviewing Officer who will be the trusted assessor to enable access to any equipment required for the

reablement. The Home Care Provider will have increased input from their Senior Care Officer (equivalent) who will carry out the Reablement Action Plan (RAP) and visit the service user weekly to update the RAP and measuring outcomes that the person has met.

- This trial will take place for three months starting in May 2010 and will be reviewed in September.
- **Electronic Monitoring system:**
This 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 is in 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: 26/05/2010

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. The report provides essential data to ensure both transparency and scrutiny of quality of provision and value for money in terms of expenditure of public funds.

Lawyer Consulted: Sonia Likhari, Contracts Lawyer and Sandra O'Brien, Acting Senior Lawyer. Date: 26/05/10

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.

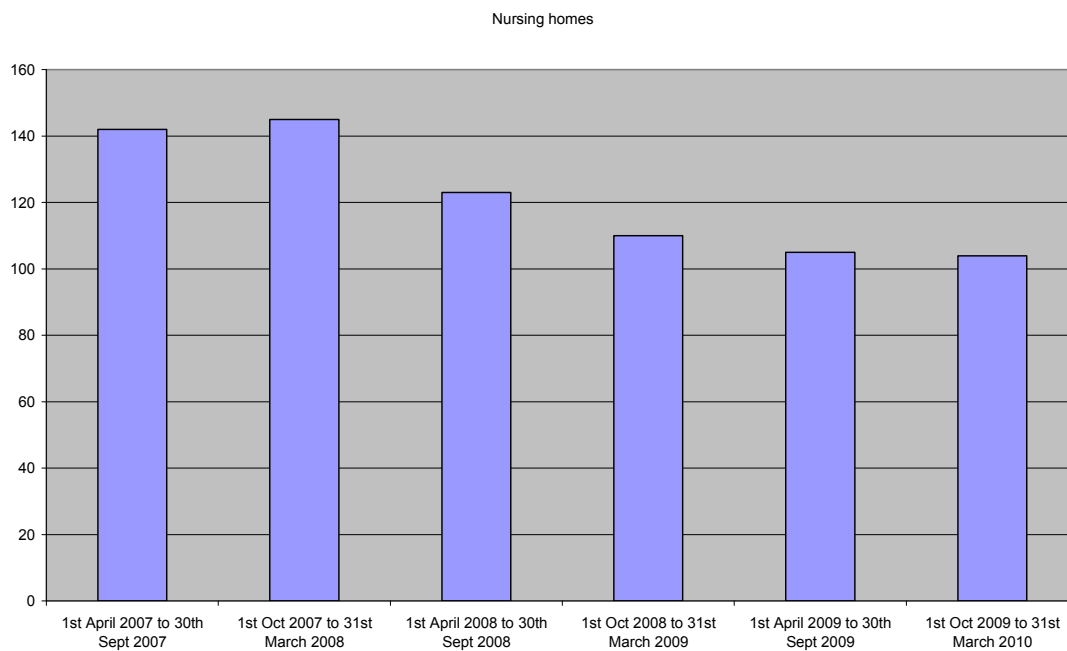
SUPPORTING DOCUMENTATION

Appendices:

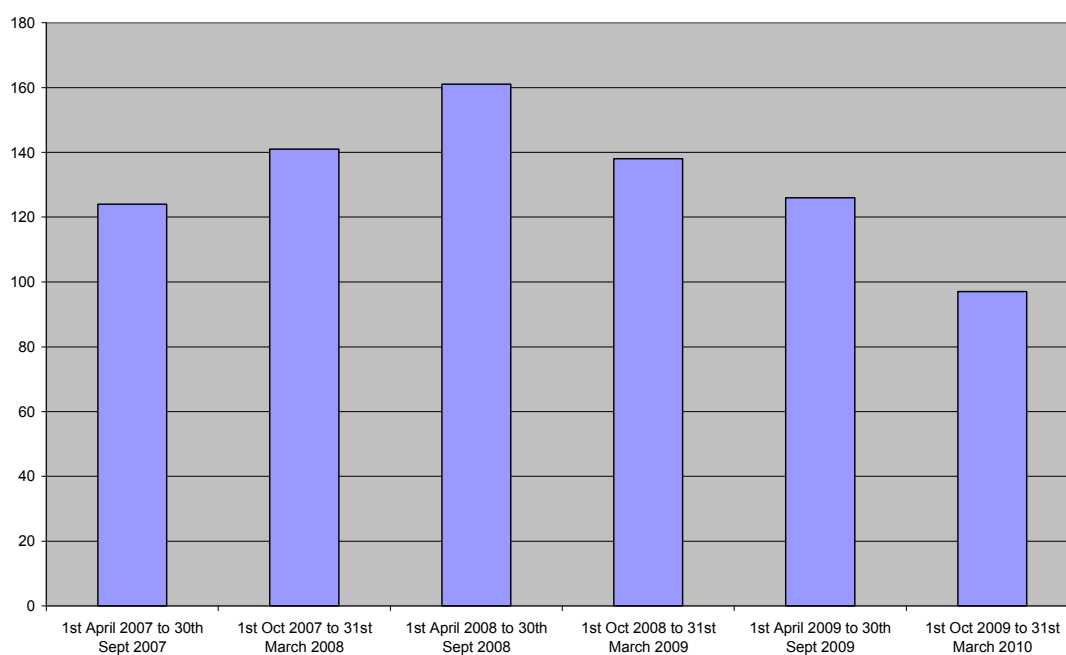
1. Breakdown of OP and OPMH long stay care home places 30th September 2009

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	192	30	8	29	6
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	126	25	4	15	3
Totals	1,348	356	55	14	36	10

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 3 long stay 10 respite
Wayfield Avenue	Mental Health resource centre (functional)	3	Also 1 respite
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
TOTAL		41	

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, and currently the lease has been extended on a temporary basis.
Knoll House	Specialist ICS provision	20	
Highgrove nursing home	Independent older people nursing home	16	
Roan	Independent older people residential home	4	Block contract for these beds to finish on 6 th October 2010
Caburn	Independent older people residential home	4	Block contract for these beds to finish on 6 th October 2010
Craven vale	Older people resource centre	17	
TOTAL inc Newhaven Rehab		93	

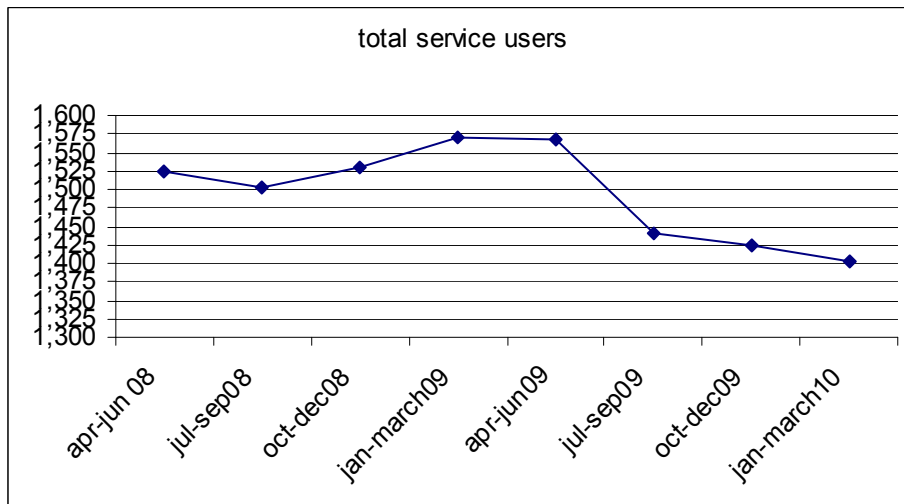
5. A snapshot of nursing home places to show those in and out of the city

Date	Total	In the City	Boundary of City	Out of City by Choice	Out of City not by Choice
31/3/2007	429	302	27	57	43
1/10/2007	444	315	30	60	39
31/3/2008	425	298	28	59	40
1/10/2008	419	302	25	52	40
31/3/2009	388	274	21	51	42
1/10/2009	393	287	20	46	40
31/3/2010	362	262	14	36	57

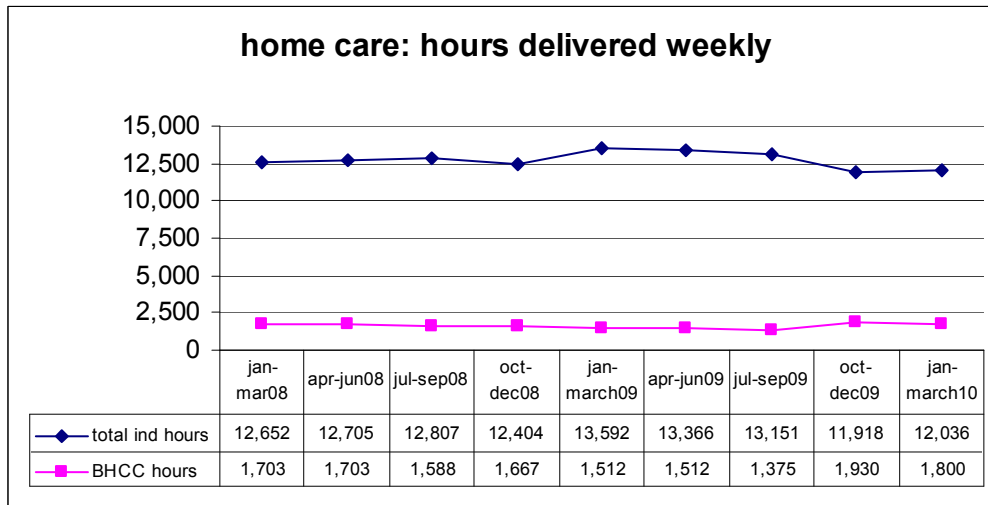
6. Number of waivers agreed compared with the total number of placements made

Registration Category of care home	Number of waiver requests	Total number of placements made	% of waivers compared to total placements made
Rest Home	5	41	12%
Nursing Homes	14	32	37.50%
OPMH Rest Homes	5	60	8.33%
OPMH Nursing Homes	6	23	26%
Totals	30	156	19%

7. Number of People receiving Home Care



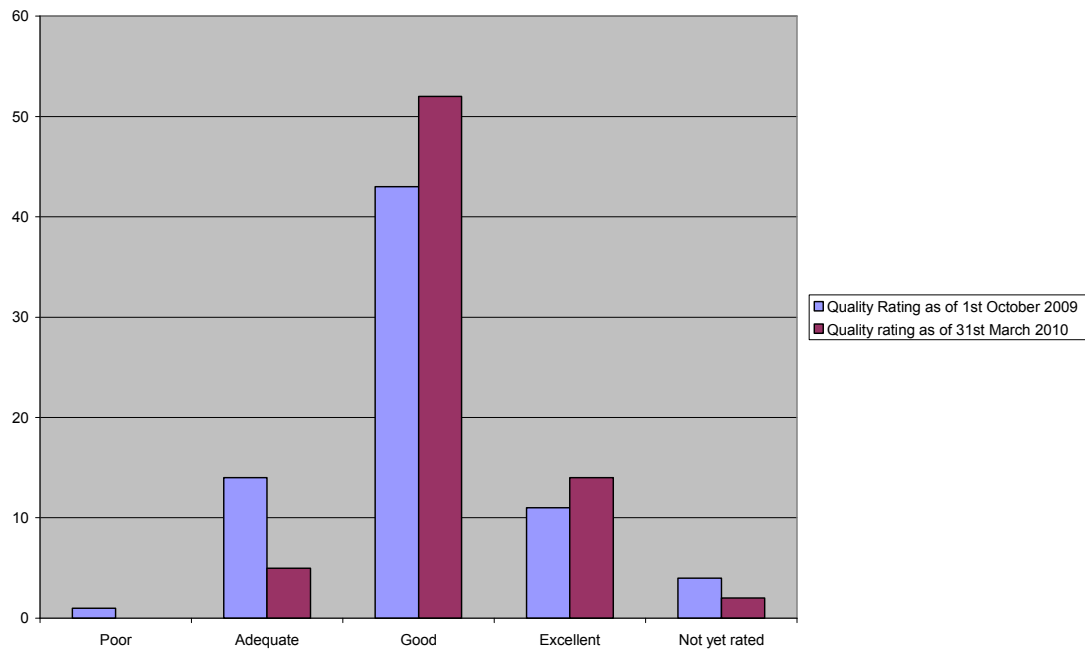
8. Home Care: Hours delivered weekly



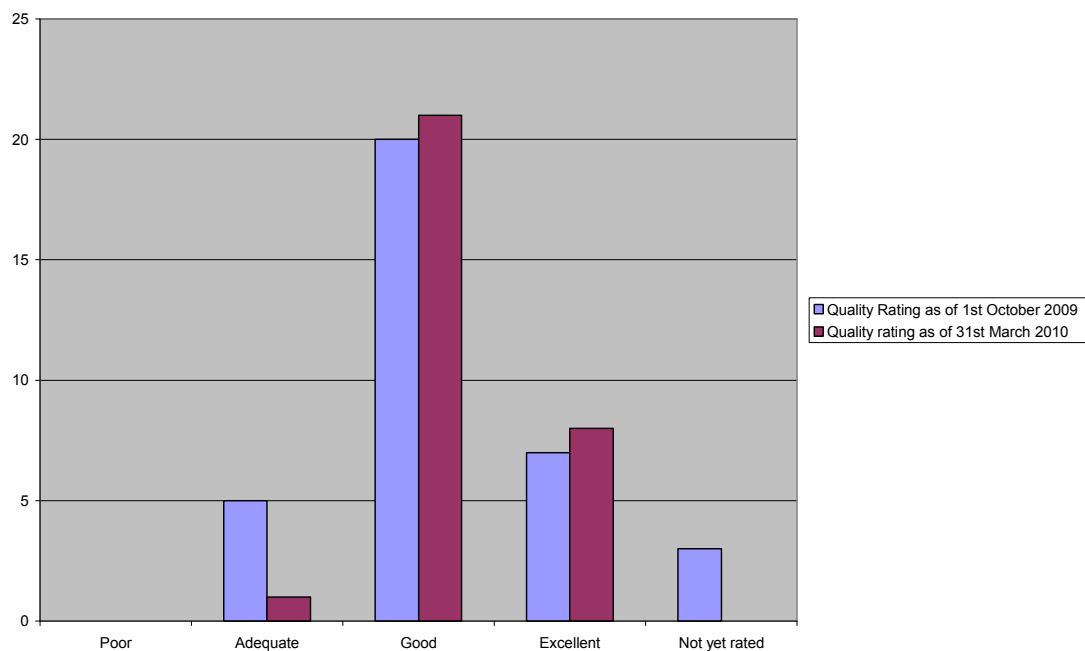
9. Care Homes: Number of Desk Top reviews completed and resulting follow up actions from October 2009 to April 2010

Registration category of care home	Number of care homes	Number of Desk Top Reviews completed	Number of positive letters sent	Number of letters sent requesting evidence of compliance	Number of contract reviews held	Number of focused audits held
Rest home	30	14	6	5	1	3
OPMH rest home	8	4	2	0	1	1
Nursing home	26	8	4	1	1	2
OPMH nursing home	3	1	0	0	0	1

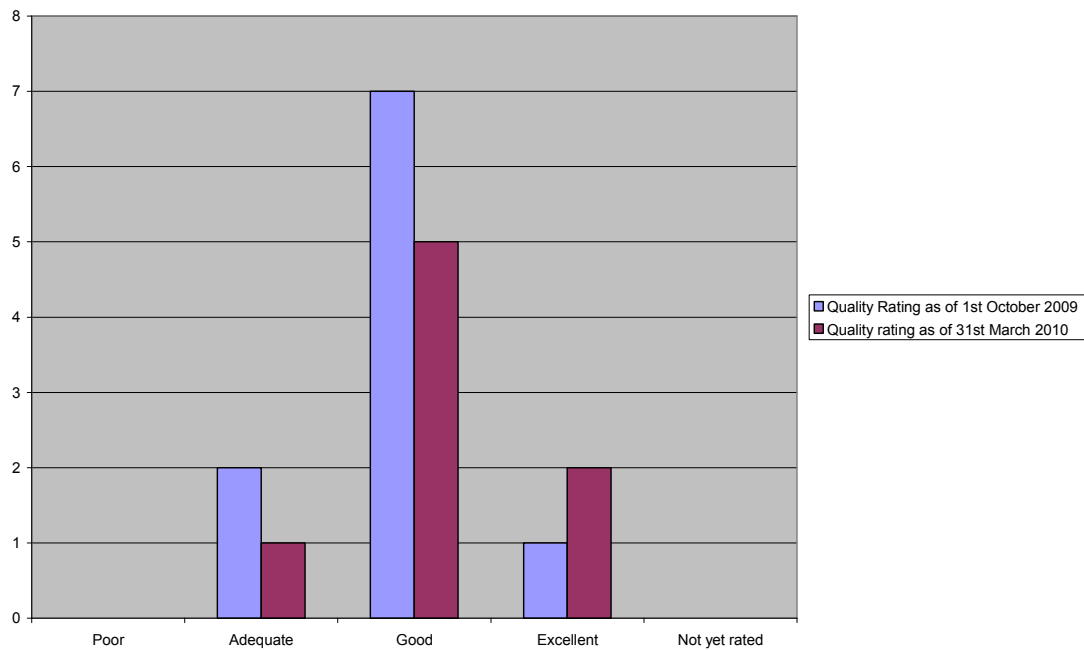
10. Trends in the overall quality of care homes from October 2009 to April 2010



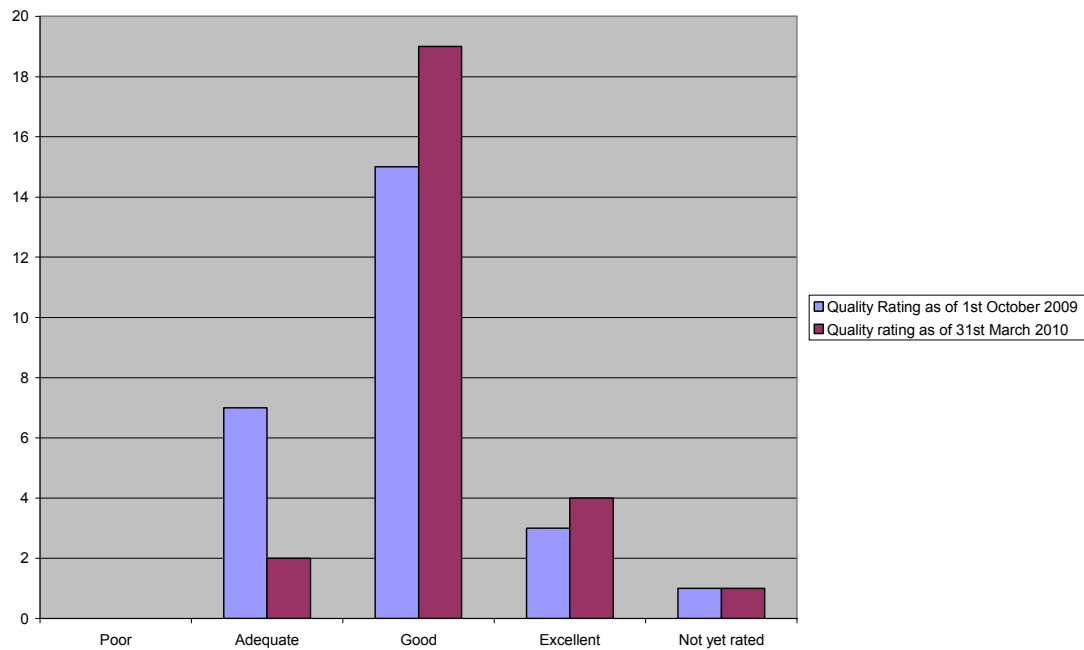
11. Quality trends in residential homes (30)



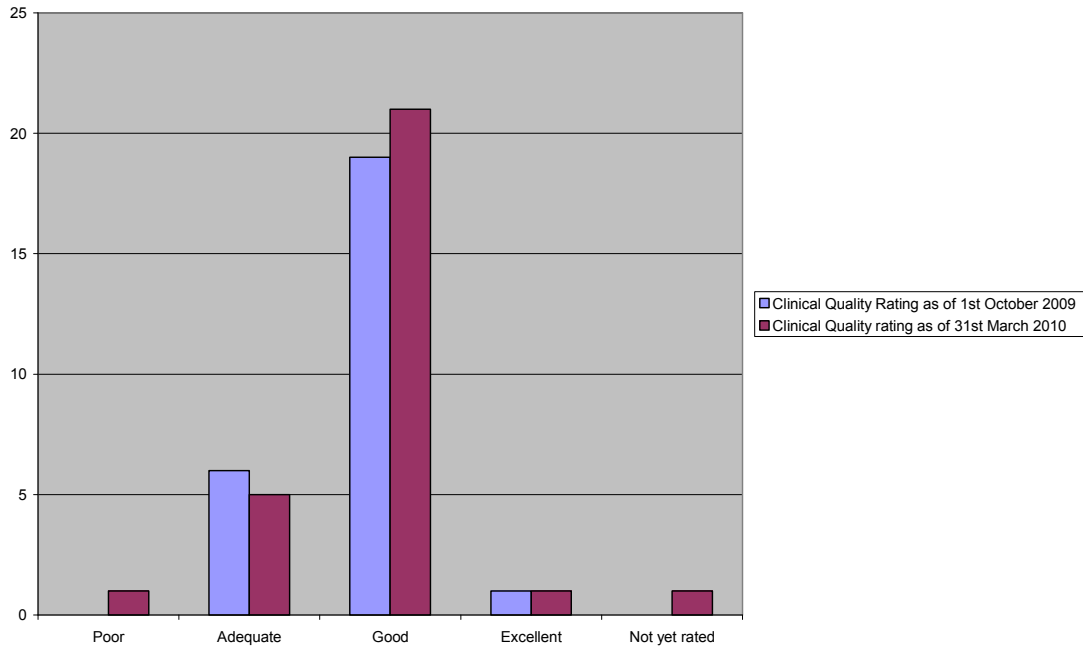
12. Quality trends in OPMH residential homes (8)



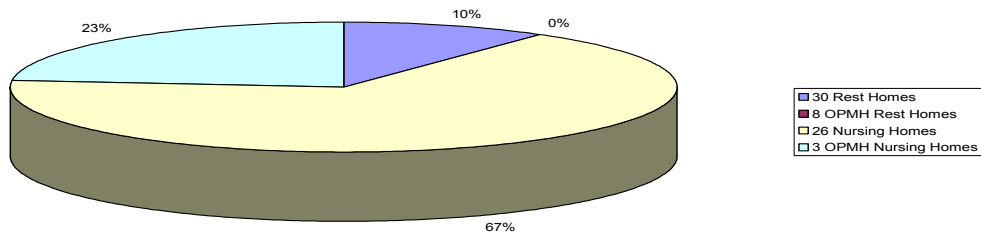
13. Quality trends in nursing homes (26)



14. Trends in the Clinical Quality of nursing homes and OPMH nursing homes from October 2009 to April 2010



15. Number of alerts received by the Contracts Unit for categories of care homes



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

There have been 18 incidents/complaints reported to the Contract Unit in the six months October 2009 to March 2010. They have been spread across 6 of our 10 main providers. The issues in summary have been:

Issue	Frequency
Missed calls or late calls	3
Poor communication with office	3
Medication not administered	1
Poor quality care	2
Poor continuity	2
Provider not responding to phone calls	3
Possibly not following entry procedure	1
Miscellaneous	3
Total	18

17. Levels of safeguarding investigations for Home Care

Level Of Investigation	Number of Investigations carried out
Level One	10
Level Two	3
Level Three	4
Level Four	

Documents In Members' Rooms

1. None.

Background Documents

1. None

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 14

Brighton & Hove City Council

Subject: CareLink Plus
Date of Meeting: 14th June 2010
Report of: Acting Director, Adult Social Care & Health
Contact Officer: Name: Anne Hagan Tel: 29-6370
E-mail: Anne.hagan@brighton-hove.gov.uk
Key Decision: No
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT

- 1.1 This report provides a progress report on the Carelink Plus service.
- 1.2 The core business operated by CareLink Plus is the community alarm service. This is currently provided to 5,500 customers, 3000 of whom live independently in the community and 2,500 people who live in sheltered accommodation.
- 1.3 CareLink Plus has been very successful in further developing the service to incorporate all aspects of assistive technology including Telecare.
- 1.4 CareLink Plus has a number of contracts with a variety of professional groups to provide access to a range of services out of office hours.

2 RECOMMENDATIONS

- 2.1 The Cabinet Member is asked to note the current developments in the CareLink Plus service.
- 2.2 That Cabinet Member approves further research into new technologies in Telecare and community alarm service provision and to report back any future developments.

3 RELEVANT BACKGROUND INFORMATION

- 3.1 CareLink was launched in 1987. In June 2009 the service moved to Patching Lodge, and the name of the service was changed to CareLink Plus to reflect the expanded range of services offered via the Telecare technologies now available.
- 3.2 Services operate twenty four hours a day, seven days a week, every day of the year. An overview of the service is included in Appendix 1.
- 3.3 CareLink Plus is regulated by the Telecare Services Association (TSA). An annual audit is carried out to ensure compliance with the stringent, detailed code of practice. The TSA set performance indicator targets and dictates the minimum staffing levels required to provide the service.
- 3.4 The standard service charge for the CareLink Plus Community alarm is £13.00 per calendar month, which equates to £3.00 per week.

3.5 Telecare

In addition to the basic unit and pendant, CareLink Plus now offers a range of other equipment that will generate an alert through to the control centre when activated. For customers living independently in the community these are available at no extra cost. The equipment includes;

- Flood detectors
- Fall detectors
- Heat sensors
- Smoke detectors
- Bed and chair occupancy sensors
- Epilepsy sensors
- Passive infra red motion sensors
- Door entry/exit sensors
- Pressure pads
- Reminder functions to prompt customers to perform tasks such as taking medication or to eat a meal
- Sensors to activate lights in conjunction with the activation of other peripherals
- Pull cords
- Mounted triggers – on skirting boards, door frames, wheelchairs, etc.
- Pager and pillow shaker systems to be used in conjunction with other peripherals to provide an onsite alert for carers when a peripheral is activated

Appendix 2 illustrates the rise in the uptake of Telecare since 2007.

3.6 Key Performance Indicators for CareLink Plus Community Alarm Service (Performance Report 2008/09)

Number of alarm calls received	184,899	5% increase on the previous year
Average number of calls received per day	507	Includes routine test calls, accidental calls and scheme staff logging on and off duty
Percentage of calls answered within 30 seconds	91%	Target 90%
Percentage of calls answered within a minute	97.9%	Target 98%
Number of community appointments carried out	3,360 including 312 emergency responses	Up 1035 on the previous year Target 3,000 annually
Average time taken to reach the customer in an emergency	22.5 minutes	Target 20 minutes
Number of Telecare peripherals installed	490	Up 305 on the previous year

3.7 Additional Services

In addition to the community alarm CareLink Plus also operates a range other services both on behalf of the City Council and other agencies.

Service	Provision	Quarterly average call volume
Emergency out of Hours Adult Social Care Service	Access to Adult Social Care/ mental health services out of hours in Brighton & Hove	Commenced 10 th May 2010
Child Protection Checks	Out of hours: Carry out checks for child protection plans and reporting back to the caller (BHCC/ East Sussex County Council)	15/20
BHCC Homeless Persons Referrals	Outside of office hours. Receiving and screening calls and passing referrals on to the Duty Homeless Persons Officer.	17

BHCC Emergency Back Up Scheme for Carers	24/7: Receiving and screening Back Up Plan activation calls and contacting nominated individuals to take over caring responsibilities where a carer becomes incapacitated.	0
BHCC Appropriate Adult Service	Outside of office hours until 22.00. Receiving calls from Brighton Police Custody Suite and contacting the duty volunteer to attend to accompany youths and vulnerable adults.	43
Carers Alert Card	24/7. Receiving and screening alert calls and contacting nominated individuals to take over caring responsibilities where a carer becomes incapacitated.	0
Peripatetic Monitoring	Members of the YISP*, Bailiffs and Animal Wardens call in to log on and off shift or log a specific lone working job.	130
Lone Worker Monitoring	To help ensure the safety of 123 Council officers who work alone in the community during their normal working day. (e.g. surveyors, special needs housing officers, urban rangers etc)	

*Youth Inclusion Service Programme

4 FUTURE DEVELOPMENT OF THE CARELINK SERVICE

4.1 There are a number of proposals for the future development of CareLink Plus:

- Investigate the possibility of additional contracts to increase the profitability of the overnight operations.
- Attract more business both through direct service provision to customers and through corporate contracts, including more installations in residential care settings and small businesses.
- Continue to expand the range and number of Telecare peripherals in use, recognising the pivotal role this type of technology will increasingly play in enabling people to maintain independence in their own homes.
- To work in partnership with health colleagues to further explore Telehealth.
- Direct payments, individual budgets and the personalisation agenda support increased customer focus and choice. CareLink Plus has a fundamental role to play in allowing a greater flexibility in bespoke solutions for care at home.
- Increase lone worker monitoring and make this service more widely known within the Council.

5 CONSULTATION

CareLink staff consult with their customers on a regular basis through the use of questionnaires. In addition, the team are planning to re-launch “road shows” in sheltered housing schemes which will help to highlight the benefits of the service. A link meeting has been established with representatives from Council Sheltered Housing and is hoped that this will also help inform developments in CareLink.

6 FINANCIAL & OTHER IMPLICATIONS:

6.1 Financial Implications:

The Carelink service including the Emergency Duty Service costs an estimated £730,000 per annum. The target is for the costs of the service to be recovered from the charges raised. The service has developed significantly, it is a key element of the personalisation programme, and other new technologies are being investigated. The charges for the service need to be reviewed in line with the corporate fees and charges policy and updated on an annual basis-it is proposed to consider options and bring recommendations on charges later in the year.

Finance Officer Consulted: Anne Silley Date: 19 May 2010

6.2 Legal Implications

The background to the CareLink Service and technological developments is set out in the body of this report. Such developments are and will continue to be informed by proper consultation with interested and affected parties to ensure a fair and transparent process.

There are no specific legal or Human Rights Act implications arising from this report.

Lawyer Consulted: Sandra O'Brien

Date: 1 June 2010

6.3 Equalities Implications:

People of all ages can access the CareLink service although the service is mostly used by older people. CareLink should be accessible to all, but there is still limited access from minority ethnic groups in the city. CareLink have plans to have a presence at minority group forums and open days.

6.4 Sustainability Implications:

CareLink helps to maintain people in their own homes through the provision of equipment. There are opportunities to maximise the use of Telecare to maximise the number of people being supported.

6.5 Crime & Disorder Implications:

People may choose to use CareLink as it gives them a greater sense of personal security.

6.6 Risk and Opportunity Management Implications:

Opportunities currently exist for CareLink to build on its business success both in its overnight operations and in Telecare/Telehealth. CareLink may no longer be competitive with other comparable services if the current charge remains the same.

6.7 Corporate / Citywide Implications:

CareLink services are available right across the city.

7 **EVALUATION OF ANY ALTERNATIVE OPTION(S):**

7.1 Alternative options have been considered for the provision of the out of hours services provided by CareLink but this was not considered to be financially viable.

8 **REASONS FOR REPORT RECOMMENDATIONS**

8.1 To ensure that the Cabinet Member receives a good understanding of the services provided by the CareLink Plus service and its future potential.

SUPPORTING DOCUMENTATION

- **Appendix 1: Overview of the CareLink Plus community alarm service**
- **Appendix 2: Telecare peripherals in use**

Documents In Members' Rooms

None

Background Documents

None

Appendix 1

CareLink Alarm System: An Overview

The CareLink alarm system allows the user to summon help in the event of an emergency, such as a fall, sudden illness or worsening of a long term condition. In addition, many calls are received from customers for reasons such as their carers have not arrived as expected or they require reassurance due to anxiety or confusion. It can also be used when there are concerns for personal safety, such as suspected intruders, domestic violence or harassment. In sheltered accommodation residents also use their alarm for reasons such as to report concerns for neighbours' well being, to report neighbour nuisance and to report building repairs issues. Lift alarms, door entry systems, intruder alarms, remote access key safes, smoke detectors and main fire panels are also monitored and responded to in the sheltered housing schemes.

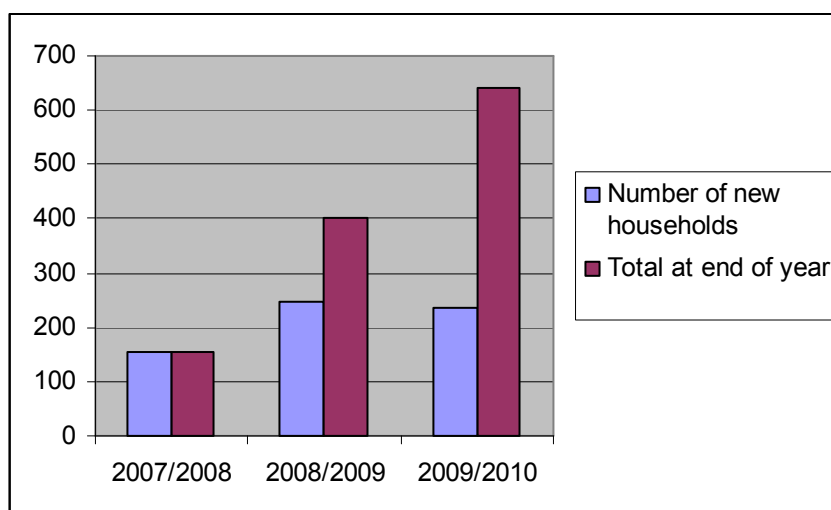
The CareLink Plus service provides peace of mind for both the customer and for their family and carers, and the confidence for many of our customers to continue to live independently at home.

Appendix 2

Telecare Customers and Peripherals

The 2009/2010 figures quoted are from April 2009 to the end of October 2009.

	2007/2008	2008/2009	2009/2010
Number of new households	156	247	237
Total at end of year	156	403	Total mid year 640

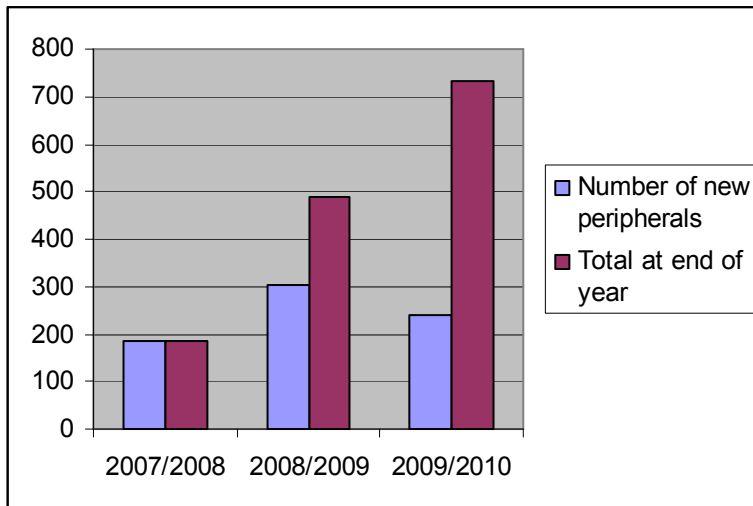


Appendix 2 continued

Telecare Customers and Peripherals

The 2009/2010 figures quoted are from April 2009 to the end of October 2009.

	2007/2008	2008/2009	2009/2010
Number of new peripherals	185	305	242
Total at end of year	185	490	Total mid year 732



ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 15

Brighton & Hove City Council

Subject:	Safeguarding Vulnerable Adults Data		
Date of Meeting:	14th June 2010		
Report of:	Assistant Director, Adult Social Care and Health		
Contact Officer:	Name:	Karin Divall	Tel: 29-4478
	E-mail:	Karin.divall@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT

- 1.1 Brighton & Hove City Council Adult Social Care are the statutory lead authority for protection of vulnerable adults from abuse. Abuse can take a number of forms including physical, sexual, psychological, financial, institutional, discriminatory abuse and neglect against vulnerable, older and disabled people. Abuse can be spontaneous or premeditated and can be a single incident or repeated and abusers could be a family member, a friend, staff, a professional and volunteer.
- 1.2 Adult Social Care (ASC) 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. ASC collect statistical information on the number of safeguarding alerts received and the investigations that they carry out.
- 1.3 This report sets out the activity from April 2009 to end March 2010, for work completed in Adult Social Care Services, including within mental health services, and is planned to be included in the Brighton and Hove Safeguarding Adults Board Annual Report 2009/10.
- 1.4 From October 2009 the NHS Information Centre for Health and Social Care has requested additional information to be collected by Local Authorities, as part of the development of a national data collection on the abuse of vulnerable adults. This report includes this additional information which is now required, giving more detail about adult abuse than we have been previously been able to analyse.

2. RECOMMENDATIONS

- 2.1 That the Cabinet Member notes the trends for this period for safeguarding adults work in Brighton and Hove.

- 2.2 That the Cabinet Member requests that this information will be included in the Safeguarding Annual Report for April 2009/2010, and is used to inform action plans for the year ahead.

3.0 RELEVANT BACKGROUND INFORMATION

- 3.1 The additional data that we are now collecting for analysis means that we can see the source of the safeguarding alert, so we will be able to identify any partner organisations where referrals are low, and consider awareness raising within that organisation. We are now also able to collect information about location of abuse, and the relationship of the vulnerable adult to the alleged perpetrator. This will enable us to understand more about where abuse is taking place, and what risks are posed to vulnerable people, for example by paid carers, or family members.
- 3.2 This data will now be collected and reported every quarter, and trends emerging can inform strategies in the City for preventing abuse and for enabling vulnerable people to live positive and independent lives.
- 3.3 During the period April 2009 to end March 2010 a total of 1,288 safeguarding alerts were received, and 1,065 were investigated within Adult Social Care. The source of these alerts and the outcomes of the investigations are set out in Appendix 1.
- 3.4 There has been a year on year increase in Safeguarding Vulnerable Adults alerts since 2004. This year the increase is 51%, which is the highest for 3 years. In previous years the increase has generally ranged between 25-35%. A year on year increase in safeguarding alerts has been experienced by Local Authorities nationally. This is likely due to ongoing improvements in data collection, and awareness raising and training for staff who are responsible for recognising abuse and raising alerts.
- 3.5 The proportion of alerts by client category (figure 1) continues this year at similar levels to last year. For example, last year the proportion of alerts for older people (over 65) was 52%, and this year it is 54%. For people with learning disabilities last years figure was 23%, this year it is 22%.
- 3.6 Figure 6 shows that allegations of physical abuse, psychological abuse and financial abuse are the most frequent. This is similar to last year, although this year allegations of physical and psychological abuse have increased slightly, and allegations of financial abuse have decreased from 23% to 18.8%.
- 3.7 Figures 7-9 show information for a 6 month period only, from October 2009 to end March 2010, from when this data started to be completed.
- 3.8 Figure 10 shows that 44.5% of completed investigations into allegations of abuse are substantiated. This has increased from last year, where 'inconclusive', 'substantiated' and unsubstantiated' were evenly split.

4. CONSULTATION

- 4.1 None

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

There are no direct financial implications arising from the recommendations made in this report. Any changes in the volume of activity will need to be managed as part of the budget strategy.)

Finance Officer Consulted: Anne Silley

Date: 1 June 2010

Legal Implications:

5.2 There are no specific legal implications which arise from this report as it is for information only. The additional data collected however will clearly assist the Council in facilitating good practice in terms of the protection of vulnerable adults.)

Lawyer Consulted: Sandra O'Brien

Date: 1 June 2010

Equalities Implications:

5.3 Older people, people with disabilities and mental illness can be vulnerable to abuse.

Sustainability Implications:

5.4 There are no sustainability implications.

Crime & Disorder Implications:

5.5 Vulnerable people can be subject to financial abuse and physical and sexual violence which are forms of adult abuse that are reported to Adult Social Care.

Risk and Opportunity Management Implications:

5.6 Safeguarding Adults is a key role for Adult Social care in ensuring that the most vulnerable people are able to live safely. Failure to manage this responsibility well puts individuals at risk as well as exposing the local authority to risk and challenge.

Corporate / Citywide Implications:

5.7 Safeguarding work is carried out across the City

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Safeguarding is a core statutory responsibility and it is important that there is good monitoring and oversight of performance

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To ensure that the Cabinet Member has an overview of Safeguarding Performance.

SUPPORTING DOCUMENTATION

Appendices:

None

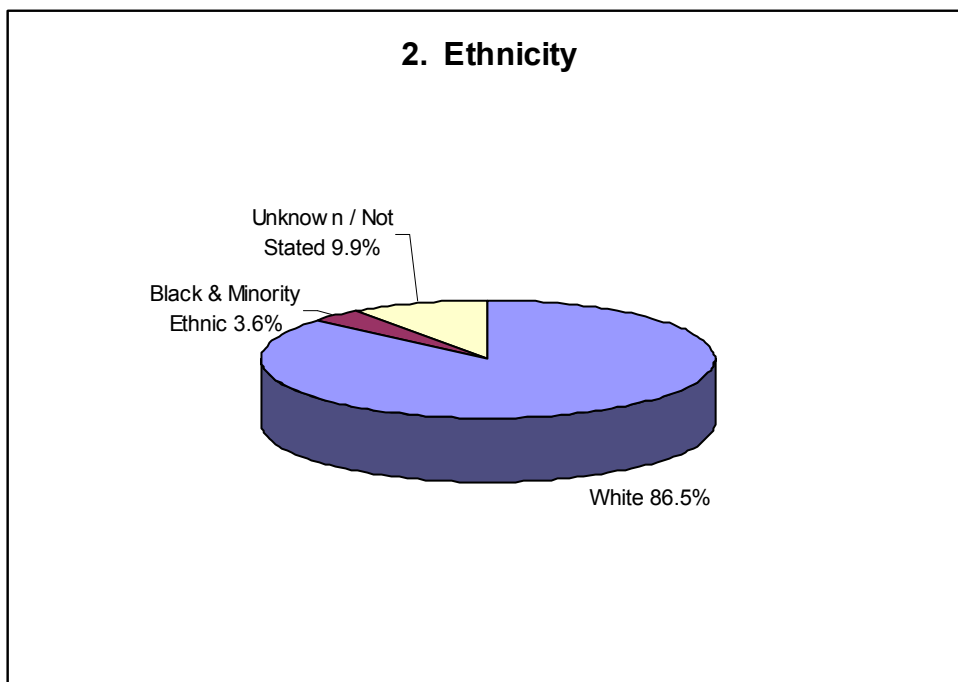
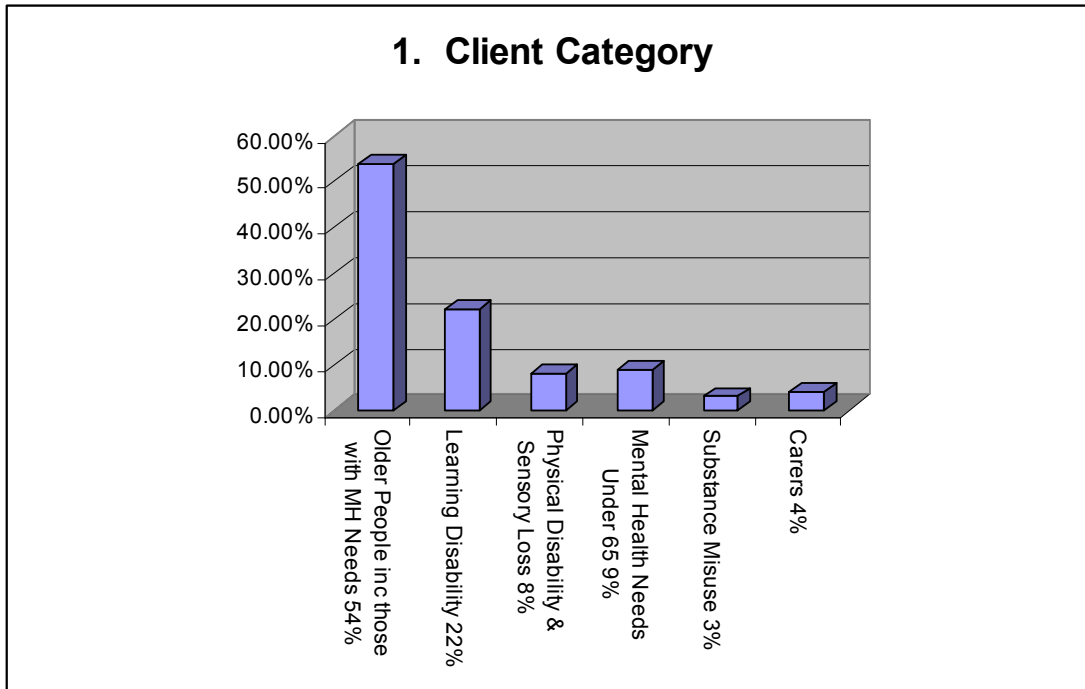
Documents In Members' Rooms

None

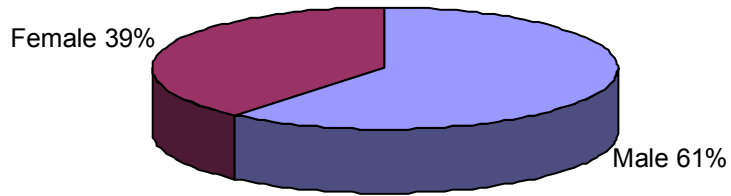
Background Documents

None

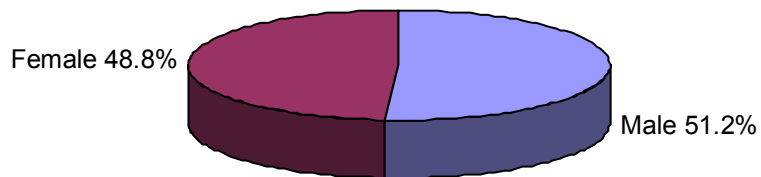
Appendix 1



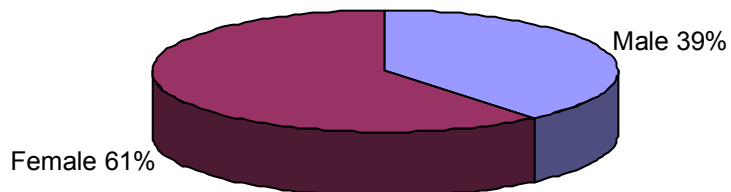
3. Gender of Vulnerable Person



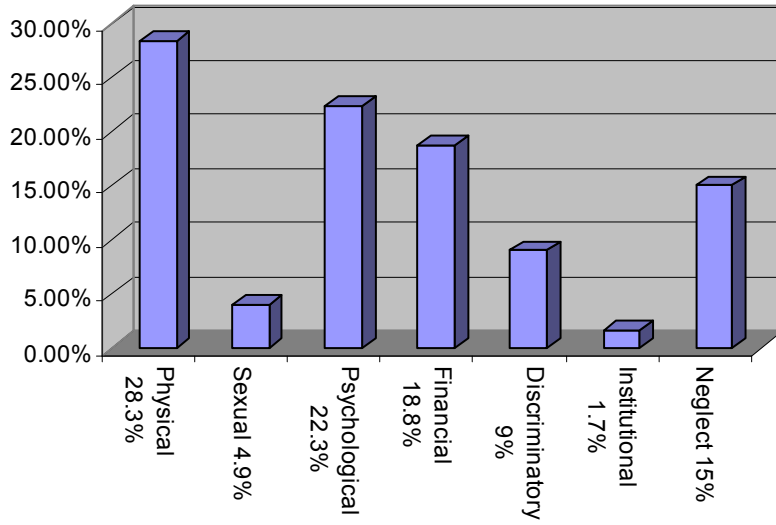
4. Gender aged under 65



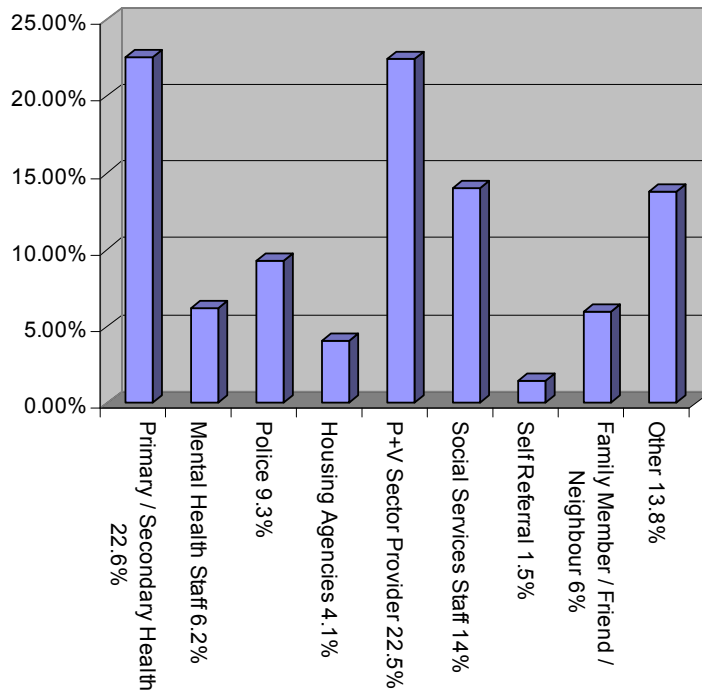
5. Gender 65+



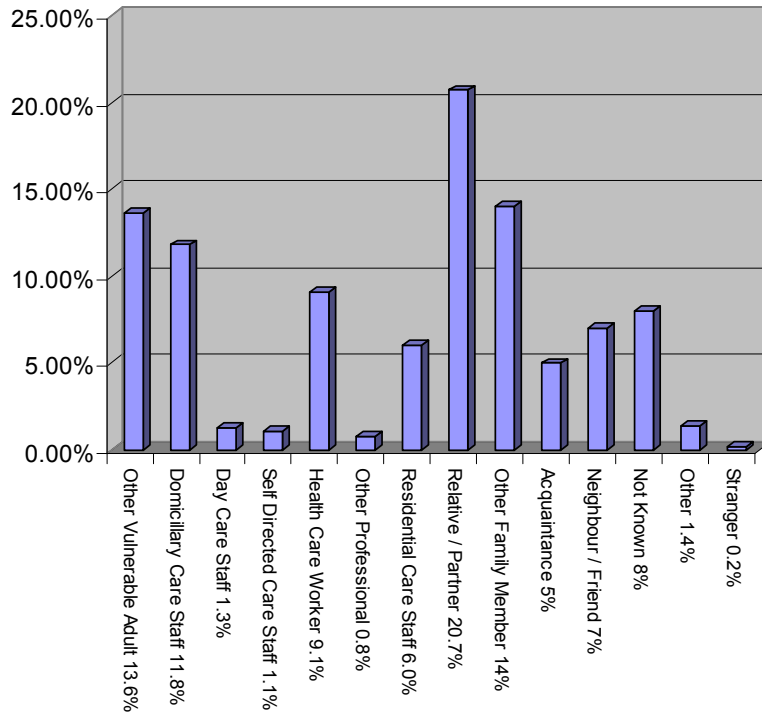
6. Category of Alleged Abuse



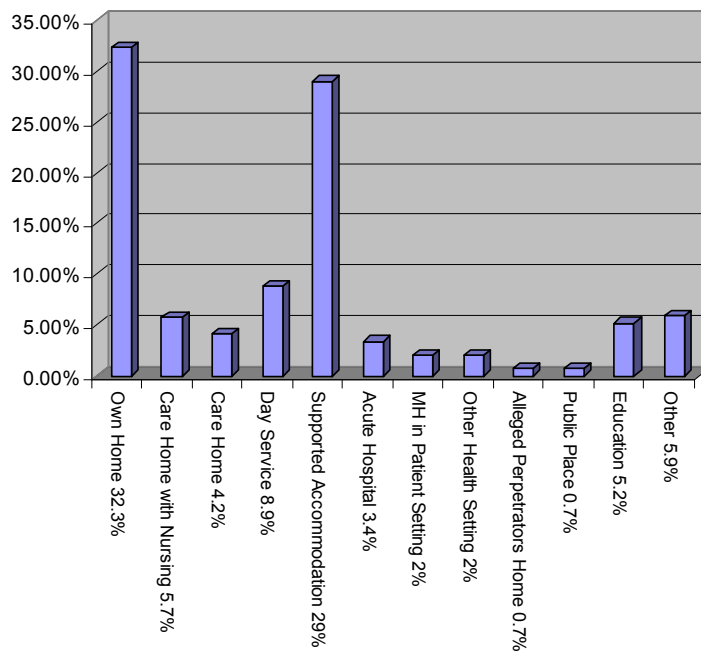
7. By Source of Referral



8. Relationship of Perpetrator with VA



9. Incident by Location



10. Outcome of Investigation

