

BRIGHTON & HOVE CITY COUNCIL
ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00pm 18 OCTOBER 2010

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Councillor K Norman (Cabinet Member)

Also in attendance: Councillor Fryer (Opposition Spokesperson)

PART ONE

16. PROCEDURAL BUSINESS

16(a) Declarations of Interests

16.1 There were none.

16(b) Exclusion of Press and Public

16.2 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).

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

17. MINUTES OF THE PREVIOUS MEETING

17.1 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 14 June 2010 be agreed and signed by the Cabinet Member.

18. CABINET MEMBER'S COMMUNICATIONS

Montague House and Tower House Day Services

18.1 The Cabinet Member reported that several meetings had been arranged at Montague House to update staff and members. The Chairman had attended one of these meetings and had found it to be a useful session.

Launch of PA Noticeboard

- 18.2 The Cabinet Member reported that he had attended the launch of the Personal Assistant Noticeboard. The event had been attended by 90 to 100 people. The initiative had been set up by the Federation of Disabled People and was an online list of PAs looking for work and vacancies offered by employers to PAs. A PA was someone who supported a disabled or elderly person in a variety of ways. For example, the PA could help with personal care, but might help by being a friend who could take the disabled/elderly person to the cinema or on walks etc.

Health White Paper

- 18.3 The Cabinet Member reported that a public question had been submitted to the next full Council meeting on the Health White Paper. The Cabinet Member had been involved in discussions regarding the White Paper and would be answering the question at full Council.

Royal Sussex County Hospital

- 18.4 The Cabinet Member reported that the plans for a major development at the Royal Sussex County Hospital were on display in Hove Town Hall. The Cabinet Member and the Deputy Mayor had attended the launch of the proposals on Saturday 16 October 2010.

Thanks to staff in Adult Social Care

- 18.5 The Cabinet Member thanked staff in Adult Social Care for their hard work in providing the service.

19. ITEMS RESERVED FOR DISCUSSION

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

20. PETITIONS

- 20.1 There were none.

21. PUBLIC QUESTIONS

- 21.1 There were none.

22. DEPUTATIONS

- 22.1 There were none.

23. LETTERS FROM COUNCILLORS

- 23.1 There were none.

24. WRITTEN QUESTIONS FROM COUNCILLORS

24.1 There were none.

25. NOTICES OF MOTIONS

25.1 There were none.

26. CARE QUALITY COMMISSION INSPECTION REPORT

- 26.1 The Cabinet Member considered a report of the Acting Director of Adult Social Care & Health which explained that an Inspection Team from the Care Quality Commission visited Brighton & Hove in May 2010. They focused their inspection upon the level of choice and control for people with a learning disability and the safeguarding of adults whose circumstances made them vulnerable. In addition, the inspectors also considered the Council's capacity for improvement by focusing upon leadership and the commissioning and use of resources.
- 26.2 The published CQC report on their findings was attached to the report. The Council's improvement plan in relation to the findings was also attached to the report for approval.
- 26.3 The Cabinet Member received a detailed presentation on the inspection and the recommendations resulting from the inspection, from Jacqueline Corbett, the lead inspector from the CQC. The inspection had found that the Council was performing well in relation to both safeguarding adults and promoting choice and control for people with a learning disability. The report also concluded that the capacity to improve in Brighton & Hove was promising.
- 26.4 Councillor Fryer referred to page 13 of the report (page 25 of the agenda) which mentioned that 16 services being used by the council were rated 'poor' (four) or 'adequate' (12). She asked if the necessary improvements in these areas would be addressed in the improvement plan.
- 26.5 The Acting Director of Adult Social Care mentioned that a Care Governance Panel has been set up as part of the inspection plan. The Head of Performance & Development explained that officers were looking at improvement plans and trying to identify services where the council would want to act more proactively.
- 26.6 Councillor Fryer asked how the council would meet the challenge in the current economic climate. She highlighted issues relating to housing and dual diagnosis which would need to be addressed.
- 26.7 The Acting Director of Adult Social Care reported that with regard to accommodation, there was a range of provision that was not being taken up. There was a need to take up more of the capacity in the city. Out of authority placements were being monitored. Meanwhile, there was a great deal of work being carried out with regard to dual diagnosis.
- 26.8 The Acting Director of Adult Social Care advised that a revised improvement plan had been produced and would be circulated to the Cabinet Member and Councillor Fryer. It

was proposed that an updated action plan was brought back to the meeting in January 2011. The Acting Director and the Cabinet Member thanked Jacqueline Corbett for her presentation.

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

- (1) That the CQC report, and the presentation from the Inspection Team be noted.
- (2) That the improvement plan be approved in relation to the CQC findings.

27. ADULT SOCIAL CARE AND HEALTH RISK POLICY

27.1 The Cabinet Member considered a report of the Acting Director of Adult Social Care & Health which explained that as a result of the proposals in the Government White paper, Our Health, Our Care, Our Say, Adult Social Care had developed a means by which people with assessed and eligible needs could have an “indicative budget”. This was essentially an agreed amount of money post assessment which they could use more independently and with more choice to meet the outcomes they had identified.

27.2 Adult Social Care was aware that with choice and control came an element of risk. “The Positive Risk Management Policy for Staff Carrying Out Community Care Assessments” was attached to the report. The policy set out the context in which risk could be considered and assisted staff who were working with people with a tool and a supportive framework in which decisions could be made.

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

- (1) That the action to manage risks in providing services under Personalisation be supported.
- (2) That the Positive Risk Enabling Policy be ratified.

28. ANNUAL SAFEGUARDING REPORT

28.1 The Cabinet Member considered a report of the Acting Director of Adult Social Care & Health which explained that the Council produced an annual report which set out the performance and practice across the City in safeguarding vulnerable people. The “Safeguarding Adults Board Annual Report 2009/2010” outlined the work that had been carried out in 2009/10 by all the City Council partners, and the work of the Multi-Agency Safeguarding Adults Board which was chaired by the statutory Director of Adult Social Services. The Annual report was attached as an appendix.

28.2 The Assistant Director, Adult Social Care remarked that the report highlighted a year on year increase in the number of alerts. There had been a 51% increase in the last financial year. The proportion had been constant across all client groups. The client groups most likely to raise alerts were older people. The second group most likely to raise alerts were people with a learning disability. The abuse could be physical, psychological and financial. The Council had become much better at collecting data

and understanding where the abuse was occurring. Allegations of abuse mostly happened in the person's home. Reports of abuse mostly came from organisations rather than individuals. Over the last year there had been raised awareness and good auditing. All work had been overseen by the Safeguarding Adults Board.

- 28.3 Councillor Fryer emphasised the importance of safeguarding work and considered that the 51% rise in alerts to be worrying.
- 28.4 The Cabinet Member stressed the need to monitor the situation closely. He reported that the Safeguarding Conference would take place in March or April 2011. He extended an invitation to Councillor Fryer or a member of her group should they wish to attend.
- 28.5 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:
- (1) That the work that has been carried out by agencies across the City to safeguard vulnerable adults be noted.
 - (2) That the draft Annual Report be ratified.

29. ADULT SOCIAL CARE CHARGING POLICY (NON RESIDENTIAL SERVICES)

- 29.1 The Cabinet Member considered a report which set out proposed revised charges for non-residential services. The charging policy for Non Residential Care included maximum charges and fixed rate charges for in-house services.
- 29.2 The Acting Director of Adult Social Care reported that the rates were usually reviewed in April each year, but this had been delayed due to legislative and policy changes. The proposed changes did not come into effect due to changes in government.
- 29.3 The Head of Financial Assessments and Welfare Rights reported that all the charges were means tested but the majority of service users did not pay the higher amounts. The maximum charges were paid by people who could afford them. 120 people would be affected. She confirmed that if a person had depleted their savings, they would be invited to apply for more benefits as soon as possible.
- 29.4 The Cabinet Member considered that the proposed Carelink charge (£14) was very reasonable and remarked that his mother had paid £13 for the former "Pendant Service" some years ago. The service had been good value for many years.

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

- (1) That increases in the maximum charging rates set out below are agreed with effect from **January 1st 2011**. (Note there has been no increase for this year and, in the year to June 2010, the RPI annual inflation rate was 5%). The council's budget assumed a 2.0% increase for a full year.

	From	To:	No. Affected	Extra Income	
In-house home care	£20 per hour	£21 per hour	} 120	3 months Full year	
In-house Community Support	£20 per hour	£21 per hour		£3750	£15,000
In-house Day care	£22 per day	£23 per day	}		
Max Weekly charge	£850 per week	£900 per week			
Direct Payments	100% Actual cost	max £900 pw	}		
Independent Home Care	100% Actual Cost	max £900 pw			
Fixed Rate Transport	£2.00 per return	£2.10 per return	280	£1050	£4,200
Fixed Meals charge at DC	£2.90 per meal	£3.00 per meal	170	£900	£3,600
Fixed Meals charge at Home	£2.90 per meal	£3.00 per meal	300	£2000	£8000
Fixed Carelink charge	£13 per month	£14 per month	1470	£4400	£17,600

The meeting concluded at 5.12pm

Signed

Cabinet Member

Dated this

day of