



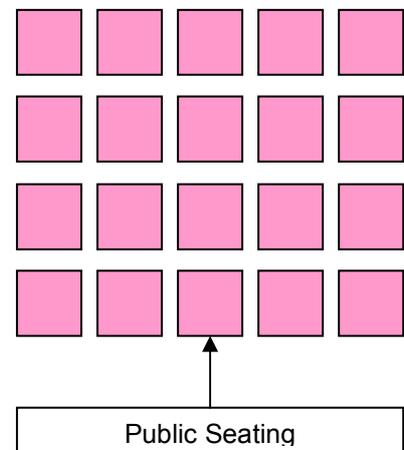
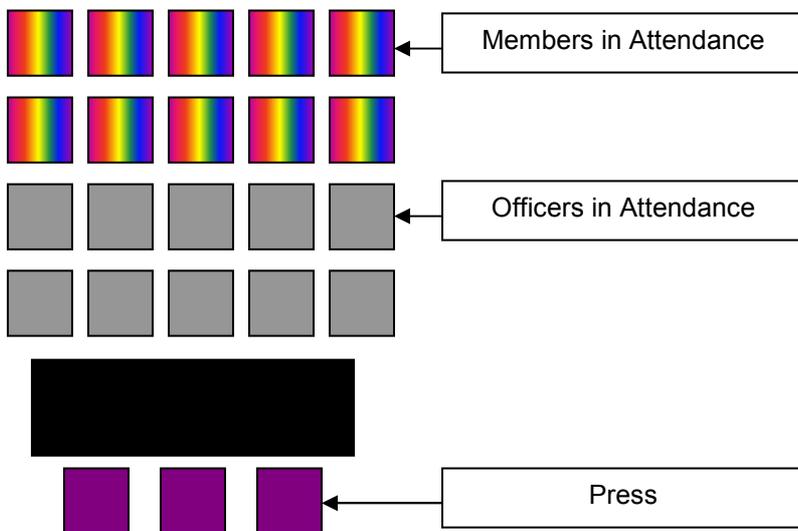
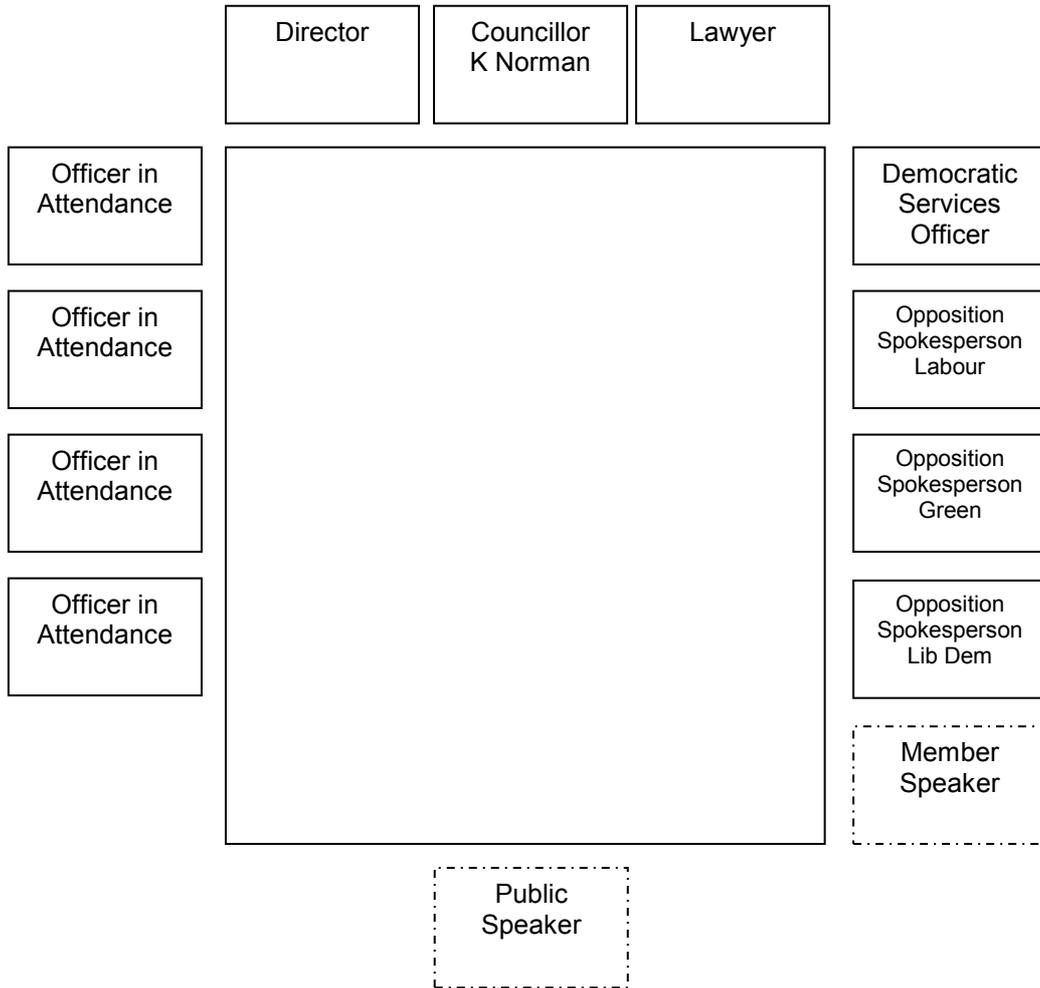
Brighton & Hove  
City Council

# Cabinet Member Meeting

|          |  |
|----------|--|
| Title:   | <b>Adult Social Care &amp; Health Cabinet Member Meeting</b>   |
| Date:    | <b>10 January 2011</b>   |
| Time:    | <b>4.00pm</b>  |
| Venue    | <b>Committee Room 3, Hove Town Hall</b>  |
| Members: | <b>Councillor:</b><br>K Norman (Cabinet Member)  |
| Contact: | <b>Caroline De Marco</b><br>Democratic Services Officer<br>01273 291063<br>caroline.demarco@brighton-hove.gov.uk |

|   |  |
|---|--|
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# Democratic Services: Meeting Layout



## AGENDA

### 30. 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.*

### 31. MINUTES OF THE PREVIOUS MEETING

1 - 6

Minutes of the Meeting held on 18 October 2010 (copy attached).

### 32. CABINET MEMBER'S COMMUNICATIONS

### 33. 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.*

### 34. PETITIONS

No petitions have been received by the date of publication.

### 35. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 31 December 2010)

## ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

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

### 36. DEPUTATIONS

(The closing date for receipt of deputations is 12 noon on 31 December 2010)

No deputations have been received by the date of publication.

### 37. LETTERS FROM COUNCILLORS

No letters have been received.

### 38. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

### 39. NOTICES OF MOTIONS

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

### 40. FRAMEWORK AGREEMENT FOR PROVISION OF MINOR ADAPTATIONS WORKS TO THE HOMES OF DISABLED PEOPLE IN THE OWNER OCCUPIED AND PRIVATELY RENTED SECTORS. 7 - 12

Report of Director of Adult Social Services and Lead Commissioner People (copy attached).

Contact Officer: Helena Grace Tel: 29-5328  
Ward Affected: All Wards;

### 41. ANNUAL PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE 13 - 50

Report of Director of Adult Social Services and Lead Commissioner People (copy attached).

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

### 42. PERSONALISATION AND DAY SERVICES 51 - 64

Report of Director of Adult Social Services and Lead Commissioner People (copy attached).

Contact Officer: Marnie Naylor, Anne Hagan Tel: 01273 296033, Tel: 01273 296370  
Ward Affected: All Wards;

### 43. SAFEGUARDING VULNERABLE ADULTS 65 - 76

Report of Director of Adult Social Services and Lead Commissioner People (copy attached).

Contact Officer: Denise D'Souza Tel: 29-5032  
Ward Affected: All Wards;

## ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

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

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

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

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

For further details and general enquiries about this meeting contact Caroline De Marco, (01273 291063, email [caroline.demarco@brighton-hove.gov.uk](mailto:caroline.demarco@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

Date of Publication - Friday, 31 December 2010



# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 31

Brighton & Hove City Council

**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

# ADULT SOCIAL CARE AND HEALTH CABINET MEMBER MEETING

## Agenda Item 40

Brighton & Hove City Council

|                         |  |                                   |                    |
|-------------------------|--|-----------------------------------|--------------------|
| <b>Subject:</b>         | <b>Framework agreement for provision of minor adaptations works to the homes of disabled people in the owner occupied and privately rented sectors</b> |                                   |                    |
| <b>Date of Meeting:</b> | <b>10<sup>th</sup> January 2011</b>  |                                   |                    |
| <b>Report of:</b>       | <b>Lead Commissioner – Denise D’Souza</b>  |                                   |                    |
| <b>Contact Officer:</b> | <b>Name:</b>   | <b>Helena Grace</b>               | <b>Tel: 295328</b> |
|                         | <b>E-mail:</b>   | Helena.Grace@brighton-hove.gov.uk |                    |
| <b>Key Decision:</b>    | <b>Yes</b>   | Forward Plan No. ASC19625.        |                    |
| <b>Wards Affected:</b>  | All  |                                   |                    |

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

This report seeks approval for the creation of a framework agreement for minor adaptations works to the homes of disabled people, primarily in the owner occupied and privately rented sectors, but also (to a lesser degree) in the public sector. Minor adaptations works are structural and electrical works up to £1000. These works are currently undertaken for Adult Social Care by 4 separate contractors.

A framework agreement will rationalise current arrangements. In addition, it will allow Brighton and Hove City Council to achieve better value for money by offering potential contractors an agreement with increased value which should in turn provide the Council with the advantages of economies of scale. A framework agreement will help to ensure work is ordered and carried out quickly by avoiding the need to obtain a range of quotes for each job. A framework agreement will also ensure that the work is undertaken by specialist contractors who are experienced in the installation of minor adaptations and are sensitive to the needs of disabled people. The value of the framework agreement over 3 years is calculated to be £1.1 million.

#### 2. RECOMMENDATIONS:

That the Cabinet Member:

- 2.1 Approves the procurement of a new framework agreement for minor adaptations works to the homes of disabled people, in the owner occupied, privately rented and public sectors for a term of three years subject to annual review within the term.
- 2.2 Authorises the Lead Commissioner to enter into the framework agreement with contractors following a compliant procurement process.
- 2.3 Authorises the Lead Commissioner of Adult Social Care Delivery Unit to take all steps necessary or incidental to the implementation of recommendations 2.1. and 2.2 and including the awarding of the framework agreement.

**3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

- 3.1 Minor adaptations works are provided via the Integrated Community Equipment Service (ICES) on behalf of Adult Social Care (ASC) and Housing. Minor adaptations works in the owner occupied and privately rented sectors are funded by Adult Social Care. ICES administer and hold this budget. ICES also order and process minor adaptations works in the public sector on behalf of the Housing Adaptations Service (HAS. This is then recharged to the Housing Revenue Account Budget with a 10% administration fee. Competent assessors in Adult Social Care, Children’s Services, Health and Housing prescribe from these budgets.
- 3.2 The minor adaptations works contract in the owner occupied and privately rented sectors was managed and administered within Adult Social Care until March 2004 when it transferred to ICES. Minor adaptations works in the public sector were provided by the HAS.

In 2005 ICES negotiated an arrangement with HAS which allowed ICES to use contractors under HAS’s major and minor adaptations framework agreement, to deliver minor adaptations in the private and owner occupied sectors..

When HAS re procured their new framework agreement earlier this year, the terms of the contract did not extend to the use by ICES (in terms of the ICES specification and value) of HAS’s contractors for delivering minor adaptations in owner occupied and privately rented properties. However ICES continue to access the services of contractors within the HAS framework agreement on a temporary basis, pending the outcome of the current retender.

ICES is also currently processing minor adaptations works in the public sector on behalf of HAS.

- 3.3 The intended range of work covered by the framework agreement will include but not be limited to:

|                           |  |
|---------------------------|--|
| External galvanised rails | Manual window openers                    |
| Internal rails over 600mm | Lever taps                               |
| Ramps                     | Door entry/intercom                      |
| Alterations to steps      | Raise or provide extra electrical socket |
| Enlarge door openings     | Reinforce wall for rail                  |

- 3.4 The framework agreement will allow ICES to order the above standard items at competitively tendered prices using an agreed schedule of rates. This eliminates the need to tender each item of work thereby reducing bureaucracy and delays and ensuring a high quality of service.
- 3.5 The framework agreement will also provide an ongoing relationship with the chosen contractors which will help to ensure a consistent quality of work and knowledge of the needs of the service user group.
- 3.6 A consistent relationship with the contractors is particularly important when minor adaptations works are provided via the fast track ‘Access Point’ mediated self assessment system. Contractors on the framework agreement will be required to undertake an element of further assessment and under the framework agreement they will be required to undertake in-house training in order to ensure they have the specialist knowledge and skills required. It is essential to have a relatively stable work force so that this level of competency can be maintained and monitored throughout the life of the framework agreement.

- 3.7 Cost effectiveness within the framework agreement means competitive pricing but also quality of service. The pricing is agreed for the 3 year term. However by using a framework structure an element of competition is retained to secure each job which leads contractors to drive up quality standards.
- 3.8. Frequent review meetings with contractors also help to ensure that services are continually improved. All installations will be under a warranty and failure to promptly resolve defects will affect future orders again ensuring the highest levels of quality for minor adaptations works.

#### **4. CONSULTATION**

- 4.1 A report in the minor adaptations budget was presented to the ASC Departmental Management Team and the ASC General Managers business meeting in October 2010. The Management teams supported the need to retender the contracts to achieve best value in the current economic climate.
- 4.2 ICES and housing senior managers have been consulted and representatives from these departments are fully engaged in the retendering process.
- 4.3 Further consultation with local residents may be required, following the one year contract review, to establish levels of service user satisfaction. Groups such as the Tenants Disability Network and the Brighton and Hove Federation of Disabled People would be consulted.

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

##### Financial Implications:

- 5.1 The 2010-2011 ASC budget for minor adaptations in owner occupier and privately rented properties is £319,000

£199,000 – annual revenue contribution to capital from the Adult Social Care budget  
£120,000 – allocation from the Department of Health Capital funding \*

\* The capital funding available for 2011/12 onwards has not been confirmed at the time of writing this report.

The proposed framework agreement will allow the necessary flexibility in controlling level of spend on Minor Adaptations within the resources available.

The Housing Revenue Account Disabled Adaption budget funds approximately £80,000 per annum for minor adaptations to council dwellings.

*Finance Officer Consulted: Name: Mike Bentley Date: 01/12/10*

##### Legal Implications:

- 5.2 The value of the work to be procured under the framework agreement (£1.1M over three years) is below the EU Directive's threshold for 'works' contracts so the Directive and the corresponding UK Public Contracts Regulations do not apply in full to the procurement of the framework agreement.

However, the Council's Standing Orders ('CSO') for contracts over £75,000 do apply and should be complied with in relation to the procurement of the framework agreement. Under CSO 3.1, the letting of contracts valued in excess of £500,000 may only be authorised by the relevant cabinet member, which in this instance is the Cabinet Member for Adult Social

Care and Health. The Local Authority has a duty to the public purse and the Framework Agreement proposed promotes value for money.

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

*Lawyer Consulted*      *Name: Isabella Hallsworth*      *Date: 02/12/10 and Sandra O'Brien 20/12/2010*

Equalities Implications:

- 5.3 Adaptations promote equality by helping to ensure that disabled people and the elderly frail are empowered to access their homes and local communities.
- 5.4 The provision of minor adaptations work supports Brighton and Hove City Council in delivering on the personalisation agenda on behalf of its residents. National research demonstrates that most service users would choose the one-off provision of reabling equipment or adaptations, which supports their continued independence, rather than the more costly and ongoing intervention of a care package (Better Outcomes, Lower Costs ODI/University of Bristol, 2007)

Sustainability Implications:

- 5.5 Timely provision of minor adaptations works allows disabled people to maintain their independence and contributes towards the council's vision for sustainable communities

Crime & Disorder Implications:

- 5.6 No foreseeable implications

Risk and Opportunity Management Implications:

- 5.7 ICES carries out its duties with regard to minor adaptations under HSE Construction (Design and Management) 2007 regulations. All those expressing an interest in this contract will be required to be members of CHAS (the Contractors Health and Safety Assessment Scheme) and/or SAFEContractor in order to be considered.
- 5.8 Health and Safety will be a standing agenda item for all contractor review meetings.

Corporate / Citywide Implications:

- 5.9 The following council priorities are directly supported by the approval of the proposed framework for minor adaptations works:

*Reduce inequality by increasing opportunity* - disabled people are empowered to live safely and independently in their own homes and supported to engage fully as citizens of Brighton and Hove by maintaining work, education and leisure activities in the local community.

*Better use of public money* - competitive tendering and a framework for contractors ensures cost effectiveness: the procurement of best value services and high quality standards.

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

- 6.1 **Continue existing arrangement:** not recommended as this should only be a temporary arrangement and it is not protected by a formal agreement. As such it does not offer the benefits outlined above.

- 6.2 **Retender individual jobs with range of contractors:** Not recommended as this would not provide economies of scale or consistent relationship with providers.
- 6.3 **Use of existing HAS Framework Agreement** - terms of the current HAS contract do not extend to works in owner occupier or privately rented sectors.

## **7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 Ensure best value for minor adaptations works to the homes of disabled people, primarily in the owner occupied and privately rented sectors but also (to a lesser degree) in the public sector through competitive tendering process and economies of scale.
- 7.2 Ensure ongoing high quality of works through competitive framework with a range of contractors.
- 7.3 Ensure timely, efficient service in the provision of minor adaptations to Brighton and Hove City Council residents.

### **SUPPORTING DOCUMENTATION**

#### **Appendices:**

- 1. None

#### **Documents in Members' Rooms**

- 1. None

#### **Background Documents**

- 1. None



# Adult Social Care & Health Cabinet Members Meeting

## Agenda Item 41

Brighton & Hove City Council

|                         |   |  |                    |
|-------------------------|---|--|--------------------|
| <b>Subject:</b>         | <i>Annual Performance Assessment for Adult Social Care</i>            |  |                    |
| <b>Date of Meeting:</b> | January 10th 2011   |  |                    |
| <b>Report of:</b>       | <i>Director of Adult Social Services and Lead Commissioner People</i> |  |                    |
| <b>Contact Officer:</b> | <b>Name:</b>  | <i>Philip Letchfield</i>               | <b>Tel:</b> 295078 |
|                         | <b>E-mail:</b>  | philip.letchfield@brighton-hove.gov.uk |                    |
| <b>Key Decision:</b>    | No  |  |                    |
| <b>Wards Affected:</b>  | All   |  |                    |

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The national regulator for adult social care, the Care Quality Commission (CQC), produce an Annual Performance Assessment (APA) which summarises progress in relation to the 7 outcomes for social care set out in the white paper 'Our Health Our Care Our Say'.
- 1.2 The Annual Assessment provides judgements in relation to each outcome, highlights areas where the council is doing well and where it should focus its improvement activity.
- 1.3 The Council is required to present the Annual Assessment to the relevant executive committee and to produce an Improvement Plan.

#### 2. RECOMMENDATIONS:

- (1) That CMM note and comment on the Annual Performance Assessment and related Improvement Plan

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 There have been significant developments in the national performance framework for adult social care over the past year. The CQC are a relatively new regulatory body and the framework for assessing performance is going through a period of change.
- 3.2 The APA, with judgements, is attached in full at Appendix 1. The report covers the year 2009/10.
- 3.3 The APA report is structured around the 7 national outcomes for adult social care and a judgement is made in relation to each outcome. The council is then given an overall rating based on the individual judgements against the 7 outcomes. CQC also comment upon leadership and commissioning use of resources but no longer make judgements on these.
- 3.4 Brighton & Hove have been judged a Council that is performing well overall. Within this the Council is judged to be performing excellently in relation to 3 outcomes and performing well in relation to 4 outcomes. This replicates exactly the performance achieved by the Council in 2008/09.
- 3.5 The Annual Performance process changed significantly for 2009/10 and this is reflected in the brevity of the APA report relative to previous years. For 2009/10 Councils were able to self declare their performance for 2009/10, based on a local review of evidence, for 6 of the 7 outcomes. For those outcomes where Councils chose to self declare they did not have to complete a detailed self assessment of evidence as long as their self declaration did not mean an improved judgement relative to the previous year or CQC analysis of available intelligence did not challenge the Councils self declaration.
- 3.6 Outcome 7 which is focused upon dignity and safety was excluded from the self declaration process and Councils had to submit a detailed self assessment of this outcome for CQC to consider, as in previous years.
- 3.7 Brighton & Hove self declared their performance on the 6 outcomes where this option was available. It should be noted that Brighton & Hove was subject to a full CQC Inspection this year which focused upon two outcomes, those relating to choice and control (outcome 4) and dignity and safety (outcome 7). As part of this process the Council did have to complete a detailed self assessment to CQC in preparation for the Inspection. CMM have previously received a report from CQC on this Inspection and the Councils improvement plan. This Inspection was a key element of the APA process and the judgements for the two outcomes the Inspection covered are the same as the judgements in the APA report.
- 3.8 The APA report also highlights the quality of leadership in place, the strong engagement with stakeholders, the impact of joint working across the city and the good track record of using resources effectively.

- 3.9 A number of improvements are identified. All of these improvements reflect the findings of the earlier CQC inspection and are covered in the Improvement plan which has already been approved by CQC and CMM in relation to that inspection. Appendix 2 simply cross references the APA improvement areas with the Improvement Plan already agreed. Appendix 3 is a copy of the agreed improvement plan presented at a previous CMM.
- 3.10 Staffs across all services are to be commended for continuing to deliver high quality and safe services at a time of major transformation across adult social care.
- 3.11 It has now been confirmed that this is final year in which CQC will be publishing performance ratings for Adult Social Care within the current performance framework. The Department of Health have published a consultation document, 'Transparency in outcomes; a framework for adult social care', in relation to the future performance framework for the sector.

#### **4. CONSULTATION**

- 4.1 None

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

##### Financial Implications:

- 5.1 The Annual Performance Assessment provides an assessment of use of resources and comments that the Council has good track record of using resources effectively, with well-considered medium term financial planning and an appropriate regard for value for money.

Finance Officer consulted: Anne Silley

Date:30 /11/10

##### Legal Implications:

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

*Lawyer Consulted: Sandra O'Brien*

*Date: 30/11/10*

##### Equalities Implications:

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

##### Sustainability Implications:

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

##### Crime & Disorder Implications:

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

Risk and Opportunity Management Implications:

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

Corporate / Citywide Implications:

- 5.7 The outcomes for adult social care can only be delivered on a city wide, partnership basis and partnership working is an element in the report.

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

- 6.1 There is a statutory requirement to present the Annual Performance Assessment to the relevant executive meeting and to develop an Improvement Plan.

**7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 This is a key performance document for the Council which requires consideration within the Councils governance structure.

- 7.2 The approval and delivery of the Improvement Plan are an important element in the delivery of the Councils key priorities and in the judgements that CQC will make in future performance reports

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. None

**Documents In Members' Rooms**

1. None

**Background Documents**

1. None

# Assessment of Performance Report 2009/10

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10: Brighton and Hove Council

| Contact Name     | Job Title          |
|------------------|--------------------|
| Jennifer Dickins | Compliance Manager |

The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

**Performing Poorly** - not delivering the minimum requirements for people.

**Performing Adequately** - only delivering the minimum requirements for people.

**Performing Well** - consistently delivering above the minimum requirements for people.

**Performing Excellently** - overall delivering well above the minimum requirements for people.

We also make a written assessment about

**Leadership and**

**Commissioning and use of resources**

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

To see the outcomes framework please go to our web site: [Outcomes framework](#)

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

## 2009/10 Council APA Performance

|   |                  |
|---|------------------|
| <b>Delivering outcomes assessment</b><br>Overall council is:    | <b>Well</b>      |
| <b>Outcome 1:</b><br>Improved health and well-being             | <b>Well</b>      |
| <b>Outcome 2:</b><br>Improved quality of life                   | <b>Excellent</b> |
| <b>Outcome 3:</b><br>Making a positive contribution             | <b>Excellent</b> |
| <b>Outcome 4:</b><br>Increased choice and control               | <b>Well</b>      |
| <b>Outcome 5:</b><br>Freedom from discrimination and harassment | <b>Well</b>      |
| <b>Outcome 6:</b><br>Economic well-being                        | <b>Excellent</b> |
| <b>Outcome 7:</b><br>Maintaining personal dignity and respect   | <b>Well</b>      |

## Council overall summary of 2009/10 performance

There have been some recent changes within the structure and management of the council, following the appointment of a new Chief Executive. The council has a clear vision for the development of adult social care and has laid robust foundations for promoting self directed care and the Personalisation Strategy. However progress towards personalisation is slower than in other similar councils and should be accelerated. The council needs to develop a clear workforce model for the future and clarify the roles of staff and services within the context of the transformation agenda. Workforce development is recognised as a strategic priority in directorate plans but action on this is still at an early stage. Brighton and Hove has a good history of using its resources efficiently and has good medium term financial planning which considers value for money.

The council are very effective in consulting and engaging with partners and providers to inform its commissioning plans. There are positive and long standing relationships with stakeholders and most people felt well engaged with the service planning processes and developing commissioning strategies. The council has developed the 'Brighton & Hove Community Consultation Portal' to let people get involved with consultations. There is a corporate level project to achieve value for money in every part of the council's activity and the council has a solid history of achieving the best value for money in the services that it provides and commissions. Brighton and Hove uses information on local performance and also national comparative data to help it to develop its commissioning strategies. Value for money has also been achieved through working effectively in partnership with the health service.

The May 2010 CQC Service Inspection found that the council was performing well in its safeguarding responsibilities and also that it was providing a good level of choice and control for people with a learning disability in Brighton and Hove. There has been an increase in public awareness of safeguarding issues and the council has actively promoted this through the effective distribution of booklets and information posters. The success of this campaign is reflected in the increased number of safeguarding referrals. There has been an increase in the numbers of reports of hate crime and the council has strengthened links between adult social care and the community safety team to help to address this.

The Service Inspection found that most care managers had a holistic approach to care planning and packages of care were comprehensive and of a good standard. Personal care is of a generally good standard that takes into account the personal preferences of people and is delivered with regard to equality, diversity and respect for the individual.

## Leadership

*"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".*

## Conclusion of 2009/10 performance

The council has a clear vision for the development of adult social care and Putting People First priorities are set out in the Personalisation and Sustainable Communities strategies. The delivery of the personalisation programme has a clear project structure, with an Executive Board of senior managers overseeing the implementation. The personalisation programme has a clear project structure that ensures that the plans for change are sufficiently resources and any risks are identified. The council has laid robust foundations for promoting self directed care for people who use services. However progress towards personalisation has been slower than in other similar councils, but the council are on target to accelerate delivery.

The council continues to engage with different communities within the city via a range of forums, meetings, events, formal and informal channels. People who use services, social care providers, the health service and other stakeholders were able to contribute to the council's Personalisation Strategy through a number of events held in 2008 when the strategy was being developed.

There have been some recent changes within the structure and management of the council, following the appointment of a new Chief Executive in 2009 and the Director of Adult Social Services left towards the end of the 2009/10 performance year. However, adult social care in Brighton and Hove has a well established management team and service delivery is being maintained through effective leadership despite the council undertaking a fundamental review of its operations called 'A Council the City Deserves'.

The council works closely with its partners in health and joint commissioning arrangements are both robust and effective and reflect the needs of the local community. The council and the PCT have produced a Joint Strategic Needs Assessment (JSNA)

and this is updated on a regular basis. The partners publish a JSNA summary setting out the main health and wellbeing needs of the city each year and this forms the basis of service delivery planning across health and social care.

The council has focused on creating a robust framework for personalisation although it is still in the relatively early stages of developing the independent social care market. The council has appointed a market development officer to help with this, but the CQC Service Inspection highlighted the need to for more ambitious market reconfiguration.

Brighton and Hove has a good history of using its resources efficiently and has good medium term financial planning which considers value for money. The management of change within social care has been supported by training for frontline managers to help them and their staff through this period. The council has recognised the importance of developing the workforce to prepare it for the delivery of personalisation and the safeguarding of vulnerable adults.

Workforce development had been recognised as a strategic priority in directorate plans but action on this is still at an early stage. The council needs to develop a clear model for the future and clarify the roles of staff and services would have within the context of the transformation agenda. The rate of staff turnover within adult social care is average, however there are much fewer vacancies than in other similar councils.

Brighton and Hove has effective performance management systems, which are used to make planning decisions, identify risks and set priorities. The council measures its progress against key local and national indicators such as the Putting People First targets. The council can demonstrate steady progress in key indicators such as promoting self-directed support, although progress has not been as rapid as in other similar councils.

### Key strengths

- The council engage effectively with a range of stakeholders in developing the foundations for implementing personalisation and actively promote the engagement of the community and all stakeholders.
- The council are effective in providing a range of communication forums for stakeholders to be involved in service planning.
- Safeguarding practices are embedded with partners and supported with multi agency policies and procedures.
- The council have taken decisive action to strengthen consistency and quality of practice in quality assurance and data analysis.

### Areas for improvement

- The council should find more effective methods to improve engagement of people with learning disabilities, carers and other stakeholders.
- The council should, jointly with health partners, develop a clear model for the future configuration and roles of staff and services to support the vision for transformation of social care.
- The council should ensure their quality assurance systems provide sufficient robust evidence to drive up quality delivery of some services for people with learning disabilities.

## Commissioning and use of resources

*"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".*

## Conclusion of 2009/10 performance

The council are effective in consulting and engaging with partners and providers to inform its commissioning plans. There are positive and long standing relationships with stakeholders and most people felt well engaged with the service planning processes and developing commissioning strategies. The council has developed the 'Brighton & Hove Community Consultation Portal' to let people get involved with consultations.

The council has a variety of joint commissioning arrangements across all major service user areas and has worked with the PCT to develop a Primary Care Commissioning Strategy to remodel access and provision of frontline services. These long standing arrangements have recently been strengthened by the development of a new Head of Commissioning & Partnerships post in social care. Joint working with the PCT enables both partners to give greater value for money for the services that they provide jointly.

Adult Social Care is working with its partners, both within the council and externally to improve outcomes for people and address local priorities. As part of the "A Council the City Deserves" agenda, there will be increased inter departmental work within the council, which, it is anticipated, will improve the value for money. In order to address a previous development area the council has established a Partnership Board established to work with charities and other voluntary organisations, which is diverse and well developed.

There are effective relationships with partners in the independent sector and the council is promoting and raising awareness of the need to transform services in preparation for personalisation through a number of local forums. These forums are also used to increase training and development opportunities for the workforce.

The council uses CQC quality rating data to inform its purchasing of care services and eighty percent of contracts are in services rated as either “good” or “excellent”. The council work with services that are not performing well to improve service delivery to achieve better outcomes for individuals. However, if services fail to meet quality outcomes following support and intervention the council will take appropriate action to cease using those services. Whilst the council’s commissioning activity is effective, there needs to be an increase in the pace of transformation and the reconfiguring of the social care market.

The council has a solid history of achieving the best value for money in the services that it provides and commissions. There is a corporate level project to achieve value for money in every part of the council’s activity. Brighton and Hove uses information on local performance and also national comparative data to help it to develop its commissioning strategies. Value for money has also been achieved through working effectively in partnership with the health services. Efficiency savings have been made in most service areas and this has been helped by the expansion of Self Directed Support and changing the focus of in house provision to re-ablement services.

### Key strengths

- The council has effective joint commissioning arrangements that have been strengthened by the recent development of new commissioning posts.
- The council has effective and mature relationships with stakeholders and most felt well engaged in service planning and consultation for delivery.
- The council has a good track record of using resources effectively, with well-considered medium term financial planning and an appropriate regard for value for money.

### Areas for improvement

- The council need to drive a ‘step change’ in the pace of transformation, to broaden the focus to include wider service development and more ambitious market reconfiguration.
- The council should develop, with stakeholders, a clearer long-term strategic view of commissioning.

## Outcome 1: Improving health and emotional well-being

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

## Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 1** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform **“Well”** in 2009/10 for this outcome. CQC will continue to monitor this performance.

## Key strengths

## Areas for improvement

## Outcome 2: Improved quality of life

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

## Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 2** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an '**Excellent**' level in 2009/10 for this outcome. CQC will continue to monitor this performance.

## Key strengths

## Areas for improvement

### Outcome 3: Making a positive contribution

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 3** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an **‘Excellent’** level in 2009/10 for this outcome. CQC will continue to monitor this performance.

### Key strengths

### Areas for improvement

### Outcome 4: Increased choice and control

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

### Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 4** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform “**Well**” in 2009/10 for this outcome. CQC will continue to monitor this performance.

### Key strengths

### Areas for improvement

## Outcome 5: Freedom from discrimination and harassment

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

## Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 5** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform **“Well”** in 2009/10 for this outcome. CQC will continue to monitor this performance.

## Key strengths

## Areas for improvement

## Outcome 6: Economic well-being

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

## Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 6** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at an '**Excellent**' level in 2009/10 for this outcome. CQC will continue to monitor this performance.

## Key strengths

## Areas for improvement

## Outcome 7: Maintaining personal dignity and respect

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

### Conclusion of 2009/10 performance

Brighton and Hove has an established Safeguarding Vulnerable Adult Board that has ensured that multidisciplinary policy and procedures are in place. The council and its partners in the NHS, the Police and the voluntary sector use these common, pan-Sussex, procedures to raise alerts and investigate safeguarding issues. The May 2010 CQC Service Inspection found that these arrangements were good and that the council was able to identify and address any areas for improvement in procedures and joint working between the partners. The council has identified the appointment of an independent chair of the Board as a priority for 2010/11.

The council investigates incidents of suspected abuse in a timely and proportionate way. There has been an increase in the number of safeguarding referrals since last year including referrals for people who fund their own care. However, despite the increase in volume the council has continued to respond and act upon those referrals promptly. The May 2010 Service Inspection found some good examples of safeguarding investigations, including some very complex cases. However, the inspection also noted there was variability in the quality of some casework and that a high number of safeguarding investigations reported an ‘inconclusive’ outcome. The council have responded positively to these findings and will address the improvements needed.

There has been an increase in public awareness of safeguarding issues and the council has actively promoted this through the effective distribution of booklets and information posters. The success of this campaign is reflected in the increased number of safeguarding referrals. There has been an increase in the numbers of reports of hate crime and the council has strengthened links between adult social care and the community safety team to help to address this. The Service Inspection highlighted the

need for the council to increase awareness of safeguarding and keeping safe amongst diverse groups of vulnerable adults and carers.

Safeguarding training for staff from both within the council and with partners is widespread and is co-ordinated by the council's Training and Development Manager. The Safeguarding Vulnerable Adults Board has a training strategy that identifies groups of staff and the percentages of staff that should have the safeguarding training depending on their roles. There are higher than average numbers of council staff that have received appropriate training on identifying and assessing risks to vulnerable adults. However, the percentage of staff with basic safeguarding training in the independent sector is relatively low when compared to other similar council areas.

The Service Inspection found that most care managers had a holistic approach to care planning and packages of care were comprehensive and of a good standard. The delivery of personal care is of a good standard that takes into account the personal preferences of the individual and is delivered with regard to equality and diversity and respect for the individual.

The council has good monitoring systems in place to assess quality of personal care being delivered and generally responds promptly and appropriately to concerns raised about service delivery. However, the CQC Service Inspection found some areas of contract monitoring regarding out of area services that needed strengthening.

The council is keen to ensure that people who use services and their carers are able to give feedback about standards of care through its dignity champions and the regular "Dignity Action Days", and via the council's website. The council has an effective carer's strategy and feedback is simple through the Carers Engagement Gateway Service which has been introduced to increase participation and feedback from carers.

The council has an established group of Best Interest Assessors for the Deprivation of Liberty Safeguards (DoLS) and provides training and guidance and the opportunity for Assessors to learn from good practice examples.

Brighton and Hove has taken action to improve safety for vulnerable people in the community through a variety of ways such as the Sanctuary Scheme, improving public perceptions of safety, and the effective influences of the Crime and Disorder Reduction partnership. The council ensure that people are surveyed regarding their safety needs within local communities. However, the CQC Service Inspection highlighted the need for more focused work on community safety for people with a learning disability.

### Key strengths

- The council stance to give a high profile to anti-discrimination has resulted in positive initiatives to tackle harassment and hate crime.
- The council provides an extensive programme of good quality safeguarding training for staff, which is available to stakeholders.
- Adult safeguarding alerts are responded to alerts proportionately and promptly and dealt with some complex cases positively.
- The council has given a high profile to issues of dignity and respect for all people who use services.
- The council has developed a stronger approach to evaluating and managing risk, with particular reference to the increasing use of self-directed support.

### Areas for improvement

- The council should continue to promote awareness of safeguarding and keeping safe amongst diverse groups of vulnerable adults and carers
- The council should address variability in the quality of safeguarding practice and recording to ensure that positive outcomes and mitigation of risk is consistently secured.
- The council should ensure that the use of advocacy is promoted in safeguarding work.

## Improvement planning template for use by Council

**Improvement Area 1 – Ensure more effective work focussed on ensuring that vulnerable adults felt safe in the community, and confident in reporting harassment or discrimination .**

| How is this to be achieved / action  | Expected evidence of improvement  | timescale               |
|--|---|-------------------------|
| <p>1. Day Services 'Choices' will offer 'Feeling Safe at Home and in the Community' which will support people with learning disabilities to:</p> <ul style="list-style-type: none"> <li>➤ Manage money and personal details safely</li> <li>➤ Keep yourself and belongings safe when out in the community</li> <li>➤ Who to contact when you need help and when to call the police.</li> </ul>   | <p>People with learning disabilities to feel more confident in knowing how and where to gain support if they experience harassment – from feedback from course participants</p>   | <p>End October 2010</p> |
| <p>2. We will further develop the safeguarding training programme to include a course for; Managers of services / teams on raising awareness of safeguarding for people who use services. This would look at issues of vulnerability and how to decrease it, providing accessible information, raising awareness with people and some of the challenges posed by this, keeping awareness raised. Involve service users in the development and delivery of this course.</p> | <p>Vulnerable people to feel more confident and knowledgeable on how and where to gain support if they experience abuse and harassment – increase in self referral for safeguarding alerts. Focus also on data from clients with mental health needs.</p> | <p>April 2011</p>       |

To ensure that this learning is also undertaken by Mental Health staff, focusing on acute ward staff.

**Improvement Area 2 – Promote awareness of safeguarding and keeping safe amongst diverse groups of vulnerable adults and carers.**

| How is this to be achieved /action  | Expected evidence of improvement   | timescale     |
|---|--|---------------|
| 1. We will launch a Prevention Strategy and action plan for prevention of adult abuse, which links with Risk policy and Self Neglect Guidance, as well as incorporating the ongoing Dignity Campaign work   | Prevention Strategy approved by all organisations representing at the Safeguarding Board. Increased public awareness of the safeguarding process, demonstrated by an increase in safeguarding referrals from non professionals | April 2011    |
| 2. We will engage with Gateway Providers so as to link to equalities groups and existing service user forums, in order to promote awareness across vulnerable groups about how to keep themselves safe, and also gather views of the safeguarding process | Links to have been made with Gateway Providers, and input sought regarding raising awareness, and any material produced communicating with the public  | December 2010 |
| 3. We will complete an Equalities Impact Assessment for safeguarding work   | Equalities Impact Assessment completed and recommended actions identified  | October 2010  |
| 4. We will invite a representative from the Community and Voluntary Sector Forum (CVSF) to be a Safeguarding Board member   | CVSF representative attending quarterly meetings, with clear remit for how feedback from vulnerable people and other members of the public will be sought.   | December 2010 |
| 5. We will create new social work post, whose main purpose is to lead on the implementation of carers' needs, assessments/ reviews and other interventions across a range of services –   | Continue to monitor alerts raised by and regarding carers, with aim to show increase.  | April 2011    |

both internal and external to Brighton & Hove City Council – in order to improve the support delivered to carers.

**Improvement Area 3 – Address variability in the quality of safeguarding practice and recording to ensure that positive outcomes and mitigation of risk was consistently secured.**

**Outcome**

Variability in the quality of safeguarding practice and recording will be eliminated. The result will be that positive outcomes and the mitigation of risk will be consistently secured, in line with users preferences.

| How is this to be achieved / action   | Expected evidence of improvement  | timescale    |
|---|---|--------------|
| 1. We will define practice and recording standards and ensure that these are understood by all investigating officers and investigating managers. This is linked to the introduction of competency-based training for all practitioners | Clear standards in place that are understood by staff reflected in consistency of practice and recording as monitored through audits and supervision. | March 2011   |
| 2. We will strengthen and refocus our existing case file audit regime, to ensure that any variability in practice and recording is identified and swiftly tackled. This will be supported by external scrutiny.                         | More robust audit regime that supports and evidences consistency in practice and recording.   | October 2010 |

|   |   |              |
|---|---|--------------|
| 3. Management oversight of safeguarding case work will be strengthened, to ensure that interventions are only closed once positive outcomes and the mitigation of risk have been secured. | Improved outcomes for service users and risk mitigated as evidenced through audit and monitoring process. | October 2010 |
| 4. We will involve a cross-section of staff in improvement planning activities, so that their suggestions for change, and ownership of the agenda, are secured.                           | Staff sessions to support improvement completed and their input into the process is confirmed.            | October 2010 |
| 5. We will develop an approach that provides us with feedback from a sample of users who have been through the safeguarding process.  | Systematic user feedback in place and informing the audit process.  | January 2011 |

#### Improvement Area 4 – Ensure that the use of advocacy is promoted in safeguarding work

| How is this to be achieved /action   | Expected evidence of improvement   | timescale     |
|--|--|---------------|
| 1. We will undertake an audit of current use of advocacy in safeguarding work  | Audit undertaken, and recommended actions identified   | October 2010  |
| 2. We will hold a Safeguarding Conference for staff from across all partnership agencies, which focuses on the service user experience of the safeguarding process | Monitor feedback from audit of vulnerable people who have participated in safeguarding process, aim to collate learning and use to update safeguarding action planning | April 2011    |
| 3. We will produce information to aid the understanding of vulnerable people regarding the safeguarding investigation process                                      | As above   | April 2011    |
| 4. We will agree quality assurance processes   | Monitor data collected and quality audits through MCA/DoLS   | December 2010 |

and data requirements for work completed under the Mental Capacity Act

Group, aim to collate learning and use to update safeguarding action plan.

**Improvement Area 5 – Ensure that more people are aware of the services and support that is available to them through promoting access to information more effectively**

| How is this to be achieved / action   | Expected evidence of improvement   | timescale               |
|---|--|-------------------------|
| 1. Update the information and website links that are available on the Information Prescriptions website | Expanded section about learning disabilities and monitor access.         | August & September 2010 |
| 2. Review of Learning Disability pages on council website   | Pages easier to read and all easy-read leaflets available on the website | Autumn 2010             |
| 3. Council's 'Ban the Babble' campaign to make all council communication easier to understand           | Improvements to all communications                                       | ongoing                 |
| 4. information session for carers of people with learning disabilities – hosted by LD Partnership Board | Attendance at session and feedback from attendee's                       | September 2010          |

**Improvement Area 6 – Develop better information about self -directed support in consultation with people with learning disabilities and their carers**

| How is this to be achieved /action   | Expected evidence of improvement   | timescale      |
|--|--|----------------|
| 1. A script / set of prompts will be developed for reviewing officers to help them introduce concepts of SDS to service users during reviews | Increase in service users awareness of SDS and aware of the costs of their own services          | 2010/11        |
| 2. Publish easy to read leaflet about SDS  | Leaflet available on websites and in print at CLDT offices and given to service users at reviews | By end of 2010 |

|   |  |                |
|---|--|----------------|
| 3. Information about SDS included in Carer information session hosted by LD Partnership Board | Attendance at information session  | September 2010 |
| 4. Providers Forum Personalisation Sub Group set up.  | Providers will ensure more information available about their services and costs is available for people with learning disabilities & families. | Autumn 2010    |

**Improvement Area 7 – Strengthen signposting arrangements to the range of low-level support or early intervention services across all aspects of social inclusion**

| How is this to be achieved / action  | Expected evidence of improvement  | timescale   |
|--|---|-------------|
| 1. CLDT offer training and awareness raising to staff at Access Point  | Access Point staff will feel more confident sign-posting people with learning disabilities and low level needs  |             |
| 2. Explore option of having one member of CLDT sited with the Access Point staff   | Skill sharing and enabling quicker solutions for people with learning disabilities  | Autumn 2010 |
| 3. National Transition support funding being used to raise awareness of and expectation of employment for people with learning disabilities. Work being done in partnership with Children’s services | Staff in children’s services have higher expectations that people with learning disabilities will have careers when they grow-up.<br>More people with learning disabilities accessing employment opportunities through transition planning. | 2010/11     |
| 4. Improving health transitions  | Scoping exercise completed and Information and Action Planning Session for professionals will have happened.  | Autumn 2010 |

**Improvement Area 8 – Review the adequacy of low-level support or early intervention services for people with mild or moderate learning disabilities**

| How is this to be achieved /action  | Expected evidence of improvement  | timescale          |
|---|---|--------------------|
| 1. We will review adequacy of low level services provided in conjunction with | We will clarify need and gaps in current provision and have a clear plan to address these gaps. | September 2010 for |

|   |  |                                |
|---|--|--------------------------------|
| Supporting People.  |  | implementation from April 2011 |
| 2. We will clarify care pathways through workshops planned for the learning disability service. | We will have clear pathways for people to access services.   | Work shops planned for October |
| 3. We will develop an action plan following this review   | Action plan in place that will promote low level support for people with mild to moderate learning difficulties. | Implement from April 2011      |

**Improvement Area 9 – Undertake needs analysis of people with mild or moderate learning disabilities, whose needs and vulnerability was increased by other factors such as drug or alcohol misuse, homelessness or mental health problems and develop an action plan to address issues**

| How is this to be achieved / action   | Expected evidence of improvement                             | timescale   |
|---|--|---|
| 1. We will undertake a needs analysis as part of the JSNA.  | We will have a clear plan relating to need and care pathways | JSNA completed by November<br>Action plan to implement by March 2011. |
| 2. We will develop an action plan with Supporting people and other commissioners setting out how these needs will be met. | Action plan in place.  | Implementation from April 2011  |

**Improvement Area 10 – Improve engagement of people with learning disabilities, carers and other stakeholders**

| How is this to be achieved /action  | Expected evidence of improvement  | timescale           |
|---|---|---------------------|
| 1. Review the effectiveness of arrangements and use the Partnership Board and sub groups as a key vehicle for engagement and consultation. We will finalise new terms of reference and actions arising from the EIA | We will improve engagement with our partners and seek regular feedback to ensure continuous improvement.  | September 2010      |
| 2. Ensure that we report back on how the views of our partners have influenced our decisions  | Commissioning plans evidencing how stakeholders have introduced proposals.  | From September 2010 |
| 3. Set up mechanisms to establish the effectiveness of our engagement and work with colleagues across the City to ensure links to other key decision making bodies.   | Discussions at the Partnership Board to review engagement and opportunities to improve effectiveness and links to other bodies. Set up arrangements to regularly monitor effectiveness of revised arrangements. | From September 2010 |

**Improvement Area 11 – Develop clearer strategic links with corporate partners, ensuring that adult social care issues were more clearly referenced in corporate strategies.**

| How is this to be achieved / action  | Expected evidence of improvement   | timescale                  |
|--|--|----------------------------|
| 1. The emerging new structure (ref in the Council the City deserves), sets out a clear strategic vision and model that builds upon and develops current strategic links with corporate strategies and City partners. Recent appointments within the City Council include a | Commissioning plans for the most vulnerable people in the City will include all aspects of the Council work. | June 2011 to December 2011 |

Strategic Director for People, which includes; the Adult Social Care agenda. Within the commissioning unit the proposal for a Lead Commissioner for Adult Social Care, includes the statutory requirements of the DASS role. It is also proposed that safeguarding, assurance and clinical governance responsibilities are part of the commissioning unit. This Commissioning Unit will sit at the heart of the new structure and commissioning for the most vulnerable is a key to the organisations future.

2. The development of 'provider' units will ensure that there are direct links between these units and corporate strategies as these relate to a range of issues (i.e. human resource policies etc)
3. Adult Social Care are leading on a pilot to integrate commissioning plans across the City Council and other partner bodies for alcohol and substance misuse. The pilots will report in the Autumn and it is anticipated that lessons learnt will be embedded in future commissioning planning arrangements

Clear links between corporate strategies and delivery units.

Pilot completed and lessons embedded in future planning.

Pilots reporting in October 2010 including lessons learnt.

Further work to embed the process from October to May/June 2011

**Improvement Area 12 – Jointly, with health partners, develop a clear model for future configuration of roles of staff and services to support the vision for transformation of social care.**

| How is this to be achieved /action | Expected evidence of improvement | timescale |
|------------------------------------|----------------------------------|-----------|
|                                    |                                  |           |

|  |  |                              |
|--|--|------------------------------|
| 1. We will clarify governance and roles and responsibilities for learning disability commissioning                             | Corporate governance structure established across the City Council.      | November 2010                |
| 2. We will undertake a market analysis through the JSNA to further inform commissioning plans and workforce development issues | Workforce development linked to commissioning plans and personalisation. | September 2010 to March 2011 |
| 3. We will use this analysis to further develop the workforce strategy   |  |                              |

| <b>Improvement Area 13 – Establish a stronger strategic focus and role for the safeguarding vulnerable adults board, with a clear role within the network of other forums across Sussex and supported by more effective sub-groups.</b> |  |           |
|---|--|-----------|
| How is this to be achieved / action   | Expected evidence of improvement   | timescale |
| 1. We will establish a multi-agency Quality Assurance sub group to the Safeguarding Board, to analyse the findings from audit reports and data reports  | Sub Group established, and quarterly reports made to Safeguarding Board                            | Dec 2010  |
| 2. We will establish a multi-agency Prevention and Dignity sub group to the Safeguarding Board to action the work plan from the Prevention Strategy   | Sub Group established, quarterly reports to Safeguarding Board and recommended actions identified. | Dec 2010  |
| 3. To review the Safeguarding Vulnerable Adults Board and arrangements for Chair in light of the corporate re-structure.  | Review completed and recommended actions identified.   | Dec 2010  |
| 4. We will explore links to Safeguarding Boards in East and West Sussex, such as formal sharing of action plans, and learning from Serious Case Reviews   | Report to Board on recommended actions   | Dec 2010  |

**Improvement Area 14 – Ensure consistency and equity of quality assurance of all services for people with learning disability, and address quality issues with current services where concerns have been identified.**

| How is this to be achieved /action   | Expected evidence of improvement   | timescale   |
|--|--|---|
| 1. Establish monthly Care Governance Panel (CGP) across all services to promote equity and consistency.  | Systematic monthly overview across all services.<br>Consistent approach across services.         | First panel August 2010   |
| 2. The Care Governance Panel will monitor and take appropriate action in relation to specific quality issues.  | Improvement plans being implemented in good time and reflected in quality rating of the service. | First panel August 2010   |
| 3. Review current desk top review framework with a view to identifying and intervening earlier in relation to issues of service quality. This will feed into the CGP | Potential quality issues being identified earlier and proportionate action taken.                | Review has commenced and will be informed by the CGP once in place. |
| 4. Review the approved provider process for care homes in the city for people with a learning disability.  | All care homes in the city have achieved approved provider status.                               | April 2011  |
| 5. Establish performance compacts with in house provision as part of the Council the City Deserves programme.  | In house provision delivering services to agreed quality standards and outcomes.                 | Timetable will be set Corporately                                   |
| 6. Integrate the current quality assurance functions in contracts and Performance & Development Unit to provide a more robust cross sector system.                   | Equitable approach to quality assurance and improvement in place.                                | April 2011  |

**Improvement Area 15 – Develop more robust quality analysis of safeguarding data and trends, to inform training,**

| <b>practice and develop targeted initiatives.</b> |                                  |           |
|---|----------------------------------|-----------|
| How is this to be achieved / action               | Expected evidence of improvement | timescale |
| 1. See improvement area 13.1                      |                                  |           |
| 2.  |                                  |           |
| 3.  |                                  |           |
| 4.  |                                  |           |
| 5.  |                                  |           |

| <b>Improvement Area 16 – Drive a “step change” in the pace of transformation, to broaden the focus to include wider service development and more ambitious market configuration.</b> |   |            |
|--|---|------------|
| How is this to be achieved /action   | Expected evidence of improvement  | timescale  |
| 1. We have commenced a market development strategy based on analysis of needs, assessment of our local market, gaps in provision and risk assessment of small provider services      | We will have a clear plan regarding what ‘new’ services need to be commissioned, which services will be provided through market development and which services will need to be decommissioned or remodelled | April 2011 |
| 2. This plan will set out the market needs to be reconfigured to meet preferences and demands  | As above  | As above   |

| <b>Improvement Area 17 – Promote a stronger and clearer long-term strategic view of commissioning intentions working with stakeholders on implementation.</b> |  |                             |
|---|--|-----------------------------|
| How is this to be achieved / action   | Expected evidence of improvement   | timescale                   |
| 1. The development of the Intelligent Commissioning model by the City Council ensures that commissioning  | New models in place and governance processes established including a ‘Health & Wellbeing Board’. | Plans expected by June 2011 |

intentions include stakeholder's engagement.



**Care Quality Commission****Annual Performance Assessment 2009/10****Improvement Plan**

| Improvement Area  | Action   |  |
|---|--|--|
| The council should find more effective methods to improve engagement of people with learning disabilities, carers and other stakeholders.   | As approved in 'Improvement Area 10' of Improvement Plan re CQC Inspection   |  |
| The council should, jointly with health partners, develop a clear model for the future configuration and roles of staff and services to support the vision for transformation of social care. | As approved in 'Improvement Area 12' of Improvement Plan re CQC Inspection   |  |
| The council should ensure their quality assurance systems provide sufficient robust evidence to drive up quality delivery of some services for people with learning disabilities.             | As approved in 'Improvement Area 14' of Improvement Plan re CQC Inspection   |  |
| The council need to drive a 'step change' in the pace of transformation, to broaden the focus to include wider service development and more ambitious market reconfiguration.                 | As approved in 'Improvement Area 16' of Improvement Plan re CQC Inspection but note this will apply to all service users not only people with a learning disability. |  |
| The council should develop, with stakeholders, a clearer long-term strategic view of  | As approved in 'Improvement Area 17' of Improvement Plan re  |  |

|   |   |  |
|---|---|--|
| commissioning.  | CQC Inspection  |  |
| The council should continue to promote awareness of safeguarding and keeping safe amongst diverse groups of vulnerable adults and carers                                      | As approved in 'Improvement Area 2' of Improvement Plan re CQC Inspection |  |
| The council should address variability in the quality of safeguarding practice and recording to ensure that positive outcomes and mitigation of risk is consistently secured. | As approved in 'Improvement Area 3' of the above plan                     |  |
| The council should ensure that the use of advocacy is promoted in safeguarding work.  | As approved in 'Improvement Area 4' of the above plan                     |  |

# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 42

Brighton & Hove City Council

|                         |   |  |                            |
|-------------------------|---|--|----------------------------|
| <b>Subject:</b>         | <b>Personalisation and Day Services</b>                     |  |                            |
| <b>Date of Meeting:</b> | <b>10<sup>th</sup> January 2011</b>                         |  |                            |
| <b>Report of:</b>       | <b>Director of Adult Social Services/ Lead Commissioner</b> |  |                            |
| <b>Contact Officer:</b> | <b>Name:</b>  | <b>Marnie Naylor</b>   | <b>Tel:</b> <b>29-6033</b> |
|                         |   | <b>Anne Hagan</b>  | <b>29-6370</b>             |
|                         | <b>E-mail:</b>  | <a href="mailto:anne.hagan@brighton-hove.gov.uk">anne.hagan@brighton-hove.gov.uk</a>       |                            |
|                         |   | <a href="mailto:marnie.naylor@brighton-hove.gov.uk">marnie.naylor@brighton-hove.gov.uk</a> |                            |
| <b>Key Decision:</b>    | <b>No</b>   | .  |                            |
| <b>Wards Affected:</b>  | <b>All</b>  |  |                            |

## 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 11<sup>th</sup> January 2010, and 14<sup>th</sup> June 2010 which highlighted low numbers of people using day services, resulting in high unit costs. Low levels of occupancy have previously been reported in Cabinet Member meetings in 2008. Following much work developing day services, low levels of occupancy still continue at Craven Vale and Ireland Lodge.
- 1.3 **In June 2010 Cabinet Member agreed to a staged approach to a review of day services:**
  - **Stage 1:** Merge Montague House and Tower House to provide a new community resource model that builds on the successful elements of day services. This 'new' service became operational 29<sup>th</sup> November 2010.
  - **Stage 2:** To work with commissioners to deliver the outcomes of the preventative agenda that will affect the future shape of day services. This includes Craven Vale, Somerset, and the community activities provided at Patching Lodge.
  - 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.

#### 1.4 **This report provides updated information on**

- The need to become more efficient and make maximum use of all day centre buildings, resources and staff to offer effective and responsive day services across the city that offer value for money.
- Proposals relating to Craven Vale day centre (Stage 2 as noted in 1.3 above)
- Proposals relating to Ireland Lodge day Centre (Stage 2 as noted in 1.3 above)
- Work with commissioners that may affect the development of day services in the city

## 2. **RECOMMENDATIONS**

### 2.1. That the Cabinet Member notes:

- The Increase in demand for day opportunities, and more flexibility that promote citizenship and independence
- Continued low occupancy and under utilisation of staff, buildings and transport at Craven Vale and Ireland Lodge

### 2.2 That the Cabinet Member agrees to a period of consultation with a view to the creation of two Community Resource Services in the city, each with a satellite service.

#### **Service Users, staff and trade unions will be consulted on the following:**

- Tower House to continue operating as a community resource for service users (Adults: under and over 65) but with a satellite service based at Craven Vale operating 3 days per week.
- Wayfield Avenue to continue to operate as a day service for older people with a mental health needs (predominantly dementia), but with a satellite service operating from Ireland Lodge 3 days per week.
- Offer service users an enhanced service at weekends by combining current day services at weekends so that all service users attend one centre, (Wayfield Avenue) as opposed to 3 centres across the city.

## 3. **RELEVANT BACKGROUND INFORMATION**

### 3.1 Adult Social Care currently provides four building based Day Services: Tower House (older people and disabled adults), Craven Vale within the Resource Centre (older people), Wayfield Avenue and Ireland Lodge within Resource Centres (for older people mental health needs). A total of 44 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, also with the 'Trust' for Developing Communities to develop and enable volunteer led community services at New Larchwood.

- 3.3 Adult Social Care are also working with Hanover Housing, Lifelines and Care Co-Ops to develop an exciting new community resource run by older people and disabled adults, and Guinness Housing and the Brighton & Hove Federation of Disabled People to develop an accessible meeting, advice and advocacy service run by disabled people for disabled people at Vernon Gardens.
- 3.4 Previous consultation has shown that the main reasons why people currently use building based day services are to address social isolation and for carers respite or to enable carers to continue to work.
- 3.5 A consultation earlier in the year with service users and carers resulted in a high level of satisfaction with their day service.

**4 PROGRESS ON THE VALUE FOR MONEY REVIEW OF DAY SERVICES**

| <b>VFM Review</b>                             | <b>Actions</b>  |
|---|---|
| Day Options Team 'New' Tower House (Nov 2010) | A "Day Options" team has been established with the aim of giving people more choice and control about what opportunities may be available to them in the community.   |
| Reablement                                    | Day services now have a reablement focus, with examples of services users moving on from day services into community activities where possible.   |
| Services Merged                               | Montague House and Tower House day services have been merged giving more opportunity for joint working across services and sharing of expertise.  |
| Work with Commissioners                       | Work is continuing with commissioners to consider the future needs of the population and local drivers that may affect the development of community resources; these include adults with mental health needs and learning disabilities. |
| Independent Sector Provision                  | Commissioners have established a strategic group to include independent sector providers to prepare the market for personalisation.   |

**5 DRIVERS FOR CHANGE**

**5.1 National and Local Developments**

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

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

These strategies emphasise the need to work in partnership.

## 5.2 Occupancy rates across all day services

- Occupancy rates at Ireland Lodge and Craven Vale day centres continue to be low. The average occupancy at Ireland Lodge over the last year remains under 50%, with Craven Vale averaging 55 - 65%.
- By contrast, Tower House and Wayfield Avenue have an average occupancy of between 80 -90%.
- Table 1 illustrates occupancy at Ireland Lodge and Craven Vale in September and October.

**Table 1: Ireland Lodge and Craven Vale Day Services:  
Occupancy September and October 2010**

|                         | SEP '10<br>Ireland<br>Lodge | OCT '10<br>Craven<br>Vale | SEP '10<br>Ireland<br>Lodge | OCT '10<br>Craven<br>Vale |
|-------------------------|-----------------------------|---------------------------|-----------------------------|---------------------------|
| Total Capacity          | 668                         | 630                       | 668                         | 630                       |
| Total Attendance        | 337                         | 377                       | 315                         | 388                       |
| Total Absent            | 101                         | 115                       | 104                         | 104                       |
| Total Vacancies         | 230                         | 138                       | 247                         | 133                       |
| <b>Actual Occupancy</b> | <b>50.40%</b>               | <b>59.80%</b>             | <b>47.30%</b>               | <b>62.10%</b>             |

## 5.3 Occupancy rates for weekend attendance

- Occupancy rates at weekends have been at a low level for some time in day services. Managers have been putting measures in place to increase numbers. However occupancy is significantly lower than places booked; this is mainly due to service users being unable to attend due to illness /frailty etc.
- In total there are **68** places available at the weekends across all services.
- Ireland Lodge and Craven Vale are under used at weekends, and Wayfield Avenue day centre has vacancies. Table **Two** demonstrates average occupancy levels for the period September and October 2010.

**Table Two: Occupancy levels - Weekend attendance**

| <b>Venue</b>                         | <b>Sat places</b> | <b>Sun places</b> | <b>Occupancy Sept/Oct %</b> |
|--------------------------------------|-------------------|-------------------|-----------------------------|
| Craven Vale                          | 10                | 10                | Average 60-70%              |
| Ireland Lodge                        | 12                | 12                | Average 40-55%              |
| Wayfield Avenue                      | 12                | 12                | Average 90%                 |
| Total places available               | 34                | 34                |                             |
| Overall weekend Places available     | 68                |                   |                             |
| Places taken across Day Services Oct | 55                |                   |                             |
| Vacancies across a Day Services Oct  | 13                |                   |                             |

5.4

**Under use of Day Centre Buildings**

- With low occupancy levels at Craven Vale day centre and Ireland Lodge day centres, buildings are underutilised not only during the day, but also in the evenings and at weekends. All buildings are well maintained, offering excellent facilities.
- If the recommendation to set up Ireland Lodge and Craven Vale as satellite day services is accepted, both centres will be offering services on 3 days per week only. This leaves capacity for other activities to be set up at these centres; there may be opportunities to work with partners to maximise the use of buildings, using a similar model to the 'new' Tower House day services.
- The recent success of merging Montague House day services into Tower House (Nov 2010), has already seen partners signed up to utilise building space to run community groups. Age Concern will be running five services from Tower House in the New Year, one of these being a weekly 'stand alone' day activity facilitated by Age Concern staff and volunteers for older people in the local area surrounding Tower House.

5.5 **More effective use of transport**

- If the recommendations of this report were accepted, this would impact on transport arrangements for service users. However the service would continue to provide transport to those who already require it, but would look into alternative transport methods to supplement current arrangements. This would give individual members more choice to suit their individual needs. This may include help for services users to access direct payments.
- There is a need to share transport resources more effectively to consider alternatives that are more responsive to individual needs. There is also a need to investigate the benefits of geographical transport routes to coincide with days of attendance; this would shorten journey times

considerably. A review of current transport arrangements for individuals would be required.

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

Services directly provided by the council are under intense scrutiny to demonstrate value for money and excellence. Other directly provided services in Adult Social Care (Home Care and Residential Care) have become more specialised so that their services can be differentiated from that provided in the independent sector. Some of these services have been developed in partnership with other organisations.

5.7 The development of two community day resource centres would create a more specialist focus for the provision of day services across the city:

- **Tower House: Day services for adults, with a satellite base at Craven Vale**
- **Wayfield Avenue: Day services for older people with mental health needs, with a satellite base at Ireland Lodge.**

5.8 The provision of satellite day services in the East of the City (Craven Vale) and in Woodingdean (Ireland Lodge) would ensure a geographical spread of these services across the city.

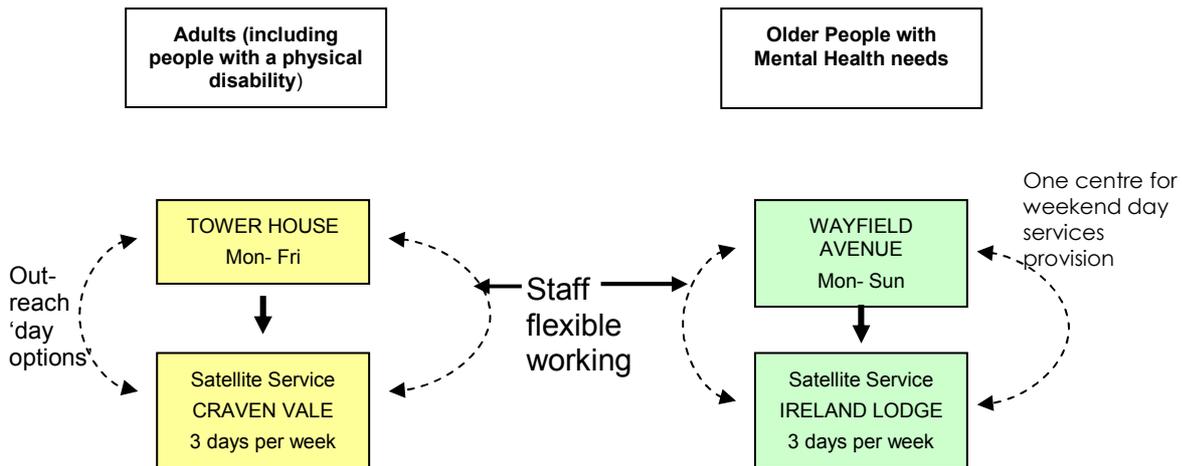
**5.9 Commissioning Intentions for Day/Community resources**

Commissioners are planning to review how day/community resources are currently provided across the city. This review will analyse current provision and consider how services can be provided more equally and with greater inclusivity. New models will break down some of the artificial boundaries created between different service areas and encourage independence, choice and control. Users of services and carers will be integral to this service development.

## 6. PROPOSALS

- 6.1 It is proposed that service users and staff are consulted on the creation of two Adult Social Care Resource Services in the city, each with a satellite service. The diagram below illustrates the new model for day services in Adult Social Care.

### Proposed Model for Day Services: Adults



### Both Community Resources covering Brighton & Hove

#### 6.2 Tower House and Craven Vale:

- Tower House will continue to operate as a community resource for service users (Adults: under and over 65) but with a satellite service based at Craven Vale operating 3 days per week.
- One staff team will cover specialist services for adults (including adults with physical and sensory disabilities).
- People currently using Tower House and Craven Vale day services will continue to receive services. For some people, this may mean that they may be offered day services at a different location.

#### 6.3 Wayfield Avenue and Ireland Lodge

- Wayfield Ave will continue to operate as a day service (7 days a week) for older people with a mental health need (predominantly dementia), but with a satellite service operating from Ireland Lodge 3 days per week.
- One staff team will cover specialist mental health services at Wayfield Avenue and covering the satellite services provided at Ireland Lodge.
- People currently using Ireland Lodge day service will continue to receive services. For some people, this may mean that they may also be offered day services at Wayfield Avenue Day Centre on the days that Ireland Lodge is not open.

#### 6.4 **Service users**

- All services users at Craven Vale and Ireland Lodge will have their needs reviewed in line with the new service proposal.
- All service users who require a service from Adult Social Care will continue to receive one.
- 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 service, but this may mean that the venue may differ to the one currently being attended. If relevant, alternative options could be explored with service users through the use of individual budgets.
- Carers commitments and any existing arrangements would be honoured as far as possible concerning days of attendance
- Transport will continue to be provided for those people who require it, and alternative method of transport would be investigated to supplement current arrangements.

#### 6.5 **Staff**

- Further consultation would be undertaken with staff and trade unions which would detail how the new service specification for the new community resources would impact on the number of staff required, and their roles and responsibilities.
- Staff and trade unions would also be consulted on the proposal for them to work flexibly across centres to provide continuity in the community resource centres
- As with previous changes in day services, managers will work closely with staff and trade unions to seek redeployment opportunities for those concerned. It is anticipated that some staff may seek retirement, and staff vacancies will be held across provider services to help accommodate affected staff.

#### 6.6 **Day Services at Weekends**

To offer service users an enhanced service at weekends by combining current day services at weekends so that all service users attend one centre (Wayfield Avenue) as opposed to 3 centres across the city.

- Service users and their carers would be consulted on the best options available to them at weekends.
- Staff and trade unions would be consulted on the need for day services to operate from one centre only at the weekends.
- Other community services are currently operating weekend activities and these would be explored as part of the consultation so that services users would be offered choice of provision where relevant.
- For example, St Johns day centre currently runs a Sunday lunch club, and are currently promoting this provision.

## 6.7 Staff skills, buildings and transport

Valuable resources exist in day services: staff are well trained and are skilled in working with people with complex needs. Buildings are well maintained, but are under utilised. Transport arrangements do need to be reviewed so that service users receive the best possible service. The proposals above aim to maximise the use of staff skills, buildings and transport to ensure the provision of a service that is responsive to the needs of service users and their carers.

## 6.8 Building on the development of Day Options

Opportunities now exist to build on the work that has been taking place in the development of 'day options' for people accessing ASC day services. The newly combined day services at Tower House have successfully developed a 'day options' element, working on the previous model of outreach work carried out at Montague House. This model could be rolled out into all day services including mental health where by people will be supported to decide their own goals and how they would like to achieve independence, addressing social isolation etc.

Service users attending the satellite services at Ireland Lodge and Craven Vale would have access to the same range of opportunities as the community resource ('hub') at Tower House and Wayfield Avenue.

## 7. CONSULTATION

- 7.1 It is proposed that there will now be a consultation process with a view to the creation of two community resource centres for day services in the city, each with a satellite service. This will not affect residential services provided in any of the locations mentioned.
- 7.2 As services users have been extensively consulted recently, it is proposed to explore their views along with carers.

## 8. FINANCIAL & OTHER IMPLICATIONS:

### 8.1 Financial Implications:

The estimated cost of day care provision for 2010/11 is £2.2 million. The unit costs of day services are relatively high at £216 per person per week for older people and £156 per person per week for people with physical disabilities (*Source – Provisional PSSEX1 unit costs 2009/10*). Occupancy levels continue to be low and this is driving up the unit costs. The proposed changes should improve the value for money of the services and deliver the required efficiency savings over the next two years.

*Finance Officer Consulted: Mike Bentley*

*Date 13<sup>th</sup> December 2010*

## 8.2 **Legal Implications**

This report sets out in comprehensive detail the work being undertaken to develop the provision of day services in the context of ensuring users have choice, control and independence. Proper attention is paid to the duty to the public purse and efficient use of resources and to the possible impact on staff working arrangements. In the interests of fairness and in accordance with Article 6 Human Rights Act 1989 the report proposes and seeks agreement to a full consultation with all interested and affected parties for Stage 2.

*Lawyer Consulted: Sandra O'Brien*

*Date: 17 December 2010*

## 8.3 **Equalities Implications:**

A further equalities impact assessment would be required regarding any phased changes as outlined in this report, this will be reviewing the original E.I.A including the recent one completed for Tower House looking at the similarities of impact, and a proportionate review to look at any emerging issues.

## 8.4 **Sustainability Implications:**

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

## 8.5 **Crime & Disorder Implications:**

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

## 8.6 **Risk and Opportunity Management Implications:**

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

## 8.7 **Corporate / Citywide Implications:**

Day services for older people and disabled people are now centralised, mainstream services (older people) are available in the East of the City, and mental health needs in Woodingdean and Hove.

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

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

**10. REASONS FOR REPORT RECOMMENDATIONS**

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

**SUPPORTING DOCUMENTATION**

**Appendix One: : *Service users attending Day Services at Weekends***

**Documents In Members' Rooms**

None

**Background Documents**

None

## ***Appendix One: Service users attending Day Services at Weekends***

### **1. WEEKEND INFORMATION: IRELAND LODGE OCT 2010**

- A total of **11** service users have weekend attendance at Ireland Lodge.
- **4** people receive both Saturday and Sunday; there are **8** people on the books to attend Sat and **7** people on the books to attend Sunday.
- Those attending the weekend, all receive additional days in the week. Currently there is **1** person attending Ireland Lodge **7** days a week, the remaining **10** people using the day service at the weekend, attend a range of additional days ranging from **1-5** days.
- Six out of eleven people live alone, nine receive transport.
- Five people attend the day service due to social isolation, three for carer relief, and three for social stimulation.
- The length of time attending Ireland Lodge ranges from 1 month -14 years.

### **2. WEEKEND INFORMATION: WAYFIELD AVENUE OCT 2010**

- A total of **21** service users have weekend attendance at Wayfield Avenue.
- **3** people receive both Saturday and Sunday, **10** people attend Saturday and **8** people attend Sunday.
- Out of those attending the weekend, **16** receive additional days in the week. Currently there is no one receiving **7** days a week, **5** people attend **5** days per week, the remaining **16** people using the day service at the weekend attend between **1- 4** days.
- Thirteen out of twenty-one people live alone, all receive transport.
- Ten people attend due to social isolation, seven for carer relief, one for carer relief/social stimulation, three for carer relief/social isolation.
- The length of time attending Wayfield Avenue ranges from 1 month - 4years.

### **3. WEEKEND INFORMATION: CRAVEN VALE (taken from 'future proposals report' Oct 2010, submitted to DMT)**

- For the period of August 2010, **15** people were using the day service at the weekend.
- A total of **3** people (out of 10 places available) were attending both Saturday and Sunday, with **6** individuals attending a Saturday or Sunday.
- Eleven people attending Craven Vale over the weekend live alone, the remaining **4** all live with somebody, this could be a 'main carer'.

- Only one person received weekend day care only (Saturday), everyone else attended other days of the week, ranging from an additional 1-3 days.
- The reasons for attending weekend day services were as follows:
  - Company
  - Hot meal
  - To gain independence from family
  - Live on own
  - Lonely on own
  - Carer relief
  - Concerns at home
  - No one to look after 'me' at home
  - Isolated at home
  - Self neglect e.g. doesn't eat properly when alone
  - The majority stated isolation and loneliness at the weekends



# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 43

Brighton & Hove City Council

|                         |   |                                     |                     |
|-------------------------|---|-------------------------------------|---------------------|
| <b>Subject:</b>         | <b>Safeguarding Vulnerable Adults</b>                                 |                                     |                     |
| <b>Date of Meeting:</b> | <b>10.01.11</b>   |                                     |                     |
| <b>Report of:</b>       | <b>Director of Adult Social Services and Lead Commissioner People</b> |                                     |                     |
| <b>Contact Officer:</b> | <b>Name:</b>  | <b>Denise D'Souza</b>               | <b>Tel: 29-5048</b> |
|                         | <b>E-mail:</b>  | denise.d'souza@brighton-hove.gov.uk |                     |
| <b>Key Decision:</b>    | No  |                                     |                     |
| <b>Wards Affected:</b>  | 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 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.
- 1.3 An inspection team from the Care Quality Commission visited Brighton and Hove in May 2010 to find out how well Brighton and Hove was safeguarding adults whose circumstances made them vulnerable. In August 2010, following this inspection, they conclude that Brighton and Hove was performing well in safeguarding adults. They made some recommendations for improving outcomes and an improvement plan was agreed. These agreed actions were incorporated into the Business Plan for the Safeguarding Adults Board.
- 1.4 This report shows the Safeguarding Adults Board Business Plan, updated since August 2010, in order to show the progress made in improvement planning for safeguarding vulnerable adults.

#### 2. RECOMMENDATIONS:

- (1) That the Cabinet Member notes the updated Business Plan for safeguarding vulnerable adults.

(2) That the Cabinet Member requests that this information will be included, with a further update, in the Safeguarding Vulnerable Adults Annual Report for April 2010/11

### **3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

- 3.1 'No Secrets' was published in March 2000 by the Department of Health and the Home Office for use by all health and social care organisations and the police, giving guidance on developing and implementing multi-agency policies and procedures to protect vulnerable people from abuse. It noted that some groups of adults experience a higher prevalence of abuse and neglect than the general population and that they are also not so easily able to access services to enable them to lead safer lives.
- 3.2 'No Secrets' stated that the development of local multi-agency codes of practice for safeguarding vulnerable adults should be co-ordinated locally by each local authority social services department, requiring partnership working to create a framework of inter-agency arrangements. The lead agency within the overall framework should be the local authority, but all agencies should designate a lead officer at senior level. This would create a multi-agency management committee for safeguarding vulnerable adults.
- 3.3 The Safeguarding Adults Board in Brighton and Hove fulfils this role, and is a multi-agency partnership leading the work to safeguard vulnerable adults in Brighton and Hove. Its members include Sussex Police, Sussex Partnership Foundation Trust, Sussex Community Trust, Brighton and Sussex University Hospital Trust, South East Coast Ambulance Service, Brighton and Hove NHS, Practitioners Alliance Against the Abuse of Vulnerable Adults (PAVA), the Domestic Violence Forum, The LINK, Community Safety, and leads for City Council assessment, provider, contracts, and housing teams.
- 3.4 The Brighton and Hove Safeguarding Adults Board Business Plan (Appendix 1 for 2009/11 plan) is the work plan agreed by the Safeguarding Adults Board setting out objectives and priorities for preventing adult abuse, and ensuring all safeguarding work is of the highest quality.

### **4. CONSULTATION**

- 4.1 None

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

#### Financial Implications:

- 5.1 There are no direct implications arising from the recommendations of this report. Any costs associated with the delivery of the business plan forms part of the budget strategy of the different partner agencies involved.

*Finance Officer Consulted: Name Anne Silley*

*Date: 13/12/10*

Legal Implications:

- 5.2 It is incumbent on the Local Authority as safeguarding lead to implement the recommendations made by the statutory inspection body, CQC, to ensure ongoing robust and effective safeguarding practice in the city. By definition proper safeguarding planning and practice ensures individuals' Human Rights [as enshrined in the Human Rights Act 1998] are taken into account.

*Lawyer Consulted:*

*Name Sandra O'Brien*

*Date: 20/12/10*

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 abuse 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 the Cabinet Member has an overview of safeguarding performance.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Brighton and Hove Safeguarding Adults Business Plan 2009/11

### **Documents In Members' Rooms**

1. None

### **Background Documents**

1. Inspection Report Care quality Commission 19<sup>th</sup> August 2010

**Brighton and Hove Safeguarding Adults Board Business Plan 2009/11 UPDATED 06.12.10**

| Action   | Date to complete | Target Completion Date and Key Milestones   |   | Sub group and Lead Officer(s)            | Standard 3, 6 and 10 SVA National Framework | Green<br>Achieved<br>Amber<br>Ongoing<br>Red<br>Pending |
|--|------------------|---|---|--|---|---|
|  |                  |   | Progress  |  |   |   |
| <b>Objective 1 – All citizens to be able to access information about how to gain safety from abuse and violence, including information about the local multi-agency safeguarding procedures.</b>   |                  |   |   |  |   |   |
| 1.1 Launch a Prevention Strategy and action plan for prevention of adult abuse, which links with Risk Policy and Self Neglect Guidance, as well as incorporating the ongoing Dignity Campaign work   | April 2011       | Prevention Strategy to be approved by all organisations represented at the SAB. Increase public awareness of the safeguarding process, demonstrated by an increase in safeguarding referrals from non professionals | Draft Prevention Strategy<br>Sub group meeting 12.1.11<br>Awareness campaign to be planned. | Michelle Jenkins/Sara Fulford            |   | ongoing   |
| 1.2 Create a new social work post, whose main purpose is to lead on the implementation of carers' needs, assessment/reviews and other interventions across a range of services – both internal and external to BHCC – in order to improve the support delivered to carers. | April 2011       | Continue to monitor alerts raised by and regarding carers, with aim to show increase  |   | Karin Divall/David Jennings              |   | achieved  |
| 1.3 Day Services 'Choices' to offer 'Feeling Safe at Home and in the Community' to people with learning disabilities   | End Oct 2010     | People with learning disabilities to feel more confident in knowing how and where to gain support if they experience harassment – feedback from course participants   | Course started, evaluation to be completed on completion of first course with attendees.    | Naomi Cox                                |   | ongoing   |
| 1.4 Safeguarding training programme to include course for managers of services/teams on raising awareness of safeguarding  | April 2011       | Vulnerable people to feel more confident and knowledgeable on how and where to gain   |   | Tim Wilson/Michelle Jenkins/Annette Kidd |   | ongoing   |

| Action   | Date to complete | Target Completion Date and Key Milestones   |   | Sub group and Lead Officer(s)    | Standard 3, 6 and 10 SVA National Framework | Green<br>Achieved<br>Amber<br>Ongoing<br>Red<br>Pending |
|--|------------------|---|---|----------------------------------|---|---|
|  |                  |   | Progress                                      |                                  |   |   |
| for people who use services.   |                  | support if they experience abuse and harassment – increase in self referral for safeguarding alerts. Focus on data from clients with mental health needs.               |   |                                  |   |   |
| 1.5 Produce information to aid the understanding of vulnerable people regarding the safeguarding investigation process | April 2011       | Monitor feedback from audit of vulnerable people who have participated in the safeguarding process, aim to collate learning and use to update safeguarding action plan. | Draft written – to go to sub group on 12.1.11 | Prevention and Dignity sub group |   | ongoing   |

| Action  | Date to complete | Target Completion Date and Key Milestones   |  | Sub Group and Lead Officer(s)        | Standard 11 SVA national Framework |          |
|---|------------------|---|--|--------------------------------------|------------------------------------|----------|
|   |                  |   | Progress                                   |                                      |                                    |          |
| <b>Objective 2 – Engagement of service users and carers as key partners in all aspects of safeguarding work</b>   |                  |   |  |                                      |                                    |          |
| 2.1 Engage with Gateway Providers so as to link to equalities groups and existing service user forums, in order to promote awareness across vulnerable groups about how to keep themselves safe, and also gather views about the safeguarding process | Dec 2010         | Links to have been made with Gateway Providers, and input sought regarding raising awareness, and any material produced communicating with the public                             | Invited to sub group 12.1.11               | Prevention and Dignity Sub Group     |                                    | Ongoing  |
| 2.2 Ensure service users and their carers have participation in outcomes of investigations, and can feedback their views  | Jan 2010         | Develop audit tool for use following investigation process so vulnerable people's input can be monitored. Systematic user feedback to be in place and informing the audit process |  | Quality Assurance sub group          |                                    | Ongoing  |
| 2.3 Complete Equalities Impact Assessment for safeguarding work   | October 2010     | Equalities Impact Assessment completed and recommended actions identified   | Draft completed                            | Michelle Jenkins/Katie Sweeney-Ogede |                                    | Ongoing  |
| 2.4 Invite a representative from the Community and Voluntary Sector Forum to be a SAB member  | Dec 2010         |   | Representative from LINK attending 6.12.10 | Denise DeSouza                       |                                    | Achieved |
| 2.5 An audit of current use of advocacy in safeguarding work to be completed  | Dec 2010         | Audit undertaken, and recommended actions identified  |  | Michelle Jenkins                     |                                    | Ongoing  |

| Action  | Date to complete | Target Completion Date and Key Milestones  |   | Sub Group and Lead Officer(s)      | Standard 1, 5, 7 and 9 SVA National Framework |  |
|---|------------------|--|---|------------------------------------|---|--|
|   |                  |  | Progress  |                                    |   |  |
| <b>Objective 3 – All work, by all partner organisations, undertaken in relation to adults safeguarding is of the highest quality and is based on best practice, in line with the multi-agency procedures.</b> |                  |  |   |                                    |   |  |
| 3.1 Sussex multi agency procedures to be reviewed<br>Agree definitions and thresholds   | Nov 2010         | Letter from Chair SAB to Chairs for SAB East & West Sussex – by 30.11.09<br><br>Proposal from Consultancy for update and create web based access and updates       | Achieved 01.12.09<br><br>Proposal agreed. Work in progress, Working draft 15.12.10  | SAB Chair                          |   | Ongoing  |
| 3.2 Hold Multi Agency Safeguarding Adults conference. To focus on service user experience in 2010   | April 2011       | Monitor feedback from audit of vulnerable people who have participated in safeguarding process, aim to collate learning and use to update safeguarding action plan | Programme agreed, invites sent out 23.10.09<br><br>Conference held 03.12.09<br><br>Conference 2010 on agenda SAB 07.06.10 | Workforce Development and Training |   | Achieved 2009<br><br>To be updated for planned Conference 2010 |
| 3.3 Implement Training Strategy and Competency Framework  | 1                | See Training Strategy 09/10<br>Competency Framework to be completed and implemented<br>Agenda for SAB 01.03.10   | Competency Framework consultation completed in ASC Dec 09<br>Agreed at SAB 01.03.10                                       | Workforce Development and Training |   | Achieved   |
| 3.4 Define practice and recording standards and ensure these are understood by all investigating officers and investigation managers.   | March 2011       | Clear standards in place that are understood by staff reflected in consistency of practice   |   | Quality Assurance sub group        |   | ongoing  |

| Action   | Date to complete | Target Completion Date and Key Milestones  |  | Sub Group and Lead Officer(s)  | Standard 1, 5, 7 and 9 SVA National Framework |         |
|--|------------------|--|--|--|---|---------|
|  |                  |  | Progress   |  |   |         |
| To link to the Competency Framework.   |                  | and recording as monitored through audits and supervision  |  |  |   |         |
| 3.5 Strengthen and refocus existing case file audit regime, to ensure that any variability in practice and recording is identified and swiftly tackled.                              | Oct 2010         | More robust audit regime that supports and evidences consistency in practice and recording   | Audit of audits completed Nov 10.<br>Feedback to SAB 6.12.10 | Quality Assurance sub group  |   | ongoing |
| 3.6 Management oversight if safeguarding work will be strengthened, to ensure that interventions are only closed once positive outcomes and the mitigation of risk have been secured | Oct 2010         | Improved outcomes for service users and risk mitigated as evidenced through audit and monitoring processes                           | As above   | Quality assurance sub group  |   | Ongoing |
| 3.7 Involve a cross section of staff in improvement planning activities, so that their suggestions for change, and ownership of the agenda are secured                               | Oct 2010         | Staff sessions to support improvement completed and their input into the process is confirmed  |  | Quality Assurance sub group  |   | ongoing |
| 3.8 Agree quality assurance processes and data requirements for work completed under the Mental Capacity Act   | Dec 2010         | Monitor data collected and quality audits through MCA/DoLS Group, aim to collate learning and use to update safeguarding action plan | To start Jan 11 in sub group                                 | Mental Capacity and Deprivation of Liberty Safeguards Monitoring and Development Group |   | ongoing |

| Action  | Date to complete | Target Completion Date and Key Milestones                                    |   | Sub Group and Lead Officer(s) | Standard 2,4 and 8 SVA National Framework |  |
|---|------------------|--|---|-------------------------------|---|--|
|   |                  |  | Progress  |                               |   |  |
| <b>Objective 4 – Key agencies responsible for safeguarding adults to work in partnership, to have a consistent and co-ordinated approach to safeguarding adults in the City</b>       |                  |  |   |                               |   |  |
| 4.1 Agree recommendations from SAB review. Confirm Strategic Plan and reporting arrangements. Agree SAB TOR<br><br>To review the Safeguarding Adults Board and arrangements for Chair | Dec 2010         | Finalise SAB 30.11.09<br><br>Review completed and recommendations identified | Achieved  | S.A.B - Chair                 |   | Achieved<br>For review<br>SAB 06.12.10 |
| 4.2 Explore links to Safeguarding Boards in East and West Sussex, such as formal sharing of action plans, and learning from Serious Case Reviews                                      | Dec 2010         | Report to Board on recommended actions                                       | Agreed formal sharing of SCR's with East and West Sussex with Leads. Letter from Director to confirm. | SAB Chair                     |   | ongoing                                |
| 4.3 Each partner agency to have a set of internal guidelines, consistent with the multi-agency procedures, which set out the responsibilities of all workers to operate within it     | April 2011       | Guidelines in place, and reported to SAB Chair                               | SDHT – Safeguarding Policy ratified May 10  | SAB Chair                     |   | Ongoing                                |
| 4.4 Establish a multi-agency Quality Assurance sub group to the Safeguarding Board, to analyse the findings from audit reports and data reports                                       | Dec 2010         | Sub Group established, and quarterly reports made to Safeguarding Board      | Pending   | Michelle Jenkins              |   | Ongoing                                |
| 4.5 Establish a multi-agency Prevention and Dignity sub group to the Safeguarding Board to action the work plan from the Prevention Strategy  | Dec 2010         | Sub Group established, and quarterly reports made to Safeguarding Board      | Meeting 12.1.11   | Michelle Jenkins/Sara Fulford |   | Ongoing                                |

| Action   | Date to complete | Target Completion Date and Key Milestones |               | Sub Group and Lead Officer(s)    | Standard 2,4 and 8 SVA National Framework |         |
|--|------------------|---|---------------|----------------------------------|---|---------|
|  |                  |   | Progress      |                                  |   |         |
| 4.6 Ensure links with Domestic Violence action planning, and Community Safety Team | April 2011       | Strategies and Action Plans linked        | To be updated | Michelle Jenkins/Linda Beanlands |   | ongoing |

