

BRIGHTON & HOVE CITY COUNCIL

OLDER PEOPLE'S COUNCIL

10.00am 23 OCTOBER 2012

ROOM 126, KING'S HOUSE

MINUTES

Present: Hazelgrove (Chair)

Also in attendance: Tonks, Bojczuk, Brown, Eyles, Steer, Terry, Vincent, Couldery, Morley and Wakeling

Other Members present: Councillor Bowden, Howley (Pensioner Action), Roberston (Pensioner Association)

PART ONE

81. PROCEDURAL BUSINESS

81.1 Kat Pearce (Age UK-Brighton & Hove) sent her apologies.

81.2 There were no declarations of interest.

82. MINUTES

82.1 The minutes of the 18 September, AGM meeting were agreed.

83. HOME CARE SERVICES

83.1 Brian Doughty – Head of Adults Assessment presented information which included:

1. The service was assisting individuals through rehabilitation and re-enablement back to independence. The process began after hospital discharge and took around 6 weeks. Research had shown that there was a greater chance of success if introduced within the first few weeks of recovery.
2. Care packages were individually designed according to the person's needs.

83.2 Questions and answers included:

1. How did it work when patients were discharged and needed Occupational Therapist equipment installed at their home? Members were told how the hospital team would assess the patient's needs before they were discharged and would have the appropriate equipment installed before the patient was discharged from hospital. Further clarification was that there was a statutory obligation to undertake a Community Care Assessment when requested. The Social Work and

Care Management team, (who are based at the County Hospital) carry this out before the patient is handed over to the provider ie. the community.

2. What happens if a person is assessed and isn't entitled to have any services? All individuals have a statutory right to have an assessment. After having an assessment, if the individual is identified as not requiring any services, the individual can request a reassessment if desired.
3. All services are chargeable and national guidance sets out the criteria for this.
4. What happens if a patient refuses care? Members were advised that there was nothing that could be done as it was the person's choice.
5. All individuals were means tested, which included a financial assessment. These were national requirements. If individuals receiving care had monies that were above £23k threshold, they would be required to need fund their residential care package. It was noted that the vast majority do not have to pay, or pay a minimum for their care.
6. It was confirmed that there were reductions in the budget over a number of years. However the success of the re-enablement packages would assist the service in dealing with these budget shortfalls.

83.3 The Chair thanked the Head of Adult Assessment for the information and answering questions.

83.4 Debbie Greening – Contract Manager presented information on the provision of Home Care on Brighton and Hove, which included:

1. Background - Most home care is provided by 14 Independent Providers on the council's contract (re-tendered in June 2012)
2. Facts and figures- An average of 1500 service users were seen per week, approximately 20,000 separate visits per week, delivering 12,000 hours per week, and there were around 700 home care workers.
3. service specification – care and support plans should detail personal care, medication, goals or outcomes desired by the individual
4. Issues and challenges- staff recruitment and retention, financial constraints and higher demands and more complex care.

83.5 Questions raised and answered:

1. Was there a financial limit on care packages, otherwise would individuals be requesting expensive desires? Home care is a chargeable service, of which the spend from the community care budget is £11 million. The skill of the social worker is to determine whether a request is either a "want" or a "need". The provision of home care services is a statutory requirement.
2. Were there examples of services that were not accessible in the community but were offered in residential care? It was advised that this was not something that was happening at the moment.
3. What skills would home care staff need in meeting individual's needs? Members noted that more complex healthcare in the terms of peg feeding would be needed and that care staff would be expected to trained to deliver these specifics. Most people wanted their end of life care at home (not in hospital); which meant that a type of hospice care would need to be delivered in the future. The service needed to meet the needs of individuals and gave individuals the choice to take control of their home care provision.

4. How confident were vulnerable older people to make decisions about their care? Most people wanted control and were assisted through the decision making process. Personal budgets were monitored annually. Some individuals asked the council to manage their budgets, or asked for assistance when they had a problem. They would contact their social worker or Access point (the council's telephone contact point into adult services). Members were told that home care services were moving towards a more outcome based approach.
5. It was clarified that the provider would need to skill up their teams to meet the increasing needs of individuals. Staff would need to be aware of the individual's deterioration and provide additional support whether it's through equipment, technology or knowledge, right through to end of life care.
6. How would the provider ensure that there was consistency of staff when visiting individuals? The contract had performance indicators build into it, such as consistency of staff, though it needed to be reasonable in its demands. This was dependent on the frequency of visits and how many carers were needed per individual.
7. The Electronic Care Monitoring System (ECMS) was bought in by the council to monitor all the contractors. Reports were used to respond to queries, analyse and monitor data on continuity of staff, timings, other care provision to performance targets.
8. Jo Tulloch- Home Care Assessor from Impetus confirmed that in general the continuity of staff had improved.
9. Whether the individual was answerable to the GP? It was noted that the main link with the individual was with the home care assistant and that the District Nurses were more of a point of contact rather than the GP. Though in cases when the individual did not have a family member then the care agency would contact the GP if they became unwell.
10. The Lay Assessors would also identify issues and include these in their report to the contract officers. All cases of abuse were followed up as it was a statutory duty to protect vulnerable adults.
11. It was confirmed that the provider would have contact with the family if the service user had made a request to do so.
12. How would people choose their provider? The council will have a quality portal where they would publish performance data for providers providing more information to assist people when making choices about providers.
13. Were providers' staff paid less than the £7.16 living wage? During the recent procurement process the council had awarded a higher score to those providers who paid more than the living wage. Most providers said they would do so on an average basis and would meet the national minimum wage. It was noted that the providers are paid £14.50 or £16.50 by the Council for an hour of care, but the Council has no control over what rate an independent provider chooses to pay their staff.
14. What language skills did provider staff have? The contract stipulated that the provider needed to meet the diversity of the service users and had to have basic English. This was included in the evaluation process for the tender.
15. Members were informed that 14% of the provision was provided in house by the Independent at Home team. The maximum charge to service users of this service was £21.50 per hour.

83.6 The Chair thanked the Contract Manager for an extremely informative presentation.

84. AGE FRIENDLY CITY UPDATE

- 84.1 Annie Alexander – Public Health Programme Manager informed members that the AFC programme was making progress. The AGE UK AGM started the process of consultation with older people as to their views on where the city sits against the WHO Age Friendly City domains, this process would continue at the Pensioner Action meeting in November. There was now a UK support network for cities striving to attain AFC status, supported by the Beth Johnston Foundation, Keele University and Manchester Valuing Older People (VOP) programme. It was noted that there are limited academic courses available at universities to cover the issues of ageing eg Brighton Medical School only has one course which primarily for occupational therapists.
- 84.2 Consultation work will progress over the next months and involve finding out what the city has in place that works well, what is needed and what could be developed to meet these needs.
- 84.3 A starting point will be to work with the voluntary and community sector (also called the third sector) and involve them in the programme.
- 84.4 A steering group would be put together, so that work across the council and other agencies can join up. The first meeting has been arranged for the 27th November with people invited from the OPC (Mike Bojczuk), public sector, third sector, the city's hospitals, universities and includes Professor Marian Barnes and Lizzy Ward (from the University of Brighton; Applied Social Science), Mike Holgate (People Can), Anne Hagan (Older People's lead from the Council) , Peter Dale (Consultant), Henry Alexander (BSUH), Bill Randall (the Mayor of Brighton & Hove), Geraldine Desmoulins (from the FED - Federation for Disabled people) and Kat Pearce (Age UK- Brighton & Hove).
- 84.5 A public event would also be planned.
- 84.6 It is important that AFC work is integrated into current work plans and was used to influence other areas so they consider older people on a wider scale, within infrastructures eg. currently health impact assessments do not include specific consideration of impact of developments on older people.
- 84.7 In answer to a question on what the budget was for this programme members noted that AFC would be more about embedding the programme into current ways of working rather than creating new pathways that were not financially viable.
- 84.8 The Chair thanked the Public Health Programme Manager for her useful update on AFC.

85. BUDGET CONSULTATION

- 85.1 The Council were consulting on the next financial year's budget. The Chair told members how difficult it was to respond to the budget consultation and to prioritise each area.
- 85.2 Councillor Bowden informed members that budget savings for the next financial year were extremely challenging and it was uncertain as to whether there would be a cap on Council Tax increases. There was still no confirmation on how much savings council's were expected to make. All services were a priority and the administration had challenging choices to make. There would have to be difficult decisions made on how council's were going to be delivering services in the future, plus protecting jobs, and ensuring there was sufficient capacity to deliver services.
- 85.3 Members noted that the next public meeting on the 22 January would have finance officers presenting the Council's budget.
- 85.4 It was suggested that it would be useful to know what the implications of the budget savings were going to be. Members were asked to e-mail the Head of Scrutiny with any suggestions of which other officers to invite to the meeting.

86. NATIONAL PENSIONERS CONVENTION

- 86.1 Members agreed to join the National Pensioners' Convention (NPC). The annual fee was £15.

87. OPC WORK PROGRAMME AND UPDATE

- 87.1 Members agreed that future meetings would commence at 10.15am to enable the use of their bus passes. This would include the public meetings.
- 87.2 Members were asked to pass on their ideas, to Mike and the Chair for the working group meeting on the 20 November.

Members round up

- 87.3 It was noted that there were no recent planning applications for sheltered housing or low cost housing. This could be future agenda item.
- 87.4 Pensioner Action had Patient Participation Groups (PPG) on their agenda, so it maybe an idea not to duplicate this.
- 87.5 It was noted that at the Economic Development meeting, the bowls clubs and mobile libraries would be restructuring, due to budget pressures.
- 87.6 Members were informed that at the committee meetings OPC members could make representations either informally before the meeting, or formally at the meeting about items on the Forward Plan. This was the best way for the OPC to influence decisions.

It was at the Chair's discretion who sat with the committee councillors.

- 87.7 At the Community Safety Forum, (which was also attended by the Police and Fire Service), items that were included on the agenda were savage dogs and domestic violence.
- 87.8 The LINK were dealing with residents from Mary's House, Preston Park who were requesting a crossing to help frail older people cross the road to St. Mary's Church. Members were told that there was a Crossing criteria and the Ward Councillor would need to make the request.
- 87.9 Feedback was given by John Eyles on how to aid older people in the new development plans for the bus station at Conway Street and Ellen Street to be known as Hove Square.
- 87.10 The "do not want uninvited traders to visit" yellow stickers had been a success with residents in Hangleton. More were being requested by neighbouring streets.
- 87.11 Marion Couldery had planned to meet with Councillor Dee Simson for Woodingdean ward to find out about older people issues. At the next OPC meeting, it would be interesting to know how OPC members were representing their wards.
- 87.12 Sue Howley from Pensioner Action informed members that their next meeting would be on the 27 November and would discuss AFC and the council's budget.
- 87.13 Members agreed that partners would be invited to the Bali Brasserie Christmas dinner on the 18 December.

88. ANY OTHER BUSINESS

- 86.1 Penny Morley sent her apologies for the Mayor's Parlour afternoon tea on the 17 November.
- 86.2 The Chair informed members that Ms. Hughes from Patching Lodge, who had raised an issue, was very appreciative of the letter sent by the OPC.
- 86.3 Colin would be responding back to a resident who suffers from a condition where she was too hot; advising to speak to Age UK as a start. And possibly their MP.
- 86.4 It was agreed that the group photo for the OPC website would be taken at the next meeting.

The meeting concluded at 1.00pm

Signed

Chair

Dated this

day of