



Brighton & Hove  
City Council

# Adult Care & Health Committee

Title:	<b>Adult Care &amp; Health Committee</b>
Date:	<b>25 June 2012</b>
Time:	<b>4.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Members:	<b>Councillors:</b> Jarrett (Chair), Jones (Deputy Chair), K Norman (Opposition Spokesperson), Barnett, Buckley, Marsh, Meadows, Mears, Powell and Turton
Contact:	<b>Caroline De Marco</b> Democratic Services Officer 01273291063 caroline.demarco@brighton-hove.gov.uk

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# Democratic Services: Adult & Care & Health Committee

Director of Adult Social Services/Lead Commissioner People	Councillor Jarrett Chair	Senior Lawyer	Democratic Services Officer
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Officers

**Councillor Jones**  
Deputy Chair

**Councillor Buckley**

**Councillor Powell**

**Officer Speaking**

Officer Speaking

Officer Speaking

**Councillor K Norman**  
Opposition Spokesperson

**Councillor Barnett**

**Councillor Mears**

**Councillor Meadows**  
Opposition Spokesperson

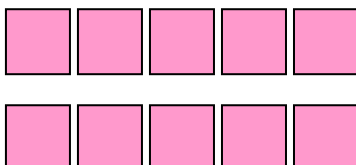
**Councillor Marsh**

**Councillor Turton**

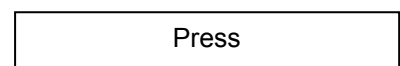
Public Speaker

Councillor Speaking

Public Seating



Press



## AGENDA

### PART ONE

Page

#### 1. PROCEDURAL BUSINESS

(a) **Declaration of Substitutes** - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) **Declarations of Interest** – Statements by all Members present of any personal interests in matters on the agenda, outlining the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.

(c) **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 Two of the Agenda states in its heading 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 exempt categories is available for public inspection at Brighton and Hove Town Halls.*

#### 2. MINUTES

1 - 6

Minutes of the meeting of the Adult Social Care & Health Cabinet Member Meeting held on 12 March 2012 (copy attached for information only).

Contact Officer: Caroline De Marco Tel: 01273 291063

#### 3. CHAIR'S COMMUNICATIONS

#### 4. PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

(a) **Petitions** – to receive any petitions presented to the full council or at the meeting itself;

(b) **Written Questions** – to receive any questions submitted by the due date of 12 noon on the (18 June 2012);

(c) **Deputations** – to receive any deputations submitted by the due date of 12 noon on the (18 June 2012).

#### 5. ISSUES RAISED BY COUNCILLORS

To consider the following matters raised by councillors:

## ADULT CARE & HEALTH COMMITTEE

- (a) **Petitions** – to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions** – to consider any written questions;
- (c) **Letters** – to consider any letters;
- (d) **Notices of Motion** – to consider any notices of motion.

### 6. CONSTITUTIONAL MATTERS 7 - 12

Report of the Monitoring Officer (copy attached).

*Contact Officer: Mark Wall Tel: 29-1006*  
*Ward Affected: All Wards*

### 7. RE-MODELLING IN HOUSE ACCOMMODATION FOR PEOPLE WITH LEARNING DISABILITIES 13 - 50

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

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

### 8. DAY SERVICES COMMISSIONING PLAN. 51 - 78

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

*Contact Officer: Diana Bernhardt Tel: 29-2363*  
*Ward Affected: All Wards*

### 9. COMMISSIONING FOR COMMUNITY MEALS 79 - 88

Report of the Director of Adult Care and Health/Lead Commissioner People (copy attached)

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

### 10. ADULT SOCIAL CARE WORK PLAN AND PRIORITIES

Presentation by the Director of Adult Social Services/Lead Commissioner People.

## ADULT CARE & HEALTH COMMITTEE

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.

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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, (01273291063, 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 – 15 June 2012



## BRIGHTON & HOVE CITY COUNCIL

### ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00pm 12 MARCH 2012

COMMITTEE ROOM 1, HOVE TOWN HALL

#### MINUTES

**Present:** Councillor Jarrett (Cabinet Member)

**Also in attendance:** Councillor K Norman (Opposition Spokesperson)

#### PART ONE

#### 40. PROCEDURAL BUSINESS

##### 40(a) Declarations of Interests

40.1 There were none.

##### 40(b) Exclusion of Press and Public

40.2 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).

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

#### 41. MINUTES OF THE PREVIOUS MEETING

41.1 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 16 January 2012 be agreed and signed by the Cabinet Member.

#### 42. CABINET MEMBER'S COMMUNICATIONS

42.1 There were none.

#### 43. ITEMS RESERVED FOR DISCUSSION

43.1 **RESOLVED** – That all items be reserved for discussion.

**44. PETITIONS**

44.1 There were none.

**45. PUBLIC QUESTIONS**

45.1 There were none.

**46. DEPUTATIONS**

46.1 There were none.

**47. LETTERS FROM COUNCILLORS**

47.1 There were none.

**48. WRITTEN QUESTIONS FROM COUNCILLORS**

48.1 There were none.

**49. NOTICES OF MOTIONS**

49.1 There were none.

**50. JOINT COMMISSIONING STRATEGY FOR ADULTS WITH AUTISTIC SPECTRUM CONDITIONS (ASC) 2012-2015**

- 50.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which set out the longer-term direction and scope of how health and social services and associate organisations could achieve improved outcomes for adults with autism, their families and carers in the City of Brighton & Hove.
- 50.2 The Strategy had been developed in response to national level legislation and strategy as well as local level evidence which had raised the profile of autism in adults and shown that adults with autism faced significant challenges.
- 50.3 The Lead Commissioner for Learning Disabilities confirmed that the strategy attached to the report was the final version and that all consultation had been completed as detailed in paragraph 4 of the report.
- 50.4 The Lead Commissioner stressed the problems of underreporting and lack of understanding of autism. As a result the needs of people with autism were not always fed into planning for services. There was a need for a clear pathway into services.
- 50.5 The Lead Commissioner stressed that most people with autism could be supported through training and adjustments in mainstream services. There was a need to ensure that individuals who required specialist services had access to them. Meanwhile, transition needed to be improved.



- 50.6 The Cabinet Member reported that he had helped to support a child in secondary school with Asperger Syndrome. There was a question over how well he had coped after leaving school. Failure to support could lead to people going in the wrong direction in terms of employment etc. The Cabinet Member was concerned at under reporting. He noted that there were many adults who had Autistic Spectrum Conditions. They could be supported by modifying mainstream services. He welcomed the report.
- 50.7 Councillor Norman stressed that there had been a great deal of input into the strategy through the scrutiny panel and committee. He considered that the transition period was crucial in terms of helping people with ASC into adulthood. The Cabinet Member agreed that there was a need to ensure work was carried out on transition.
- 50.8 **RESOLVED** - (1) That the contents of the strategy (Appendix 1) and its proposed strategic objectives, actions and outcomes be noted.

(2) That the attached strategy and proposed actions be agreed.

#### **51. FEE LEVEL FOR ADULT SOCIAL CARE SERVICES 2011-12**

- 51.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which concerned fees paid to independent and voluntary sector providers that supplied care services on behalf of Brighton and Hove City Council Adult Social Care. It covered fees paid to providers of services for older people, people with physical disabilities, adults with mental health needs (including HIV and substance misuse) and learning disability services. Service providers included care homes, home care and community support, community service and direct payments.
- 51.2 The 2012/13 budget strategy for Adult Social Care that was agreed by Budget Council on 23 February included a commitment to increase rates payable to independent nursing and residential care and homecare providers in 2012/13 to help cover rising energy costs and support fair rates of pay for workers in this sector so that the needs of those receiving care could be met.
- 51.3 The Joint Commissioner Older People reported that it was recommended that the majority of care homes/nursing homes should have a 5% uplift, with the exception of Learning Disabilities which would be individually negotiated. Home Care was being put on hold as officers were working with providers on a new Home Care Contract.
- 51.4 The Cabinet Member noted the pressures due to rising costs and retaining suitable staff. He referred to paragraph 3.3.2 in the report. This stated that it was expected that providers would use a proportion of the fees to increase the salary of the lowest paid staff towards the living wage. He hoped this would improve recruitment and retention.
- 51.5 Councillor Norman agreed that it would be good to increase the wages of low paid staff. He expressed concern that this could not be guaranteed, and that wages might not be improved at all.
- 51.6 The Cabinet Member replied that the council had built a relationship with homes and it had been made clear in negotiations that there was an expectation that part of the uplift should be spent to improve wages for the low paid. If this did not happen, then the

position of the homes concerned would be weakened when the next uplift was negotiated.

- 51.7 The Joint Commissioner explained that homes would be audited and this will include details of how the uplift is passed on to staff. In the new contract the council will ask for open book accounting.
- 51.8 Councillor Norman asked where the funding for the increase in fees would be found. The Head of Finance – Business Engagement confirmed that no extra savings were required to fund the increase in fees. Additional funding had been identified.
- 51.9 **RESOLVED** – (1) That the recommended uplift as set out in the Table in paragraph 3.3 of the report be agreed.
- (1) That the recommendation for Brighton and Hove to match the applicable host authority set rates for new and existing care home placements out of the city be agreed.

## **52. COMMISSIONING PLAN FOR COMMUNITY MEALS**

- 52.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which reported that the council provided a well established Community Meals service through a contract with the Women's Royal Voluntary Service (WRVS). The contract would come to an end in March 2012.
- 52.2 The Council was considering the future commissioning plans for this service and the report summarised the key issues that were being considered and the emerging principles that would inform future commissioning plans. A waiver had been approved to extend the existing WRVS contract initially until the end of September 2012, with an option for a further extension until March 2013, to enable the development of a commissioning plan and allow for any future procurement programme.
- 52.3 The Head of Performance and Contracting referred to paragraph 3.11 in the report which identified key issues in the review of the service. Appendix 1 to the report attached the notes of a meeting of the Adult Social Care & Housing Overview and Scrutiny Community Meals Workshop, chaired by Councillor Norman. The Adult Social Care & Housing Overview and Scrutiny Committee on 8 March had endorsed the report.
- 52.4 The Cabinet Member stated that he was pleased that this matter had been discussed at scrutiny meetings and that there had been general support for the approach suggested. It was the right time to look at the overall structure of the service. In the long term, sourcing meals from a company in Wales was not the right approach. The Cabinet Member stressed the importance of transitional arrangements.
- 52.5 Councillor Norman supported the proposals. He had wanted to see a better service for some years and it was now possible to move forward. He stressed that the WRVS had systems in place for delivery of the service. Councillor Norman wanted to see a service with locally sourced, freshly cooked food. He agreed with the process but stressed that it must lead to a better service. He thanked the Head of Performance and Contracting and everyone else who had worked on the review.

- 52.6 **RESOLVED** - (1) That the principles proposed in paragraph 3.15, that will inform the commissioning planning, are approved.
- (2) That a further report is submitted to the June Cabinet Member Meeting or relevant committee meeting outlining the options considered and recommending a preferred model of service to be commissioned.

The meeting concluded at 4.34pm

Signed

Cabinet Member

Dated this

day of



<b>Subject:</b>	<b>Constitutional Matters</b>		
<b>Date of Meeting:</b>	<b>25th June 2012</b>		
<b>Report of:</b>	<b>Monitoring Officer</b>		
<b>Contact Officer:</b>	Name: <b>Mark Wall</b>	Tel: <b>29-1006</b>	
	E-mail: <b>mark.wall@brighton-hove.gov.uk</b>		
<b>Key Decision:</b>	No		
<b>Wards Affected:</b>	All		

**For General Release****1. SUMMARY AND POLICY CONTEXT**

- 1.1 To provide information on the committee's terms of reference and related matters including the appointment of its urgency sub-committee.

**2. RECOMMENDATIONS**

- 2.1 That the committee's terms of reference, as set out in Appendix A to this report, be noted; and
- 2.2 That the establishment of an Urgency Sub-Committee consisting of the Chair of the Committee and two other Members (nominated in accordance with the scheme for the allocation of seats for committees), to exercise its powers in relation to matters of urgency, on which it is necessary to make a decision before the next ordinary meeting of the Committee be approved.

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

- 3.1 The Council meeting on 26 April 2012 agreed the new constitution for the City Council. The new constitution came into force at the conclusion of the Annual Council meeting on 17 May.
- 3.2 Article 6 of the constitution, incorporates a schedule of all the Committees/Sub-committees established in the new constitution together with a summary of their respective functions.

**The Adult Care & Health Committee – Terms of Reference**

- 3.3 The terms of reference of the Adult Care & Health Committee were agreed by Council on the 26<sup>th</sup> April when adopting the new constitution. This Committee is responsible for adult social services and, overseen by the Joint Commissioning Board, the joint delivery of a number of adult social care and health services with the health service. The Committee is also responsible for the exercise of the Council's functions in respect of public health relating to adults which transfer to the Council under the Health and Social Care Act 2012.

- 3.4 A copy of the terms of reference for the committee is attached in Appendix A. These should be read in the context of the 'Introduction and General Delegations' included in the Scheme of Delegations to Committees and Sub-Committees at part 4 of the constitution.

### **Membership**

- 3.5 The membership of the committee is set at 10 Members of the council.
- 3.6 The arrangements for substitute Members to attend meetings of Committees/Sub-Committees, as set out in the Council Procedure Rules 18 to 24, apply to meetings of the Adult Care & Health Committee.

### **Programme Meetings**

- 3.7 Ordinary meetings of the Adult Care & Health Committee are scheduled to take place on the following dates during 2012/13:

Monday 25 June 2012  
Monday 24 September 2012  
Monday 19 November 2012  
Monday 21 January 2013  
Monday 18 March 2013

- 3.8 Meetings of the Committee will normally be held at Hove Town Hall and will start at 4.00 p.m.

### **Urgency Sub-Committee**

- 3.9 The Constitution states that 'each Committee of the Council except the Audit & Standards Committee may appoint an Urgency Sub-Committee to exercise its powers. The Membership of such Urgency Sub-Committee shall consist of the Chair of the Committee, and two other Members nominated by the Group Leader or Leaders as appropriate to meet the requirements for the allocation of seats between political groups. Under current allocations this would mean an urgency sub-committee will consist of one Member from each of the three political groups on the Council.
- 3.10 Such Urgency Sub-Committees may exercise their powers in relation to matters of urgency on which it is necessary to make a decision before the next ordinary meeting of the Committee. Every decision of each Urgency Sub-Committee shall be reported for information to the next ordinary meeting of the Committee as appropriate.'

## **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 All Members considered and approved the new constitution on the 26<sup>th</sup> April 2012.

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

### Financial Implications:

- 5.1 There are no specific financial implications arising from this report. It is expected that the overall effect of the introduction of the new constitution will be cost neutral.

*Finance Officer Consulted: Name Anne Silley Date: 23/05/12*

### Legal Implications:

- 5.2 The Council's constitution complies with the requirements of the Localism Act 2011, the Local Government Act 2000, the Local Authorities (Constitutions) Direction and relevant guidance.

- 5.3 There are no adverse Human Rights Act implications arising from this report.

*Lawyer Consulted: Elizabeth Culbert Date: 23/05/12*

### Equalities Implications:

- 5.4 There are no equalities implications arising from the report.

### Sustainability Implications:

- 5.5 There are no sustainability implications arising from the report.

### Crime & Disorder Implications:

- 5.6 There are no crime & disorder implications arising from the report.

### Risk and Opportunity Management Implications:

- 5.7 There are no risk and opportunity management implications.

### Public Health Implications:

- 5.8 There are no public health implications arising from the report.

### Corporate / Citywide Implications:

- 5.9 There are no corporate or city wide implications arising from the report..

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

- 6.1 The council's constitution provides for the appointment of the sub-committees and urgency sub-committees and it is for the Committee to determine this action and it could decide not to make such appointments. However, this would be contrary to the wishes of the council and is not therefore regarded as a viable alternative option.

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

- 7.1 The recommendations are being put forward in line with the requirements of the constitution.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. (A) Economic Development & Culture Committee Terms of Reference.

### **Background Documents**

1. The Constitution



## **ADULT CARE & HEALTH COMMITTEE**

### **Explanatory Note**

This Committee is responsible for adult social services, public health in relation to adults, and joint delivery of a number of social care and health services with the Health Service- see the section below relating to the Joint Commissioning Board which oversees these arrangements.

### **Delegated Functions**

#### **1. Adult Social Services**

- (a) To exercise the social services functions of the Council in respect of adults;
- (b) To exercise all of the powers of the Council in relation to the issue of certificates to blind people; the issue of badges for motor vehicles for disabled people and the grant of assistance to voluntary organisations exercising functions within its area of delegation;
- (c) To exercise the functions of the Council in relation to the removal to suitable premises of persons in need of care and attention.

#### **2. Public Health**

To exercise the Council's functions in respect of public health relating to adults –

- (i) including but not limited to:
  - sexual health
  - physical activity, obesity, and tobacco control programmes
  - prevention and early detection
  - immunisation
  - mental health
  - NHS Healthcheck and workplace health programmes
  - dental public health
  - social exclusion
  - seasonal mortality;
- (ii) which transfer to the Council under the Health and Social Care Act 2012.

#### **3. Partnership with the Health Service**

To exercise the Council's functions under or in connection with the adult services partnership arrangements made with health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements").

## **NOTE**

- (a) All the above functions shall be exercised subject to any limitations in the section 75 Agreements.
- (b) Policy issues which are relevant both to this Committee and the Children & Young People Committee may be considered by either of those Committees or by the Policy & Resources Committee.

<b>Subject:</b>	<b>Re-modelling in-house accommodation for people with a learning disability</b>		
<b>Date of Meeting:</b>	<b>25th June 2012</b>		
<b>Report of:</b>	<b>Director of Adult Social Services/Lead Commissioner People</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Karin Divall</b>	<b>Tel:</b> <b>29-4478</b>
	<b>E-mail:</b>	<a href="mailto:Karin.divall@brighton-hove.gov.uk">Karin.divall@brighton-hove.gov.uk</a>	
<b>Key Decision:</b>	Yes		
<b>Wards Affected:</b>	All		

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Cabinet Member for Adult Social Care & Health at his meeting in January 2012 agreed a 90 day consultation with stakeholders on the re-modelling of our in-house accommodation for people with learning disabilities.
- 1.2 The re-modelling of the in-house service is required to contribute to an increase in local services for people with challenging behaviour and other complex needs who are often at risk of being placed out of the City. The service currently provides some challenging behaviour services but at a higher unit cost when compared with other local authorities. It is therefore proposed to remodel the in-house service by making some changes to the accommodation, further increasing staff skills and flexibility, and by focusing the in-house service on those with the greatest needs.
- 1.3 This consultation commenced with staff and service users' families and carers to inform the development of a model of accommodation which delivers improved value for money in line with other authorities and focuses on providing specialist accommodation. The consultation explored opportunities to improve value for money by consolidating our accommodation into larger properties and building on a staffing structure which is flexible, skilled, and which continues to meet the needs of people using our services.

### 2. RECOMMENDATIONS:

- 2.1 That the Committee agrees to re-model the council's accommodation for people with learning disabilities as set out in Option 3 (paragraph 4.3).
- 2.2 That a further business case is brought back to Committee which will set out a proposal for a second phase of the accommodation strategy which looks at the potential to deliver additional savings by developing the service as set out in Option 4 (paragraph 4.5)

2.3 That the additional efficiencies proposed by staff as set out in paragraph 4.7 are taken forward.

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

3.1 The Learning Disability Accommodation and Support Plan 2011 set out three key objectives to meet the range of accommodation needs for people with learning disabilities in the City:

- Better commissioning of specialist services
- Reshaping the local market to better meet local need
- Maximising independence through move on, prevention, and building on support in the community

3.2 This plan builds on the Learning Disability Commissioning Strategy plan 2009-2012 that depicted how money should be spent on services for people with learning disabilities. The plan, explained how important legislative papers 'Valuing People', person centred plans and self directed support had impacted on individuals, to enable more choice and control over services received. 'Valuing People Now' (2009) key aims are to enable people to participate as fully as possible with a voice regarding decisions about their care.

The in-house Learning Disability Accommodation Services provide a mix of Residential Care and Supported Living Services. These are primarily in street properties, with two of the services being provided to residents of self contained flats. Some of the buildings are owned by the Council and others owned by Registered Social Landlords. The residential care element of the service currently supports 40 people across 12 homes located in Brighton and Hove. Each home ranges from 2-6 places, and comprises of female/male only and mixed accommodation. There is currently 145 staff supporting people with a learning disability live as independently as possible in the 12 homes identified.

3.3 The current configuration is based on a response to the closure of large long stay hospitals (Foremost) about 20 years ago when the principle of "an ordinary house on an ordinary street" was applied. Since that time, people with learning disabilities have increased longevity, increasing complexity of need and increased expectations of independence and citizenship.

3.4 This report follows a 90 day consultation with stakeholders to look at options to re-model our in-house accommodation service which improves value for money, consolidates our existing properties, increases the capacity of our homes where practicable, maximises the use of technology and which builds upon a workforce with the skills to work with people with challenging behaviour and delivers financial efficiencies over the next two years.

#### **4. PROPOSED OPTIONS**

The consultation included engagement with staff, families/carers and key professionals about the principles of re-modelling to improve value for money, changes to staffing to further improve efficiency and ways of increasing the capacity of some homes in order to accommodate more people. The following options have been developed through the consultation process.

##### **4.1 (Option 1) Do nothing.**

###### **Benefits:**

- Feedback from families and carers has been very positive about the in-house service and in general they would prefer to see the service remain as it is so this would be popular with families
- There would be no staffing changes or reduction

###### **Risks:**

- The financial savings required by Council will not be delivered.
- The commissioning requirements to deliver improved value for money will not be achieved which will make our services financially un-sustainable when compared to the private or voluntary sector
- Our unit costs would remain high in comparison to other providers.

##### **4.2 (Option 2) Retain the existing properties and increase capacity where practicable and move towards a service providing homes for people with complex needs and challenging behaviour**

###### **Benefits:**

- This would require minimal change to staffing and accommodation
- This would improve efficiency and accommodate people with high level needs
- There would be some additional capacity to support people moving back into the City or through transition.

###### **Risks:**

- The financial savings required by the Council will not be delivered.
- The commissioning requirements to deliver improved value for money will not be achieved which will make our services financially un-sustainable when compared to the private or voluntary sector
- Some of the smaller houses are not suitable to be developed to accommodate more service users.

##### **4.3 (Option 3) Consolidate the existing service and improve value for money by closing three smaller houses and moving the service users into existing accommodation by increasing the number of people accommodated in some of our larger houses.**

**Benefits:**

- This will potentially provide homes for 29 people within 9 houses, compared with 23 people currently living in 12 houses.
- This will potentially achieve £500,000 savings for the accommodation service, and saving £200,000 for the Community Care budget in a full year
- This will reduce our unit costs and provide better value for money
- We will focus on service for people with complex and high level needs and prevent the need for people to live outside the City in future
- Everyone currently accommodated within the council service will continue to do so unless their needs can be better met in alternative accommodation or it was already planned that they could be accommodated in more appropriate accommodation

**Risks:**

- Closure of three houses
- Suitable alternative housing will need to be identified before the houses can be closed
- Eight people will need to move to alternative council accommodation
- Some of these people may need to move away from their current locality, although will continue to be accommodated in the City
- Families would prefer that their family member not move.
- The reduction in the number of buildings limits opportunities to deliver further savings in future years.
- A reduction in staffing of 15.45 full time equivalent posts, with between 16 and 26 less staff required for the new service (the number will vary according to the mix of full and part time employees). Having held a number of staff vacancies it is envisaged that most staff can be relocated within the service.

It should be noted that adaptations will be required to some of our existing properties to facilitate this option in a way that ensures we meet service users' needs and sources of capital funding are being identified to facilitate this.

4.4. Option 3 (paragraph 4.3) was developed through the consultation process and in general terms it was acknowledged that efficiencies needed to be made and that in particular three properties could not be developed to provide this efficiency in the future. However there was a view from the staff/union focus group that this approach of "pruning the service" is not sustainable going forward and year on year this approach could lead ultimately to the end of in-house services. Therefore staff put forward an alternative proposal that follows option 3 but potentially also increases savings by expansion of the service by taking a view across all the budgets that fund people with learning disabilities to live within and out of City and which would safeguard local jobs and retain in-house skills and expertise and this is set out in Option 4 (paragraph 4.5)

**4.5. (Option 4) Explore additional savings by developing a business case to develop the service in order to begin a programme to move up to ten people back into the City and / or provide accommodation to younger**

**people and therefore prevent a move out of the city. This could include sourcing larger properties through the council portfolio, in partnership with local housing associations, or by developing a business case to dispose of some existing properties and ring-fencing the capital funding for the acquisition of larger properties.**

**Benefits:**

- Provides a sustainable service for the future
- Provides additional efficiencies and improves the value for money of our in-house services
- Delivers additional potential savings on the community care budget
- Provides additional homes for up to ten people to enable them to return to live in the City
- Accommodates more people with complex needs within the City
- Safeguards local jobs

**Risks:**

- The business case may not deliver financial savings
- Suitable accommodation may not be available or take time to identify
- People living outside the City may not want to return to live in the City

**4.6. (Option 5) Cease to provide council accommodation for people with learning disabilities and tender the service with private sector providers.**

**Benefits**

- Accommodation is provided in the private sector at a lower unit cost than council provision
- Required savings would be achieved

**Risks**

- The feedback from families, carers and staff was positive about the quality of the service provided by the council
- Many families and carers expressed that they wanted the council to continue to provide accommodation
- Staff would be subject to TUPE
- Provision of suitable accommodation for people with high level needs may not be available in the private sector
- There would be no service of last resort within the council

4.7 During the consultation period a number of other ideas and suggestions about how we might improve the efficiency of our services were raised and these include:

1. To review the in house policy and procedure to ensure that the in-house charges are in line with those in the private sector as there are currently inconsistencies in how much our residents contribute.
2. To review the property maintenance service that is provided for our homes to ensure that it is delivered as efficiently as it can be.

3. To improve flexibility and working across sites, particularly where buildings are closely located.
4. To explore opportunities for mobile working using new technology in order to maximise the use of houses for the people living in them.
5. To explore the use of technology to support people to live independently
6. Additional opportunities to further expand some homes were identified
7. To work with HR to explore the most cost effective methods of securing flexibility and consistency across our care crew service as required in a re-modelled complex and challenging needs service.

## 5. COMMUNITY ENGAGEMENT AND CONSULTATION

A summary document has been produced including consultation methods, documentation used, responses from surveys, which include key themes from staff, family, carers, advocates and key professionals along with other correspondences (letters, newsletters, suggestions, phone calls etc) which were held during the consultation period and this is available in the member's room. A summary of the consultation feedback received is set out in:

### **appendix B.**

Following advice from Advoact (a Local Learning Disability Advocacy Service) a decision was made by the Steering Group that initial consultation to look at possible options would not directly involve service users; as it was assessed that this could cause undue anxiety and prompt negative behavioural changes; given the complex nature of the client group. Service users will be involved at a later stage once options are clearer; at this stage they will need to be supported to participate in the process.

The consultation focused on:

- *Increasing capacity in some homes*
- *The closure of some homes*
- *Developing a more flexible work force*
- *Providing a service for high complex/challenging needs*

## 6. OUTCOME OF CONSULTATION

The consensus from all stakeholders is that people are generally very happy with the current service and are cautious of change for a number of reasons, the summary below outlines the key themes picked up through out the consultation:

- Majority of families don't want change and are happy with staff and current service provided
- Staff and families felt that the impact of change on complex service users, could be very negative and potentially could result in regressive behaviour & anxiety
- Overall most people involved in the consultation agreed that the focus of the service should be on supporting the people with the most complex needs but this should not be at the detriment of people



- considered to have lesser needs- whose needs also must be met and not neglected
- Impact of increased challenging behaviour as a result of changes could potentially cost the service more in the future
- Concerns re: flexible working- impact upon continuity of care for people with complex needs, some staff felt a positive idea as long as managed appropriately
- Some families agreeable to change providing thorough transition and compatibility are managed.
- Some families are agreeable to moves to larger premises providing friends move too
- Community and local transport links are important
- Some service users have lived together for a number of years and important to remain living together
- Staff changes to be kept to a minimum
- What other savings options have been considered?- A number of practical efficiency savings were suggested by staff
- Speed of change must be planned appropriately
- Preferred staff option is larger premises keeping higher staffing, this would bring unit costs down and eventually could make long term savings
- Loss of staff jobs and competitive interviews could lead to low morale and increased sickness levels
- Staff would need to be supported to work more flexibly, which would include training and time to work across other homes (shadowing)
- Technology needs to be reliable and suit purpose. Staff to receive further training on its potential
- Space in homes to be explored more fully

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

### **7.1 Financial Implications:**

The recommended option 3 is expected to deliver better value for money and reduce unit costs. This option has been analysed through a financial model and has the potential to deliver the savings agreed within the budget plans for 2012/13 and 2013/14.

The business case for Option 4 will be assessed and considered against future budget strategies.

The potential cost efficiencies outlined in paragraph 4.7 will be considered and reflected in budget monitoring.

*Finance Officer Consulted: Anne Silley    Date: 01/06/12*

### **7.2 Legal Implications:**

As set out in the first report in January 2012 the Local Authority has to fulfil dual functions in meeting its statutory community care duties to people with learning disabilities in the context of central and local Guidance on individual

choice and control, and its duty to the public purse. The Local Authority also has a duty to consult with all interested and affected parties including ensuring compliance with the Human Rights Act 1998 [in particular Article 6 European Convention on Human Rights *Right to a Fair Trial*] and Equalities legislation and has undertaken such consultation as described in the body of this Report.

*Lawyer Consulted: Sandra O'Brien*

*Date: 23 May 2012*

### 7.3 Equalities Implications:

An Equalities Impact Assessment has been carried out for the re-modelling of the accommodation services recommended Option 4.3, and is set out at **appendix C**.

### 7.4 Sustainability Implications:

The consolidation of the service into fewer buildings will reduce fuel consumption and bills e.g. fewer food shopping trips, less vehicles.

### 7.5 Crime & Disorder Implications:

People living in larger housing accommodation may feel a greater sense of personal security. Use of assistive technology may also enable a greater sense of security for individuals e.g. alarms to inform door or windows left open etc.

### 7.6 Risk and Opportunity Management Implications:

The consultation has looked at the risks of consolidating our accommodation and working with people with complex needs and challenging behaviour. The risks will be mitigated by design and building adaptations where appropriate and by a training plan and staff support to ensure they have the skills to work with people with challenging needs.

### 7.7 Public Health Implications:

People living in our in-house accommodation are some of the most vulnerable people in the City and staff work proactively with health colleagues to improve residents health and well-being.

### 7.8 Corporate / Citywide Implications:

Accommodation services are currently provided in fifteen buildings across the City, and this will reduce to twelve buildings under this proposal.

## 8. **EVALUATION OF ANY ALTERNATIVE OPTION(S):**

The consultation process explored alternative models of accommodation which will meet the needs of the service users whilst delivering improved value for money.

## **9. REASONS FOR REPORT RECOMMENDATIONS**

The decision is sought following a full consultation with stakeholders in order to deliver a 2 year plan that provides a more cost effective service focused on supporting people with complex needs, and challenging behaviour, and supporting people to move-on and increase their independence.

### **SUPPORTING DOCUMENTATION**

#### **Appendices:**

***Appendix A: Details of building changes as set out in Option 4.3***

***Appendix B: Summary of Consultation feedback***

***Appendix C: Equalities Impact Assessment***

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

1. Consultation Overview- process, documentation and summary of responses

#### **Background Documents**

1. None

**Appendix A: Proposed building changes as set out in Option 4.3**

<b>Table A</b>	
<b>Unit</b>	<b>Proposal</b>
New Church Road	Closure - 2 service users to be accommodated in service
Ferndale Road	Closure -2 service users to continue to be accommodated in service
Talbot Crescent	Relocate service users to a new unit at Beaconsfield Villas and close Talbot Crescent, increase capacity to 5 places
Old Shoreham Road	Relocate service users to Windlesham Road and close Old Shoreham Road
Windlesham Road	Increase places from 4 to 5. Move in x3 service users from Old Shoreham Road, and two service users referred by CLDT. All female service.
Beaconsfield Villas	Increase places from 4 to 6 (x2 service users identified to move into B.V). Staff team to work flexibly across Beaconsfield Villas & Preston Drove. High level complex service.
Rutland Gardens	Increase from 7 to 8 places
Preston Drove	Increase from 4 to 5 places
Hawkhurst Road	No change proposed at present
Burwash Lodge	No change proposed at present
Leicester Villas	No change proposed at present
Cromwell Road	Potential options to increase capacity, including part of basement being explored.

**Appendix B: Report on outcome of 90 day consultation with stakeholders on the re-modelling of our in-house accommodation for people with learning disabilities**

**Staff Consultation activity**

<b>How</b>	<b>Details of activity</b>
<b>Surveys</b>	<b>145</b> surveys were circulated and a total of <b>21</b> were returned ( <b>14.4%</b> ). This figure does not represent the actual contributions made, as staff largely opted to engage through different feedback opportunities, largely staff meetings and individual or some collectively written responses.
<b>Staff meetings</b>	A total of <b>19</b> staff meetings were held across all accommodation services 8 <sup>th</sup> Feb -10 <sup>th</sup> May. (Please note the meetings held during February were to discuss the content of letters sent to staff explaining the consultation process).
<b>One off Group meeting</b>	8 <sup>th</sup> May – a core group of staff met with managers to look at alternative options they wanted to be included in the considerations for future proposals. These originated from a number of staff suggestions put forward.
<b>Staff Consultation Sessions</b>	A total of <b>4</b> sessions were held for staff at various times and locations – to maximise accessibility. This provided the opportunity for <b>76</b> members to attend. A total of <b>9</b> members of staff took this opportunity to participate. Subsequently only one session took place along with smaller staff meetings for those that requested to take part ( <b>6</b> staff).
<b>Staff Focus Group</b>	A platform for open dialogue between managers, staff and Unions was set up to discuss openly any future proposed changes to service provision. With an objective to provide a consultative forum. The focus group meets on a monthly basis and consists of <b>4</b> managers, <b>1</b> HR Lead, <b>1</b> Admin Support, <b>2</b> Unions reps, <b>2</b> Resource Officers, <b>2</b> Senior Care Officers and <b>8</b> Homecare Support Workers.
<b>Communications</b>	Staff initially received personal letters outlining the consultation process. Monthly Newsletters issued – Staff Focus Steered content of Newsletter

**Carers /Families Consultation activity**

<b>How</b>	<b>Details of activity</b>
<b>Surveys</b>	<b>47</b> letters and surveys were circulated and a total of <b>27</b> were returned ( <b>57.5%</b> ).
<b>Log of Communications</b>	Issues of concern family feedback <b><i>A summary table of issues of concerns : see table 2.2</i></b>
<b>One off meetings</b>	Through out the process 1:1 meetings have been made available
<b>Family /Carers Consultation Sessions</b>	A total of <b>4</b> events were made available with <b>23</b> places offered at a variety of dates, times and venues across the city. A total of <b>9</b> places were taken up. In total <b>7</b> groups of family members, friends and carers attended these sessions. Each session was facilitated by a member of the Commissioning Support Unit along with 1 or 2 managers from Learning Disability services.
<b>Communications</b>	Family/Carers have received a combination of letters, newsletters, emails and personal phone calls during the process.

## **Key professionals Consultation activity**

Key professionals included in the consultation process: Advoact, Speak out, AMAZE, Carers Centre, Day Options, Children's Learning Disability Services, behaviour Support Services, Care Management Group, Speech & Language, Community Nursing, Psychology, Psychiatry, Psychotherapy & Occupational.

<b>How</b>	<b>Details of activity</b>
<b>Surveys</b>	All key professionals were given the opportunity to participate in a survey via the on-line Consultation Portal. A total of <b>6</b> people responded.
<b>Meetings held</b>	24 <sup>th</sup> January initial meeting with Advoact Subsequent meeting on 4 <sup>th</sup> May with Advoact
<b>Communications</b>	Learning Disability Accommodation Operations Managers have made themselves available to attend staff meetings.

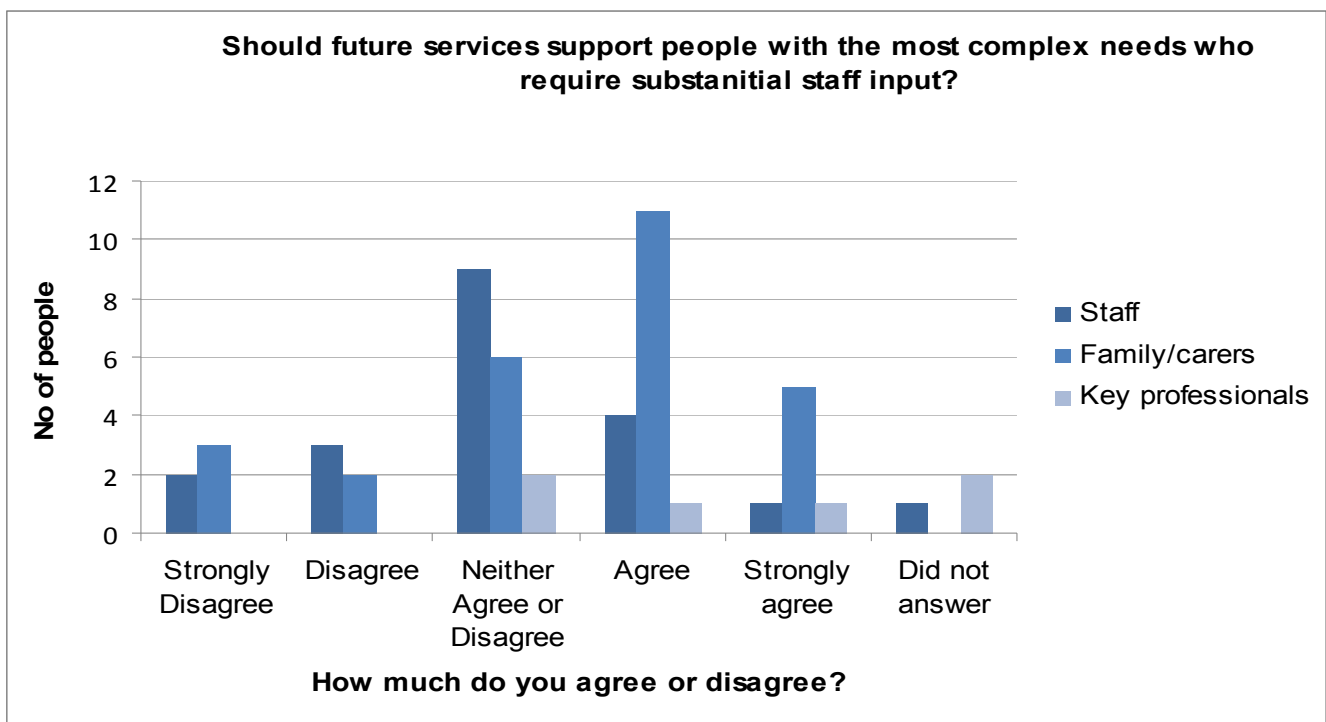
***A summary table of events can be found relating to all consultation communications see Table 1.1***

### **Survey 'key' summary feedback from Surveys**

<b>Questions</b>	<b>Comments</b>
<p><b>Q1.</b> <b>Staff</b> As you are aware our services are more expensive than comparative services in the City, do you have any suggestions to how we can improve on value for money?</p>	<ul style="list-style-type: none"> <li>▪ Remember- there is a direct relationship between quality and cost. Staff biggest cost- rotas need to be reviewed, levels of management &amp; middle management need to be clearly justified- too many layers</li> <li>▪ Decrease management &amp; minimise bureaucracy</li> <li>▪ Better management of staff sickness, properly address chronic staff sickness</li> <li>▪ Utilise rooms that are available in some premises- Cromwell road basement &amp; ground floor to be put to good use, and Preston Drove</li> <li>▪ Sharing transport, more e-learning, less agency staff,</li> <li>▪ Stop spending money on unnecessary contracts- maintenance, Carlisle, cleaning suppliers- give managers the powers to source them, as there is a huge waste in these areas</li> <li>▪ Cross check cost of subcontractors – maintenance, fleet, mechanics etc over a period</li> <li>▪ Reduce the amount of support per day and provide smaller pockets of support for specific daily needs, personal care, meals activities, shopping etc</li> <li>▪ Develop a way that managers could run the service like their own home- allowed to perform DIY tasks instead of using the most expensive services</li> <li>▪ Already made huge savings in last few years- cut back staffing, saved hours in rota, bought more value for money items, saved food budget, changed service contracts, saved energy, made cuts to service users holidays, not had inflationary rate</li> <li>▪ Experience and evidence shows that cost of savings when cuts does not equate to the benefit physically or financially.</li> <li>▪ Stop using Carlisle, and have bank staff/care crew managed by Officers</li> <li>▪ Look for cheaper contractors</li> <li>▪ Lumping all services together or pooling staff is not appropriate for the care of people with autism this is asking for trouble, we are not road sweepers</li> <li>▪ Consolidation necessary documents, approach local chain super markets for organisational discounts on food purchases and direct deliveries.</li> </ul>

<p><b>Key professionals</b></p>	<p>“The main point being that there are generally little inefficiency at present and therefore few changes that can be usefully suggested which would result in savings without at the same time seriously impacting the service users’ standard of living. Nonetheless improvements are always possible”</p> <p>“Areas that could be addressed without serious impact, might include looking at the cost of day services and high cost college fees, it seems likely that we have the space, resources and expertise to provide some, if not all, of the day care services/activities which could be better tailored for service users with more complex needs. For example, a service user may want to access an activity for only 15 minutes; however there are no internal facilities allowing for this kind of activity for our more complex service users. External college courses often charge for two hours despite the fact that this length activity is inappropriate for some service users.”</p> <ul style="list-style-type: none"> <li>▪ Service users paying more towards their care if they have the funds</li> <li>▪ Economies of scale could be achieved by more people in bigger buildings but that might not be what service users want. You could save by pooling purchasing and resources such as vehicles</li> <li>▪ There must an overhead for the service and typically efficiency is a question of utilisation.</li> </ul>
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**Q2.**Should future services support people with the most complex needs who require substantial staff input?



<p><b>Q3.</b></p>	<p><b>Further comments</b></p>
<p><b>Staff</b> Should future services support</p>	<ul style="list-style-type: none"> <li>▪ Flexible staff approach does not work with people with complex needs</li> <li>▪ People with less complex needs still need adequate support</li> <li>▪ This would work against existing service users and puts pressure on</li> </ul>

<p>people with the most complex needs who require substantial staff input?</p> <p><b>Key professionals</b></p>	<p>staff members</p> <ul style="list-style-type: none"> <li>▪ Compatibility issues for service users</li> <li>▪ All service users need a quality service</li> <li>▪ High needs will always be costly</li> <li>▪ Could create bad environment</li> <li>▪ What happens to people with less complex needs? This needs to be monitored</li> <li>▪ Some service users are less complex because the environment they are in has supported them to be this; this could change if the service it taken away</li> <li>▪ Some clients require 1:2 support</li> <li>▪ Support will always need to be directed at the level of demand against the cost of the support required.</li> </ul> <p>“A concern with some of the current proposals is that we would not be able to support these very complex cases unless we recognise how important continuity of care is for the more complex service users. We cannot provide this continuity of care except within established units where service users are familiar with regular staff and where there has been time to establish a bond of trust, which has taken significant time to establish.”</p> <p>“The decision to focus on the most complex service users places a level of responsibility on the service that does not sit easily alongside proposals to increase numbers per unit whilst decreasing staff ratios. This responsibility extends to a reasonable quality of life. In summary if the goal is to focus on adults with the most complex needs it cannot be under-estimated how important it is to have adequate cover, which often requires a one to one ratio”</p> <p>“This would be cost effective but there is a risk that those with less complex needs may have a reduction in the quality of their service. There needs to be a more effective way of monitoring than the current one.”</p> <ul style="list-style-type: none"> <li>▪ People with more complex needs will require higher staffing ratio/input which surely will increase the costs?</li> </ul> <p>“My suggestion is that the level of need at which service is provided is not reduced. Society has decided that this is the level and it should not be driven down without parliamentary vote.”</p>
<p><b>Family/Carers</b></p>	<ul style="list-style-type: none"> <li>▪ All disabilities should be adequately cared for</li> <li>▪ Would other providers provide the same service?</li> <li>▪ Funding</li> <li>▪ 1:1 care important</li> <li>▪ Should not be at expense of people at lower level needs</li> <li>▪ All service users should be treated the same</li> <li>▪ Increase staff to meet needs</li> <li>▪ Staff need to be trained to support services users- sensory impaired</li> <li>▪ Maintain stability essential to maintain wellbeing</li> <li>▪ Constant support required to stimulate and provide an active life and keep safe</li> </ul>

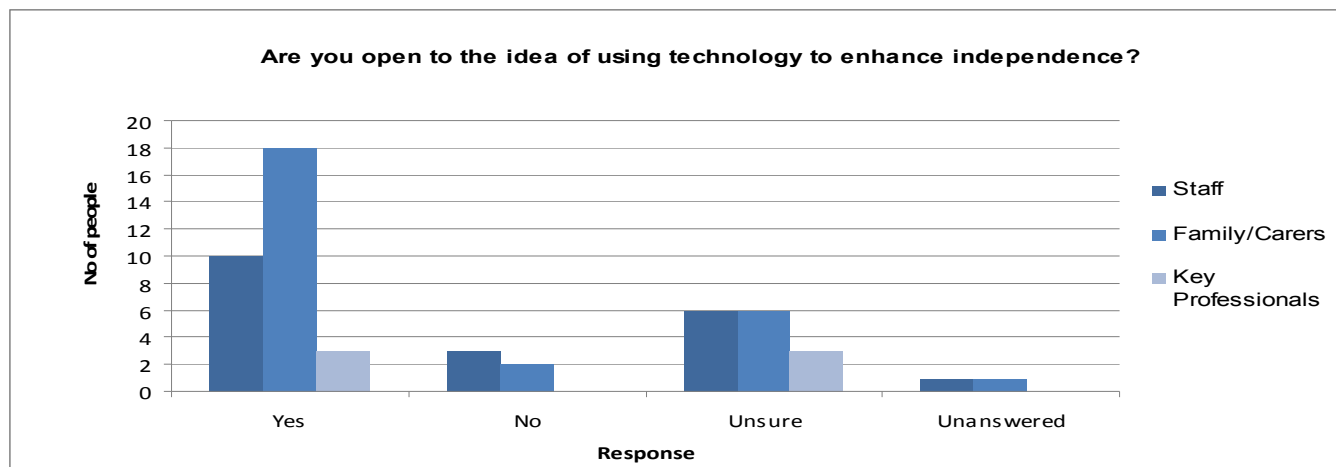
Q4.	Comments
<p><b>Staff</b> Some of our buildings</p>	<ul style="list-style-type: none"> <li>▪ Need to ensure buildings are being used to their full capacity</li> <li>▪ All work will cost money</li> </ul>



<p>don't meet the needs of current service users.</p> <p>Do you have any suggestions on how we can improve our current usage of buildings?</p> <p><b>Key professionals</b></p>	<ul style="list-style-type: none"> <li>▪ Impact of noise on residents, also neighbours might object to noise of challenging clients</li> <li>▪ Move service users within the terms of admission policy</li> <li>▪ Look at accommodation types, flats and other large group settings</li> <li>▪ Match people to suitable environments</li> <li>▪ Talbot Crescent not suitable rooms are too small</li> <li>▪ Could some be used as respite homes for people from other areas to maximise income</li> <li>▪ Should look at issues before placing people in buildings that are unsuitable in the first place</li> <li>▪ Cheaper to improve current buildings? Than buying and selling new ones</li> <li>▪ Need to end the leasing of building from providers with no interest in the quality of the service</li> <li>▪ Buildings have already been specifically adapted to meet needs 267 OSR, these should stay open as they have cost a lot already, it will cost a lot of money to adapt new buildings</li> <li>▪ Over head hoists, easy access for wheel chairs, parking spaces</li> <li>▪ Need full review of current lay out and functionality/efficiency</li>   <li>▪ Do a cost benefit analysis to see whether it is better to re-model existing buildings or to sell and buy or build something else</li> <li>▪ Letting the buildings to other residential services in the city e.g. housing associations, residential charities.</li> <li>▪ We have come from another county where they had the same problem. The solution adopted was for all services to come together to put money into a common building pot to increase the number of nights available.</li> </ul>
<p><b>Q5.</b></p>	<p><b>Comments</b></p>
<p><b>Staff</b></p> <p>Some of our buildings don't meet the needs of current service users.</p> <p>Do you have any suggestions on how we can improve our current usage of buildings?</p> <p><b>Family/Carers</b></p>	<ul style="list-style-type: none"> <li>▪ Need to ensure buildings are being used to their full capacity</li> <li>▪ All work will cost money</li> <li>▪ Impact of noise on residents, also neighbours might object to noise of challenging clients</li> <li>▪ Move service users within the terms of admission policy</li> <li>▪ Look at accommodation types, flats and other large group settings</li> <li>▪ Match people to suitable environments</li> <li>▪ Talbot crescent not suitable rooms are too small</li> <li>▪ Could some be used as respite homes for people from other areas to maximise income</li> <li>▪ Should look at issues before placing people in buildings that are unsuitable in the first place</li> <li>▪ Cheaper to improve current buildings? Than buying and selling new ones</li> <li>▪ Need to end the leasing of building from providers with no interest in the quality of the service</li> <li>▪ Over head hoists, easy access for wheel chairs, parking spaces</li> <li>▪ Need full review of current lay out and functionality/efficiency</li>   <li>▪ Needs to suit disabilities- e.g. not too many stairs</li> <li>▪ Current building has been modified</li> <li>▪ Improvements are a good thing</li> <li>▪ Larger detached properties with more space inside and larger garden</li> <li>▪ Location important near to parks and local transport</li> <li>▪ Maintenance current building is important</li> <li>▪ Current communal areas – Leicester villas is small</li> <li>▪ Need sufficient personal and communal space in a nice environment</li> </ul>

**Q6.** Are you open to the idea of using technology to enhance independence?

Of those staff that answered yes to question six, most people wanted to know more about technology.



Q7.	Comments
<p><b>Staff</b> To increase flexibility across the service what additional training could be provided to support staff?</p>	<ul style="list-style-type: none"> <li>▪ You can train staff on basic principles but cannot throw a whole team in with complex people- it can take one member of staff 6 months to a year to feel confident. It could become disastrous and dangerous to move whole team into complex environment- safeguarding issues- could end up costing money.</li> <li>▪ To decrease distance and increase understanding of what is involved in this job between Senior Management &amp; front line staff.</li> <li>▪ Training already available and on offer is adequate</li> <li>▪ Not training but opportunities to take on new roles (e.g. medication ordering etc)</li> <li>▪ Broad training and specific training on people needs</li> <li>▪ To visit other units to familiarise self with different service users and needs</li> <li>▪ Make sure all staff know clients well (their past etc) not just key workers</li> <li>▪ All Care Crew to go on training for people with complex needs if you are expecting them to work competently</li> <li>▪ NVQ up to level 4 so all tasks can be shared amongst all staff- rather than having to employ more senior staff</li> <li>▪ Proper inductions to homes for people expected to work in them</li> <li>▪ Makaton, everyone fully meds trained, safeguarding, Epistat (epilepsy drug), Autism Awareness, Positive behaviour support training, decent amount of time for shadowing, time to read Personal Care Plans, behaviour support plans &amp; service wide support plans, and risk assessments.</li> <li>▪ Some mandatory courses could be added to staff meetings instead of additional costs for trainers and releasing staff.</li> <li>▪ Staff swap/exchange to experience working in other units</li> <li>▪ Managing change</li> <li>▪ Consistency important</li> <li>▪ Don't keep changing carers</li>   <li>▪ Familiar highly trained staff required</li> <li>▪ Regular contacted familiar faces important</li> <li>▪ Stable staff group important</li> <li>▪ Too much staff shortage at present</li> </ul>



<b>Family/Carers</b>	<p><b>summary Table 3.3</b></p> <ul style="list-style-type: none"> <li>▪ People LD targeted – as often cannot speak themselves</li> <li>▪ Would be concerned for my brother to move from stable environment to somewhere new</li> <li>▪ I would like my brother to contribute more to the support he receives</li> <li>▪ The residents need stability and consistency moving houses can be destabilising and more expensive in the long run due to behaviour problems</li> <li>▪ Any changes in accommodation should benefit the residents not just to save money</li> <li>▪ Overall concerns brother remains safe and happy</li> <li>▪ Impact devastating</li> <li>▪ If necessary I will fight *** corner</li> <li>▪ We used to have institutional units- residents could become isolated in their homes</li> <li>▪ I would like to be kept informed of any changes</li> <li>▪ He lives with someone who is incredibly noisy and finds this difficult</li> <li>▪ What is the semi-detached property being used for adjacent to 20 Windlesham Road? Is it going to be incorporated to form a large unit or will its future use impact on residents at number 20?</li> </ul>
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**Families & Carers**

<b>Q10.</b>	<b>Comments</b>										
Comments on how happy family & carers were with the service provided	<table border="1" style="width: 100%;"> <tr> <td>Very Unsatisfied*</td> <td style="text-align: center;">2*</td> </tr> <tr> <td>Unsatisfied</td> <td></td> </tr> <tr> <td>Neither Dissatisfied or Satisfied</td> <td></td> </tr> <tr> <td>Satisfied</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Very Satisfied</td> <td style="text-align: center;">16</td> </tr> </table> <ul style="list-style-type: none"> <li>▪ Good care physically, mentally &amp; medically</li> <li>▪ Consistency staff</li> <li>▪ Good local activities &amp; social lifestyle</li> <li>▪ Good staff interaction and rapport</li> <li>▪ Well trained staff</li> <li>▪ More thought around older s/users would be helpful</li> <li>▪ Dedicated team carers</li> <li>▪ Cuts have affected people ability to go out</li> <li>▪ Environment like family home, pleasant rooms and garden</li> <li>▪ Relative has fulfilled life</li> <li>▪ Turnover key workers is seen as negative</li> <li>▪ Diversity of skills needed in order to meet sensory impaired &amp; communication needs</li> <li>▪ Regular staff maintain stability</li> <li>▪ Made friends with others</li> </ul> <p>*please note one out of the two people that ticked the box: 'very unsatisfied', may have done so in error due to the very positive comments that followed!</p>	Very Unsatisfied*	2*	Unsatisfied		Neither Dissatisfied or Satisfied		Satisfied	9	Very Satisfied	16
Very Unsatisfied*	2*										
Unsatisfied											
Neither Dissatisfied or Satisfied											
Satisfied	9										
Very Satisfied	16										

<b>Q11.</b>	<b>Comments</b>										
Responses to suggestion to enlarge some homes by 1-2 places	<ul style="list-style-type: none"> <li>▪ If more people and no more staff- risk of neglect</li> <li>▪ Increasing places ok; providing there is not a reduction in relation to staff ratio (quite a lot of feedback like this)</li> <li>▪ Larger groups of residents with similar and compatible would allow more group activities</li> <li>▪ Enough residents at accommodation currently</li> <li>▪ It would be upsetting</li> <li>▪ Behaviour regression if changes to service</li> <li>▪ Skills and support diluted</li> <li>▪ Disruption</li> <li>▪ Space already limited (Hawkhurst Road)</li> <li>▪ Preston Drive already over crowded Vs possible for one extra person provided they are compatible</li> <li>▪ Burwash lodge overcrowded/could have possible extension</li> <li>▪ One service user at Beaconsfield villas needs to be in their own flat</li> <li>▪ If it meant Leicester villas stays open then could be option</li> <li>▪ I suppose it makes financial sense</li> <li>▪ Doesn't want loved one to go into bigger environment</li> <li>▪ Agree to a move to larger unit provided friends move too</li> </ul>										
<b>Q12.</b>											
Responses to suggestion- that the person you care for was to be offered alternative accommodation to meet their needs	<table border="1" data-bbox="416 938 1046 1196"> <tbody> <tr> <td>Strongly Disagree</td> <td>9</td> </tr> <tr> <td>Disagree</td> <td>7</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>5</td> </tr> <tr> <td>Agree</td> <td>6</td> </tr> <tr> <td>Strongly agree</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>▪ Not happy if this happened</li> <li>▪ Why move someone if happy and settled</li> <li>▪ Current accommodation meets needs</li> <li>▪ Would set person back</li> <li>▪ Taken long time to settle in current service</li> <li>▪ Planning and staff training would need to be 100% before a move considered</li> <li>▪ Moving can unsettle people for long time</li> <li>▪ Will undo god work where they are settled</li> <li>▪ Needs to local compatibility essential</li> <li>▪ Disruptive &amp; Confusing- 3 moves in 10 years already</li> <li>▪ Needs met by having own flat</li> <li>▪ Mobility problems current accommodation services suitable</li> <li>▪ Old Shoreham road – happy to move due to location: parking, busy dual carriageway</li> <li>▪ Would like good public transport</li> <li>▪ Relocating 267 O.S.R to Windlesham Road is a much better location for access to local shops, parks, day centres, buses and local activities.</li> </ul>	Strongly Disagree	9	Disagree	7	Neither Agree or Disagree	5	Agree	6	Strongly agree	
Strongly Disagree	9										
Disagree	7										
Neither Agree or Disagree	5										
Agree	6										
Strongly agree											

**See Table 4.4 Summary of Staff additional questions raised**

**Table 1.1**

**Learning Disability Accommodation Services Review  
Consultation communication and feedback March-May 2012**

The following information represents evidence for the three month consultation period March-May 2012. Full details of all information shared, feedback received and communication will be held on file at Kings House. Please note information regarding issues of concern from families relates to information received from Jan 2012, following initial letters sent regarding the pending review and consultation process.

<b>Consultation Process/evidence of communication</b>	<b>Dates</b>	<b>Who primarily involved e.g. staff, families, stakeholders (summary)</b>	<b>How Many</b>
1. Issues of Concern	23.01-24.04	Family Members raised their issues of concern via letters, phone calls and email. One family member wrote directly to a M.P	<b>13</b>
2. Letters sent staff	Jan & March	All Staff received letters informing of the cabinet report Jan 2012 and the informal consultation process	<b>145</b>
3. Letters sent family	Jan & March	Family and N.O.K received letters informing of the cabinet report Jan 2012 and the informal consultation process	<b>47</b>
4. Questionnaires sent <b>Staff</b>	Feb	Staff working in Learning Disability Accommodation Services	<b>145</b>
5. Questionnaires <b>received</b> staff		Staff working in Learning Disability Accommodation Services	<b>21</b>
6. Questionnaires sent <b>Family/N.O.K</b>	Feb	Family and N.O.K of all service users in accommodation services	<b>47</b>
7. Questionnaires <b>received</b> family		Family and N.O.K of all service users in accommodation services	<b>27</b>
8. Questionnaires <b>Stakeholders</b>	Feb	Stakeholders/Key professionals questionnaire posted on the portal	N/A
9. Questionnaires <b>received</b> stakeholders		Stakeholders/Key professionals	<b>6</b>
10. Staff focus group	Monthly	Staff working in homes, union representatives, H.R, and management	<b>5</b>
11. Newsletter staff	Monthly	First Newsletter circulated Feb 2012 to all Staff	<b>5</b>
12. Newsletter family	Feb	One-off Newsletter circulated Feb 2012	<b>1</b>
13. Consultation sessions staff	March & April	A total of 3 whole day events 76 places	<b>8</b>

14. Consultation sessions family	March & April	A total of 4 events held for family and N.O.K 23 places available.	7
15. Staff meetings held	Feb-May	Managers attended a variety of staff team meetings, to discuss the consultation. Each meeting had a good turnout of staff	20 (meetings)
16. Other meetings held	03.03.12	Meeting held with ADVOACT	3
17. A.M.T (accommodation management team meetings)	Monthly	Managers of units meet with Operations Managers	Monthly on-going topic
18. Other info			

**Table 2.2**

**Learning Disability Accommodation Services Review: Summary of feedback  
Issues of Concern from Family Members, or next of kin (N.O.K)**

Overview: Following letters sent to family members and known N.O.K, a total of **13** issues of concern were raised from **10** different family members or N.O.K. One family member raised 3 separate issues of concern during the period 23<sup>rd</sup> January-24<sup>th</sup> April 2012. Below is a summary of issues raised and how they were responded to.

A full record of these issues and responses is held at Kings House. If you would like to arrange to see these or receive copies of information recorded, please contact Julie Cholerton on 01273 290597, or email [julie.cholerton@brighton-hove.gov.uk](mailto:julie.cholerton@brighton-hove.gov.uk).

Date	Unit/Venue if known	Brief details of concern (names left out)	How Responded and date if known
23.01.2012	Leicester Villas	Respondent's son lives at Leicester Villas very concerned that son only moved in a year ago (after living in his previous home for 30 years) and might have to move again.	23.01.2012 Assurance was given that we would be meeting her and son during the 90 days consultation to look at options, implications etc and in the meantime she is going to write to with her concerns.
24.01.2012		Concerns regarding receiving a consultation letter.  Mrs M was very upset and 'quite alarmed' at the contents and requested a call back for some clarification.	24.01.2012 Mrs M spoken to. She was keen to ensure that she is fully involved and able to speak for her son during the consultation and concerned that changes may impact on him. Information would be circulated with details of when the meetings etc would be held.
25.01.2012		Mrs L who is very anxious about potential change, she understands the need to be efficient but not that	25.01.2012 Mrs L wanted to make sure that

		<p>her son might have to move, and has asked to meet with KD sooner rather than later.</p> <p>Cllr Jarrett met Mrs L on 31/1 to discuss issues.</p>	<p>Cllr Jarrett was well aware of her concerns and the history and to ensure that money wasn't being taken away from vulnerable people to fund other services. Cllr Jarrett informally was able to assure Mrs L that re-modelling was unlikely to impact on her son and that savings were coming across the board. Mrs L commented that the letter she had got was a standardised letter which had worried her.</p>
06.02.2012	Leicester Villas	<p>Letter received Mrs W's letter reiterating the fact that half-brother went through a traumatic time when moving to Leicester Villas, as he has no way of understanding why he had to move homes the move caused him a great deal of stress and unease. JW has never liked to be in crowded situations and Mrs S feels the thought of him going to that type of environment would be very detrimental to his health and welfare. If necessary she would be willing to attend a pre-arranged meeting with relevant parties to discuss further.</p>	06.02.2012
20.02.2012		Mrs L re son	<p>20.02.2012</p> <p>Mrs L phoned KD as she received a further letter and was unlikely to attend a consultation meeting. She does not want L to have to move from his home, to have to share with someone who is not compatible or for him to have to live in an institution. She is happy with the care and support he currently receives. I said we would continue to keep her updated as the consultation proceeds.</p>
30.1.2012	Beaconsfield Villas	Mr & Mrs G re son	<p>Mrs G spoke to LA (manager) about BV needing to be cost effective and may be increasing its service user group to 5. Mrs G voiced her concern about JG possibly having to share his lounge with someone he is not completely compatible with and that this may exacerbate his behaviours.</p>
5.3.2012	228 Church Road, Hove	Ms F, sister of service A.S Letter dated 26/1 setting out concerns	



		around brother being moved and availability to discuss – letter is in LD Consultation. Requested to be kept informed via email of any changes due to her concerns about A.S and plans for his future care – is away from mid February until end of March.	
7.3.2012	83 BV	Ms S re P.S	7.3.2012 FB (manager) assured Ms S that the effects of the cuts was not going to effect PS directly and help requested to supported and formulate her response on the questionnaire.
9.3.2012	Enquiry received via email from Mrs L via Simon Kirby MP (see emails folder)	Mr L re son	9.03.2012 KD has spoken to Mrs L on a couple of occasions and is more than happy to meet her at any time over the next few months, or she is welcome to attend one of our organised meetings that we arranging with families and carers. KD will also ensure that Mrs L's views are fed into the final report going forward to Adult Social Care Committee in late June as this is the point at which the decisions will be made about the service.
12.4.2012	Preston Drove	Mr F son PF	Phone conversation 12.4 with Mr F, father of PF at Preston Drove (PD).  Mr F very impressed with the service that P receives and his concerns include: That economics are steering this rather than what is best for vulnerable people. An additional person at PD may be detrimental to other residents if they are the wrong person Staff need time to get to know residents Larger is not necessarily better- institutions are not good and we have moved away from providing these. Staffing ratios important- if need additional staff for additional person then may not save any money There are other ways of saving

			<p>money- reviewing who we provide accommodation for- ensure they have a local connection, could they live in supported housing in the community instead</p> <p>PD may not be best place for additional person due to proximity to road</p> <p>Need to ensure as a council that we are not closing down homes when they could be used for people with learning disabilities, older people etc</p> <p>Need to ensure fully staffed- if economise on staff this may impact on behaviour and cost more in the long term</p> <p>Not saying we shouldn't change but larger unit not necessarily a good thing- care in the community encouraged family housing- shouldn't just be about saving money.</p>
12.4.2012	Old Shoreham	Mr S, step brother of TS	<p>12.04.2012</p> <p>Phone conversation with Mr S (who is the son of parents-now deceased - who adopted T as a baby):</p> <p>He outlined his difficult family circumstances and advised that he is away from home from end of August until 2013. T has no known blood relatives. He voiced no concerns about T moving but raised concern about the location of proposed new house in that another family member lives near seven dials and he could cause trouble if he meets T in the street. He asked that we continue to keep him updated by letter.</p>
24.04.2012	21 Ferndale Road	Mr W email sent re son	KD to respond: refer to emails in folder
26.05.2012	267 Old Shoreham Road letter sent to manager	M.A re friend living at 267 O.S.R	Letter sent direct to home Manager expressing sadness and concerns for friend if 267 O.S.R be closed. Letter expressed thanks to all staff for hard work.

**Table 3.3**

**Learning Disability Accommodation Services  
Summary of Staff additional comments and suggestions**

A copy of 'full' comments and suggestions made by staff are held in a main file at Kings House. Please refer to main file for details. The comments below are views of individuals; or from collective staff teams.

<b>Q</b>	<b>Origin if known</b>	<b>How Received</b>	<b>Summary of Questions Raised</b>
1.	Windlesham Road	Letter	Re-compatibility all service users need a full service review and be allocated a case/social worker before any compatibility recommendations are made
2.	267 Old Shoreham Road	Letter	<p>If council want to be seen as operating more like a business the maybe they should employ a clocking in and out system at all buildings. Transitions in my experience are detrimental, stressful, difficult and don't always work out.</p> <p>Look at day services and college fees- which can be better tailored for service users with complex needs.</p> <p>Focusing on the most complex service users requires a high level of substantial staff input and usually one to one support.</p> <p>Feedback- re: new accommodation at Windlesham Road. Positive aspects – see Main file.</p>
3.	Cromwell Road	Letter	<p>The staff feel that it would be reasonable to forgo sleep in payments for sickness absence and annual leave. One or two year plans very short sighted- would be better to have a five year plan. Improve tendering skills for managers in order to compete on a more equal basis with other services in the framework. Need to maximise potential of the properties we own or have a stake in.</p> <p>Potential to maximise the flat at Cromwell Road.</p> <p>Service users could make greater contribution to their service- some have a lot of savings.</p> <p>Transparency is key.</p> <p>Need to be SMARTER about paperwork.</p> <p>Staff working more flexibly.</p> <p>Can we bid lottery funding or sponsorship?</p>

4.	Sub group from staff focus group	Separate meeting	<p>To look at reducing the overall cost of the service by expansion, inclusive of the CLDT budget that funds all services in house and out of county. This not only safeguards jobs and reduces redundancy risks and costs; it also ensures that we retain our skills base and expertise in the local area.</p> <p>To ensure we are receiving the right level of income from our service users. Simpler protocols need to be written to ensure that the in house charges are in line with those in the private sector.</p> <p>Financial profile and modelling – look at potential out of city placements/transitions</p> <p>Visits to all houses to look at use of space</p> <p>Investigate potential property from other Housing Organisations</p>
5.	83 Beaconsfield Villas		<p>Flexible working could be achieved as follows</p> <p>Someone at SCO level to be given responsibility for flexible working organisation. This SCO to be based at 83 BV (or somewhere else if there is more office space?) This SCO would organise induction for staff at units across the service and ensure that these are updated</p> <p>A rota system created online so that the SCO has access to all units rotas (this would also be useful for operations managers etc to have quick access)</p> <p>As there is 2 night staff at 83 BV they would also have training and access to the rota system. This would mean that's services could contact 83BV during the night to highlight any staffing issues. Several HCSW's could also get training and have access to rotas so that there would be staff 24 hours a day available to move staff around units at short notice when required</p> <p>Possibility of some staff having contracts as floating support workers. A separate rota could be set up for this group. They could arrive at 83 BV at the start of their shifts and be directed to a service that needs extra support.</p> <p>Detailed suggestions made to achieve 6/7 occupancy- see main file.</p>
6.	Preston Drove	Letter	<p>Details of suggested improvements to the use of space &amp; to improve the environment are available in the main file.</p> <p>Impact on care crew</p>



			<p>Reduce Electricity usage</p> <p>Share day care programme</p> <p>Use less agency staff and allow staff to pick up additional hours</p> <p>Look at maintenance costs bring in-house</p> <p>Investigate extending existing properties to accommodate more clients</p> <p>For the more challenging service user look at staff who can support service users on a one to one</p> <p>Do away with fleet vehicles and replace with motability (keep one fleet vehicle for those that can not afford one)</p>
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**Table 4.4**

**Learning Disability Accommodation Services  
Summary of Staff additional 'Questions' raised as part of the consultation process**

A copy of the 'full' questions raised along with any further comments and suggestions are held in a main file at Kings House. Please note some of the questions were raised by individuals, others collectively by staff teams, for the purpose of this summary these have not been identified as individual or collective.

<b>Q</b>	<b>Origin if known</b>	<b>How Received</b>	<b>Summary of Questions Raised</b>
1.	Windlesham Road	Letter	If staff are redeployed to a different position in a different service where the salary is different will current wages be protected and for how long?
2.	Windlesham Road	Letter	If staff take a redeployment position in a different service, will staff be expected to start at a lower wage scale or will current wage scale be protected, i.e. experience and length of service be taken into account?
3.	Windlesham Road	Letter	What protection will be made against any cuts in the following: subsistence allowance, sleep-ins & provision of meals on duty?
4.	Windlesham Road	Letter	On what criteria will the proposed two-tier HCSW pay scale be worked out?
5.	Windlesham Road	Letter	Will previous experience and responsibilities protect our current pay scale?
6.	Windlesham Road	Letter	Will the introduction of a two tier HCSW pay scale, stop people who are prevented from key working service users due to large staff teams to move up on the pay scale or stop training opportunities?
7.	Windlesham Road	Letter	If the report goes to cabinet before compatibility studies are done, could it be revised later if compatibility issues arise between service users, if not what will happen to any service users that are found to be incompatible?
8.	Windlesham Road	Letter	Will service users have independent advocates to take preferences into account?
9.	Windlesham Road	Letter	Will staff across services with the same job description be

			included in the restructure? If staff already work flexibly this seems to be a fairer way to restructure.
10.	Windlesham Road	Letter	When will information around voluntary severance be shared?
11.	Windlesham Road	Letter	If the Council are to make a total of over 100 redundancies across the whole Council, will the consultation be a full 90 day one?
12.	Not known	Letter	Will staff move with residents who have high complex needs?
13.	Not known	Letter	Are you planning on having less staff e.g. having more service users and keeping the same amount of staffing levels?
14.	Not known	Letter	How much will you save from the moves?
15.	267 Old Shoreham Road	Letter	How much will it cost to re-align new services?
16.	267 Old Shoreham Road	Letter	How costly and effective is COLAS County wide?
17.	267 Old Shoreham Road	Letter	How sensible have the introduction of bicycle lanes been in the Drive to Kings House and what was the cost?
18.	267 Old Shoreham Road	Email	Can staff see other properties available e.g. Beaconsfield Villas?
19.	267 Old Shoreham Road	Letter	Lots of info re use of technology and any drive to use technology to improve efficiency should be treated with caution
20.	Cromwell Road	Email	How many service users have potentially been identified to come back into Brighton & Hove, are we paying for them to be out of County?
21.	Cromwell Road	Email	Could some existing properties be expanded?
22.	Cromwell Road	Letter	At what level was £800,000 saving quota made?
23.	Cromwell Road	Letter	If service users have savings accrued from IS, DLA and SDP as well as other pension credit, why don't they make a greater contribution?
24.	Cromwell Road	Letter	Can we go back to sourcing are own approved providers for work to be carried out?
25.	Preston Drove	Letter	Will waking nights be an option due to 5 service users with challenging behaviour and working 24hour shifts?
26.	Preston Drove	Letter	What will be the impact on Care Crew?
27.	Preston Drove	Letter	Will other budgets be reviewed regarding waste and value for money such as maintenance and transport?
28.	Not Known	Letter	Are you planning on moving staff with residents who have high complex needs?
29.	Not Known	Letter	How much would you actually save from the proposed moves?
All above questions have or will be answered (where applicable and relate directly to the consultation) as part of taking forward recommendations this may be directly to individuals, through meetings, and other communication means.			

**Appendix C: Adult Social Care Equalities Impact Assessment**

<p><b>Title of EIA</b></p>	<p><b>Consultation process- Re-modelling In-house accommodation for people with a Learning Disability</b></p>	<p><b>Ref No.</b></p>	
<p><b>Name of: Delivery / Resource / Finance Unit or Intelligent Commissioning</b></p>	<p><b>Adult Social Care Provider Unit</b></p>	<p><b>Head of Service: Karin Divall</b></p>	
<p><b>Aim of policy or scope of service (outlining proposed changes to service)</b></p>	<p>We are currently in the process of reviewing the future shape of Learning Disabilities Accommodation Services in Brighton &amp; Hove. Part of this process involved consulting with staff, unions, families/carers, advocates &amp; key professionals, to ask their views on the future of these services.</p> <p>Learning Disabilities Accommodation Services provide a mix of Residential Care and Supported Living Services. These are primarily in street properties with two of the services being provided to residents of self contained flats. Some of the buildings are owned by the Council and others owned by Registered Social Landlords. The services currently range in size from 2 person services up to 8 person services. The residential care element currently supports 40 people across 12 homes located in Brighton and Hove. Each home ranges from 2-6 places, and comprises of female/male only and mixed accommodation.</p> <p>Following advice from Advoact (a Local Learning Disability Advocacy Service) a decision was made by the Steering Group that initial Consultation to look at possible options would not directly involve service users; as it was assessed that this could cause undue anxiety and prompt negative behavioural changes; given the complex nature of the client group.</p> <p>Service users will be involved at a later stage once options are clearer; at this stage they will need to be supported to participate in the process.</p> <p><u>This EIA addresses the findings from the Consultation and outlines actions to consider going forward in this process.</u></p>		

**Relevant Data/legislation and Evidence of Consultation related to the proposed change above:**



Title (Data/Legislation or Consultation)	Date (and venue if engagement)	Lead Officer (where relevant)	Key findings related to this Assessment of Impact
<b>Staff consultation</b> <b>Activity</b> -see Consultation report for detail of variety of methods used.	<b>March 1<sup>st</sup>-May 31st 2012</b> (see Consultation report)	Marnie Naylor Jessica Harper	See Consultation report for detail of key findings
<b>Family members/Carers</b> <b>Activity</b> see Consultation report for detail of variety of methods used.	<b>March 1<sup>st</sup>-May 31st 2012</b> (see Consultation report)	Marnie Naylor Jessica Harper	See Consultation report for detail of key findings
<b>Key professionals included in the consultation process:</b> Advocact, Speak out, AMAZE, Carers Centre, Day Options, Children's Learning Disability Services, behaviour Support Services, Care Management Group, Speech & Language, Community Nursing, Psychology, Psychiatry, Psychotherapy & Occupational.	<b>March 1<sup>st</sup>-May 31st 2012</b> (see Consultation report)	Marnie Naylor Jessica Harper	See Consultation report for detail of key findings

Different Groups to be included in Assessment	Potential Positive impact on a group	Potential Negative impact on a group	Agreed Action/s
<b>Community Cohesion</b>	Some service users would be more suited an alterative location than their current home-improved access to local amenities/facilities and community would be welcomed by some family members.	<p>Increasing capacity in existing residences may have an impact on the local community -how they welcome new Learning Disability service users into their community-especially where there are complex behavioural issues etc. This may result in service users experiencing discrimination in their community.</p> <p>Impact of noise on residents, also neighbours might object to noise of 'challenging' service users.</p> <p>Concerns that savings may affect some service users ability to go out in their community and access activities.</p>	<p>Assessment of the local environment and buildings will occur as part of the transition process and compatibility assessment. This will include assessing noise issues for both service users and neighbours.</p> <p>We will continue to maintain service users ability to access their community and as part of the review of needs of individual service users we will consider environment needs/activity needs/community needs etc.</p>
<b>Age</b>	Potential opportunity to consider needs of older s/users would be helpful.	Some older service users may have lived in the same residence for many years-any proposed change may have a greater impact on older service users.	<p>A Transition plan will be developed for every affected service user.</p> <p>For future planning we will consider the needs of older people with regards to access to ground floor properties etc. This will ensure that service users can remain in one property as their age related needs increase.</p> <p>We will continue to work with our colleagues in commissioning to inform them of market needs i.e. where activities for older service users may need development. Person Centred feedback forms will continue to advise Commissioners of peoples future needs.</p>

Different Groups to be included in Assessment	Potential Positive impact on a group	Potential Negative impact on a group	Agreed Action/s
<p><b>Disability</b></p>	<p>Change in service may result in more suitable placements for some service users :</p> <ul style="list-style-type: none"> <li>• Chance to match people to suitable environments.</li> <li>• Location important near to parks and local transport.</li> <li>• better location for access to local shops, parks, day centres, buses and local activities.</li> <li>• Opportunity to maximise potential of the properties we own or have a stake in.</li> <li>• Community and local transport links are important</li> </ul>	<p>Some staff feel that it is not equitable to only move a proportion of service users-i.e. the impact is felt more by some service users than others.</p> <p>Staff and families felt that the impact of change on complex service users, could be very negative and potentially could result in regressive behaviour &amp; anxiety</p> <p>Continuity of care seen as very important especially for the more complex service users</p> <p>Compatibility issues for service users.</p> <p>Service users require stability and consistency –concerns that moving houses can be de-stabilising and more expensive in the long run due to behaviour problems</p>	<p>We recognise that the current proposed remodel is not currently affecting all service users-to move all service users would have a greater impact on the delivery of the service. However, all service users could be affected by a change in staffing and the Staffing strategy will take the needs of the service users into consideration</p> <p><u>Transition for all affected service users:</u></p> <ul style="list-style-type: none"> <li>• ‘Moves for people’ policy will be implemented for all service users.</li> <li>• Transition plan will be developed for every affected service user.</li> <li>• Staff and key people including family members, Carers, other professionals etc will be involved in the assessment process</li> <li>• Staffing strategy will take the needs of the service user into consideration i.e. continuity of care and consistency in service delivery</li> <li>• An overarching strategy will be implemented to plan moves in the least disruptive manner. We will draw on previous experience to implement this strategy.</li> <li>• Compatibility -all affected service users will have a full social care review and be allocated a case/social worker before any compatibility recommendations are made.</li> <li>• Environment and building will be considered as part of this assessment process.</li> <li>• Behaviour Support team will support staff regarding compatibility issues.</li> </ul> <p>The focus should be supporting the people with the most complex needs but this should not be at the detriment of</p>

	<p>Assistive technologies will increase independence and have already been helpful in some cases where appropriate e.g. the flood sensor and bed occupancy alerts have been successful.</p>	<p>Concerns that those with less complex needs may have a reduction in the quality of their service</p> <p>Concerns that some service users are less complex because the environment they are in has supported them to be thus</p> <p>Assistive technology: Reports that some of the current equipment that has been trialled has been reported to not be reliable</p>	<p>people considered to have lesser needs currently in the service. We will continue to maximise service users independence.</p> <p>Assistive technology will be introduced to maximise service user's independence. Individuals will get the right amount of support to adjust to any new assistive technologies Staff will receive appropriate training on any new assistive technology.</p> <p>Family members/carers will continue to feed into the process following Committee decision.</p>
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<b>Different Groups to be included in Assessment</b>	<b>Potential Positive impact on a group</b>	<b>Potential Negative impact on a group</b>	<b>Agreed Action/s</b>
<b>Gender reassignment</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	Gender needs of affected service users will be considered as part of their social care review-any identified needs will be addressed as part of this process.
<b>Pregnancy and maternity</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	n/a
<b>Race</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	Cultural/ethnic needs of affected service users will be considered as part of their social care review-any identified needs will be addressed as part of this process.
<b>Religion or belief</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	Religious needs of affected service users will be considered as part of their social care review-any identified needs will be addressed as part of this process.
<b>Sex</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	We will consider service users needs based on gender where required.  We will ensure we will have a balance of both male and female staff where required/appropriate.
<b>Sexual orientation</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	Sexual Orientation needs of affected service users will be considered as part of their social care review-any identified needs will be addressed as part of this process.
<b>Marriage and civil</b>	No impacts identified as a result	No impacts identified as a result of	n/a

partnership	of the Consultation process.	the Consultation process.	
<b>Different Groups to be included in Assessment</b>	<b>Potential Positive impact on a group</b>	<b>Potential Negative impact on a group</b>	<b>Agreed Action/s</b>
<p><b>Other relevant groups</b> eg: Carers, people experiencing domestic violence, looked after children</p>	<p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>• Staff will learn new skills and exchange different ways of working, increase skills base.</li> <li>• Opportunities to have new experience and personal development, take on new roles (e.g. medication ordering etc).</li> <li>• Reduce 'burn out' and give opportunities for more flexibility-working across the service.</li> <li>• Improves career development options.</li> <li>• Improves long term career potential –ability to stay with BHCC as main employer.</li> <li>• Some staff are looking forward to the opportunity to work somewhere new and feel that change is positive.</li> </ul>	<p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>• Loss of staff/jobs and competitive interviews could lead to low morale and increased sickness levels</li> <li>• Some staff are reluctant to work in more complex environments e.g. challenging behaviour.</li> <li>• Concerns about moving whole teams into complex environment.</li> </ul>	<p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>• Staff will be supported to work more flexibly, which would include training and time to work across other homes (shadowing)</li> <li>• Vacancies have been held across Provider Delivery Unit to reduce risk of redundancy.</li> <li>• Explore the most appropriate way to recruit and select-we are aware that competitive interviewing is not appropriate for all staff.</li> <li>• 'Team Prevent' and 'Working Minds' will be offered to staff.</li> <li>• Staff will be offered one to one formal meetings (following Committee decision) to explore individual needs. HR will be in attendance and Union reps if requested.</li> <li>• Flexible working policy, which is already in place, will support staff to gain experience in other services and prepare for any transition in role.</li> <li>• Reasonable adjustments will be considered for all appropriate staff.</li> <li>• Focus groups will continue throughout the process.</li> <li>• Staff newsletter to continue to be provided to advise and update staff.</li> <li>• Staff will continue to be receive training in all aspects required for all of the services they will be expected to work in</li> <li>• All staff will need to have Positive Behaviour Support training and training to meet individual needs will continue to be provided as required e.g. Sensory impairment, Makaton etc.</li> </ul>

			<ul style="list-style-type: none"> <li>• Continue to provide inductions to services for all staff</li> </ul>
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**Lead Officer Responsible for ensuring agreed actions are transferred to service or Business Plan:**

<b>Name:</b>	<b>Karin Divall</b>
<b>Job Title:</b>	<b>Head of Provider Delivery Unit , Adult Social Care</b>
<b>Contact details:</b>	
<b>Agreed Date to Review Service /Business plan and/or this EIA:</b>	

**Signing of EIA:-**

<b>Lead Officer for this EIA:</b>		<b>Date:</b>	
<b>Head of Service Delivery Unit</b>		<b>Date:</b>	
<b>Lead Commissioner (if required):</b>		<b>Date:</b>	
<b>Communities and Equality Team</b>		<b>Date:</b>	





# Adult Care and Health Committee

## Agenda Item 8

Brighton & Hove City Council

<b>Subject:</b>	<b>Day Services Commissioning Plan</b>		
<b>Date of Meeting:</b>	<b>25<sup>th</sup> June 2012</b>		
<b>Report of:</b>	<b>Director of Adult Social Care / Lead Commissioner</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Diana Bernhardt</b>	<b>Tel:</b> <b>29-2363</b>
	<b>E-mail:</b>	Diana.bernhardt@Brighton.Hove.gov.uk	
<b>Key Decision:</b>	No		
<b>Wards Affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report sets out proposals to consult on developing a commissioning plan for day activities for people with learning disabilities, autistic spectrum disorder, older people, people with dementia and people with physical disabilities. The commissioning plan will detail day activities that will be provided in the city for the next five years. There are savings attached to this.
- 1.2 The council's Personalisation Strategy 2010 requires all social care and support services to offer more flexibility and choice. This includes day activities, which must be outcome focused, cost effective and available to a wider range of people who may be purchasing their own care or using a personal budget.
- 1.3 Demographic changes such as the increasing number of older people in their 80's and 90s and people with complex learning and physical disabilities highlights the need to focus specialist services on those with the greatest need and to make best use of resources. There is also a continuing aim enshrined in the Equality Act 2010, to enable people with disabilities to participate as full and active citizens in the community through reasonable adjustments in mainstream services.
- 1.4 This paper proposes that consultation commences to develop a local plan for day services on the draft outcomes set out in 3.6.1. Consultation will include possible future users, carers and potential providers. This plan will set out the local commissioning intentions for day services and actions to be taken forward to maximise opportunities for people to access services widely available in the community and to deliver the best use of resources.
- 1.5 This report also acknowledges that there are some current operational issues affecting day services that need to be addressed: As reported to Cabinet Member meetings in 2010 and 2011 there is a reduction in the number of older people attending building based day services. As a result, both Craven Vale and Tower House day centres (services for older people and people with a physical disability) remain under occupied

and are not being used to their full potential. Specific proposals regarding Craven Vale and Tower House day centres set out in 2.3 and Appendix 3.

## **2. Recommendations:**

- 2.1 That the Adult Care and Health Committee agrees to commence consultation on the development of a commissioning plan.
- 2.2 That the Adult Care and Health Committee agree that the commissioning plan is brought back to Adult Care and Health Committee in November 2012.
- 2.3 That Committee agrees to a period of engagement with service users, their families, staff and trade unions concerning the re-provision of day services currently operating 3 days a week at Craven Vale.

## **3. Relevant background information**

- 3.1 Day activities funded by Adult Social Care (and jointly funded by Health) include building based day centres, outreach workers and peripatetic teams. These are provided directly by the council and through contracts with the community and voluntary sector and incorporate services to older people, older people with dementia, people with learning disabilities, and physical and sensory disabilities.
- 3.2 This report considers building based day centres/activities accessed through the Adult Social Care assessment process. Day services for people with mental health needs (excluding dementia) are currently being recommissioned and therefore this will not be included, although commissioners will be working closely together on cross cutting issues.
- 3.3 The '*Vision for Adult Social Care: capable communities and active citizens*' sets out a new direction for adult social, focussing on personalised services and outcomes. The vision is to create a range of service provision provided in partnership with the statutory, voluntary and independent sector based around the needs and preferences of the individual. Similarly '*Think Local Act Personal*' builds on personalisation and also devolves powers to the local community to reshape services and to develop informal networks maintain people's independence.
- 3.4 Traditionally day services have been provided by care group, but the *Equality Act 2010* specifies that provision must be based on need rather than defined by age or health diagnosis. It is therefore proposed to develop a commission plan across client groups to provide:
  - i) Specialist building based services for people with complex needs
  - ii) Support to access resource centres, community services or activities within service users' 24 hour accommodation. These activities need to be able to reduce social isolation, develop life skills, reablement and provide respite for carers
  - iii) Support for people to find work including voluntary work
  - iv) Links to the network of information and advice services and other universal services including informal support networks

The commissioning plan will be developed according to the councils' intelligent commissioning cycle that includes:

- Developing an understanding of needs and potential needs in the future
- Setting priorities and service outcomes
- Consultation with stakeholders

### **3.5 Current provision**

#### **3.5.1 Older people**

The total investment in older people's day services from the Council in 2011/12 was £1,160,000.

There are two independent sector contracts for older peoples' day activities. St Johns (Brunswick Older Peoples Project) which supports an average of 100 older people per week and Somerset Day Centre which is used by an average of 75 people a week.

The independent sector is awarded approximately £200,000 council contribution and additionally the PCT make a direct contribution of approximately £50,000.

Adult Social Care currently provides four in-house four building based day services for older people. These are Tower House (older people and disabled adults), Craven Vale within the Resource Centre (older people – 3 days per week), Wayfield Avenue and Ireland Lodge within Resource Centres (for older people mental health needs).

Actual costs for in-house day provision 2011-12 were £960, 000.

There is a reduction in the number of older people attending building based day services and as a result of service at Craven Vale Day Centre and Tower House is under occupied.

#### **3.5.2 Learning Disabilities and Autism**

There are 5 council run day centres for Adults with Learning Disabilities supporting 136 service users at a cost of £1.9m in 2011/12.

There are 5 main independent sector day services in the city supporting 115 people at a cost of £1.2m. There is also a resource centre for people with an Autistic Spectrum Disorder supporting 2 people.

There is a council run supported employment team that supports people with disabilities (primarily people with a learning disability and Autistic Spectrum Disorder) to find employment or to keep employment of 16 hours per week or less. The total spend for the team for 2011/12 was £213,000 who supported in the region of 175 people in 2011/12.

The council also runs a Supported Business 'Able and Willing'. As a business, this activity is outside of the scope of the day centre commissioning plan.

### **3.5.3 Physical disabilities**

Day services to 15 people with physical disabilities are provided through contracts with Headway and Swanborough at a cost per annum of £81,000 (2011-12 actual).

### **3.5.4 Embrace**

The council has commissioned the Federation of Disabled People to identify what services and activities are universally available across the city (called Embrace). This information will be available to people living in Brighton and Hove via a website which should be operational by 2013. The aim of this information is for people to find out what activities people can access or for free or for a small charge within their own local area. In this way people will be able to find out what is available in addition to statutory services or if they do not meet the council's eligibility criteria. In this way people will be provided with options to remain active in the community and so prevent or delay the need for statutory support. Key to the Embrace model is ensuring that information is made available to everyone, including people who do not have access to digital information.

## **3.6 Developing the commissioning plan**

3.6.1 The Strategy will define key outcomes for day services such as:

- (1) Reducing social isolation
- (2) Providing respite for carers/families
- (3) Learning independent skills
- (4) Providing support services that help people to remain at home / return home to the community
- (5) Supporting people into voluntary or paid employment
- (6) Linking people to universal services within the community

3.6.2 It is proposed to review the use of existing buildings across client groups to create two tiers of service, specialist services for those with the most complex needs and a network of building based 'hubs' across the city in different geographical locations. The aim of the network of services would be to provide life skills, re-ablement activities, reduce social isolation, provide information and advice and 'low' level support for carers. The centres will be interlinked with universal support services available for people across the city (linked to Embrace). Within this model people will also be able to use their personal budget to access day activities.

3.6.3 It is however recognised that day services provide a vital role in providing respite for family carers. Therefore, activities provided during the day in the future need to be reliable and to provide the necessary surety for family carers to maintain their own health and well being (including their own employment).

## **4 CONSULTATION**

4.1 The proposed consultation process on the commissioning plan is set out in Appendix 1. The mechanisms to consult will include:

- Online questionnaire
- Survey with potential users
- Focus groups
- Meetings with service providers using existing forums and individual meetings where required
- Service user groups and forums
- Communication via newsletter

4.2 **Craven Vale:** An extensive consultation exercise was carried out with service users in 2010, when Craven Vale day centre reduced to operating 3 days a week. As a result, it is not proposed that any further consultation will be carried out; however staff, service users and their families will be fully engaged in any changes made to the service.

## 5. FINANCIAL & OTHER IMPLICATIONS:

### 5.1 Financial Implications:

There is budgetary provision in 2012/13 of £4.7m for day services across Older People, Physical Disabilities and Learning Disabilities. Approximately £1.8m is for Independent Providers and £2.9m for In-house provision; this includes £0.9m for Older People, £1.76m for Learning Disabilities and £0.24m for Employment Support. A savings target of £0.4m for Day Services ( £0.250m 12/13 and £0.150m 13/14) is included in the budget strategy and will be taken into account in the development of the new Commissioning Plan in order to improve value for money and reduce unit costs whilst delivering an outcomes focussed service”

*Finance Officer Consulted: Michelle Herrington*

*Date: 12.6.12*

### 5.2 Legal Implications:

The national policy drivers and legislative requirements leading to the need to develop a new commissioning plan for day services are specifically referred to in the body of this report. The consultation and engagement proposals provide opportunity for all interested and potentially affected parties to participate in the process of developing the plan; thus ensuring transparency, fairness and compliance with the principles enshrined in the Human Rights Act 1998 [Article 6 Right to a Fair Trial].

*Lawyers Consulted: Sandra O'Brien*

*Date: 12.06.12*

### 5.3 Equalities Implications:

An Equalities Impact Assessment has been completed (see Appendix 2)

### 5.4 Sustainability Implications:

The commissioning plan will make best use buildings and other resources and therefore contribute to the council's sustainability objectives.

### 5.5 Crime & Disorder Implications:

This proposal will promote social inclusion for people with disabilities and older people through supporting increased access to mainstream services and participation as equal citizens in the community.

### 5.6 Risk and Opportunity Management Implications:

- There is a risk that family carers and people who currently use services will become anxious about any changes to current provision.
- There is a risk that there is insufficient capacity in community and resource to meet people's needs in the future
- There is a risk that there will be a further reduction in the numbers of people accessing day services which will impact on income for providers.
- There is a risk that mainstream services will not have the capacity to provide for people who wish to access their service.

To reduce these risks, communication, engagement and consultation will therefore be appropriately resourced to mitigate peoples' anxiety and to ensure that feedback informs the commissioning plan.

### 5.7 Corporate / Citywide Implications:

This proposal will increase access to mainstream and universal services available locally and so enable people to participate as equal citizens in the city of Brighton & Hove.

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

### **6.1 Option 1 – Not to develop a commissioning plan**

- There are £400,000 savings required over 2 years from the day services budget and unless changes are made this will lead to cuts in services.
- Currently services are provided by care groups rather than individual need which could be challenged under Equality legislation.
- The majority of day services can not be accessed via a Personal Budget. Therefore changes are needed in order to ensure systems are in place for people to access choice and control for their day activity.

- Without a commissioning plan, opportunities to increase access to mainstream and universal services will not be maximised.

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

- 7.1 This report is presented to obtain approval to consult to develop a commissioning plan for day services.
- 7.2 The reprovion of Craven Vale is recommended as the day service has low numbers of people attending. In addition, occupancy levels at Tower House are low. The proposal to reprovide services from Craven Vale and offer service users alternative provision will make best use of the existing resources.

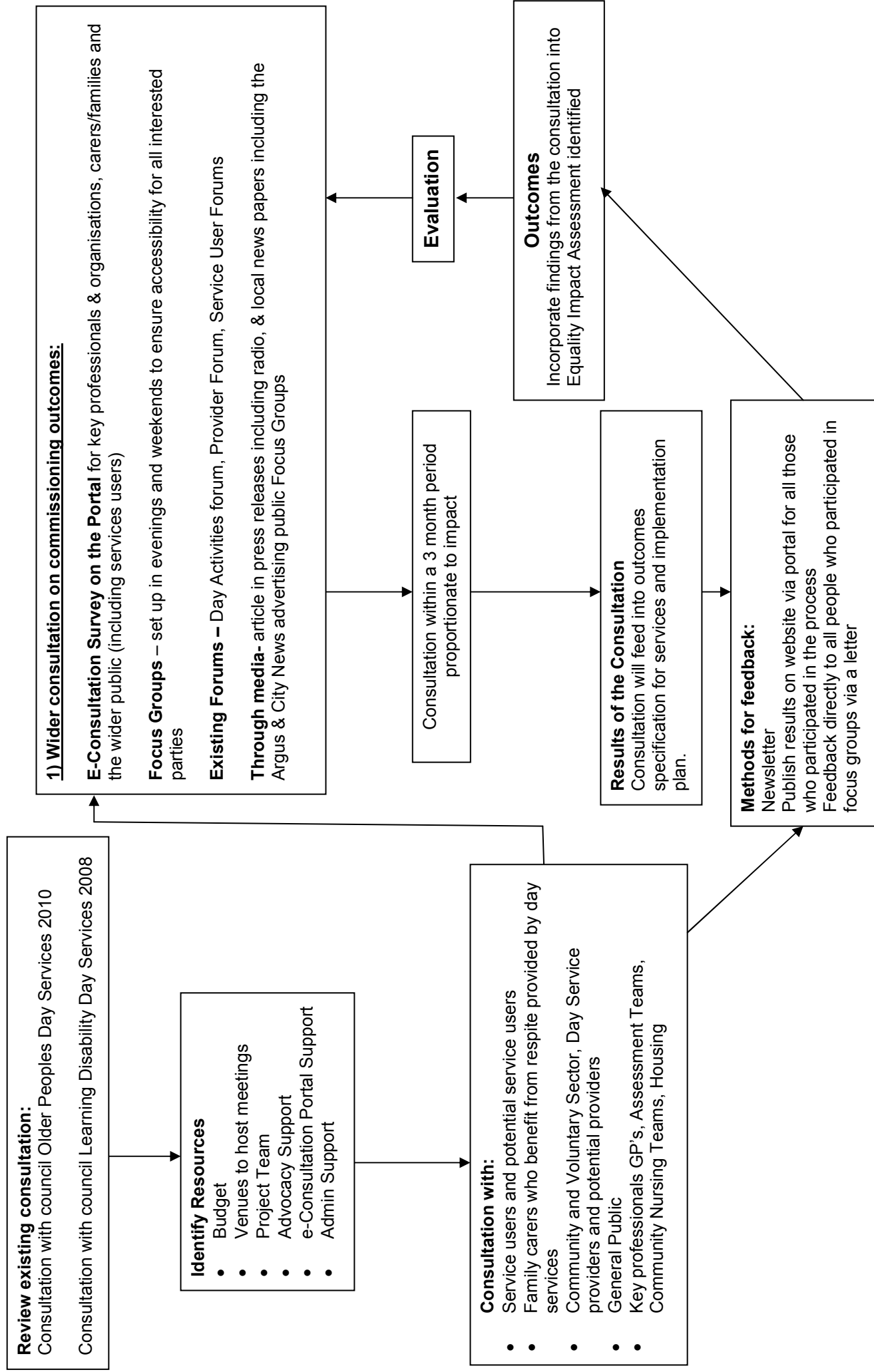
### **SUPPORTING DOCUMENTATION**

Appendix 1	Consultation Plan
Appendix 2	Equalities Impact Assessment
Appendix 3	Craven Vale proposal





# Consultation Process – Day Services Commissioning Plan - Appendix 1





## Equalities Impact Assessment Template – Appendix 2

<p>The day activities commissioning plan will review current activity, and consult around what service users need for day activity in the short and medium term. Consultation will incorporate a range of stakeholders, including those using services at present, those who may be eligible in the future and carers. The service areas that are included in this commissioning plan are older people, dementia, learning disabilities and physical disabilities. There are savings targets attached to the plan.</p> <p>Consultation will be undertaken in stages, the first stage will link with the Adult Care and Health Committee on 25<sup>th</sup> June</p>	<p><b>Aim of Policy / Scope of Service</b></p>
<p>This EIA will outline how the consultation process ensures that all groups covered under the Equality Act are consulted with as part of the commissioning plan. Findings from the consultation will be outlined in this EIA at its second stage and actions to minimise impacts across relevant groups will be taken forward as part of the service design element of the commissioning plan.</p> <p>Those consulted will also be asked how savings could be realised. Ultimately what services could be re-provided and what could be tendered through a contract/prospectus must be identified and form part of the commissioning plan.</p> <p>This EIA aims to ensure that issues identified as part of the consultation process will be incorporated into the commissioning plan. It will ensure that on-going and future providers will have robust equalities policies in place and will best placed to address and meet the needs identified in this EIA</p> <p>The consultation process itself will consist of:</p> <ul style="list-style-type: none"> <li>• Survey sent to a sample of users</li> <li>• Semi-structured interviews with sample of current users</li> <li>• Advocacy provided when necessary for interviews</li> <li>• Focus groups at day centres</li> <li>• Carers events at appropriate times</li> <li>• Future users – a full Needs Assessment is being undertaken</li> <li>• On-line survey for key stakeholder including professionals- GPs, district nurses, care managers</li> <li>• Discussions with current and potential providers (and Unions if appropriate)</li> </ul> <p>Note: Some service users have been consulted extensively over the last few years (some Council provided day services) so care will be taken to consult in a proportionate way.</p>	<p><b>Approach to the Impact Assessment</b></p>

## Scope of the Assessment

Different groups included in scope	Data <sup>1</sup> that you have	Community engagement exercises or mechanisms <sup>2</sup>	Impacts identified (actual and potential) <sup>3</sup>	Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations
<p><b>Community Cohesion</b></p>	<p>A full Needs Assessment is being written and work undertaken with the Performance, Analysis &amp; Research team</p> <p>Information taken from:</p> <ul style="list-style-type: none"> <li>○ the BHLIS website <a href="http://www.bhlis.org/">http://www.bhlis.org/</a></li> <li>○ Joint Strategic Needs Assessment</li> <li>○ client database – CareFirst</li> <li>○ Public Health</li> <li>○ Health commissioners</li> <li>○ Commissioning Support (Contracts)</li> <li>○ Providers themselves</li> </ul>	<p><b>Consultation Process</b></p> <p>Survey sent to a sample of users</p> <p>Semi- structured interviews with sample of current users</p> <p>Advocacy provided when necessary for interviews</p> <p>Focus groups at day centres</p> <p>Carers events</p>	<p><b>Consultation Process:</b></p> <p>The consultation aims to target all users groups across all communities. Adult Social Care day activities are provided across all user groups in the city including the most vulnerable of residents. It is not anticipated in the first stage of this process that any community cohesion issues will be identified. The consultation process will target a wide range of</p>	<p><b>Consultation Process:</b></p> <p>Ensure that all service user groups are included in the consultation. Meet with representatives of users with physical disabilities, learning disabilities, Sensory impairment, HIV, LGBT, Substance Misuse, and Asylum Seekers. Ensure appropriate advocacy</p> <p>Identify community groups across religious and ethnic groups in the city and ensure that all are invited into the</p>

<sup>1</sup> 'Data' may be monitoring, customer feedback, equalities monitoring, survey responses...

<sup>2</sup> These may be ongoing links that you have with community and voluntary groups, service-user groups, staff forums; or one-off engagement sessions you have run.

<sup>3</sup> If data or engagement are missing and you can not define impacts then your action will be to take steps to collect the missing information.

<p><b>Different groups included in scope</b></p>	<p><b>Data<sup>1</sup> that you have</b></p> <ul style="list-style-type: none"> <li>o POPPI website</li> <li>o PANSI website</li> <li>o Embrace (new website in development)</li> </ul> <p>Equalities Act 2010</p> <p>Carers Survey 2009</p>	<p><b>Community engagement exercises or mechanisms<sup>2</sup></b></p> <p>Future users- Needs Assessment to determine detail</p> <p>On-line survey for key stakeholders</p> <p>Discussions with current and potential providers</p>	<p><b>Impacts identified (actual and potential)<sup>3</sup></b></p> <p>community groups as specified in the previous column.</p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> <i>To be added</i></p>	<p><b>Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations</b></p> <p>consultation to express needs.</p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> <i>To be added</i></p>
<p><b>Age (people of all ages)</b></p>	<p>As above</p> <p>Information from local Age UK including: Well-being in old age: findings from participatory research <a href="http://www.brighton.ac.uk/sass/older-people-wellbeing-and-participation/Full-report.pdf">http://www.brighton.ac.uk/sass/older-people-wellbeing-and-participation/Full-report.pdf</a></p>	<p>The exercises described above will involve consulting with those currently using the day activities provided in the city and those who may be eligible who choose not to access them and carers.</p> <p>Others consulted included future users and their carers.</p>	<p><b>Consultation Process:</b> There is the potential for some groups of older people to miss the opportunity to engage in the consultation due to, for example, remaining at home, no online access</p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> <i>To be added</i></p>	<p><b>Consultation Process:</b> Ensuring that a representative group of users are involved through tout the process</p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> Ensure that robust policies and measures are in place to deal with incidents of discrimination</p> <p>Ensure relevant commitments and milestones are included in commissioning plan and any</p>

<p><b>Different groups included in scope</b></p>	<p><b>Data<sup>1</sup> that you have</b></p>	<p><b>Community engagement exercises or mechanisms<sup>2</sup></b></p>	<p><b>Impacts identified (actual and potential)<sup>3</sup></b></p>	<p><b>Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations</b></p>
<p><b>Disability</b> (a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)</p>	<p>As above in Community Cohesion section  Information on specific disability from specific Health commissioners and Learning Disability commissioners</p>	<p>The exercises described above will involve consulting with people with disabilities and their carers.  Care will be taken to provide information in appropriate formats eg use of specific language tools such as Pictures or Makaton</p>	<p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> Potential improved provision for vulnerable older people</p>	<p>future prospectus/tender exercise</p>
			<p><b>Consultation Process:</b> Access to venues Transport issues Communication needs- translations, deaf etc Availability of advocates</p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> <i>To be added</i></p>	<p><b>Consultation Process:</b> Ensure that all venues in the consultation process have disabled access  Ensure venues are across the city  Where possible provide venues that are near to good public transport  Communication tools will be provided on request  Explore all options available for advocacy</p>

<p><b>Different groups included in scope</b></p>	<p><b>Data<sup>1</sup> that you have</b></p>	<p><b>Community engagement exercises or mechanisms<sup>2</sup></b></p>	<p><b>Impacts identified (actual and potential)<sup>3</sup></b></p>	<p><b>Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations</b></p>
<p><b>Gender reassignment</b> (a transsexual person is someone who proposes to, starts or has completed a process to change his or her gender. A person does <u>not</u> need to be under medical supervision to be</p>	<p>As above in Community Cohesion section  Count me in Too <a href="http://countmeintoo.co.uk/">http://countmeintoo.co.uk/</a></p>	<p>Ensure that transgender users/groups are included in the consultation. Monitoring information regarding transgender service users is not collected and therefore it is not known if there is a significant number of transgender users (some anecdotal info regarding B&amp;H large</p>	<p><b>Consultation Process:</b> Potential that transgender users may fear being identified through consultation process  Take care to involve carers in the consultation</p> <p><b>Commissioning Plan:</b></p>	<p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> Ensure that robust policies and measures are in place to deal with incidents of discrimination  Ensure relevant commitments and milestones are included in commissioning plan and any future prospectus/tender exercise eg accessible buildings/space</p> <p><b>Consultation Process:</b> Be aware of issues of confidentiality</p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> Ensure that robust policies and measures are in place to deal with incidents of discrimination</p> <p>Ensure relevant commitments</p>

<p><b>Different groups included in scope</b></p>	<p><b>Data<sup>1</sup> that you have</b></p>	<p><b>Community engagement exercises or mechanisms<sup>2</sup></b></p>	<p><b>Impacts identified (actual and potential)<sup>3</sup></b></p>	<p><b>Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations</b></p>
<p>protected)</p>		<p>LGBT./transgender population)</p>	<p><i>To be added</i></p>	<p>and milestones are included in commissioning plan and any future prospectus/tender exercise</p>
<p><b>Pregnancy and maternity</b> (protection is during pregnancy and any statutory maternity leave to which the woman is entitled)</p>	<p>With regards the consultation itself this section is not applicable.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p><b>Race</b> (this includes ethnic or national origins, colour or nationality, including refugees and migrants; and Gypsies and Travellers)</p>	<p>As above in Community Cohesion section</p>	<p>The exercises described above will involve consulting with people from different communities</p>	<p><b>Consultation Process:</b> If appropriate arrange for Interpreter to attend focus groups with specific groups to ensure communication</p>	<p><b>Consultation Process:</b> <i>To be added</i></p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> Any tender/prospectus documentation to include sections on customer service,</p>



<p><b>Different groups included in scope</b></p>	<p><b>Data<sup>1</sup> that you have</b></p>	<p><b>Community engagement exercises or mechanisms<sup>2</sup></b></p>	<p><b>Impacts identified (actual and potential)<sup>3</sup></b></p>	<p><b>Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations</b></p>
			<p><b>Commissioning Plan:</b> Potential for smaller BME communities to be positively or negatively impacted  Potential for providers not to respect and understand cultural differences</p>	<p>diversity, community regeneration and added value including specific reference to supporting BME organisations, workforce diversity and cultural awareness  Ensure relevant commitments and milestones are included in commissioning plan and any future prospectus/tender exercise (e.g. polices on discrimination, workforce monitoring, support for BME businesses, documents in different languages and access to interpreting)</p>
<p><b>Religion or belief</b> (religion includes any religion with a clear structure and belief system. Belief means any religious or</p>	<p>As above in Community Cohesion section</p>	<p>The exercises described above will involve consulting with people from different religious/belief communities</p>	<p><b>Consultation Process:</b> Consider consulting with specific religious groups where there are current service users, to find out how the service impacts on their religious needs/</p>	<p><b>Consultation Process:</b> <i>To be added</i> <b>Consultation Findings:</b> <i>To be added</i> <b>Commissioning Plan:</b> Ensure relevant commitments and milestones are included in</p>

<p><b>Different groups included in scope</b></p>	<p><b>Data<sup>1</sup> that you have</b></p>	<p><b>Community engagement exercises or mechanisms<sup>2</sup></b></p>	<p><b>Impacts identified (actual and potential)<sup>3</sup></b></p>	<p><b>Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations</b></p>
<p>philosophical belief. The Act also covers lack of religion or belief.)</p>			<p>practice-any issues etc</p> <p>Work sensitively in religious spaces eg in Church Halls where day activities are currently being delivered</p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> <i>To be added</i></p>	<p>commissioning plan and any future prospectus/tender exercise (e.g. polices on discrimination and cultural awareness training)</p> <p>Ensuring that a representative group are involved through the consultation process</p>
<p><b>Sex</b> (both men and women are covered under the Act)</p>	<p>As above in Community Cohesion section</p>	<p>The exercises described above will involve consulting men and women</p>	<p><b>Consultation Process:</b> <i>To be added</i></p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> <i>To be added</i></p>	<p><b>Consultation Process:</b> Target men only groups due to traditional under representation as service users</p> <p><b>Consultation Findings:</b> <i>To be added</i></p> <p><b>Commissioning Plan:</b> Ensure relevant commitments and milestones are included in commissioning plan and any future prospectus/tender</p>

<p><b>Different groups included in scope</b></p>	<p><b>Data<sup>1</sup> that you have</b></p>	<p><b>Community engagement exercises or mechanisms<sup>2</sup></b></p>	<p><b>Impacts identified (actual and potential)<sup>3</sup></b></p>	<p><b>Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations</b></p>
<p><b>Sexual orientation</b> (the Act protects bisexual, gay, heterosexual and lesbian people)</p>	<p>As above in Gender Reassignment section  Run report based on Sexual orientation question which is now incorporated into BICA</p>		<p><b>Consultation Process:</b> Take care to involve carers in the consultation  <b>Consultation Findings:</b> <i>To be added</i> <b>Commissioning Plan:</b> <i>To be added</i></p>	<p>exercise (e.g. works in occupation method statement, code of conduct and equalities policy)  <b>Consultation Process:</b> <i>To be added</i>  <b>Consultation Findings:</b> <i>To be added</i> <b>Commissioning Plan:</b> <i>To be added</i></p>
<p><b>Marriage and civil partnership</b> (only in relation to due regard to the need to eliminate discrimination)</p>	<p>As above in Community Cohesion section</p>	<p>The exercises described above will involve consulting men and women</p>	<p><b>Consultation Process:</b> <i>To be added</i>  <b>Consultation Findings:</b> <i>To be added</i> <b>Commissioning Plan:</b> <i>To be added</i></p>	<p><b>Consultation Process:</b> <i>To be added</i>  <b>Consultation Findings:</b> <i>To be added</i> <b>Commissioning Plan:</b> Any tender/prospectus documentation to include an Equalities clause to ensure there is no potential for service users in civil partnership to be discriminated against -equal access, staff training etc</p>

Different groups included in scope	Data <sup>1</sup> that you have	Community engagement exercises or mechanisms <sup>2</sup>	Impacts identified (actual and potential) <sup>3</sup>	Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations
<p><b>Other relevant groups, e.g.:</b>            Carers, people experiencing domestic violence, substance misuse, homeless people, looked after children etc</p> <p>Self funders</p>	<p>As above in Community Cohesion section</p>	<p>The exercises described above will involve consulting with Carers, self funders. and those currently using direct payments</p>	<p><b>Consultation Process:</b>  <i>To be added</i></p> <p><b>Consultation Findings:</b>  <i>To be added</i></p> <p><b>Commissioning Plan:</b>  <i>To be added</i></p>	<p><b>Consultation Process:</b>            A range of times and venues are being used in the consultation</p> <p>If people are not available in the offered times then the opportunity to be consulted in other ways eg on the phone, via emails will be provided</p> <p><b>Consultation Findings:</b>  <i>To be added</i></p> <p><b>Commissioning Plan:</b>            Ensuring that other relevant groups are involved as appropriate.</p>

**Consultation**

<b>What consultation has been used or taken?</b>	<b>Date</b>	<b>Methods used</b>	<b>Findings</b>

**Action Plan**

Agreed action	Timescale	Lead officer	Review date

**Sign Off / Approval**

Lead Equality Impact Assessment Officer:

Date:

Departmental Equalities Lead:

Date:

Head of Delivery Unit / Lead Commissioner:

Date:

Corporate Equalities & Inclusion Team:

Date:

**(NB: Actions must now be transferred to service or business plans)**

**Equality Impact Assessment  
Summary Template**

Name of review:	
Period of review:	
Date review signed off:	
Scope of the review:	
Review team:	
Relevant data and research:	
Consultation: indicate who was consulted and how they were consulted	
Assessment of impact, outcomes and key follow up actions:	
Name and contact details of lead officer responsible for follow-up action:	
For full report contact:	



## **Appendix 3**

### **CRAVEN VALE DAY CENTRE**

#### **1. SUMMARY**

- 1.1 Adult Social Care is continuing to change the way in which it provides day services so that people have opportunities for choice, control and independence over the way in which they wish to live their lives.
- 1.2 Reports have been presented to Cabinet Member meetings in 2010 and 2011 highlighting the reduction in the number of older people attending building based day services.
- 1.3 At Cabinet Member meeting in January 2011, it was agreed that Craven Vale day centre would operate 3 days per week and act as a satellite service to Tower House day centre. .
- 1.4 Although occupancy has improved as a result of the above changes, both Craven Vale and Tower House day centres remain under occupied, and are not being used to their full capacity.
- 1.5 More recently, service users at Craven Vale day centre have been attending Tower House one day a week on a trial basis, leaving Craven Vale open 2 days a week.
- 1.6 As Tower House is under occupied, Craven Vale service users could be offered the opportunity of attending this centre across the week. This would mean that the service at Craven Vale would cease.
- 1.7 Service users and their carers would be assured that they would receive an alternative service. Although service users would be offered the option of attending Tower House, some may want to consider the use of other facilities in the city, or direct payments.

#### **2. BACKGROUND**

- 2.1 In January 2011 Cabinet Meeting agreed to the creation of a Community Resource Centre at Tower House, with a satellite service based at Craven Vale operating 3 days a week.

#### **2.2 TOWER HOUSE DAY CENTRE**

2.2.1 Tower House have successfully developed a 'day options' element to their day services, offering more choice to service users. 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.

2.2.2 Tower House have a range of facilities on offer, and this includes various sessions offered by voluntary groups. The centre is working towards a model where it is used more as a community resource.

### 2.3 CRAVEN VALE DAY CENTRE

2.3.1 Craven Vale day centre had been providing a 7 day a week service but reduced to 3 days a week as occupancy had been low for some time. Occupancy levels have improved as a result (See table 1.)

**Table 1: Craven Vale and Tower House Day Services: Occupancy Levels October 2011 – March 2012**

	CRAVEN VALE	TOWER HOUSE
October 2011	70%	62%
November 2011	79%	57%
December 2011	67%	51%
January 2012	69%	53%
February 2012	68%	54%
March 2012	63%	52%

2.3.2 41 members currently attend the service over 3 days, mainly for reasons of carer relief and social isolation:

1 DAY	2 DAYS	3 DAYS
22	14	5

2.3.3 **Current staffing:** There are 6 staff working at Craven Vale, 2 of whom work on CareCrew.

2.3.4 **Facilities:** The day centre remains unused when the day service is not operating and this is a waste of a valuable resource. The day centre is used on one morning a week by the Community Sensory Deaf Group.

The facilities in the day centre at Craven Vale are limited compared to other day centres in the city.

2.3.5 As occupancy continues to be low across day services for older people, service users at Craven Vale are attending Tower House on one day a week. This is being done on a trial basis, to enable service users to have access to more facilities at Tower House. This will be reviewed with service users at the end of June.

2.3.6 **Services provided:** Service users report that they enjoy attending the day centre. However as the future of the centre has been unclear, no developments have taken place and the service remains traditional in nature.

2.3.7 Both service users and staff are aware that day services at Craven Vale continue to be under review.

## 2.4 **SHORT TERM SERVICES REVIEW**

2.4.1 The NHS and Adult Social Care have been working together on the proposed model for short term services in the city. This includes the proposal to locate beds in as few locations as possible.

2.4.2 With the planned reduction of beds at Newhaven Rehab Centre, proposals are being considered alternative provision in the city.

2.4.3 The site at Craven Vale Resource Centre is being considered as part of the plans for additional short term beds in the city.

## 3. **PROPOSALS**

3.1 The occupancy figures in Table 1 indicate that Tower House could accommodate service users from Craven Vale, but other alternatives could be offered as relevant.

### 3.2 **Service users**

- All services users at Craven Vale 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 these proposals are agreed, 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.

### 3.3 **Staff**

- A formal consultation would be undertaken which would detail how the proposals would impact on staff.
- As with previous changes in day services, managers will work closely with staff and trade unions to seek redeployment opportunities for those concerned.

### 3.4 **The Facilities:**

Plans could be considered for how vacated the day centre space could be best used in the future.

### 3.5 **There are a number of advantages to this proposal:**

- Service users at Craven Vale have been attending Tower House on a Friday on a trial basis; this is proving to be successful, with service users enjoying the activities on offer.
- There is an extended range of activities at Tower House
- There is a robust, consistent staff team at Tower House, offering continuity of care to service users.
- Local Provision: Somerset day centre (voluntary provision) operates 3 days per week and may be able to accommodate some service users. Patching Lodge also offers activities for older people.
- A review of the current provision at Tower House would take place to ensure all members can have their needs successfully accommodated.

### 3.6 **Risks**

- Some Craven Vale service users may have a longer journey.
- The day services model at Tower House would have to alter to accommodate services users: A review of the current provision at Tower House would take place to ensure all members can have their needs successfully accommodated.
- Some staff may be required to transfer to Tower House, and some staff may require redeployment.

## 4. **Financial Implications**

It is expected that the re-provision of day services from Craven Vale will make a small contribution to the day services savings target.

<b>Subject:</b>	<b>Commissioning for Community Meals</b>		
<b>Date of Meeting:</b>	<b>June 25<sup>th</sup> 2012</b>		
<b>Report of:</b>	<b>Director of Adult Care and Health / Lead Commissioner People</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Philip Letchfield</b>	<b>Tel: 29-5078</b>
	<b>Email:</b>	<b>Philip.letchfield@brighton-hove.gov.uk</b>	
<b>Key Decision:</b>	<b>Yes</b>		
<b>Ward(s) affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Council currently provides a well established Community Meals service through a contract with the Women's Royal Voluntary Service (WRVS).
- 1.2 Further to a waiver put in place to extend current arrangements this contract comes to an end in September 2012.
- 1.3 The Council has been considering the future commissioning plans for this service, and a report on the principles that should guide future commissioning of meals was approved by the Adult Social Care and Health Cabinet Meeting in March 2012. This report had been informed by a review undertaken by the Adult Social Care and Housing Scrutiny Committee and in line with the agreed principles commissioners have focused on the ways future arrangements can:
  - Extend service user choice and control over the arrangements they make relating to meals in line with the Personalisation agenda.
  - Improve the signposting, information and advice that is available to people on the opportunities for them to access healthy and nutritious food locally.
  - Develop the Market and support new providers to offer appropriate services where gaps may be presenting themselves, and where sustainable local options may be secured.
  - Safeguard a reliable, effective 365 day a year service for those for whom it is necessary.
  - Ensure revised arrangements are cost effective.

The Director of Adult Care and Health / Lead Commissioner, People was asked to bring back a further report in June outlining a recommended way forward

## **2. RECOMMENDATIONS:**

- 2.1** That the content of the report is noted and the actions recommended below agreed.

### **Recommendation 1**

**The Adult Care and Health Committee agree a Waiver to extend the current contractual arrangements with WRVS from September 2012 until 31<sup>st</sup> March 2013.**

### **Recommendation 2**

**The Adult Care and Health Committee agree that a Community Meals Service is secured by a competitive tendering process to operate from April 2013 for an initial three year period with an option to extend for a fourth year.**

### **Recommendation 3**

**The Adult Care and Health Committee agree that from 1 October 2012 and thereafter every six months the charge for Community Meals in Brighton will be raised by 20p until the point of no subsidy being required by the Council is reached.**

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

Commissioners have focused on five key strands of activity to take forward work on community meals. The information below provides the detail of the work that is now in hand relating to these areas.

### **3.1 Extending Choice and Control**

Previous work including that undertaken by the Scrutiny Review established that there are a number of options regarding meals that recipients of a community meals service may simply not be aware of. In 2011 the Department of Adult Care and Health established the 'Embrace' initiative, a project operating within the voluntary and community sector under the auspices of the Federation for Disabled People Centre for Independent Living. This project has undertaken an audit of the range of community activities across the city that do or may play a part in supporting people stay independent for as long as possible. Amongst the three to four hundred activities we now know are taking place across the city in any one week we understand that at least sixty are food related and include for instance supper or lunch clubs.

To support existing and potential service users exercise choice and take more control over the decisions they make regarding meals the Embrace Initiative will facilitate a stakeholder event in July 2012. This event will provide an opportunity for the groups mentioned above and any other interested parties to participate in a workshop aimed at improving our knowledge of the options available locally and affording those interested to network more formally, share ideas and stimulate new ways of thinking. It is proposed that the information gathered at this event will be held by the Embrace Project and made available on the data base they are developing for wider dissemination.

### **3.2 Improving Signposting, Information and Advice**

Whilst the establishment of a comprehensive web based information system by the Embrace Initiative will be of enormous benefit, we continue to be mindful of the difficulties those most vulnerable in the community may face in either accessing or practically using computer systems to find solutions to their needs. We intend to explore with partners in the voluntary and community sector the introduction of a new and innovative programme of volunteer involvement to further support the promotion of independence and wellbeing. At its core this new approach will entail using the information generated by the network event to pilot an approach wherein individuals who come to the attention of either the voluntary or community sector or the NHS or Council because of meals related issues are visited by a volunteer armed with the specific meal related options available to that individual within their local communities in the East, West or Central Brighton.

This information may include details of nearby community cafes, residential, nursing homes, schools or colleges offering lunches as well as information on day or evening activities and social events involving meals run by community or faith groups. As well as ensuring that this approach is more personalised than web based it also affords us the opportunity to test whether for some people adopting a new approach will only become a reality if they are given practical help to do so. For instance we know that families can become concerned about the increased social isolation or health of a recently bereaved parent, often citing a failing appetite, loss of interest in eating as a real cause for concern. With this new venture we would strive where possible to use volunteers to 'buddy' people to new activities for a short time to ease their way into managing their needs proactively.

### **3.3 Developing the Market**

For those already engaged or interested in providing or promoting the availability of healthy nutritious food locally we believe the Network event referred to in 3.1 will create a good opportunity for consulting with a wide range of interested parties, improve awareness of business opportunities and will support potential local suppliers to raise their profile.

WRVS as the current provider of the established community meals contract will be presenting at the event, and will describe their model of provision and what they perceive are ways to work in new and creative ways. Whilst as discussed elsewhere in the report the core 'hot' meal service they provide is currently reliant on national suppliers who meet stringent food safety requirements, local suppliers can still benefit from being made aware of the existing business model and any future tendering opportunities, for instance the WRVS service provides for a lighter sandwich and salad option which in the past was supplied from West Sussex.

### **3.4 Safeguarding a reliable 365 day a year service**

During 2011 a group of seven Local Authorities across the South East Region (The South East 7) brought together representatives to discuss ways that those Authorities might share good practice or work in closer collaboration to achieve efficient and effective service delivery. The seven Authorities comprise Kent, Medway, East Sussex, Brighton and Hove, West Sussex, Surrey and Hampshire.

The provision of meals in the community has been one of the topics under consideration and at a recent network event it was confirmed that all authorities considered the continuation of a core meals service in their communities as essential. This was in terms of supporting those most vulnerable and therefore dependent on a statutory package of care that would include a meals service and or as a central plank to their health and wellbeing agenda's. This recognises that a meals service singly or in place alongside other voluntary and community sector responses can act as a key preventative service enabling people to manage without statutory interventions for longer.

Locally the WRVS supplies hot and frozen meals to those people assessed as needing them. Meals are delivered to people in their own homes supporting them to live as independently as possible for as long as possible. Meals are provided to a wide range of individuals with differing needs, and the service supports adults across all age ranges. Younger adults with mental health needs, physical or learning disabilities account for about 40% of the meals delivered whilst approximately 60% of meal recipients are aged over 75 years and of these 38% are aged 85 years and over.

The service operates 365 days per year and the contract has a requirement that a 'safe and well' check is made for each person who has a meal delivered.

The WRVS are responsible for ensuring that meals weights and nutritional values comply with the latest recommended standards for community meals developed by the national association of care caterers. The delivery time and temperature of the first and last meal delivered on each round are recorded daily.

Since October 2009 the WRVS have been leasing 4 hot vans to deliver meals in the BN1 and BN2 districts of the city. Volunteers using private cars with insulated thermo boxes deliver in other areas of the city.



The service provides a choice based menu and is able to cater for customers with a range of health or religiously based dietary requirements including providing, kosher and vegetarian options and supporting the needs of those who are diabetic. The meals are sourced from a company in a Wales and arrive frozen at the WRVS centre. There are currently only 3 national providers who provide meals that fit the WRVS delivery model i.e. that can be delivered meeting stringent quality requirements.

The number of meals provided has fluctuated with some decrease in recent years but this decline appeared to plateau in 2011. The number of meal provided in 2007 /08 was 96,362 in 2010/11 81,864 and in 2011/12 was 84,770. This decline in numbers was not unique to Brighton and Hove and is reflected at a national level. There is no evidence to suggest one common cause for the current position but locally it is thought to be a combination of two interlinked factors, the emphasis that continues to be placed on individuals adopting more personalised approaches to their care and the improved ease with which individuals or their carers can for instance organise delivery of frozen meals via the large supermarket chains. It would seem likely therefore that those individuals who can manage with this latter option are diverting themselves from the traditional model of service, whilst the group that remains have needs that require a different input.

We conclude that those continuing to benefit from the WRVS meals service will be experiencing a broad range of challenges in remaining independent including for many and in particular for those growing older increased physical frailty. However for many people remaining in their own homes will also mean experiencing social isolation and an increased risk of loneliness. In 2010 The Annual Report of the Director of Public Health noted that Brighton and Hove has a higher percentage of single pensioner households (16%) than the national average (14.4%) it appears that once they get to 75 years and over most people in the city have been widowed and the majority of people over this age live alone. Recent figures produced by WRVS showed that locally on Christmas Day 69% of service users needed a meal to be delivered whilst on Easter Sunday this figure had risen to over 90%. For those individuals the WRVS volunteer input and 'safe and well check' provides a vital service.

The service is monitored through the Adult Social Care Commissioning Support Unit and there are regular contract reviews during the year. The Council funds a lay assessor's scheme to interview service users each year and the WRVS also regularly gather feedback from people that use the service. The satisfaction levels with the current service are broadly high.

For those who will continue to need a specified meal delivery service it is proposed that the current Waiver allowing the WRVS Contract to continue is extended to the end of March 2013 and that a tender exercise is entered into to secure ongoing provision of this model of service as recommended in 2.1.

### **3.5 Cost Effectiveness**

Whilst the consensus across the seven authorities in the South East was that a contracted meals service was needed, all Authorities were also clear in identifying as their goal the operation of such a service requiring little if any financial subsidy.

This position reflects that arrived at in Brighton and Hove through the scrutiny review and the proposal to introduce a phased reduction of the subsidy agreed as a guiding principle in the March 2012 report to the Adult Social Care and Health Cabinet.

At £3.10 a meal our Brighton and Hove charge is the lowest amongst the seven authorities. Our colleagues in West Sussex have concluded that by raising their prices by 30p this April (12012) from £3.70 to £4.00 a subsidy will no longer be required. All Authorities are aware of the evidence that suggests steep increases (over 50p) have a detrimental impact on the take up of meals and this is not desired, however smaller regular increases have been seen to achieve the same end point without destabilising the service.

It is therefore recommended in 2.1 that from 1 October 2012 and thereafter every six months the charge for meals in Brighton and Hove will be raised by 20p until the point of no subsidy being required is reached. This means that all recipients whether accessing a meal because they have a wider package of care or require the input as a stand alone service (self referrals) will be affected in the same way. The impact of this will be monitored closely and the Adult Care and Health Committee will be advised of progress in achieving a non subsidised position.

## **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 The Adult Social Care Housing & Overview Scrutiny Committee have undertaken a pre policy scrutiny on this matter. See Appendix 1
- 4.2 The network event described in 3.1 will provide for further engagement and consultation

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

### Financial Implications:

- 5.1 The net spend for 2011/12 was £0.233m (this includes the client income collected on behalf of the Council by WRVS). The net unit cost per meal was £2.75 (based on the annual number of approximately 84,770).

The future commissioning plans will seek to reduce the net unit costs and offer improved value for money, in line with the latest budget strategy.

*Finance Officer Consulted: Name Mike Bentley*

*Date: 8/05/12*

#### Legal Implications:

- 5.2 Whilst the Local Authority does not have a duty to provide Community Meals it chooses to exercise its statutory power to do so. In exercising this power and delivering this service the Local Authority must have regard to the national and local personalisation agenda, individual's Human Rights as enshrined in the Human Rights Act 1998 and its duty to the public purse. Under the section 47 of the National Health Service and Community Care Act 1990 the Local Authority has a duty to undertake an assessment of the care needs of an individual where it appears to that authority the individual may be in need of services; recipients of community meals may trigger this duty and it is therefore important the referral pathway ensures the Local Authority is able to identify such individuals.

*Lawyer Consulted: Sandra O'brien Date: 31/5/12*

#### Equalities Implications:

- 5.3 A full Equalities Impact Assessment will form part of the retendering phase and will be reported back to the Adult Care and Health Committee.

#### 5.4 Sustainability Implications:

The service provider is not able to access locally sourced meals that can meet stringent quality requirements to enable their appropriate reheating en route to a service user's home and these are currently delivered from Wales.

One of the proposed principles in relation to future commissioning is that it promotes the opportunities to source healthy nutritious meal options locally.

#### Crime & Disorder Implications:

- 5.5 There are no specific implications for crime and disorder.

#### Risk and Opportunity Management Implications:

- 5.6 The approach outlined above both promotes the opportunities available in the city for people to access local healthy, nutritious and well balanced food with the need for a strictly specified service to meet the needs of those who are most vulnerable. It ensures that a statutory response is in place where required whilst in tandem promotes increased choice and control and fosters the further roll out of the Personalisation agenda.

#### Public Health Implications:

- 5.7 The current service provides nutritionally balanced meals which meet industry standards. Access to community meals is an important element in the health and well being of people.

The steps outlined in this report seek to develop this service so that it is more accessible and more personalised.

### Corporate / Citywide Implications:

- 5.8 The community meals service and its delivery are directly linked to the Councils priorities of supporting vulnerable adults to live healthy independent lives and creating a sustainable city.

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

- 6.1 This report has been based on further consideration of the principles outlined in the March 2012 report and has focused on our understanding of the current local market, the needs of those currently being supported by the existing service model and our aspirations for the future in further developing the Personalisation agenda.. We have looked closely at the models in place across the South East, mindful of the work of the South East 7 and are aware that this as an arena that will be subject to further review over time.

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

- 7.1 The contract for this service is coming to an end and this is an opportunity to enter into new arrangements for a community meals service whilst recognising and further promoting the personalisation agenda.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Scrutiny Workshop Notes

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

1. None

### **Background Documents**

1. Report to Adult Social Care and Health Cabinet Meeting March 2012

[http://present.brighton-hove.gov.uk/Published/C00000151/M00003308/\\$\\$ADocPackPublic.pdf](http://present.brighton-hove.gov.uk/Published/C00000151/M00003308/$$ADocPackPublic.pdf)

## Appendices 1

### **ASCHOSC Community Meals Workshop: Meeting Note**

**Present:** Cllrs K Norman (Chair), A Norman, Gilbey, Peltzer Dunn, Buckley; Avril Fuller (LINK co-optee)

Philip Letchfield (ASC)

PL introduced the workshop, explaining that the community meals contract (currently held by WRVS) is due to finish in April 12. The contract can be extended to October 12, with an option to extend for a further 6 months, at relatively low risk of challenge, but beyond this it will be necessary to re-tender (or meet demand by other means).

There are a range of options for the service in the future, all of them in use by local authorities across the country. These include:

- A 'sign-posting/ model where the LA does not provide or contract a community meals service, but simply publicises the range of commercial options available to residents.
- A 'framework' contract where the LA contracts with a number of providers, but does not guarantee any provider a particular volume of work – customers are free to choose the provider they prefer, or to make their own arrangements.
- Re-tendering for a similar contract to the one currently in place (i.e. a single provider which makes its own arrangements with suppliers)
- Re-tendering, but splitting the contract between several suppliers (with each supplier responsible for a particular area etc)
- Re-tendering, but stipulating that the provider(s) must work together with local suppliers, so as to ensure the use of local produce/encourage the local economy etc.

PL told members that there were some very positive aspects of the current contract with WRVS: the service is of a good and consistent standard, customer satisfaction is relatively high. However, the service is subsidised by BHCC, the food provided is not locally sourced or prepared, and the service is not personalised (customers have no choice of providers).

Moreover, there has been a significant fall in demand for community meals over the past few years (although this has recently plateaued). This trend is likely to continue, with the move to personalisation of care seeing more people choosing to develop their own care solutions rather than being reliant on a bulk provider, and the increasing availability of a range of commercial products (supermarket ready-meals etc).

Members were informed that, whilst increasing consumer choice was desirable, it might also have drawbacks, as the cost of community meals provision is typically predicated on having a very large volume of sales: the unit price is kept relatively low by the size of the overall contract. Since providing greater choice will inevitably see a reduction in

activity for any single provider, it may inevitably lead to a significant increase in the unit price. It may also be the case that the current provider, WRVS, would be unable to function with greatly reduced volumes, as it has considerable fixed costs.

Members agreed that they would ideally like to see community meals provided locally from locally sourced fresh produce. They would also like to see the quality of community meals improved.

It was recognised that there was no locally based provider currently able to manage a contract of this size – particularly as provision needs to be absolutely guaranteed and available 365 days a year. However, members thought it might be feasible for a contractor to make much more use of local producers and providers. Members specifically mentioned City College in this context.

Members discussed the issue of subsidising community meals. BHCC currently provides a considerable subsidy, but plans to reduce this, potentially by restricting its subsidy to customers who meet the social care eligibility threshold – currently customers who do not have severe/critical need may still receive subsidised community meals - and increasing the charges for the meals to closer reflect actual costs. Members agreed that there were sound reasons for reducing this subsidy, although any action needed to be phased.

### **Conclusions:**

- Members agreed that, in the long term, the community meals service should provide people with locally sourced and provided nutritious, tasty meals.
- This long term aim may not be achievable in the short term, but the re-tender of the community meals contract should require bidders to work with local producers and providers in order to grow local capacity.
- Subsidies for community meals should be reduced, but this must be phased in so as to minimise the impact upon local residents.
- The possibility of a pilot scheme involving local producers/providers should be explored by ASC.