

BRIGHTON & HOVE CITY COUNCIL
ADULT CARE & HEALTH COMMITTEE
4.00pm 24 SEPTEMBER 2012
COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair), Councillor Jones (Deputy Chair), Barnett, Marsh, Meadows (Opposition Spokesperson), Mears, K Norman (Opposition Spokesperson), Pissaridou, Shanks and Wakefield

PART ONE

11. PROCEDURAL BUSINESS

11A Declarations of Substitute Members

11.1 Councillor Shanks declared that she was attending as a substitute for Councillor Powell.

11B Declarations of Interests

11.2 There were none.

1C Exclusion of the Press and Public

11.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

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

12. MINUTES

12.1 Councillor Mears referred to paragraph 4.7 and asked if there was information relating to the payment for uniforms.

12.2 The Head of Contracts and Performance stated that the response to the petition at Item 15a) would give information about wage rates. The response made the point that providers were varied in relation to the pay and conditions they offered employees.

There was not one model at the moment. Councillor Mears was concerned at this reply and stated that she felt that there needed to be clarity about what was provided.

- 12.3 The Chair acknowledged that there was no information about uniforms. He undertook that this information would be brought back to a future meeting.
- 12.4 Councillor Norman referred to paragraph 4.11 regarding the review of the contract. The Director of Adult Social Services confirmed that the interim review had been undertaken. A full review would take place in six months.
- 12.5 Councillor Meadows asked if there was a consistency in the contracts when accounting for expenses, uniforms etc. The Head of Contracts & Performance stated that the council agreed to pay the provider for services. The contract would not specify those terms.
- 12.6 Councillor Barnett asked if a petrol allowance was paid to care workers. The Head of Contracts & Performance replied that some providers did pay a petrol allowance and others did not. The council paid providers a set amount per hour which did take into account matters such as travel expenses. It was up to the provider to decide the pay and conditions for their staff. This was not dictated by the council.
- 12.7 **RESOLVED** – That the minutes of the meeting held on 25 June 2012 be agreed and signed as a correct record.

13. CHAIR'S COMMUNICATIONS

- 13.1 There were none.

14. CALL OVER

- 14.1 **RESOLVED** – That all items be reserved for discussion.

15. PUBLIC INVOLVEMENT

(a) Petitions

(i) Learning Disability Accommodation

- 15.1 It was agreed to hear this petition immediately before the item on Learning Disability Accommodation at item 17 of the agenda (see paragraph 15.21 below).

(ii) Care Agencies Pay Cut Crisis

- 15.2 Kayleigh Beckman presented the following e-Petition which was signed by 33 people. A paper petition was also presented with 499 signatures.

"We the undersigned petition the council to look again at the rates being paid to care providers across the city.

In today's society carers are as essential as nurses, teachers and policemen, but they are not given the recognition they deserve by Brighton and Hove City Council. Good, experienced care workers are leaving companies across the city because weekend rates have been cancelled within the 15% pay cut to providers. This will affect the vulnerable across the city because the new working conditions will expect people with limited training to carry out duties unsupervised that district nurses have been trained to perform".

(iii) Request to Review Rates being paid to Care Providers

- 15.3 The Committee noted the e-Petition submitted by Ramya Perera which was signed by 33 people. Mrs Perera was unable to attend the meeting.

"We the undersigned, petition the Council to look again at the rates being paid to Care Providers across the city. In today's society, carers are as essential as nurses, teachers and policemen but they are not given the recognition they deserve by Brighton & Hove City Council.

The Council pays its own care team £21.50 per hour to run their service but only pays Providers £14.50 to run their service. Brighton & Hove Council have cancelled their incentive to companies to provide consistent care, for example ensuring clients have the same care workers regularly.

Good, experienced care workers are leaving companies across the city because weekend rates have been cancelled within the 15% pay cut to Providers. Care companies who have had a good reputation for supplying consistent care just cannot continue to provide that standard of care to old and vulnerable people. Care workers are now expected to have the skills and carry out a wider range of basic nursing tasks."

- 15.4 Councillor Jarrett provided the following response to the petitions at (ii) Care Agencies Pay Crisis and (iii) Request to Review rates being paid to Care Providers as follows:

"The Council has received two petitions regarding the pay rates for staff employed by independent sector home care providers and the impact of the new framework contract that was introduced in June of this year. The Council agreed to bring forward its review of the impact of the new contract to better inform consideration of the issues raised by the petitions and this has been completed. The two petitions have a common theme and raise some common issues for response but each also contains some specific issues unique to that petition. This response covers all the matters covered in both petitions.

1. The new contractual arrangements did not introduce a 15% pay cut to providers. Rather it consolidated the rates at which providers are paid from nearly 30 different rates to 3 rates. The hourly standard and special care rate, plus a 15 minute call enhanced rate. These rates were increased by 10.7% and 11.8% from the rates prior to the contract. However there are no enhanced rates paid to providers for evening and weekend work in the contract. Providers continue to receive enhanced rates for bank holidays. The contract is with the providers and does not specify the rates of pay for staff in each

provider agency. However as part of the procurement process all providers were asked to confirm that they would be paying staff at least the local living wage. Providers have confirmed that pay rates for experienced workers now vary from £6.55 for a standard hour weekday to £8.65 and for new care workers from £6.30 to £7.60. The standard weekend rate care rate paid is from £7.65 to £9.75 for experienced workers and from £7.00 to £8.76 for new care workers. Some providers continue to pay enhancements on this for evenings, special care and petrol. The highest reported hourly rate was £9.98. The new providers awarded contracts in the city are offering higher pay rates ranging from £7.50 to £11.00. Providers have responded in a variety of ways in relation to new rates the Council pays and the rates that staff are paid.

2. The review of the contract implementation confirms that since the implementation overall providers have recruited 153 new care staff and that 60 care staff had left the service. The level of experience of staff who left cannot be confirmed. The actual recruitment and retention data for each individual provider varied and to an extent this would be anticipated given the specific contract awarded to each provider. Whilst the loss of staff is to be regretted this is a sector where turnover had previously been high and the figures indicates that the overall capacity of care staff across the city has not been diminished. The actual number of people receiving home care appears to have increased slightly as has the number of hours of care but we are undertaking further analysis of this information.
3. The quality of the service provided on the whole remains good and broadly at the same levels as before the contract implementation. There has not been an increase in concerns about service quality and user safety in these services. Care provider is in the main continuing to provide the standard of care required. The difficulties experienced over the summer of 2011 (before the new contract) have not occurred this year which is a positive indication.
4. The Council provides a comprehensive and free training and development programme each year to independent sector care providers. This programme has continued as part of the new contract arrangements and reflects the Councils commitment to a skilled and competent workforce.
5. The Council recognises the vital role that care staff play in today's society and this is reflected in its commitment to providing training to ensure a skilled work force and the efforts to secure a local living wage. Through its developing workforce strategy the Council is committed to working with local providers to promote the status, recognition and role of care workers.
6. The incentive payments to providers have not been included in the new contract as the incentive related to outcomes that should be an essential part of a good service. Continuity of carer was one of the areas covered by the incentive scheme. In its place the council invested in an electronic care monitoring system and provided funding for all providers to be part of this scheme. This system not only delivers back office efficiencies for providers and the Council but also provides essential performance information on matters such as continuity of carer which can be used to support improvement. For example one provider who was failing in this area despite incentive payments has improved significantly since the introduction of the ECMS.

7. The Council does not pay its own care team £21.50 per hour to run the service. This is the maximum charge that service users can be charged for the service. The Council is reviewing this rate and this will be considered again at the Committee meeting in January 2013 when the annual report on Charging is on the agenda.
8. The review did highlight some issues which need further consideration. The response times for packages of care are not always meeting targets and further exploration is underway to understand why this is the case. There are still some difficulties reported in relation to evening calls particularly after 8.00 pm. Feedback from providers indicates this maybe linked to the number of staff who are not drivers, the majority of the workforce are female and there are safety issues for them and the lack of enhancements offered by some providers. Providers have indicated actions they are taking to resolve this and the Commissioner will continue to work with them on this area. The complexity of care needs has been increasing and there is a recognition that robust risk management processes must be in place when care workers are undertaking complex tasks and this must include clear understanding of roles, responsibilities and accountability for delegated tasks. This is not linked to the new contract and is an area where agencies continue to work together to ensure safety.
9. The home care service is a critical service in the city and we will continue to keep the service under close review.
10. There are some new requirements in the contract which will support the further personalisation of services most notably outcome based home care and we will begin work on the implementation of these over the coming year.”
- 15.5 Councillor Meadows stated that the local living wage was £7 an hour not £6.30 and that incentive payments were not included in the new contract. She noted that there were differences in the way providers paid their staff in relation to evening calls. Councillor Meadows made the point that not all providers were drivers yet they were expected to carry out evening calls. She stated that the response raised more questions than answers.
- 15.6 Councillor Barnett noted that 60 care staff had left the service and asked if they had been replaced by students. Councillor Barnett expressed concern that people were not being paid a higher rate for evening calls and stressed that 15 minutes calls would not provide time to care for clients. She had heard of one case where a care worker had 17 calls to make in one day. She felt that people were not getting a quality of care and she was not happy with the monitoring of the service.
- 15.7 Councillor Mears stated that a clear and precise report on this matter was required. She referred to point 8 in the response which related to difficulties reported in relation to evening calls particularly after 8.00pm. This raised health and safety issues. She considered that this matter was important and needed to be discussed to ensure care workers were safe.
- 15.8 Councillor Pissaridou asked what actions were being taken in relation to paragraph 8 of the response. The Contracts and Performance Manager reported that the new contract had set more challenging response times. Some providers were meeting response times and some appeared not to be. This was not entirely a provider issue and might be

due to issues such as equipment being required or other services being in place before the home care provider could commence. This is why further analysis of the information is required to get a clearer understanding. In relation to evening calls the review had not indicated any health and safety issues regarding these calls. However there were capacity issues at some times and this maybe linked to workforce factors as indicated in the briefing. There was a need to work with providers on these issues and some solutions were being discussed with them by the Commissioner. In relation to capacity whilst the interim review indicated 60 staff had left it also confirmed that 153 new staff had joined in the same period. The level of experience of these staff was not known. The briefing had highlighted that the capacity issues experienced last year prior to the new contract being in place had not occurred since the new contract and this was encouraging. The Head of Contracts and Performance briefly explained what outcome based commissioning was and how this would support more personalised services. The service continued to be closely monitored and the introduction of the Electronic Call Monitoring System had enhanced this and enabled close monitoring of matters such as continuity of carer, timeliness and the rota of visits for staff.

15.9 The Chair stated that there needed to be further analysis of the contract and the concerns expressed. Further concerns and questions could be sent in writing to the Contracts and Performance Manager. A formal report would be submitted to the committee on 21 January 2013. This would present the result of the six month review and provide other information that the committee members requested. In the meanwhile, anything that affected the delivery of the service and health and safety would be dealt with as a matter of urgency.

15.10 **RESOLVED-** That the petitions be noted.

(iv) Personal alarms to call the police for the vulnerable in the power of carers

15.11 Nigel Carter presented the following e-Petition which was signed by 10 people.

“We the undersigned petition the council to provide every person in the power of carers to be routinely issued with a device which can call the Police - as all of us free people can do - if attacked, abused or neglected by the very people who should be caring for them. We leave no other innocent person at the mercy of all-powerful individuals and we should stop it now, in hospitals, nursing and care homes and home visits.

Also, hidden miniature cameras should be authorised for use when there is any doubt in order to monitor the behaviour of staff towards people in their care and gather evidence. Hopefully, this possibility of discovery will deter abuse of any kind and lift standards of care as well as remove criminals from wards and visiting homes. Our weaker fellow humans deserve no less. It should not be a costly option. We must stop the dreadful events suffered by the vulnerable now. We must do it or hang our heads in shame. Let's get a grip, get serious and refuse to be fobbed off...it'll be us there soon! Nigel Carter
Chairman

Devices exist which yachtsman use so that if they fall overboard anywhere in the world a message is sent via satellite giving their position - a transponder. Using the mobile phone network a simple red button device as a necklace or ring could be loaned to any who

need it, and checked routinely to make sure it is working and the vulnerable person knows what it is for and how to use it.”

15.12 Councillor Jarrett provided the following response:

CareLink Plus is Brighton and Hove City Council’s community alarm and Telecare service, currently provided to six thousand customers, comprised of over three thousand people living independently in the community and the remainder living in sheltered accommodation of some description. We operate twenty four hours a day, seven days a week, every day of the year. The primary function of the alarm is to allow the customer to summon help in the event of an emergency such as a fall, sudden illness or worsening of a long term condition, fire or threat to personal safety. We also receive many calls from our customers for reasons such as their carers have not arrived as expected or because they require reassurance due to anxiety or confusion. Some of our customers have our equipment installed as a safety alarm following, or due to the threat of, burglary, domestic violence, harassment or neighbourhood disputes.

The standard equipment supplied is a unit which attaches to the customers telephone line and plugs in to an electric socket; and an emergency button, most frequently worn as a pendant around the neck, which can also be worn on a wrist strap or clip attached to clothing. When the alarm is activated a call is automatically made to the CareLink Plus control centre. When the call is received we will try to talk to you through the unit. If help is needed we will arrange the appropriate response. This could be to contact a family member, nominated emergency contact, a carer, a medical professional or the emergency services.

Currently CareLink Plus is not engaged in any joint working with the Police to provide safety devices to vulnerable people, but has worked with them in the past where to support victims of repeat crime or domestic violence. This is a service that Carelink Plus provides independently, although the Police would be called to respond when appropriate. The Police service can make a referral to CareLink Plus as can any individual or service.”

15.13 Members agreed that the content of the petition could be looked at in conjunction with Item 22 – Safeguarding Adults at Risk.

15.14 **RESOLVED-** That the petition be noted.

(b) Written Questions

Care Workers

15.15 Ms Lesley Beckman asked the following question:

“What care will inexperienced care workers across this city be required to carry out within the 15 minute time frame which the council are proposing to pay special care rates, even though a Government Minister stated publicly that all councils should dispense with 15 minute calls as they are not in the best interests of those needing care?”

15.16 The Chair gave the following response:

1. All service users receive an individual assessment of their needs. The length of each home care visit is determined according to each individual's situation and their abilities, it is always needs led. The tasks that are carried out in each call will vary depending upon the person's ability to undertake tasks themselves and how much support is required at each visit.
 2. 15 minutes is the minimum length of time that can be allocated to a visit and account for only 8% of calls provided in a week.
 3. A 15 minute call is most frequently used for tasks such as assisting with medication, providing support with a light snack and hot drink and generally checking the welfare of the individual.
 4. Usually 15 minute calls are included as part of a larger care package which may include a variety of calls and durations during the day
 5. 15 minute calls may also be used at the end stage of a programme of intensive home care designed to improve a person's independence with certain identified tasks. In these circumstances a call might have started as 60 minutes and over time, as the individual's skill levels improve and they become more independent, the time allocated can be reduced.
 6. When someone needs dedicated support with their personal care or other tasks then 15 minute calls are not usually appropriate.
 7. As with any allocated visit, if the individual needs additional support because they are unwell or due to other circumstance then the length of the call time can be adjusted by the home care provider. If there is a need to make a permanent change to the duration of the visit then this can be instigated by the provider in negotiation with Adult Social Care and usually a reassessment of need will be undertaken through the review process.
 8. The introduction of the electronic care monitoring system has been useful in identifying where the duration of care visits need to be adjusted as it captures the real time provided at each call.
 9. The Council has maintained an enhanced rate for 15 minute calls following consultation with care providers in recognition that there are additional costs incurred when providing short 15 minute visits.
 10. The special care rate is applied where a service user has needs that require the care workers to have additional training or special skills. This maybe because the person has mental health problems, challenging behaviour, is receiving end of life care or needs support with specialist tasks.
 11. The enhanced rate for Special Care is paid in recognition that the care workers will require additional training and support to undertake these tasks. Therefore no inexperienced care workers should be allocated to calls for service users who attract Special Care rates.
 12. The Council continues to offer a range of training and development opportunities for Home Care workers free of charge to providers.
- 15.17 Ms Beckman asked the following supplementary question: Ms Beckman referred to special care rates for 15 minutes calls. She stated that calls could not be carried out in a 15 minute period. This would not provide enough time to go through the door, initiate contact and provide care to the person in need.
- 15.18 The Director of Adult Care & Health stated that there was an enhanced rate for 15 minute calls not a special care rate. The Chair stressed that if a person required specialist care there would be a longer period of care delivered in the working day.

15.19 Councillor Barnett considered 15 minutes was an insufficient period for a call and was not acceptable.

15.20 **RESOLVED-** That the written question be noted.

(i) Petition - Learning Disability Accommodation

15.21 Sue Beatty presented the following e-Petition which was signed by 521 people. Ms Beatty also handed in a paper petition with the same wording with 1670 signatures.

“We the undersigned believe that a proposal to close some group homes for adults with learning disabilities is wrong. These people are some of the most vulnerable living in our city and often have no voice of their own. They deserve the same rights as any other citizen, that they be allowed to remain in their own home as they choose. To remove them from their own home for financial reasons is morally wrong and any move would have a detrimental effect on their health and well-being. We call upon Brighton and Hove City Councillors to reject this proposal.

This campaign is supported by UNISON, staff who care for adults with learning disabilities, family members.”

15.22 Councillor Jarrett thanked Ms Beatty and stated that there would be a full debate when the report was considered.

15.23 **RESOLVED-** That the petition be noted.

(c) Deputations

15.24 The Chair noted that a deputation had been received and invited Sue Beatty to come forward and present her deputation to the meeting.

15.25 Ms. Beatty presented the following deputation:

“This deputation is brought on behalf of staff working within the Adult Learning Disability Accommodation Service and UNISON on behalf of its’ affected members.

Staff are extremely concerned that the proposal (Option 1) to close some of the homes and move service users to other units will be extremely detrimental to the health and well-being of those adults who will be moved should this option to agreed. UNISON shares these concerns plus the concern that the challenging behaviour of these adults with learning disabilities will escalate due to the changes and potentially cause problems for our members, i.e. risk of physical injury.

Staff (and some families that UNISON has had contact with) believe that the best option is for these homes to remain open and for the service to be expanded which is one of the other possible options to consider. Whilst appreciating that this would not make the savings envisaged at the time of the budget being set (total of £800,000 over the two years), those of us involved in this campaign believe that these service users, probably the most vulnerable adults in the City, should be protected from such a move. A future

expansion of the service needs to be thoroughly thought out and given serious consideration to avoid further proposals for closure continuing in the years to come.”

15.26 **RESOLVED** - That the deputation be noted.

16. MEMBER INVOLVEMENT

16.1 The Committee noted that there were no petitions, written questions, letters or Notices of Motion received from councillors.

17. LEARNING DISABILITIES ACCOMMODATION

17.1 The Committee considered a report of the Director of Adult Social Services/Lead Commissioner People which reminded members that a report had been presented to the Committee in June following a three month consultation which recommended the re-modelling of the council's accommodation for people with learning disabilities. The Committee decided to defer a decision pending consultation with the service users and additional information being provided. The report set out the additional information requested by the committee, and the proposals now based on that additional information.

17.2 The Director of Adult Social Services/Lead Commissioner People thanked staff and members of the public for attending the meeting. She explained that officers had to decide how to make savings year on year. A consultation had been carried out with staff and families regarding the proposals for re-modelling the service. The Director stressed that the learning disability service had high unit costs. Brighton & Hove had the 12th highest unit costs in the country as the units were very small. Officers were also mindful of young people coming through transition from Children's services into adult services.

17.3 The Head of Adult Care & Health (Provider) informed the Committee that officers were tasked with delivering a service that was cost effective and sustainable. The in house learning disability service was high quality and high cost. The budget for the service was based on £840,000 savings over the next two years.

17.4 The Head of Adult Care & Health stressed that she wanted to make the best use of the in house service. A three month stakeholder consultation had been brought to the June meeting of the Committee. The committee decided to defer consideration of the report in order to obtain additional information. The outcome of the consultation with service users was attached as appendix 2 in the report and the additional information requested by the committee in June was provided within this report.

17.5 Information in the Report now being presented to Committee on the planned moves was set out in paragraphs 3.3 and 3.4 of the report. The proposal in option 1 in this Report was to re-model the accommodation service including reducing the number of homes by 2. This option would maintain an in house service, and would allow existing staff to

move with the service users. It would result in a more efficient and sustainable service and would make the required savings. Alternative options included outsourcing the service. This would not be acceptable to relatives who wanted the council to continue the service. A further option was to expand the service. That option would not deliver the required savings or meet commissioning requirements to deliver improved value for money which would make the council's services financially un-sustainable when compared to the private or voluntary sector.

- 17.6 Councillor Mears referred to paragraph 1.2 in relation to Ferndale Road. She had visited the excellent service there. Councillor Mears was concerned at the wording of the paragraph and asked for clarification as to whether a report on the future of Ferndale Road would be taken to a future meeting.
- 17.7 The Head of Adult Social Care explained that officers had carried out further work due to the concerns raised about the closure of Ferndale Road. Officers had decided that because they had been unable to identify suitable alternative housing for the two service users whose families wished to remain living together, they had removed the closure of this house from the recommendations and instead proposed to deliver savings and efficiencies without the closure of this home.
- 17.8 Councillor Mears thanked the Head of Adult Social Care for her time in taking her round the homes. She asked for reassurance that Ferndale Road had a long term future. Councillor Mears referred to the report submitted in June and stated that she was aware that Ferndale Road was partly funded by East Sussex County Council who contributed £150,000 to its running costs. This information was not clear in the report.
- 17.9 The Director of Adult Social Services agreed that the cost of the service versus income was not clear, and apologised for this omission.
- 17.10 The Chair reassured Councillor Mears that there were no proposals to close Ferndale Road at this stage.
- 17.11 Councillor Meadows asked how many users were coming into the service. The Head of Adult Care & Health replied that approximately an additional five service users would join the service. During the next 18 months to 2 years, officers would look to increase capacity in homes by 1 or 2 people where practicable.
- 17.12 Councillor Wakefield referred to the proposed transfer of service users from Old Shoreham Road to Windlesham Road which would be an all women service. She asked for reassurance that if the move was made attention would be paid to the exact layout of rooms. Service users would want their surroundings to be in the right place and the right order.
- 17.13 The Head of Adult Social Care explained that there were very few women in the service. If the proposal was agreed, Windlesham Road would be a women's service. The move would be carefully planned with families and staff, and the property would be adapted to the individual needs of service users before they moved in. It was anticipated the timescale would be 3 to 6 months.

- 17.14 The General Manager, Integrated Learning Disability Service explained the way the proposed move would be managed. A team was working with families and staff to prepare for the move. Advice was also being sought from the Behavioural Support Team. Officers wanted to work in a person centred way and to work with families in the detailed planning involved. The General Manager had every confidence that officers could support a good transition for people.
- 17.15 Councillor Marsh stated that she had looked at the proposals in an open minded way and had been moved and changed by what she had seen. She stressed that the service users were vulnerable adults and that the council had a corporate responsibility for them. She considered it would be a cynical cost cutting exercise to go ahead with the proposals. Councillor Marsh acknowledged that the service users could not be consulted about the changes and that they became very distressed at any mention of change.
- 17.16 Councillor Marsh stated that she had seen the importance of the home environment for the service users. It had taken a dedicated team to settle them and make them comfortable.
- 17.17 Councillor Meadows thanked the Head of Adult Social Care for an interesting visit to the homes. Councillor Meadows remembered her first visit to Old Shoreham Road when it was new. She had been told at the time that small homes were the right way forward. Councillor Meadows stated that the women in Old Shoreham Road were all progressing far better than expected.
- 17.18 Councillor Meadows questioned the need for an all women service as there was a mixed gender group of service users at Beaconsfield Villas, where separate flatlets were provided. Councillor Meadows considered that too many lives were being disrupted for a cost cutting exercise. Councillor Meadows asked why properties were being closed when more people were coming into the service. She stressed that Windlesham Road needed a great deal of adaptation. Meanwhile, New Church Road had only just been furnished and seemed very comfortable.
- 17.19 Councillor Meadows made the point that the total savings from the proposal in one year would be £600,000. She stressed that without information about the cost of the adaptations to Windlesham Road they could potentially cost £600,000 and queried how that could be seen as a saving. Councillor Meadows was concerned at the loss of 8.78 staff, and asked what would happen when staff went on leave and cover was needed. Councillor Meadows stated that officers should come back with a model that supported the needs of all service users, including those coming through transition from Children's Services. Councillor Meadows suggested that finance for the service could be found by moving finance from other projects.
- 17.20 Councillor Mears stated that she considered Option 1 to be flawed. She stressed that Windlesham Road was an expensive area and said she would be interested to know the value of the property. Councillor Mears spoke of her visit to Windlesham Road and questioned the suitability of the house and explained that she had been out of breath when she had reached the top flat.

- 17.21 Councillor Mears considered Windlesham Road to be a depressing property and parking was £3.50 an hour in this area. She stressed that there was no detail on the cost of the adaptations required at Windlesham Road.
- 17.22 Councillor Mears raised the issue of children coming through transition. She stated that Adult Care & Health should be working with Children's Services on this issue. Vulnerable children could not be transported to school in large groups yet it was proposed to place them in larger homes.
- 17.23 Councillor Mears agreed with Councillor Meadows' comments regarding funding. Other areas of the budget could be reviewed. Councillor Mears stated that she would not support the proposals.
- 17.24 Councillor Shanks stated that it was right to think about the transition of young people into the adult service. She stated that savings had to be made and the proposals were necessary. She assured members that the moves would be planned and would lead to more available space. She supported the proposals.
- 17.25 Councillor Jones stated that he had visited the homes and been impressed by the quality of care. He agreed that 267 Old Shoreham Road was a beautiful home and that the residents were very happy. However, he had looked at the figures and had been concerned at what might happen in 2 to 4 years time. Councillor Jones considered that if the changes were made now, the service users would be able to move with their dedicated staff group and would be in a new property which could be adapted in an appropriate manner. He supported the proposals.
- 17.26 The Director of Adult Social Services stated that the proposals were about maintaining quality homes and planning for transition. The proposals would provide a local service for the most vulnerable. One off capital funding from a separate budget would be used to carry out the adaptations to Windlesham Road. With regard to staff, vacancies had been held open and agency staff had been used. The proposals would not lead to any redundancies.
- 17.27 Councillor Norman thanked the General Manager, Integrated Learning Disability Service for taking him around the service. Councillor Norman referred to comments about the proposals being a cynical cost cutting exercise. He stressed that the service had to rely on government funding and had to work within those limits. Councillor Norman stated that he was sure that the council would not place people in shared space if it was not appropriate.
- 17.28 Councillor Norman stressed the need for single sex accommodation. There was a need to move forward to provide for the needs of the city, not just for now but for the future. Councillor Norman had noticed that there are areas of the existing homes that needed to be upgraded. He believed the proposals would improve the service to give vulnerable people security. The carers he had met bar one had seemed happy with moving with their service users.
- 17.29 Councillor Norman stated that Windlesham Road would be adapted with capital funding that was available to improve the property and bring it up to a higher standard than before. He stressed that it should be possible to alter the internal structure of the

building. Councillor Norman mentioned that there was an empty building next door and suggested that that building could be used as well.

- 17.30 Councillor Norman stressed that he would not want to support anything that was not in the best interest of the residents. If the proposals were agreed it would be the start of a development to improve the service for the residents in the longer term.
- 17.31 Councillor Meadows noted that five new service users needed to be accommodated but asked why those who were happy and comfortable should be disrupted. She stressed that more space was required not less. She agreed it was a very expensive service but stressed that the council had a responsibility to ensure the service users were happy and reached their potential. Councillor Meadows thought that the move would not achieve that aim.
- 17.32 Councillor Meadows referred to funding. She asked how savings could be made if the property needed adapting. She considered that the finances did not add up. Councillor Mears concurred and stated that there was insufficient financial information in the report in order to make a decision.
- 17.33 Councillor Pissaridou stated that she could not support the proposals. She congratulated Brighton & Hove Council for achieving what they had with the current service. She asked why the council was proposing to edge back to having institutions.
- 17.34 Councillor Barnett stated that not one carer she had spoken to was happy with the proposals. She could not support the recommendations and would vote against them. The service users were happy and contented in their current homes.
- 17.35 Councillor Wakefield referred to the empty property next to the Windlesham Road home. 22 Windlesham Road had been handed over to Seaside Homes who would use it to convert to flats. The property had potential to be used for adults in supported care. Councillor Mears stated that she was surprised this very expensive property was being transferred to seaside homes. She thought it would have been better to sell the property and invest the money in houses.
- 17.36 The Head of Adult Care & Health stated that officers were working closely with colleagues in Children's Services to manage transition. The council were facing the challenge that their services were very expensive compared to the private sector. It would not be an option to expand the service whilst the unit costs remained so high - this was not sustainable when Adult Social Care budgets are reducing. There were no proposals to have institutions. The proposals were about retaining family houses. The Head of Adult Social care stated that she did not have the exact figures available on the cost of the adaptations but that these were funded through separate capital budgets.
- 17.37 The Chair read a letter from Councillor Stephanie Powell who was not able to attend the meeting; Councillor Sue Shanks was substituting for her. Councillor Powell wanted the committee to know that she did not support the proposals.
- 17.38 The Chair stated that the proposals would not lead to anything resembling an institution. There would be larger family homes. The intention of the proposals was to future proof the service. The Chair stressed the need to make savings in the Adult Care & Health

budget and spoke about the anticipated reduction in funding to local government. The Chair stated that he wanted to maintain a high quality in house service.

17.39 At this point Councillor Meadows moved that the committee should vote on the recommendations without further discussion. Councillor Mears formally seconded this motion and it was carried by the committee.

17.40 **RESOLVED** – That it be agreed to re-model the council's accommodation for people with learning disabilities as set out in Option 1 (paragraph 4.1).

18. TRANSFER OF CARE FROM A SHORT TERM BED

18.1 The Committee considered a report of the Director of Adult Social Services/Lead Commissioner People which presented the Transfer of Care from a Short Bed Policy. The policy sought to give clarity to the situation when a person is in a short term bed that no longer meets their assessed need. It also sought to make the process fair so all cases were resolved using the same principles that are captured in one policy.

18.2 The Head of Commissioning and Partnerships referred to paragraph 3.4 of the report which related to guidance on how the process should be managed when a service user refused to move. She stressed that this was a very rare occurrence and had not happened to date.

18.3 Councillor Meadows welcomed the report and agreed that the policy was needed.

18.4 Councillor Mears asked for details on the number of short term beds in the city. She spoke about the problem of bed-blocking in the past and asked about the collaboration with the council's partners in implementing the policy.

18.5 The Head of Commissioning and Partnerships replied that there were around 70 short term beds in the city. There had been a great emphasis in the past on discharging people out of hospital quickly. There needed to be an emphasis on moving people to short term beds. The council was working collaboratively with partners. Delayed discharge from hospital in Brighton was at an all time low.

18.6 The Director of Adult Social Care stated that the council were working with the Sussex Community Trust in cases that were covered by Section 75 arrangements. The Council were also working with the Statutory Services Board. Meanwhile, the NHS had a similar policy in place.

18.7 **RESOLVED** – (1) That the Transfer of Care from a Short Term bed policy and the implementation thereof, be approved.

19. CARE HOME REVISED FRAMEWORK ARRANGEMENTS

- 19.1 The Committee considered a report of the Director of Adult Social Services/Lead Commissioner People which proposed a generic care home contract. Some existing care home contracts needed to be reviewed and current arrangements needed updating to reflect the changes in national policy as outlined in Putting People First and Caring for the Future, together with the new flexibilities around registration categories introduced by the Care Quality Commission. Both the current Terms and Conditions and Service Specifications were in need of revision.
- 19.2 The Contracts Manager explained that the council currently had two separate contracts for older people and people under 65 and over 18. The aim was to bring these contracts together and have a policy that spanned all age groups. The consultation process was set out in paragraph 4.1.
- 19.3 Councillor Shanks referred to paragraph 3.9 in relation to one year contracts. She asked if it was normal to have one year contracts. The Contracts Manager explained that the contracts were initially one year and were renewed on a yearly basis.
- 19.4 Councillor Mears considered one year to be too short a period for a contract when people were expected to make an investment. She asked if this would lead to enough interested people. The Director explained that there would be rolling contracts for safeguarding reasons. If the council had concerns and the contractor was no longer providing a service to the approved standard, the contract would be terminated.
- 19.5 Councillor Meadows asked how many beds spaces were available. The Head of Performance and Contracting explained that there were around 120 homes that would be included in the contract.
- 19.6 Councillor Pissaridou welcomed the one year rolling programme. She asked how it would be monitored. The Head of Performance and Contracts explained that the contracts would be monitored by the council's contracts unit. The council had a profile of every home and every home care provider which captured information about quality. There would also be monitoring from the CQC, the council's review teams and health and safety visits. The LINK was also monitoring homes.
- 19.7 Councillor Barnett asked whether spot checks were made on homes. The Head of Performance and Contracts replied that the council's visits were largely announced, but unannounced visits could be made if it was felt necessary. However, the CQC always carried out unannounced visits.
- 19.8 **RESOLVED** (1) That the process for procuring & the awarding of the contract and the timescales outlined in the report be agreed.
- (2) That it is agreed that the Director of Adult Social Services is given delegated authority to award contracts.
20. **RESPONSE TO THE REPORT OF THE SCRUTINY REVIEW ON INFORMATION SHARING REGARDING VULNERABLE ADULTS**

- 20.1 The Committee considered a report of the Director of Adult Social Services/Lead Commissioner People which set out the response to the recommendations of the Scrutiny Panel on Information Sharing regarding Vulnerable Adults. The Scrutiny report (included at Appendix 2 to the report) described the scrutiny process and summarised evidence, findings and recommendations. A Summary of the Scrutiny recommendations, with Executive Response and named contacts appeared as Appendix 1 to the report.
- 20.2 Councillor Norman informed the Committee that he had been a member of the Scrutiny Panel. Some of the recommendations in the action plan were already being delivered. He supported the recommendations.
- 20.3 Councillor Marsh considered the report to be excellent and congratulated everyone involved.
- 20.4 Councillor Meadows concurred. She acknowledged the importance of working with other agencies but raised the issue of IT. She asked how much information could be shared with other organisations such as Mears Ltd. Councillor Mears raised the issue of the Self Neglect Policy. Many residents did not identify with having a problem.
- 20.5 The Head of Adults Assessment replied that the IT issue had not been solved yet. This was a national not a local issue. The Chair stated that the Self Neglect Policy was high on the Council's agenda.
- 20.6 **RESOLVED** (1) That the evidence, findings and recommendations of the Scrutiny Panel on information sharing regarding vulnerable adults, be noted.
- (2) That the actions and comments summarised in Appendix 1 to the report, in response to the Panel's recommendations, be agreed.
- (3) The progress already achieved on the actions, be noted.

21. PERFORMANCE REPORT ADULT SOCIAL CARE

- 21.1 The Committee considered a report of the Director of Adult Social Services/Lead Commissioner People which provided benchmarked information in relation to performance in 2011/12 in relation to the Adult Social Care Outcome Framework. The report outlined the emerging landscape in relation to social care performance to support the Committee making decisions about its future reporting requirements.
- 21.2 Councillor Meadows stated that she supported the proposal for a local account and signing up for the "Making It Real Programme". She welcomed the community and voluntary sector involvement. However, she wanted to be assured that no-one would suffer as a result of shared data.
- 21.3 Councillor Mears referred to the performance indicators. She noted that there was no comparison quartile with costs. She would have liked to see comparisons with other local authorities

- 21.4 Councillor Marsh asked for the traffic light system to be re-introduced as it made reports easier to read.
- 21.5 The Head of Contracts & Performance informed councillors that he was happy to accept further comments for a period of one month.
- 21.6 **RESOLVED** (1) That the proposals to produce a local account for 2012/13 and sign up to the 'Making it Real Programme' to support this work, be approved.
- (2) That the Committee's comments on performance in relation to the Adult Social Care Outcomes Framework 2011/12 be noted.
- (3) That it is agreed that a traffic light system be used in future reports.

22. SAFEGUARDING ADULTS AT RISK

- 22.1 The Committee considered a report of the Director of Adult Social Services/Lead Commissioner People which presented the Safeguarding Adults Board's annual report for 2011/12, outlining the work carried out during that time, a progress report of the Board, and agreed actions for 2012/13. This was a yearly progress report, and was published on the City Council website, and circulated to all member organisations of the Safeguarding Adults Board.
- 22.2 The Head of Assessment Services referred to the ePetition from Mr Carter on Personal Alarms to Call the Police for the vulnerable in the power of carers. The Head of Assessment Services informed the committee that Adult Care & Health had already made a significant investment in Telecare (personal emergency alarm unit) and technology in order to make the best use of technology to protect vulnerable people. For example, a system called "Just Checking" gave security to people with dementia. The system monitored the movement of a person in their own home and generated a chart of activity on-line.
- 22.3 Councillor Meadows noted that there had been a high increase in the number of alerts. She assumed this was due to people being trained to look for possible alerts. Councillor Meadows noted that a high number of alerts did not require investigation, which was reassuring. She noted a number of officers had been trained to a high standard but asked about other organisations. Councillor Meadows welcomed the report and thanked all the officers involved.
- 22.4 The Head of Assessment Services referred to section 4 of the Safeguarding Report which set out the member organisation reports. Some commented on training and some did not. This was an area that needed to be developed. Some information was not completed yet.
- 22.5 The Director of Adult Social Services explained that alerts raised awareness. The fact that more alerts were being received was good.
- 22.6 Councillor Jones welcomed the report. An awareness of warning signs in the city had been raised.

- 22.7 The Chair suggested that some more training might be needed to help staff distinguish between safeguarding alerts and non-safeguarding concerns. Most of the partners on the Safeguarding Board had committed to carry out safeguarding training but not all had completed the training.
- 22.8 The Director informed the Committee that she wanted to thank Michelle Jenkins, Safeguarding Adults Manager, for the work she had carried out in relation to safeguarding in the city.
- 22.9 **RESOLVED** (1) That the Safeguarding work carried out in 2011-12, and the work planned for 2012-13 be noted.
- (2) That the report for be agreed for circulation.

23. ITEMS REFERRED FOR COUNCIL

- 23.1 **RESOLVED:** That Item 17 be referred to the Council meeting on the 25th October, 2012 for information.

The meeting concluded at 8.12pm

Signed

Chair

Dated this

day of