



Brighton & Hove  
City Council

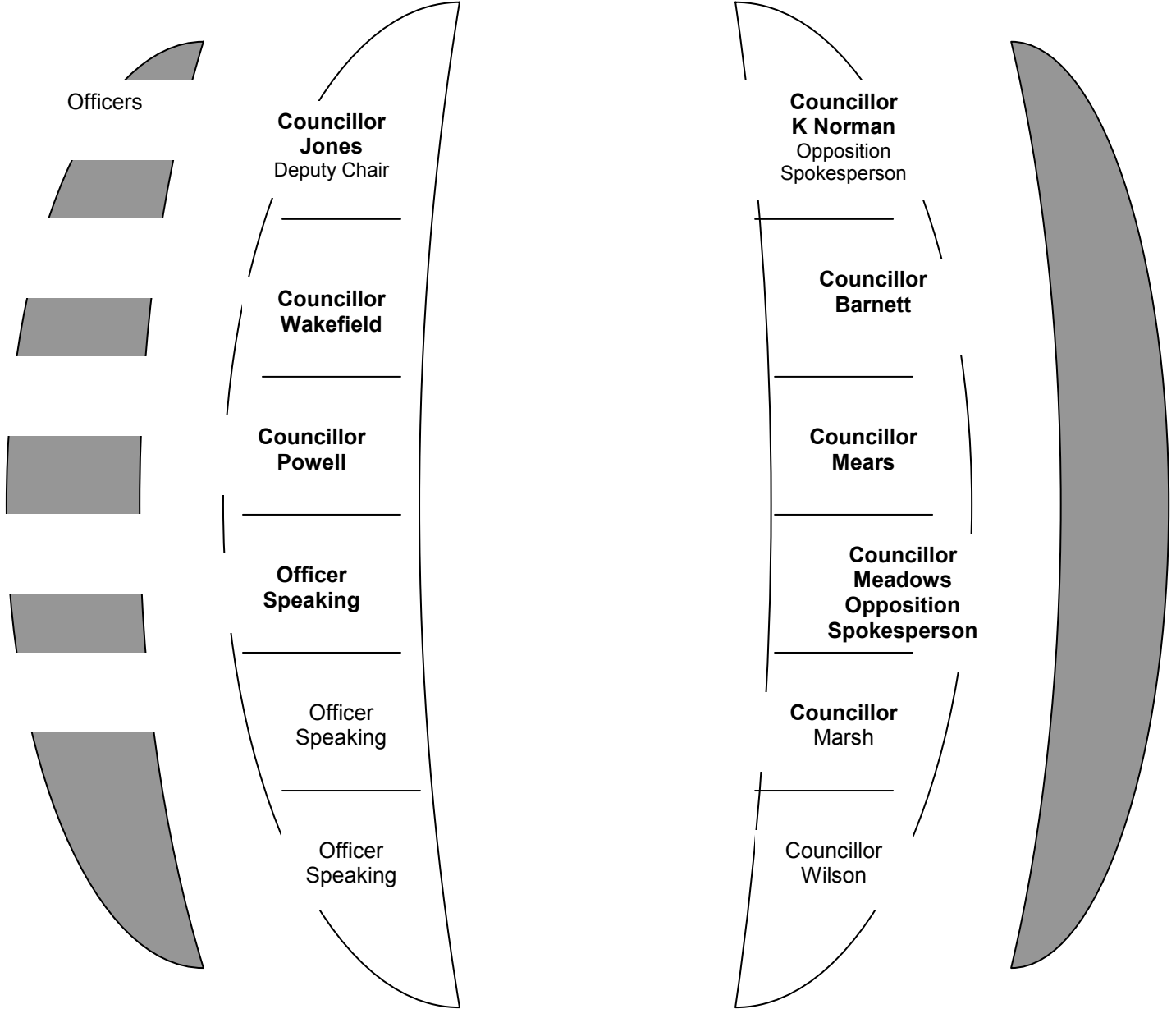
# Adult Care & Health Committee

Title:	<b>Adult Care &amp; Health Committee</b>
Date:	<b>19 November 2012</b>
Time:	<b>4.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Members:	<b>Councillors:</b> Jarrett (Chair), Jones (Deputy Chair), Barnett, Marsh, Meadows (Opposition Spokesperson), Mears, K Norman (Opposition Spokesperson), Powell, Wakefield and Wilson
Contact:	<b>Caroline De Marco</b> Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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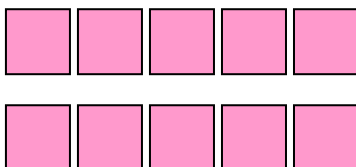
# Democratic Services: Adult & Care & Health Committee

Director of Adult Social Services	Councillor Jarrett Chair	Senior Lawyer	Democratic Services Officer
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Public Speaker	Councillor Speaking
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Public Seating



Press

## AGENDA

### PART ONE

Page

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#### 24. 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:**

- (a) Disclosable pecuniary interests not registered on the register of interests;
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

**(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.*

#### 25. MINUTES

1 - 20

To consider the minutes of the meeting held on 24 September 2012 (copy attached).

Contact Officer: Caroline De Marco

Tel: 01273 291063

#### 26. CHAIR'S COMMUNICATIONS

## ADULT CARE & HEALTH COMMITTEE

### 27. CALL OVER

- (a) Item 30 will be read out at the meeting and Members invited to reserve this item for consideration.
- (b) Should the item not be reserved it will be taken as having been received and the report's recommendations agreed.

### 28. PUBLIC INVOLVEMENT

21 - 22

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 12 November 2012;
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 12 November 2012.

### 29. MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

- (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 referred from Council or submitted directly to the Committee.

### 30. DAY ACTIVITIES COMMISSIONING PLAN

23 - 48

Report of Director of Adult Social Services (copy attached).

Contact Officer: Anne Richardson-Locke      Tel: 01273 290379  
Ward Affected: All Wards

### 31. ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to the 13 December 2012 Council meeting for information.

*In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the 3 December 2012 (the eighth working day before the Council meeting at which the report is to be made.*

## 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.

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

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

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

Date of Publication - Friday, 9 November 2012



**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.

**11C 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 12<sup>th</sup> 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 25<sup>th</sup> October, 2012 for information.

The meeting concluded at 8.12pm

Signed

Chair

Dated this

day of



**DEPUTATIONS FROM MEMBERS OF THE PUBLIC**

A period of not more than fifteen minutes shall be allowed at each ordinary meeting for the hearing of deputations from members of the public. Each deputation may be heard for a maximum of five minutes. The following deputation has been referred from Council on 25 October 2012.

**(a) Residential Services Closures - (Spokesperson) – Mr Jason Carlisle**

I am writing to you with reference to the decision taken to close two residential services for adults with learning disabilities in Hove (with the option to close a third).

I am writing particularly to request that the report agreed at the Adult Care & Health Committee meeting on Monday 24th September be reviewed and the following points of concern addressed and if needs be a further report taken to the Committee to enable matters to be put right:

1. Capital spend information on the redevelopment of 20 Windlesham Road has not been provided to Members. What is the proposed cost of this redevelopment? How can committee members make informed decisions without proper full and correct financial information?
2. The financial information given about the annual cost to the council of running Ferndale Road was incorrect. It was claimed that annual spend on Ferndale Road was £300K; however £150K of that sum is provided by East Sussex County Council.
3. Due to this, the first report given to Members of the Committee in June was misleading. This means that if the decision had been taken then it would have been based on incorrect financial data.
4. The overall consultation process was unsound. Although timely consultation was given, the final document was published on Friday 14th September just 9 days before the Committee meeting. This document contained a significant change to the original consultation. Namely the following:
  - a. The options for councillors to choose from had been changed and renumbered without consultation of the focus group or parents and advocates. Specifically, in the original consultation, Option 1 referred to no change of service (which families and advocates favoured), but this was changed in the final document with just over a week to go, when Option 1 became the option to close Old Shoreham Road and New Church Road. This is both misleading and, I believe, procedurally incorrect.
  - b. This amended document was not advertised nor was it easy to find and was not a fair and proper reflection of the consultation previously undertaken.
5. The negative impact on the lives of those with a learning disability is incalculable financially and the likelihood of condemning individuals to heightened anxiety and negative self injuring behaviours as a result of this decision is not acceptable.

6. The decision making process at committee level was unfair and that on any other day when then standing committee member Stephanie Powell was in attendance and not on leave, the result of the vote would have been 6-4 in favour of the services remaining open. Instead Cllr Powell's replacement voted to the opposite way and consequently the vote was split 5-5 giving Cllr Jarrett the casting vote as chair, leading to the decision to close.

It is therefore in the best interest of the vulnerable adults, whose homes are at stake that members of the council agree to a further report being presented to the committee based on full and correct information.

<b>Subject:</b>	<b>Day Activities Commissioning Plan</b>		
<b>Date of Meeting:</b>	<b>19<sup>th</sup> November 2012</b>		
<b>Report of:</b>	<b>Director of Adult Social Services</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Anne Richardson-Locke</b>	<b>Tel: 29-0379</b>
	<b>Email:</b>	<b>anne.richardson-locke@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 Adult Social Care is continuing to change the way in which services are provided to enable people to have choice and control of the services they receive. Day services in Brighton & Hove provide a vital role in maximising independence and supporting carers and there is an ongoing commitment to provide day services to all people assessed as needing them.
- 1.2 The Government's White Paper '*Caring for our future: reforming care and support*' continues to promote independence, wellbeing and focuses on giving individuals greater control over their care and support. Brighton & Hove City Council is committed to continuing the organisational shift towards more personalised, community based support.
- 1.3 This report summarises the feedback on the current provision of day services in Brighton & Hove, makes recommendations about a future Vision for day services and outlines the next steps.

#### 2. RECOMMENDATIONS:

- 2.1 That Committee approve the proposed Vision for day activities set out in Section 7 below.
- 2.2 That Committee agree the next steps set out in Section 8, that is to work with service users, advocates, carers and providers in the co-design and modelling of services to realise the Vision for day activities.

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

- 3.1 This report builds on the June Committee report that set out proposals for consultation on a Day Services Commissioning Plan.
- 3.2 As the Day Services Commissioning Plan concerns all client groups, a considerable amount of information gathering and feedback was required from services users, carers and providers.

- 3.3 This report summarises the feedback from the information gathering exercise and makes recommendations for the Vision for day activities in the city.
- 3.4 This report also outlines the proposed next steps, subject to committee approval.
- 3.5 This information has also helped to identify gaps in provision. This has been used to populate the Day Activities Needs Assessment.
- 3.6 The Needs Assessment highlights different issues for different client groups and the actions required are different as a result.
- 3.7 Day services for older people and older people with mental health needs have been reviewed within the last two years. Services for people with a physical disability provided by the council were reviewed in 2010 when Montague House services users were relocated to Tower House.
- 3.8 Although all services continually make improvements to meet the needs of service users, there has not been a formal review of all day services for people with a learning disability.
- 3.9 As a result, while this report updates members on developments on day services across all client groups, the main focus of this report has been on day services for people with a learning disability.
- 3.10 The June Committee also agreed to a period of engagement around the reprovision of day services at Craven Vale day centre and progress is set out below in section 5.1.3.

#### **4 OVERARCHING FEEDBACK ON DAY ACTIVITIES**

- 4.1 The feedback is that day services are highly valued and very important to services users and carers and it is evident that people are anxious about changes to day services.
- 4.2 Day services across all client groups and both council run and run by the independent sector are supporting people with a variety of needs. Some services are specialists in that they particularly support those with complex needs whilst some services support people who are more able. There are individuals who require a day service placement over the course of the typical five day working week whilst others are able to access community facilities with support.
- 4.3 The provision of day services is vital for carer respite. There are challenges in balancing the needs of service users with the needs of carers. Equally there is a difference between what current users and carers who are used to the existing model want compared with what future users and carers might expect of day options.
- 4.4 Friendship groups are critically important for people attending day services. Where different day services and options have been combined, this has had a positive effect in that service users have more opportunities to meet different people.

- 4.5 With the exception of a very small number of carers, the vast majority of people did not know about direct payments or personal budgets. Some carers receive a direct payment for respite and expressed an interest in paying for day services with a direct payment as it would give their family member more flexibility in how and when then access activities. Many people expressed concerns about how they would manage a budget and thought that it would be too complicated. There was very little knowledge of self directed support mechanisms, for example a council managed personal budget.
- 4.6 Transport arrangements are complex and are not always person-centred or flexible to support carers' work opportunities.
- 4.7 Council provided services are working to develop capacity to support and focus provision more on those with complex behavioural and physical health needs. Services provided by the council are under intense scrutiny to demonstrate value for money and excellence. Other council provided services in Adult Social Care (home care and residential care for older people, for instance) have become more specialised.
- 4.8 There is a lack of awareness of alternative specialist or universal services available to people and how to access them.
- 4.9 Some buildings are under utilised and they have potential to be used in different ways by others thereby ensuring the best use of resources.
- 4.10 There are activities that could take place within the community rather than within dedicated day centre buildings.
- 4.11 Day service providers across the board are of good quality and are responsive to needs. It is also recognised that a great deal of community support work is undertaken by some services in addition to purely building-based activities.

## 5 FEEDBACK AND DEVELOPMENTS BY CLIENT GROUP

### 5.1 Older people

- 5.1.1 Table of services and approximate number of older people supported in a day centre building:

<b>Service:</b>	<b>No of people supported:</b>
<b>Council provided:</b>	
Craven Vale	29
Tower House	61
<b>Independent sector:</b>	
St John's	47
Somerset House	42

- 5.1.2 Council provided day services for older people have been subject to review in 2010/ 2011. Service users, carers and staff have been actively involved in service development.
- 5.1.3 Tower House is the central day service for older people and people with disabilities. In addition, Craven Vale day centre currently operate three days per week and numbers have been reducing for some time. Committee agreed to a period of engagement with service users with a view to offering them alternative services.
- 5.1.4 All day centre members at Craven Vale have been reviewed and their needs and the needs of their carers have been carefully considered. Of the twenty nine people attending, twenty six will be going to Tower House, one will be going to Somerset Day Centre, one will be going to Ireland Lodge and one will be going to Patching Lodge activities. All members have been attending Tower House on a Friday since Easter 2012 to assist with the transition and as of the first week in November, a second day is being introduced. The full reprovision will be complete by the middle of January 2013 at the latest. See Appendix 1 for the Equalities Impact Assessment.
- 5.1.5 The day centre facility at Craven Vale will be unoccupied from approximately middle of January 2013, and managers will be considering how best to use this facility in the future.
- 5.1.6 The voluntary sector runs two day services for older people. In addition, there are community activities available across the city being used by older people.
- 5.1.7 To date there has been engagement with services that are provided and used predominantly by older people. Over many years, older people and carers have contributed to service development and there have been discussions about a 'hub and spoke' model of care. However, there is some duplication of activity across provision and a lack of knowledge about what else is available and how to access different types of service.
- 5.1.8 Engagement with local older people by Age UK and the University of Brighton identified isolation and loneliness as major issues for those accessing care and rehabilitation services. Lack of social contact can be as a result of loss of mobility and/or confidence to go out. Bereavement and the gradual loss of friends and family can result in an increasing sense of isolation and feeling cut off from the world and having regular social contact makes a big difference to well-being.
- 5.1.9 There is a lack of information on alternative community based activities in order to meet needs around social isolation, which can impact on health/mental health and general well-being. Transport is an additional element in enabling people to access community.



## 5.2 Older People with Mental Health needs:

5.2.1 Table of services and approximate number of adults with mental health needs supported in a day centre building:

<b>Service:</b>	<b>No of people supported:</b>
<b>Council provided:</b>	
Wayfield Avenue	62
Ireland Lodge	60

5.2.2 Discussions are being held with commissioners in the Clinical Commissioning Group in relation to how the developments in day services could link with the plans outlined in the Dementia Strategy.

5.2.3 These discussions include ongoing support for carers and a drive to develop a strategy to support people with learning disabilities and dementia, younger people with dementia and carers.

5.2.4 Service users, carers and other stakeholders were involved in the consultation with regard to the Dementia Strategy and this work could also help inform developments in day services.

5.2.5 There is an increase in the number of people attending day services with dementia who also need support with physical health needs.

5.2.6 Services provide a very valuable respite function and are looking to provide more person centred activities with the possibility of more reablement opportunities and some therapeutic input.

5.2.7 Of the nineteen service users who were supported to respond to questions about outcomes, the majority overwhelmingly stated that the reason for attending was to address needs around social isolation. Few people were aware of self-directed support options.

## 5.3 Physical Disabilities and Acquired Brain Injuries

5.3.1 Table of services and approximate number of people with physical disabilities and acquired brain injuries supported in a day centre building:

<b>Service:</b>	<b>No of people supported:</b>
<b>Council provided (Physical Disability):</b>	
Tower House	44
<b>Independent sector (Acquired Brain Injury):</b>	
Swanborough Services	3
Headway (Montague House site)	6

- 5.3.2 There are services for people with high levels of need such as those for people with Acquired Brain Injury and these services in particular are rehabilitative in nature and can provide both short-term and ongoing specialist support.
- 5.3.3 There has been a great deal of consultation, review and remodelling of council provided day services to meet the needs of people with physical disabilities. This has resulted in the move from Montague House to the amalgamated service at Tower House, which also supports older people. There is a particular focus on employment and volunteering opportunities and better use of community resources although there is a need to further develop day activity options for those with a physical disability.
- 5.3.4 Since the service has amalgamated, reviews have indicated that people are very happy to be attending Tower House. It has also highlighted that for some the transition was much easier than for others. Service users have been very positive about staff although the majority did miss some of the ex-Montague House staff due to attending there for many years and staff having a greater understanding of their disabilities as a result.
- 5.3.5 Service users felt that initially the mix of client groups did not work due to various issues and needs, but on the whole it is now felt that this has much improved and there are now only a small group of ex-Montague House service users that believed this still to be the case. Most service users say that they enjoy the mix and that it is good to learn from each other. In the main, service users feel that staff listen to them and that they are very helpful and caring. All of Tower House service users are empowered to continue to meaningfully contribute to the ongoing review of their day centre in order to shape their service.

#### 5.4 Learning disabilities and Autism

- 5.4.1 Table of services and approximate number of adults with a learning disability supported by a day centre(s):

<b>Service:</b>	<b>No of people supported:</b>
<b>Council provided:</b>	
Day Options Service	132
<b>Independent sector:</b>	
Grace Eyre Foundation	128
Scope	35
Care Co-ops	20
Aspirations Active	20
Autism Sussex	13

- 5.4.2 There are a wide variety of activities available in learning disability services. Service users and carers provided positive feedback on the quality and range of activities.

- 5.4.3 A variety of providers support people with complex physical health needs and challenging behaviour; this includes the voluntary sector, private providers and council provided services.
- 5.4.4 There is however a lot of duplication of activities across different provision and a general lack of knowledge about other available activities and how to access them. There are very few examples of people using a variety of providers to access the activities they need.
- 5.4.5 There has been a move toward providing activities in the community rather than a reliance on building bases within all learning disability day services. This has proved popular with both service users and carers. There are however a core group of people with particularly complex needs who need a building base. There are also examples of people who are using day services whose needs may be better met elsewhere.
- 5.4.6 Feedback from carers was largely very positive but some expressed frustration at the length of a 'day' at some day services, with some service users not leaving the house until 10am and then arriving home by 3.30pm. For carers to be able to work 'typical' hours they need a more flexible service.
- 5.4.7 There are a few examples of service users who have flexible, personalised day options with a combination of council provided and independent day activities combined with work, education or leisure activities but these are the exception rather than the rule.
- 5.4.8 There is some evidence of very good person centred practice, for example staff working flexibly across day services and accommodation or community services so that service users receive continuity.
- 5.4.9 There is a lack of post-19 education options for people in the city who have profound and multiple learning disabilities. In addition, the right communication aids and other specialist equipment to meet sensory needs are not always available and there are issues with the continuation of skills-building once a person leaves full time education.
- 5.4.10 As more people with complex behavioural and physical health needs require services, it is essential that the resources are available to sensory meet needs.
- 5.4.11 Many people with learning disabilities expressed a desire to work. This could be paid or voluntary work; people want to make a contribution. The vocational activities such as catering and recycling were very popular.
- 5.4.12 Many people with learning disabilities expressed a desire to develop their life skills in areas such as money handling or cooking, for instance, which would enable them to maximise independence.
- 5.4.13 There are some good examples of residential care and supported living providers facilitating person centred activities for people during the day. This is something that will be explored further with service users and providers - some of whom have already expressed interest in developing in this area - as part of a range of options and based on individual need.

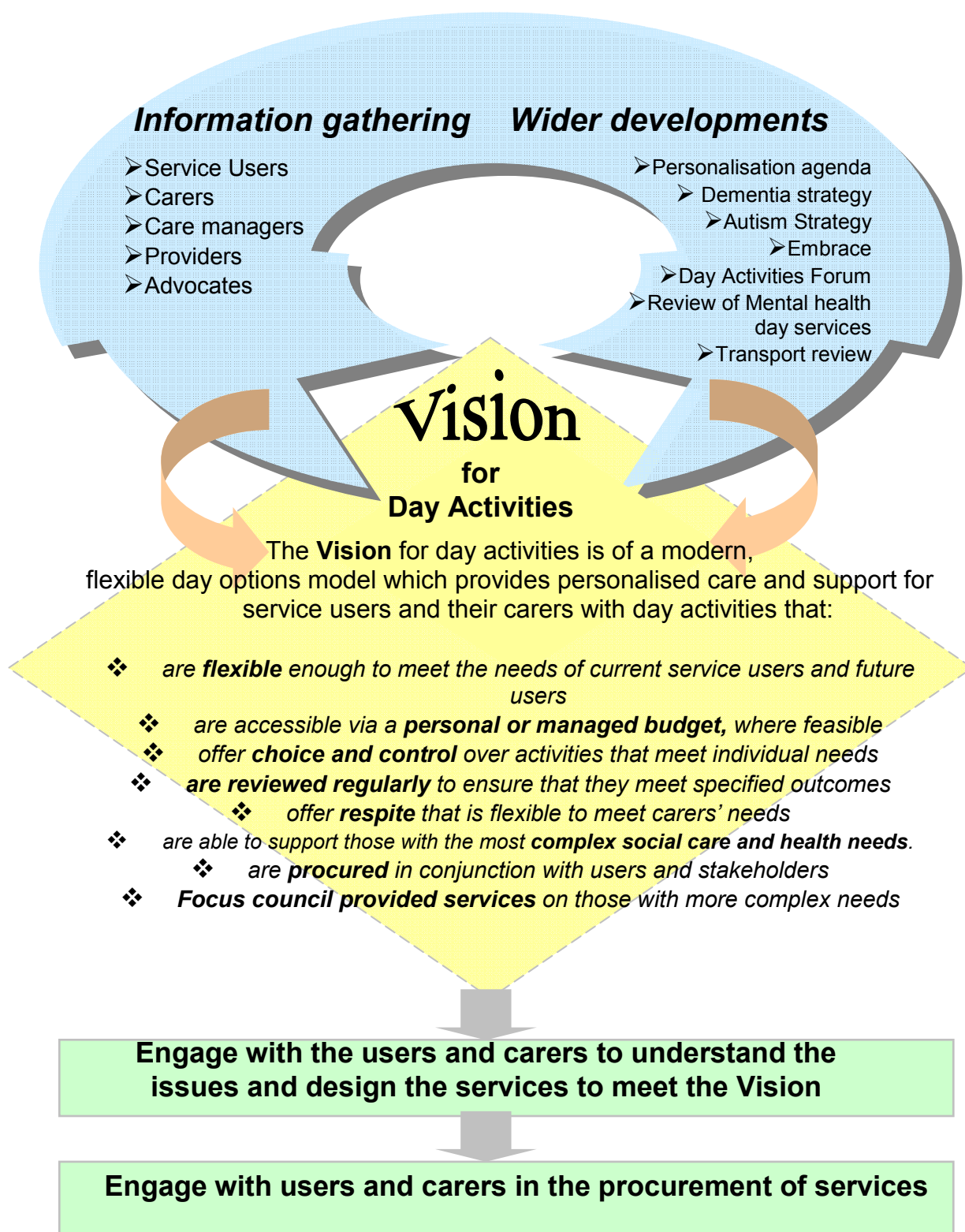
5.4.14 In order to make the best use of buildings and resources there have been some developments regarding council owned day centre premises that are entirely separate from this review. Property and Design are undertaking a review of buildings that includes Buckingham Road. In addition, Children's Services are exploring the possibility of expanding the West Hove Infant School Annexe and are keen to acquire the Connaught Day Options Base for adults with learning disabilities and complex needs which is sited at the rear of the school. This will have implications for the Connaught Day Options Base for adults with learning disabilities and complex needs which is sited at the rear of the school. Discussions are ongoing around both of these developments.

## 6 OPPORTUNITIES

- 6.1 The **Embrace** initiative has been gathering information on grassroots activities across the city. This will shortly be available via a website and in a range of other formats. The initiative is beginning to identify where there are gaps in service and where there may be an oversupply or duplication of service. The Embrace Initiative will help drive and inform the commissioning direction. The Needs Assessment illustrates the geographical location of current day service users and the location of the day centres by client group, ward and deprivation quintile. This information will be used alongside the geographical data on the Embrace community activities to identify where there are gaps in the city.
- 6.2 The **Community & Voluntary Sector Forum (CVSF)** are keen to work with the Council on commissioning developments in the city and as day activity provision is represented well by partners in the community and voluntary sector, this is a good opportunity to work in partnership to help shape future services.
- 6.3 Corporately, **libraries** have been looking at how well their services cater for all people in the city. They have assessed gaps in their market and continue to develop their services positively to enable access to everyone. It is the intention of adult social care commissioners to build on the established community links that libraries already have with a view to further enable capacity through exploring joint working opportunities in order to look at current and future building use, particularly in view of the potential developmental areas arising from the day activity review.
- 6.4 There is also a corporate review of service user **transport** and adult social care commissioners will contribute to this review to make best use of resources.
- 6.5 Discussions are taking place with commissioners in Supporting People to explore whether there are any opportunities for people to **access life skills and literacy courses** that were previously not open to them.
- 6.6 **Leisure and fitness** were highlighted as activities that people are very interested in and that are very beneficial for people's wellbeing. There are opportunities to make links with leisure providers to see what kind of adjustments need to be made to ensure access to services.

- 6.7 Links will be made with commissioners in children's services, the transitions team and **schools and colleges** to ensure that the needs of future service users are met.
- 6.8 The **Commissioning Prospectus**, a new method of procuring Adult Social Care Services in the voluntary sector, will offer opportunities for further consultation with providers on how the proposed outcomes for people using day services can be met.

## 7 A VISION FOR DAY ACTIVITIES IN THE FUTURE



7.1 Through talking to service users, carers, advocates, care managers and providers, the following Vision and outcomes have been identified for future day activities. The Vision has also been informed by wider developments such as:

- The Personalisation agenda
- The Autism Strategy
- The work of the Day Activity Forum ( cross-sector providers)
- The Dementia Strategy.
- The Embrace Initiative developed by the Federation for Disabled People
- The review of mental health day services
- The transport review

7.2 The **Vision** for day activities is of a modern, flexible day options model which provides personalised care and support for service users and their carers with day activities that:

- are **flexible** enough to meet the needs of current service users and future users
- are, where feasible, accessible via a **personal or managed budget** and that opportunities to pool money to purchase services is enabled
- offer **choice and control** over activities that meet individual needs
- are **reviewed regularly** to ensure that they meet specified outcomes
- offer **respite** that is flexible to meet carers' needs
- are able to support those with the most **complex social care and health needs**.
- are **procured** in conjunction with users and stakeholders
- **focus council provided services** on those with more complex needs

7.3 The Vision is of day activities that meet the following outcomes:

**Supporting people to be as independent as possible:**

- Individuals have good quality information and advice available to them to enable choice and control.
- Individuals are supported to enable them to connect with the community
- Individuals are supported to enable them to contribute and to play an active role in their community.
- Flexible support is available to families and carers to enable people to remain in / return to their home.

**Reducing social isolation:**

- Barriers to social isolation are addressed e.g. transport, communication etc.
- There is robust signposting and awareness raising of opportunities in local communities.
- Individuals are supported to maximise their potential and real opportunities for supported employment and volunteering are capitalised and explored.

## **People remain healthy and well for as long as possible:**

- Individuals have access to enablement / reablement support, where appropriate.
- Links are in place for allied health and social care systems e.g. GPs, Information Prescription etc.
- Individuals are supported to access preventative services e.g. smoking cessation clinics, bariatric care etc.

7.4 The above outcomes were developed with providers at the Day Activity Forum over two meetings. Speak Out advocacy service supported commissioners to simplify the three outcomes to a series of six easy read questions and these were used when meeting service users and carers.

## **8 PROPOSALS**

- 8.1 There are opportunities to carry out detailed work with service users, carers, advocates and providers to realise the Vision and to work collaboratively to design and model day services in the city in conjunction with corporate communications.
- 8.2 The information obtained through the service mapping carried out with providers and the feedback from service users, carers and professionals will be used to inform this work. This may result in some changes to day services and a detailed Equalities Impact Assessment will be completed.
- 8.3 The extent of this work will vary, depending on the issues concerned for each service user group. It is proposed that further detailed work will be carried out in day services for people with a learning disability. It is also proposed that developments in older people's services continue to progress and that additional opportunities are explored for those with a physical disability; services for those with acquired brain injury will be reviewed in collaboration with health. It is proposed that day services for older people with mental health needs work with commissioners to link in with the Dementia Strategy. This work could be done through a series of focus groups with service users, carers, advocates and providers.
- 8.4 As service users needs change and the Vision is implemented and new choices become available to service users, social care assessments will take place for individuals and their support plans will be updated accordingly. As part of the ongoing programme of social care reviews, care managers will also discuss self-directed support options with service users, such as personal budgets or direct payments.
- 8.5 It is important to note that discussions about the use of Connaught Road and Buckingham Road Day Options bases are taking place outside of this review. Committee will be updated on any future plans.
- 8.6 If the recommendations are agreed, it is proposed to begin work immediately on how the Vision will be realised. A progress report with a plan will presented to Committee on 25 March 2013.



## 9. COMMUNITY ENGAGEMENT

- 9.1 Between August and October 2012 there have been opportunities for service users, providers, carers and professionals to feed into the Needs Assessment via meetings, forums and one to one meetings with commissioners as part of an information gathering exercise.
- 9.2 Providers were asked to complete a series of mapping questions which enabled and supported day service profiling and providers were asked to support those service users with more complex needs to understand questions about their current and future outcomes from attendance.

### Information gathering summary:

<b>Information gathering activity:</b>	<b>Specifics:</b>	<b>Sum:</b>
Numbers of day centres visited:	Independent and voluntary sector:	8
	Council provided:	7
		Total: 15
Numbers of people who provided feedback on outcomes as a result of seven information gathering sessions arranged (1:1 meetings):	Service users:	76
	Carers:	14
	Accommodation support staff:	2
	Volunteer staff member:	1
		Total: 93
Numbers of people supported by their day service provider to directly feedback in to information gathering exercise on outcomes outside of prearranged meetings:	Service users:	21
		Total: 21
Numbers at meetings where day activity information gathering was discussed:	Learning Disability Partnership Board:	24
	Big Meeting (and other advocacy groups):	22 (+ 19)
	Carers Centre and Amaze Meeting:	15
	Carers of council provided day services:	27
	Learning Disability Provider Forum in September:	14 (providers)
		Total: 121
Numbers of Care Managers who have provided feedback:	B&HCC assessment teams:	15
		Total: 15

*See Needs Assessment for further detail*

## 10. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 10.1 There is net budgetary provision in 2012/13 in excess of £4.5m across Older People, Physical Disabilities and Learning Disabilities of which approximately £1.8m is currently in respect of independent providers with the remainder being for in-house services. The financial implications will be quantified as the proposals are developed and will take into account the current and emerging budget strategies.

*Finance Officer Consulted:* Michelle Herrington

*Date:* 26/10/2012

### Legal Implications:

- 10.2 The report sets out how Adult Social Care will restructure services in line with the national personalisation agenda and in accordance with value for money principles.
- 10.3 The proposals have taken account of the outcome of consultation with key stakeholders to ensure that the Council can make changes while still meeting assessed need.

*Lawyer Consulted:* Hilary Priestley

*Date* 26/10/12

### Equalities Implications:

- 10.4 An Equalities Impact Assessment has been undertaken for the changes to the Craven Vale service and is attached as Appendix 1.
- 10.5 Equalities issues relating to the Vision set out in this report are explored in the Needs Assessment. In summary the Vision will have a positive equalities impact by promoting access to activities that are relevant and appropriate to meet an individual's support needs
- 10.6 Should Committee agree to the recommendations made in this report, a detailed Equalities Impact Assessment will be undertaken which will further inform the next steps of the review.

### Sustainability Implications:

- 10.7 The Vision highlights better use of resources including buildings and transport and advocates for the co-production of any future services with service users, carers and providers resulting in a more sustainable model of services.

#### Crime & Disorder Implications:

- 10.8 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.

#### Risk and Opportunity Management Implications:

- 10.9 The risk is that the proposed Vision does not reflect the needs of service users and carers. Commissioners will work collaboratively with service users and carers to ensure that people's needs are reflected in the design of services.

#### Public Health Implications:

- 10.10 Adult social care has clear interconnection with the wider public health agenda and the proposed next steps reinforce the aim to support equality, health and well-being in the city.

#### Corporate / Citywide Implications:

- 10.11 This proposal will increase access to mainstream and universal services available locally and so enable people to participate more fully in the city.
- 10.12 There is a council review of the use of buildings that may have an impact on service delivery at Connaught and Buckingham Road day centres. Discussions are ongoing around both of these developments.

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

- 11.1 The alternative option is to not develop a commissioning plan and make no changes to day services. The impact of this would be that day services remain the same and service users do not benefit from more flexible, personalised services.

### **12. REASONS FOR REPORT RECOMMENDATIONS**

- 12.1 The report recommends that day activity provision in the city is developed to enhance services so that they are flexible enough to meet the needs of current service users and future users and are, where feasible, accessible via a personal or managed budget and that opportunities to pool money to purchase services is enabled. The report recommends that information be accessible on available activities to enable service users and their carers to have choice and control of how their needs are met.
- 12.2 The report recommends that work with service users, advocates, carers and providers is undertaken in order to co-design and model services to realise the Vision for day activities. This will ensure that services provided meet the needs of service users and carers.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Craven Vale Equalities Impact Assessment

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

1. Day Activities Needs Assessment

## ASC EIA Template

Title of EIA	Craven Vale re provision at Tower House	Ref No.	
<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>Adult Social Care Day Services – Day services provide support to Adults with a Physical Disability of working age, Older People / Older people with Mental Health needs from several establishments across the City.</p> <p>We have two stand alone day services (Tower House &amp; Craven Vale), and also two day services for Older People Mental Health Needs, these are based at Ireland Lodge and Wayfield Avenue (Resource Centres). We also have a contract with 2 voluntary sector services (St. Johns &amp; Somerset Day Centre).</p> <p><u>This EIA is focusing on the re-provision of Craven Vale transferring into Tower House</u> A consultation has taken place looking at the future needs of the service. It has been agreed to combine Craven Vale and Tower House. Craven Vale will relocate to Tower House providing a service that works across the age spectrum resulting in increased opportunities, more choice, control, and independence for those using these services.</p>		

	<p>This will result in a central 'community hub', and work towards a centre of excellence.</p> <p>The service supports people from across the Equality Strands.</p> <p>The Equality Impact Assessment will look at the positive and negative impacts of the service. This EIA takes into consideration consultation that has already been undertaken within the City for people receiving day services, in line with developing the Older peoples Strategy and the Personalisation programme. A consultation with staff will identify issues for them as a team/ individuals.</p>
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**Relevant Data/legislation and Evidence of Consultation related to the proposed change above:**

<b>Title</b> (Data/Legislation or Consultation)	<b>Date</b> (and venue if engagement)	<b>Lead Officer</b> (where relevant)	<b>Key findings related to this Assessment of Impact</b>
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<p><b>Staff consultation Activity</b></p>	<p><b>Team meetings</b></p> <p>19th June ( unions present ) 11<sup>th</sup> October</p> <p>Meeting with staff &amp; unions 19/6/12</p> <p>Staff Bulletin 18/6/12</p>	<p><b>Alison Sinclair</b></p>	<p>Staff have fully engaged with process, have supported members positively to access Tower House. During meetings have been kept updated with progress of consultation time table.</p>
<p><b>Members/Carers Activity</b></p>	<p>Members meeting Held through out August</p> <p>Members bulletin August 2012</p> <p>All members have attended `taster` days at Tower House</p> <p>Friday's at Craven Vale have already</p>	<p><b>Alison Sinclair</b></p> <p><b>Sharon Magee</b></p> <p><b>Sharon Magee</b></p>	<p>Members meeting</p> <p>All members have had 1 to 1 meetings with S C O. on how taster sessions have gone</p> <p><b>28 members reviewed</b></p>

	<p>successfully merged with Tower House</p> <p>All members have been reviewed looking at individual needs</p>	<p>25 will move to Tower House</p> <p>2 have been assessed to require a mental health day Centre</p> <p>1 will be linked to Somerset day Centre</p>	

**Assessment:**

<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>Community Cohesion</b>	Some members would be more suited to an alternative day service , this will address their individual needs, & offer the more choice, and may offer them links to facilities within	Loss of contact with established friends, settling into new service	Staff to assess all Craven Vale members, looking at what needs they require from service, does service still meet their needs?, Is there a more appropriate resource within their community, assess for Direct Payments.



	their local community	Potential opportunity to consider needs of older members would be helpful.	Some older members may have attended Craven Vale for many years , change may be difficult, <ul style="list-style-type: none"> <li>• Additional travelling time</li> </ul>	<p><b>Assessment of individual needs to be completed, looking at managing change, travel, resources available at Tower House, Quite areas?.</b></p> <p><b>Individual care plans to be completed.</b></p>
<b>Age</b>				
<b>Disability</b>	Change in service may result in more suitable placements for some members : Chance to match people to suitable environments.	Tower House is a larger resource, but with more members & more walking aids/Wheel chairs more of a risk of `incidents` / falls etc...		<p><b>S C O / STAFF to risk assess every member, explain there are additional members to consider/ work shop with members / explaining different mobility needs/ tolerance</b></p>
<b>Gender reassignment</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.		<p><b>Gender needs of affected members will be considered as part of their social care review-any identified needs will be addressed as part of this process.</b></p>
<b>Pregnancy and</b>	No impacts identified as a	No impacts		<b>N/A</b>

<b>maternity</b>	result of the Consultation process.	identified as a result of the Consultation process.	
<b>Race</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	<b>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>
<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.	<b>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>
<b>Sex</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	<b>We will consider service users needs based on gender where required.</b>  <b>We will ensure we will have a balance of both male and female staff where required/appropriate.</b>
<b>Sexual orientation</b>	No impacts identified as a result of the Consultation process.	No impacts identified as a result of the Consultation process.	<b>Sexual Orientation needs of affected members will be considered as part of their social care review-any identified needs will be addressed as part of this process.</b>

<p><b>Marriage and civil partnership</b></p>	<p>No impacts identified as a result of the Consultation process.</p>	<p>No impacts identified as a result of the Consultation process.</p>	<p>N/A</p>
<p>Staff</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>• 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>	<ul style="list-style-type: none"> <li>• Some staff are reluctant to work in more complex environments e.g. challenging behaviour.</li> <li>- Change in staff roles</li> <li>- New Job Descriptions: ( driver/ attendants will become driver/care officers) Some staff may not feel confident to work within the new</li> </ul>	<p><b>Craven Vale staff are already working at Tower House on Friday's, with additional support &amp; training any anxieties will be kept at a minimum.</b></p> <p><b>Addition 1 to 1 support with line manager will be offered during transition.</b></p> <p><b>Staff will be able to access `excess travel policy` for 3 years</b></p> <p><b>Staff training will be identified in 1 to 1 meetings, with additional support/ training offered to enable them to feel confident within their new role.</b></p> <p><b>Staff may request to go into redeployment pool.</b></p>

	<ul style="list-style-type: none"> <li>Staff development opportunities-ensure equal opportunities for staff working within or applying to work in services</li> </ul>	<p>criteria.  Staff may feel anxious working with service users that they do not currently work with  e.g. physical disabilities (high level needs)  - Staff may not be engaged (low staff morale)</p>	<p><b>Team days and individual staff training will be identified</b>  <b>Mangers will work closely with staff to indentify areas of concern for staff.</b></p>
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**Lead Officer Responsible for ensuring agreed actions are transferred to service or Business Plan:**

<p><b>Name:</b></p>	<p><b>Alison Sinclair</b></p>
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<b>Job Title:</b>	<b>Operations Manager</b>
<b>Contact details:</b>	<b>296330/293705 alison.sinclairbrighton-hove.gov.uk</b>
<b>Agreed Date to Review Service /Business plan and/or this EIA:</b>	<b>March 2013</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>Clair Hopkins</b>	<b>Date:</b>	<b>26.10.12</b>

**You must also complete and submit a summary of the EIA in the Publication Template (see below)**

