





**Brighton & Hove  
City Council**

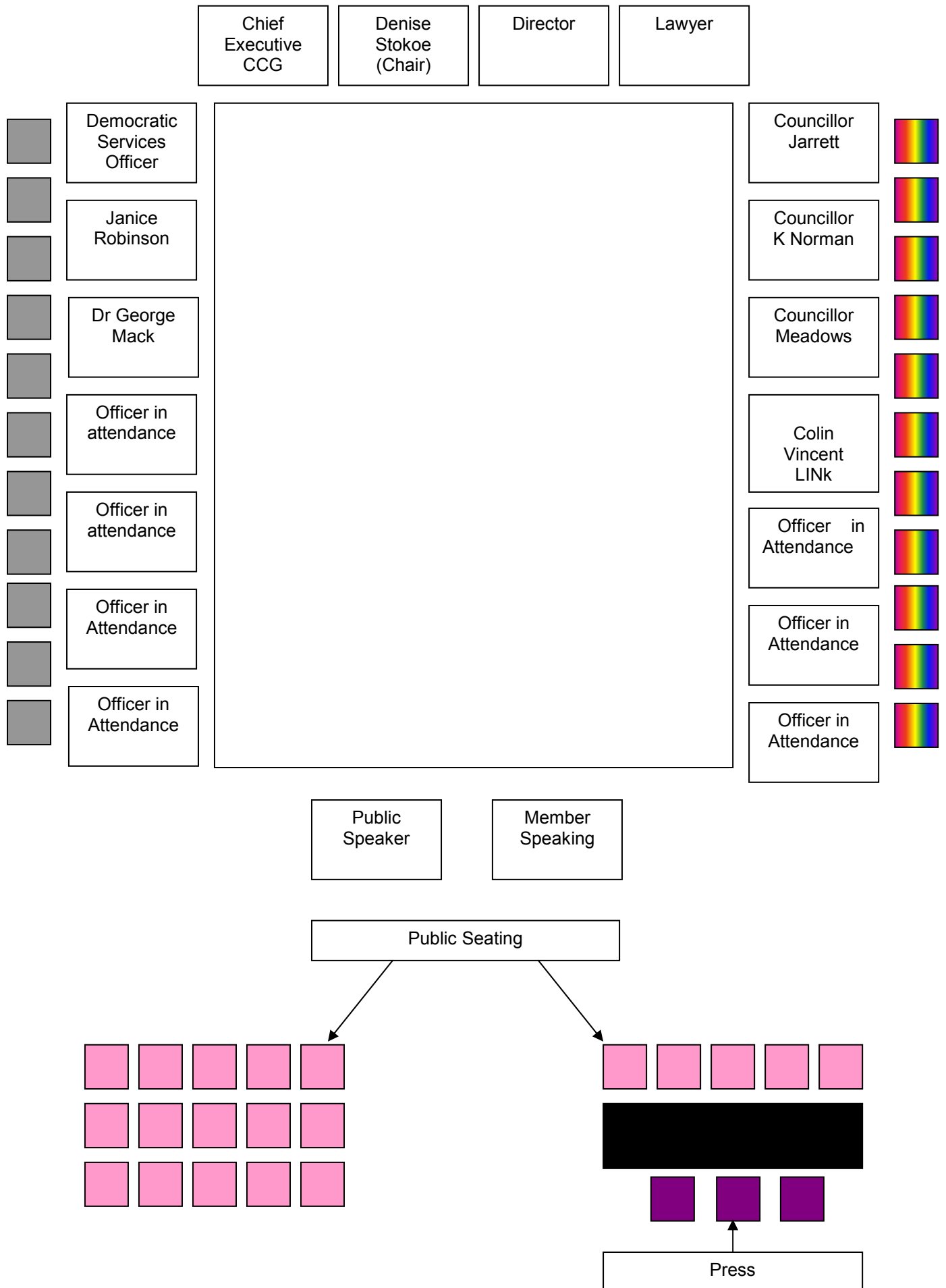


*Brighton and Hove*

# Joint Commissioning Board

Title:	<b>Joint Commissioning Board</b>
Date:	<b>22 October 2012</b>
Time:	<b>5.00pm</b>
Venue	<b>Banqueting Room, Hove Town Hall</b>
Contact:	<b>Caroline De Marco</b> Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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## JOINT COMMISSIONING BOARD

**The following are requested to attend the meeting:**

**Brighton & Hove Clinical Commissioning Group Representatives**

Denise Stokoe (Chair), Janice Robinson and Dr George Mack

**Council Representatives:**

Councillor Rob Jarrett (Deputy Chair), Councillor Ken Norman and Councillor Anne Meadows

**Co-opted Members:**

Colin Vincent, LINK (Brighton and Hove Local Involvement Network)

## AGENDA

### 9. 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 by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (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 2 of the Agenda states in its heading either that it is confidential or the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

*A list and description of the categories of exempt information is available for public inspection at Brighton and Hove Town Halls.*

### 10. MINUTES OF THE PREVIOUS MEETING

1 - 6

Minutes of the meeting held on 2 July 2012 (copy attached).

### 11. CHAIR'S COMMUNICATIONS

### 12. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 15 October 2012)

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

### 13. FINANCIAL PERFORMANCE REPORT - MONTH 5

7 - 10

Report of Director of Finance, NHS Sussex and Director of Finance, BHCC (copy attached).

Contact Officer: Michael Schofield

Tel: 01273 574743

Ward Affected: All Wards

## JOINT COMMISSIONING BOARD

### 14. LEARNING DISABILITIES ACCOMMODATION 11 - 28

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

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

### 15. CARE HOME APPROVED PROVIDER ARRANGEMENTS 29 - 32

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

*Contact Officer:* Jane MacDonald, *Tel:* 29-5038, *Tel:* 01273  
Ambrose Page 295341  
*Ward Affected:* All Wards

### 16. TRANSFER OF CARE FROM A SHORT TERM BED 33 - 44

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

*Contact Officer:* Jane MacDonald *Tel:* 29-5038  
*Ward Affected:* All Wards

## Part Two

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### 17. RECOMMENDATION - AWARD OF FUNDING AGREEMENTS FOR COMMUNITY MENTAL HEALTH SUPPORT SERVICES - EXEMPT CATEGORY 3. 45 - 72

Report of Chief Operating Officer, CCG and Director of Adult Social Services/Lead Committee People, Brighton & Hove City Council (copy circulated to members only).

*Contact Officer:* Anne Foster *Tel:* 01273 574657  
*Ward Affected:* All Wards

### 18. PART TWO PROCEEDINGS

To consider whether the item listed in Part Two of the agenda and the decision taken, should remain exempt from disclosure to the press and public.

## JOINT COMMISSIONING BOARD

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.

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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, 12 October 2012

## BRIGHTON & HOVE CITY COUNCIL

### JOINT COMMISSIONING BOARD

5.00PM 2 JULY 2012

COUNCIL CHAMBER, HOVE TOWN HALL

### MINUTES

Council representatives:

Councillor Rob Jarrett (Chair) ;

Brighton & Hove City Primary Care Trust representatives:

Denise Stokoe (Deputy Chair) and Dr George Mack;

Co-opted Member: Fiona Castle - LINK

Apologies: Councillor Anne Meadows and Janice Robinson (Brighton & Hove CCG)

### PART ONE

#### 1. PROCEDURAL BUSINESS

##### 1 (a) Declarations of Substitutes

1.1 Councillor Ann Norman declared that she was attending as a substitute for Councillor Ken Norman.

##### 1 (b) Declarations of Interests

1.2 There were none.

##### 1 (c) Exclusion of Press and Public

1.3 In accordance with section 100A of the Local Government Act 1972 ("the Act), the Board considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A (3) of the Act) or exempt information (as defined in section 100I(I) of the Act).

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

**2. MINUTES OF THE PREVIOUS MEETING**

- 2.1 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 23 April 2012 be agreed and signed as a correct record.

**3. CHAIR'S COMMUNICATIONS****Chair of the Joint Commissioning Board**

- 3.1 The Chair reported that there was an agreement to alternate the role of chair each year between the Council and the Clinical Commissioning Group. Due to changes in personnel at the CCG it had not been possible to put these arrangements in place at the present time. The Chief Operating Officer, confirmed that the CCG should be in a position to appoint a chair by the next meeting of the Board. (Following the meeting it was agreed that Denise Stokoe would take on the role of Chair).

**4. PUBLIC QUESTIONS**

- 4.1 There were none.

**5. FINANCIAL PERFORMANCE REPORT MONTH 2**

- 5.1 The Board considered a report of the Director of Finance, NHS Sussex and Director of Finance, BHCC which detailed the financial outturn for 2011/12 for the partnership and set out the financial position and forecast for the partnership budgets at the end of month 2.
- 5.2 The Head of Finance – Business Engagement, BHCC reported that the 2011/12 figures were still provisional and were being inspected by the auditors this week. The Section 75 partnership ended the year with an underspend of £1,625,000 against a budget of £89M. The figures were set out in the table in paragraph 3.1. The financial contributions to the partnership in 2012/13 were set out in the table in paragraph 3.7. There was a total budget of £85 million. PCT contributions were £41 million compared with £44 million in 2011/12. BHCC contributions were £44 million compared with £43 million in 2011/12.
- 5.3 The table at paragraph 3.10 set out the month 2 position. Services commissioned from the Sussex Community NHS Trust (SCT) were reporting an underspend against the HIV/Aids budget. There was a small pressure against the Integrated Community Equipment Store budget. A small overspend was currently forecast in respect of the Sussex Partnership Foundation Trust (SPFT). There continued to be pressures against the Adult Mental Health Community Care budget due to a lack of suitable accommodation. There was an underspend in Learning Disabilities but there were risks against budget savings relating to the Learning Disability Accommodation Strategy. The PCT block contracts with the SCT and the SPFT were currently forecast to break even.
- 5.4 Councillor Ann Norman acknowledged the good work carried out by all partners. She referred to paragraph 3.8 and asked if officers knew when the contracts would be negotiated and when information would become available to the board.



- 5.5 The Chief Operating Officer, CCG, replied that she was expecting the contract with the SPFT to be signed in the next few days.
- 5.6 Dr Mack asked why the contribution levels were lower in 2012/13 (£85m) than 2011/12 (£89M) and whether this indicated a reduced contract sum. The Head of Finance, BHCC replied that there was a cost reduction on the PCT side. She would bring Dr Mack's query to the attention of the finance officer, NHS Sussex. The Director of Adult Social Services informed the Board that the local authority had contributed additional finance towards the mental health community health budget. The Chair asked for further clarification from the finance officer, NHS Sussex.
- 5.7 **RESOLVED** - (1) That the final outturn for 2011/12; the 2012/13 budgets by client group, and the Forecast outturn for 2012/13 be noted.

## 6. SHORT TERM SERVICES REVIEW - IMPLEMENTATION UPDATE

- 6.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner, People and the Chief Operating Officer, CCG which reminded members that a review of the joint BHCC/NHS arrangements for people requiring short term services was conducted during 2010/11. The recommendations from the short term services review were agreed by the Joint Commissioning Board on 30 January 2012. Members were provided with progress to date on implementing the recommendations.
- 6.2 The Commissioning Manager for Urgent Care & Short Term Services, CCG presented the report and stressed that there had been excellent joint working between the council, Sussex Community Trust and the CCG. Intermediate Care Services would be renamed "Community Short Term Services" from July 2012. There had been no impact on delayed care by the reduction in the city's total ICT bed stock and the implementation process was ahead of schedule. All intermediate care would be provided within the city's boundaries by July. The details on the progress of the implementation so far were set out in paragraph 3.1 of the report. Meanwhile, a Provider Management Board had been set up to oversee delivery of the review.
- 6.3 Denise Stokoe stated that the report was extremely encouraging; however areas of concern were the clinical leadership and the management and co-ordination of the service. She noted that there would be a report on these matters at a future meeting. The Director of Adult Social Services agreed that progress should be monitored and stressed that joint working between organisations at the Provider Management Board had been productive.
- 6.4 The Chief Operating Officer, CCG referred to the focus on prevention of hospital admission and asked if this was part of the evaluation. The Commissioning Manager confirmed that admissions would be monitored and that more information would be available by November 2012.
- 6.5 The Chair stated that the report was very encouraging and congratulated officers involved in this work.
- 6.6 **RESOLVED** - That the following be noted.

(i) The progress to date on implementing the recommendations from the short term services review.

(ii) The details of the arrangements in place for overseeing implementation which includes information about the provider management board.

(iii) The early proposals for evaluating whether the arrangements for delivering the changes are successful.

(iv) The proposals for providing regular updates on service delivery to the Joint Commissioning Board.

## **7. RE-MODELLING IN-HOUSE ACCOMMODATION FOR PEOPLE WITH A LEARNING DISABILITY**

7.1 The Chair explained that the Adult Care & Health Committee held on 25 June had resolved to defer consideration of the proposals to a future meeting of the Committee in order to collate further information and to carry out a consultation process with service users. The Senior Lawyer confirmed that the report in front of the Board was purely for noting as it was a deferred item. An updated report would be brought to the Board's next meeting, following consideration at the Adult Care & Health Committee.

7.2 Dr Mack referred to Section 4.3 of the report. The first bullet point under the heading 'Benefits' stated that "this would potentially provide homes for 29 people within 9 houses, compared with 23 people currently living in 12 houses". Dr Mack noted that in paragraph 3.2 it stated that "the residential care element of the service currently supported 40 people across 12 homes..." The Director of Adult Social Services confirmed that 23 people was the correct figure. There were 13 homes not 12 as stated in paragraph 3.2. She would write to Dr Mack to confirm these figures.

7.3 The Chair stressed that this matter needed to be clarified when the revised report was submitted to future meetings of the Adult Care & Health Committee and the Joint Commissioning Board.

7.4 **RESOLVED** – (1) That it is noted that the report was deferred by the Adult Care & Health Committee in order to collate further information and carry out a consultation with service users.

(2) That it is noted that following a consultation process a revised report will be submitted to the Adult Care & Health Committee and the Joint Commissioning Board.

## **8. DAY SERVICES COMMISSIONING PLAN**

8.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People which set out proposals to consult on developing a commissioning plan for day activities for people with learning disabilities, autistic spectrum disorder, older people, people with dementia and people with physical disabilities. The commissioning plan would detail day activities that would be provided in the city for the next five years.

- 8.2 The Lead Commissioner for Learning Disabilities presented the report and stated that it was proposed that consultation commenced to develop a local plan for day services on the draft outcomes set out in paragraph 3.6.1 of the report. A further report would be submitted to the Board, once the commissioning plan had been developed.
- 8.3 Dr Mack asked why there had been a reduction in attendance in building based day services. The Lead Commissioner explained that there had been a particular drop in demand for the council's day services. It was possible that numbers would rise in the future with the increase in people diagnosed with dementia. Officers would need to monitor capacity.
- 8.4 Dr Mack suggested that there might be need for some pro-active work to determine what was the cause of the reduction in numbers and whether this was likely to change in the future. The Lead Commissioner replied that there had been a decline in main stream older people attending day centres. Some people had taken up the personalisation programme. There had been a decline in numbers of older people in the city although there would be an increase in people over 85 in the future.
- 8.5 Denise Stokoe stated that she had read a report about the projected cost of spending on the elderly becoming a huge burden on councils. The Chair replied that the city had lower numbers of people than average in the 65 to 85 age range. He accepted that the over 85 age range would not reduce.
- 8.6 The Director of Adult Social Services stated that by 2030 it was projected that there would be an extra 700 people in this age range. 300 of these people would need to be in residential care. That would cost an extra £10-15 million. She was working with colleagues to see how to manage demand and carry out prevention work.
- 8.7 The Chair stated that he was mindful that the council might need to increase capacity in the future.
- 8.8 Fiona Castle raised issues relating to mental health. She expressed concern about pressures on services and staff in the Sussex Partnership Foundation Trust due to budget savings. She stated that secondary care workers were taking on the work of primary care.
- 8.9 The Chair replied that a report on Mental Health Services would be submitted to the next meeting of the Board when these issues could be discussed.
- 8.10 The Chief Operating Officer explained that there was considerable reorganisation within mental health at the moment. She was hopeful that more capacity would be brought in with a new tender. There was ongoing discussion regarding the number of mental health beds in the city and the Health Overview and Scrutiny Committee were monitoring the situation. There were currently four areas of re-commissioning in mental health.
- 8.11 The Chair stated that any concerns about the re-organisation of services should be made to the Health Overview and Scrutiny Committee. Primary care would be considered at the next meeting of the Board.

- 8.12 **RESOLVED** - (1) That it be agreed to commence consultation on the development of a commissioning plan.
- (2) That it be agreed that once the commissioning plan has been developed it is brought back to the Joint Commissioning Board for approval.

The meeting concluded at 5.50pm

Signed

Chair

Dated this

day of

# JOINT COMMISSIONING BOARD

## Agenda Item 13

Brighton & Hove City Council

**Subject:** Financial Performance Report – Month 5  
**Date of Meeting:** 22nd October 2012  
**Report of:** Director of Finance, NHS Sussex  
Director of Finance, Brighton and Hove City Council  
**Contact Officer:** Name: Michael Schofield Tel: 01273-574743  
E-mail: michael.schofield@bhcpct.nhs.uk  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report sets out the financial position and forecast for the partnership budgets at the end of month 5.

#### 2. RECOMMENDATIONS:

- 2.1 Board members are requested to note the forecast outturn for 2012/13 as at month 5.

#### 3. RELEVANT INFORMATION:

*Financial Position – Month 5 2012/13*

- 3.1 The forecast outturn is detailed in the table below:

<b>Month 5 Forecast Outturn Variance by Client Group</b>					
	SCT £'000	SPFT £'000	PCT £'000	BHCC £'000	Total £'000
<b>PCT:</b>					
Intermediate Care	217	0	0	0	217
HIV / AIDS Services	(199)	0	0	0	(199)
Integrated Equipment Store	28	0	0	0	28
Older People Mental Health	0	(187)	0	0	(187)
Working Age Mental Health	0	69	0	0	69
Substance Misuse Services	0	(4)	0	0	(4)
	<b>46</b>	<b>(122)</b>	<b>0</b>	<b>0</b>	<b>(76)</b>
<b>Council:</b>					
Learning Disabilities Services	<b>0</b>	<b>0</b>	<b>0</b>	<b>(376)</b>	<b>(376)</b>
<b>Total Forecast Outturn</b>	<b>46</b>	<b>(122)</b>	<b>0</b>	<b>(376)</b>	<b>(452)</b>

- 3.2 Services commissioned from SCT are reporting an overspend of £46k. There are significant staffing pressures against Intermediate Care services and a process is being put in place to manage this position. The overspend is being partially offset by savings against the HIV/AIDS budget which is a continuation of the position in 2011/12. There is a small pressure of £28k against the Integrated Community Equipment Store budget.
- 3.2 An underspend of £121k is currently being forecast in respect of services commissioned from SPFT. A budget strategy savings target of £326k has been set for the year and this has already been achieved. However, there continues to be pressures against the Adult Mental Health Community Care budget due to a lack of suitable accommodation, for which there is a specific savings target against the Financial Recovery Plan. As in 2011/12, there is a 50/50 risk-share arrangement in place between the council and the provider in 2012/13.
- 3.4 Learning Disability services are forecast to underspend by £376k due mainly to the full year effect of management decisions taken during 2011/12 and over-achievement of financial recovery plan targets for the current financial year. There are risks against delivery of budget strategy savings on Learning Disabilities Accommodation which is the subject of a separate report on this agenda as a result of delays in implementing the proposals.
- 3.5 The PCT 'block' contracts have now been agreed with SCT and SPFT and there have been no changes to the values reported at month 2. The NHS Operating Framework for 2012/13 provided for a 2.2% inflationary increase on funding. However, efficiency savings were required of 4%, giving a net reduction of 1.8%.

- 3.6 The contracts with SCT and SPFT are currently forecast to breakeven. Regular discussions are being held with the Trusts during the year to ensure there are no surprises and pressures materialising are addressed.

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

##### Financial Implications:

- 4.1 The financial implications of the report are found in the text, highlighting the performance against the pooled budgets.

##### Legal Implications:

There are no specific legal implications (including Human Rights Act) which arise out of this report which is for noting.

*Sandra O'Brien Senior Lawyer 2 October 2012*

##### Equalities Implications:

- 4.3 There are no direct equalities implications arising from this report.

##### Sustainability Implications:

- 4.4 There are no direct sustainability implications arising from this report.

##### Crime & Disorder Implications:

- 4.5 There are no direct crime and disorder implications arising from this report.

##### Risk and Opportunity Management Implications:

- 4.6 There are no direct risk and opportunity management implications arising from this report. Both organisations have extensive risk management frameworks which address the risks arising from the section 75 agreement.

##### Corporate / Citywide Implications:

- 4.7 There are no direct corporate/ citywide implications arising from this report.





<b>Subject:</b>	<b>Learning Disability Accommodation</b>		
<b>Date of Meeting:</b>	<b>22<sup>nd</sup> October 2012</b>		
<b>Report of:</b>	<b>Director of Adult Social Services/Lead Commissioner People</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Karin Divall</b>	<b>Tel:</b> 29-4478
	<b>E-mail:</b>	<a href="mailto:Karin.divall@brighton-hove.gov.uk">Karin.divall@brighton-hove.gov.uk</a>	
<b>Key Decision:</b>	Yes		
<b>Wards Affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

1.1 In November 2011, the JCB agreed a three year accommodation and support plan for people with learning disabilities. This report sets out the steps taken by Brighton & Hove City Council to model their accommodation in line with this plan.

1.2 The Cabinet Member for Adult Social Care & Health at his meeting in January 2012 agreed a 90 day consultation with stakeholders on the re-modelling of our in-house accommodation for people with learning disabilities. A report was brought to the February JCB which agreed to note the consultation and recommended that a further report should be brought back to JCB following the consultation. This report provides JCB with details of the outcome of that consultation and the decision of Adult Care and Health Committee.

1.3 Consultation commenced with staff and service users' families and carers to inform the development of a model of accommodation which delivers improved value for money in line with other authorities and focuses on providing specialist accommodation. The consultation explored opportunities to improve value for money by consolidating our accommodation into larger properties and building on a staffing structure which is flexible, skilled, and which continues to meet the needs of people using our services. A report was taken to Adult Care and Health Committee in June at which time they agreed to defer consideration of the proposals to a further meeting in order to enable the following information to be made available:

- The results of the consultation with service users
- Information on the number of service users affected, where they will be moving from and to which properties they will be moving
- More information on the properties proposed for closure and how they will be used in future.

1.4 A further Report was taken to Committee on 24 September where Option 1, as detailed below, was approved.

## 2. RECOMMENDATIONS:

2.1 That JCB notes the decision made by Adult Care and Health Committee to re-model the council's accommodation for people with learning disabilities as set out in Option 1 (paragraph 3.1).

## 3 PROPOSED OPTIONS

The consultation included engagement with staff, families/carers and key professionals and service users about the principles of re-modelling to achieve efficiencies and deliver improved value for money, a focus for the service on accommodating people with high level needs, providing accommodation for people with high level needs who would otherwise be at risk of moving out of City, changes to staffing to further improve efficiency and ways of increasing the capacity of some homes in order to accommodate more people.

**3.1 (Option 1) Re-model the existing Accommodation service by maximising the use of all our homes and focusing services on larger houses that can provide services for people with high needs and challenging behaviour in the future. To agree to relocate the service at Old Shoreham Road to Windlesham Road and to move the service users from New Church Road to existing vacancies in alternative council owned registered accommodation.**

This option will potentially provide homes for an additional 5 people, uses two less houses than we currently do, achieves £400,000 savings for the accommodation service, saves £200,000 for the Community Care budget in a full year, reduces our unit costs, provides better value for money and focuses on services for people with complex and high level needs to prevent the need for people to live outside the City in future. It should be noted that adaptations will be required to some of our existing properties to facilitate this option in a way that ensures we meet service users' needs and sources of capital funding have been identified for this.

Whilst some of our smaller houses do meet the needs of the current service users, it is not sustainable going into the future to provide a personalised service focused on maximising independence for people with high needs and challenging behaviour in small houses. By developing our service in larger houses we can provide bespoke accommodation that meets the needs of people into the future and that provides more personalised services for people with complex needs. The physical environment of the smaller houses proposed for closure do not provide for development of such bespoke individual accommodation.

Now that this option has been agreed then the service users concerned will be assessed as to their capacity to make a decision regarding the home it is proposed they are to move to. In the event a service user is assessed as lacking capacity to make this decision a best interest decision will be made. This and the process of engagement with all service users who have to move as a result of the re-modelling will be undertaken sensitively and in accordance with their specific needs and Mental Capacity Act Guidance. Individualised transitions plans will be developed which take account of current needs, how they have adapted to previous transitions etc. These plans will involve the Behaviour Support Team

where appropriate, key workers and managers of the services they live in and families. Core staff will be moving with the service users which will minimise risks in relation to increases in challenging behaviours. We will risk assess and minimise the identified risks in the case of Old Shoreham Road for example the risks are already reduced by the service moving as a whole so there will be familiar people and routines. The transition will be planned and include individual plans, building works to adapt the accommodation as required and any moves are unlikely to take place until early next year.

The next steps will also include staff and union consultation and there is likely to be a reduction in staffing of 8.78 full time equivalent posts, with between 8 and 13 less staff required for the new service (the number will vary according to the mix of full and part time employees). Having held a number of staff vacancies it is envisaged that all the staff can be relocated within the service if they so wish, and there will be no compulsory redundancies.

This approach provides a planned way to provide a more sustainable accommodation service. If this option had not been agreed then the service would not have been sustainable going forward, with the result that as vacancies occurred they would not be filled and over time some of the houses would be closed as they become empty which would affect staff morale in the interim, increase the risk in delivering these services and increase unit costs.

### Current Provision affected by proposals

Service and capacity	Current Occupancy	Proposed occupancy	Property ownership	Service description	Comments
New Church Rd (current capacity 3)	3	0	Affinity HA	Registered Supported Living	X1 service user has planned move for early 2013 to live with relative. The two remaining service users do not need to remain together but need to ensure any new service meets their needs and that they are compatible with other service users living in the accommodation . x1 service user would benefit from ground floor accommodation. Both service users will need some staff who know them well to move with them and for their service to be in Brighton & Hove to maintain community links and friendships.
Old Shoreham Rd (current capacity 3)	3	0	BHCC (Housing)	Registered Care Home	3 female service users are well matched and would benefit from remaining together with a core group of staff that know them well. Any additional service users who may live with them need to be compatible. The accommodation needs to meet their assessed needs and their service to be in Brighton & Hove to maintain community links and friendships and ensure regular contact with family.
Windlesham Rd (current capacity 4)	1	4	BHCC (Transferred from NHS)	Registered Care Home	X1 remaining resident's health care needs have increased and there is already a planned move to a more appropriate service.

## Proposed Provision

Service	Move to	Property ownership	Service description	How proposal needs identified needs
New Church Rd	X1 service user to 14 Beaconsfield Villas (this is a 5 person service with vacancy)  X1 service user to Cromwell Rd (this will increase capacity from a 2 person service to a 3 person service)	Hyde HA  Southern HA	Registered Supported Living	Compatibility assessments completed. & the service user who requires ground floor accommodation will have this at Cromwell Rd. Both service users will remain in the city to ensure community links and friendships are maintained and some staff who know them well will move with them to their new services
Old Shoreham Rd	Windlesham Rd (this will remain as a 4 person service)	BHCC (Transferred from NHS)	Registered Care Home	The x3 service users will remain together and all move to the new property. A core group of staff from Old Shoreham Rd would move with the service users to ensure consistency of support. Family members and staff would be involved in any remodelling of the physical layout and the property will be fully refurbished. The property is within a central location and easily accessible to shops, parks and seafront.

## OTHER OPTIONS

3.2 The following options were considered during the consultation but were not recommended because they do not provide an in-house service that in future will focus on people with the highest needs, provide homes and staffing that are flexible and adaptable, meet the commissioning requirements to deliver improved value for money or deliver the savings we are required to make:

### **3.2.1 Do nothing and continue to keep services running as currently.**

#### **Benefits:**

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

#### **Risks:**

- The financial savings required by Council will not be delivered.
- The commissioning requirements to deliver improved value for money will not be achieved which will make our services financially un-sustainable when compared to the private or voluntary sector
- Our unit costs would remain high in comparison to other providers.
- The commissioning requirement to provide homes for people with high level needs could not be met in some of the smaller houses.

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

#### **Benefits:**

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

#### **Risks:**

- The financial savings required by the Council will not be delivered.
- The commissioning requirements to deliver improved value for money will not be achieved which will make our services financially un-sustainable when compared to the private or voluntary sector
- Some of the smaller houses are not suitable to be developed to accommodate more service users, or to deliver better value for money. Larger properties can be more readily adapted to provide personalised accommodation that enables service users to live more independently and to enable people with challenging behaviour to live alongside other service users, larger houses can in some cases also enable additional people to be accommodated to deliver better value for money.

### **3.2.3 To cease providing council accommodation for people with learning disabilities and tender the service with private sector providers.**

#### **Benefits**

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

#### **Risks**

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

**3.2.4** As a principle we will seek to increase capacity in our existing homes and where capacity arises then we will look to bring people back from out of City as appropriate. Since July 2012 a sub group has been meeting to look at the options for developing the service that would reduce the need for out of city placements in the future. This option on its own will not make the savings required by Council, but will enable the in-house service to operate on a more sustainable basis in future.

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

### **4.1 The results of the consultation with service users.**

The consultation with the service users directly affected by the potential closures involved four steps:

- A risk assessment to determine the likely impact of consulting with each individual and the most appropriate means of consultation
- Mental capacity assessment
- Use of photographs of existing and proposed new homes
- Visits by service users and their families to the proposed new homes.

The outcome of this consultation was that the risk in relation to the completion of a capacity assessment were assessed as high and that all the service users would be significantly distressed by the capacity assessment, this was a view confirmed by family members and the details of the process are attached in appendix 1.

### **4.2 Information on the numbers of service users affected, where they will be moving from, and to which properties they will be moving.**

On the basis that option 1 was agreed by Committee then the following planned moves will take place:

- Old Shoreham Road- three people will move from this house to a larger registered home in Windlesham Road which will also be able to accommodate an additional young woman currently accommodated in children's services. Old Shoreham Road can not accommodate any additional women and there is no other women's service available for her. Windlesham Road is a larger house, is centrally located and will enable this young woman to move into her first home. If the service at Old Shoreham Road does not move to Windlesham Road then it is un-likely that we can provide a home for this young woman in our council service. Windlesham Road provides more flexibility for future use as a house to accommodate people with high level needs than Old Shoreham Road. Currently Windlesham Road has only one services user who has a planned move to a nursing home due to his continuing health care needs. The service users at Old Shoreham Road have individual day activity programmes which will continue at Windlesham Road.
- New Church Road currently accommodates three people, but will have a vacancy in January when one person has a planned move to more personally appropriate accommodation. The house is not large or flexible enough to accommodate a new person with high level needs. The vacancy would be suitable for someone with lower level needs but this is not what the service is required to provide for the future. It is planned that of the remaining two people, who do not have a specific need to live together, one will move to existing registered accommodation at Beaconsfield Villas and one person will move from New Church Road to registered council accommodation at Cromwell Road. The two men currently attend in-house day services and will be able to continue to do so.

#### **4.3 More information on the properties proposed for closure and how they will be used in future.**

The two properties for closure will no longer be required by Adult Social Care. One of these in Old Shoreham Road is a terraced family home which forms part of the council owned housing stock within the Housing Revenue Account and will be returned for use as council family housing. One house in New Church Road is an end of terrace family home owned by a Housing Association and will be returned to them.

### **5. COMMUNITY ENGAGEMENT AND CONSULTATION**

Details of the consultation process with staff, family, carers, advocates and key professionals and the outcomes of this was presented to committee in June and the committee requested that additional consultation be carried out with the service users. This additional consultation has been completed and is detailed in Appendix 1.

### **6. OUTCOME OF CONSULTATION**

6.1 A summary of the consultation undertaken with the five affected service users is attached at Appendix 1 and this provides a mix of views about the proposed accommodation changes. There was a detailed consultation with families, staff and other stakeholders which was reported in the June committee and a



summary of this is attached as Appendix 2. In general the families were positive about the service that their family member received and wanted them to continue to live within a council provided service and would prefer the service to remain unchanged. If change were to happen consistent support from staff who know the service user well was the most important factor for most people and for some people remaining living with the people they currently live with was also important.

6.2 Further work has been completed in relation to the services users potentially directly affected by these proposals. See 3.2 above and Appendix 1 for details. The consultation with five service users affected by the proposal in option 1 involved five stages:

- A risk assessment
- A mental capacity assessment
- Use of photographs of current and proposed homes
- Visits by service users to the proposed new home
- Visits by families to the proposed new homes

A full risk assessment was completed for each individual by staff who work with them which took into account the views of their families. In each case, the outcome of the detailed risk assessment was that it would cause too much distress to the individual to carry out a capacity assessment or to use visual aids to discuss a move. Their families were invited to visit the homes and several of them did so. Full details are attached in Appendix 1.

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

### **7.1 Financial Implications:**

The recommended option 1 is expected to deliver better value for money than current provision and reduce unit costs to bring them more in line with comparable authorities. This option has been analysed through a financial model and has the potential to deliver savings of £600k in a full year and will support the delivery of budget plans for 2012/13 and 2013/14.

*Finance Officer Consulted: Name: Anne Silley Date: 05/08/12*

### **7.2 Legal Implications:**

As set out in the previous reports in January and June 2012 the Local Authority has to fulfil dual functions in meeting its statutory community care duties to people with learning disabilities in the context of central and local Guidance on individual choice and control, and its duty to the public purse.

In fulfilling its functions the Local Authority must have regard to the Human Rights Act 1998 and in particular in this case the Right to Family Life in accordance with Article 8 European Convention on Human Rights. The recommended option in this report describes the plans for individuals who

have important relationships with fellow residents [and staff] to remain living together as a unit but within new locations in the city.

The Local Authority also has a duty to consult with all interested and affected parties including ensuring compliance with Equalities legislation. The Report describes comprehensive consultation with families, staff and unions. Advice from Advocact informed the Report to Committee in June 2012 where it was reported that given the level of vulnerability of the residents potentially affected that an attempt at a consultation exercise involving those individuals would be too distressing and damaging. Given this generic approach and on deferment of the decision at June Committee, officers agreed to undertake an individualised approach to consulting each of the individuals concerned.

As described in the body of the Report a staged approach was undertaken in the context of consultation with residents. Application of such an approach being necessary to ensure fairness, attention to the specific vulnerabilities of the individuals concerned and proportionality.

The Mental Capacity Act 2005 states that the starting assumption must always be that an individual has capacity to make a decision until there is proof that they do not. The individuals potentially affected by a decision to re-model the service necessitating their move to new locations have learning difficulties and significant and specific support and care needs as described in Appendix 1. There is reasonable cause to believe that the individuals concerned may lack capacity to make the decision to engage in a consultation exercise and express a view on the proposals for re-modelling the service. Therefore it was identified that all of those individuals affected would require an assessment of their capacity to decide to engage in the consultation exercise.

A person's capacity must be assessed *specifically* in terms of their capacity to make a *particular decision at the time it needs to be made*.

The Mental Capacity Act 2005 Code of Practice provides that in order to undertake an assessment of capacity the following questions need to be addressed:-

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making, this decision?
- Is the person able to understand, retain, use and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

Therefore in order to undertake an assessment of each individual's capacity to engage in a full consultation the *possibility* of a move would have to be introduced within the context of the assessment. In order to determine the effect such a capacity assessment may have on each individual, as described in this Report, individual risk assessments were first undertaken.

It is incumbent on the Local Authority and those caring for the individuals concerned to ensure their emotional welfare and safety needs are met. In pursuance of continuing to meet these needs a balanced approach was adopted by first assessing the risk of undertaking an assessment of the individuals' capacity to exercise their right to engage in the consultation process should they choose to do so.

The outcome of the risk assessments in all cases [informed by family members' views] resulted in the assessed risk of a capacity assessment in the context of the decision to engage in a consultation exercise being too high to be proportionate to the outcome.

The result for Committee considering this Report was a consultation outcome that could not include the direct views of the individuals potentially affected by the proposed re-modelling and closures due to the adverse impact of taking the vulnerable adults concerned through the required mental capacity assessment process.

The ascertainable wishes and feelings of the individuals potentially affected are highlighted in Appendix 1. Whilst not indicative of capacity to make a decision to engage and express a view in a consultation exercise they do provide evidence of the individuals' response to their current environments and care setting.

In reaching its decision it was necessary for Committee to properly consider all of the implications for the individuals concerned and the implications for the Council as a whole. Such consideration must include the views expressed via the consultation process. As the views of the potentially affected individuals have not been possible to obtain due to their vulnerabilities and the impact of an assessment of their capacity to decide to engage in the consultation process, it was suggested Committee adopt the position that those individuals, if able express a view in the context of a consultation process, would express that they would elect to remain in their current locations.

It was also suggested that Committee will wish to take into account the preferences and ascertainable wishes and feelings of service users as recorded in Appendix 1 in terms of whom they may wish to live with, the environment they enjoy and the aspects of home life that are important to them.

The decision to re-model the service, including closure of homes, was one for Committee but given the function of JCB important for JCB to be informed as part of its monitoring role. Committee agreed the recommended option on 24 September so that the service users affected will clearly have to be told [in an appropriate manner tailored to their needs] of the plans for closure. Whether the service users wish to move to the proposed services outlined in the body of the report is a decision for them. That is a separate and distinct decision from a decision to contribute in a consultation exercise. Therefore assessments of the capacity of each individual service user to make a decision as to whether they wish to move to the proposed service will have to be

undertaken. Where assessments conclude the individual service user lacks capacity to make such a decision then a best interests decision will have to be made on their behalf in accordance with the Mental Capacity Act 2005 and informed by their ascertainable wishes and feelings. In any event attention must be given to meeting the expressed preferences of individuals in terms of their surroundings and home environment.

*Lawyer Consulted: Name Sandra O'Brien*

*Date: 26 September 2012*

### 7.3 Equalities Implications:

An Equalities Impact Assessment has been carried out for the re-modelling of the accommodation services and was appended to the report that was presented in June 2012 to Adult Care and Health Committee.

### 7.4 Sustainability Implications:

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

### 7.5 Crime & Disorder Implications:

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

### 7.6 Risk and Opportunity Management Implications:

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

### 7.7 Public Health Implications:

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

### 7.8 Corporate / Citywide Implications:

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

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

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

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

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

### **SUPPORTING DOCUMENTATION**

#### **Appendices:**

***Appendix 1: Consultation with service users***

***Appendix 2: Consultation with stakeholders***

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

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

#### **Background Documents**

1. None



Summary of Consultation prior to and after June 2012

Staff Consultation activity

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

Carers /Families Consultation activity

<b>How</b>	<b>Details of activity</b>
<b>Surveys</b>	<b>47</b> letters and surveys were circulated and a total of <b>27</b> were returned ( <b>57.5%</b> ).

<b>Log of Communications</b>	Issues of concern family feedback <b><i>A summary table of issues of concerns : see table 2.2 [June Report]</i></b>
<b>One off meetings</b>	Through out the process 1:1 meetings have been made available
<b>Family /Carers Consultation Sessions</b>	A total of <b>4</b> events were made available with <b>23</b> places offered at a variety of dates, times and venues across the city. A total of <b>9</b> places were taken up. In total <b>7</b> groups of family members, friends and carers attended these sessions. Each session was facilitated by a member of the Commissioning Support Unit along with 1 or 2 managers from Learning Disability services.
<b>Communications</b>	Family/Carers have received a combination of letters, newsletters, emails and personal phone calls during the process.
<b>Further Meetings with Families</b>	Further meeting and visits to proposed new service locations / involvement in proposed adaptations have been held with families as appropriate.

### **Key professionals Consultation activity**

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

<b>How</b>	<b>Details of activity</b>
<b>Surveys</b>	All key professionals were given the opportunity to participate in a survey via the on-line Consultation Portal. A total of <b>6</b> people responded.
<b>Meetings held</b>	24 <sup>th</sup> January initial meeting with Advoact Subsequent meeting on 4 <sup>th</sup> May with Advoact Further meeting with Advoact 30 <sup>th</sup> July 2012
<b>Communications</b>	Learning Disability Accommodation Operations Managers have made themselves available to attend staff meetings.



Learning Disability further information: consultation/other engagement with people directly affected by any proposed moves. Collated Aug/Sep 2012

Service User affected by proposed changes	Service (home)	What the option is:- move, increase capacity or both	If moving: where to	Size of increased capacity if appropriate e.g. from 4>5	Risk Assessment date completed	Capacity Assessment completed	Visual Aids used/seen Yes/No (include date seen)	If person does not have capacity:- include further information on who has/will be consulted on their behalf i.e. family input etc (best interests)	Further evidence of ascertainable wishes and feelings expressed i.e. include information gathered by family, friends during the 3 month consultation period.	Compatibility Assessment Date	Relevant 'key' information from compatibility Assessment (summary) i.e. dislikes loud noise, living near to main road etc	Other relevant "key" information from person centred plans choices etc
1	OSR	move & increase capacity	VWR	3>4	30-8-12	NO Capacity Assessment completed	Visual Aids used/seen Yes/No (include date seen)	Parents (x2) If person does not have capacity:- include further information on who has/will be consulted on their behalf i.e. family input etc (best interests)	Parents-survey completed and consultation event feedback-current property on busy dual carriageway. Would support a move to W.R. as long as friends can move to the same place too (x3). Also important staff move into new accommodation.	30/7/12	Can be very vocal and annoy others has a hearing impairment When carrying out her 'home routine' could grab and push others if they are in the way Can sometimes strip naked in communal areas need to consider dignity with other service users Can grab others food Can go into others rooms and invade space	Enjoys the company of 2, makes her smile/likes linking arms with her. Continue to live with peers Continue to develop independence
2	OSR	move & increase capacity	VWR	3>4	17-8-12	Capacity assessments not completed due to outcome of risk assessments and family requests not to complete one unless a concrete decision has been made regarding any changes. Impact on completing could be too distressing for individuals	No visual aids used due to risk assessment outcome	Parent (x2)	1x Parent completed survey and attended consultation event- strongly opposes any move due to serious behaviour changes during past moves.	30/7/12	Direct eye contact from males can provoke Self injurious behaviour Must not have a loud noisy disruptive environment Must not have an environment with lots of glass Must have a quiet environment while eating Must have structured and predictable day Must have an environment that is clear of objects that can be swallowed/ live with others who will not leave objects around Could become withdrawn and isolated if others are too noisy in her space Needs access to outdoors/garden Needs support to access the kitchen/communal areas to prevent becoming agitated/ability to make choices becoming compromised Needs staff who know her well	Enjoys/is compatible living with 1./ giggles in her company. Appreciates a quiet environment when eating. Enjoys standing on the landing watching the staff and traffic. Enjoys using her bedroom and garden Needs to use her communication tools Direct eye contact from males can provoke SIB
3	OSR	move & increase capacity	VWR	3>4	16-8-12	Capacity assessments not completed due to outcome of risk assessments and family requests not to complete one unless a concrete decision has been made regarding any changes. Impact on completing could be too distressing for individuals	No visual aids used due to risk assessment outcome	Sibling (x1)	Direct family member (sibling)- survey completed but neither agree or disagree to move	30/7/12	Living with men could effect her dignity Will take control of the TV in the communal space that could annoy others Must have a quiet, predictable stable home environment Must have structured activities Must have reinforced glass Has routine self injurious behaviours daily that could upset other service users Needs a sound proof bedroom Bedroom needs to have walls that are pliable & soft	Needs sound proofed room. Needs bedroom to be replicated if to move to another house. Needs to be able to have space of her own In the morning likes to lie on the sofa Needs to control the TV therefore needs to live with people who don't mind what they watch in the communal lounge Living with men could effect her dignity
4	NCR	move	14 BV		15-8-12	Capacity assessments not completed due to outcome of risk assessments and family requests not to complete one unless a concrete decision has been made regarding any changes. Impact on completing could be too distressing for individuals	No visual aids used due to risk assessment outcome	Sibling (x1)	Direct family member completed survey- highlighted does not respond well to changes, difficult to relate to new carers.	31/7/12	Must have calm, quiet environment, clear access, separate shower, large bedroom, access to garden and kitchen, quiet mealtimes, familiar trained staff, structures timetable, health checks, access to car and exercise, 1:1 time Bedroom needs to have walls that are pliable & soft	A nice bedroom, listening to music. Sitting in the garden in my swing chair. Day centre, other community activities and my computer. Staff support with my communication and health, and contact with my family.
5	NCR	move & increase capacity	CR	2>3	15-8-12	Capacity assessments not completed due to outcome of risk assessments and family requests not to complete one unless a concrete decision has been made regarding any changes. Impact on completing could be too distressing for individuals	No visual aids used due to risk assessment outcome	Half Sibling	Direct family member strongly disagrees to any move	30/7/12	Must have calm quiet environment, level access to building, downstairs room., Access to kitchen, outside space with seating, local shops and activities, walk in shower, familiar trained staff, communication board., family contact, structured timetable, 1:1 time	I like my house, my bedroom and en suite. I like to go out to be sociable, to engage in activities and attend my day centre. It is important to me that I see my family and befrienders and to keep healthy.

Key: OSR=267 Old Shoreham Road/NCR=228 New Church Road/WVR=Windlesham Road/BV= 14 Beaconsfield Villas/CR=Cromwell Road/RG=Rutland Gardens



<b>Subject:</b>	Care Home Approved Provider Arrangements		
<b>Date of Meeting:</b>	24 <sup>th</sup> September 2012		
<b>Report of:</b>	Director of Adult Social Services/Lead Commissioner People		
<b>Contact Officer:</b>	<b>Name</b>	Ambrose Page	29-5341
		Jane MacDonald	29-5038
	<b>Email:</b>	<a href="mailto:ambrose.page@brighton-hove.gov.uk">ambrose.page@brighton-hove.gov.uk</a> <a href="mailto:jane.macdonald@brighton-hove.gov.uk">jane.macdonald@brighton-hove.gov.uk</a>	
<b>Ward(s) affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 Some existing care home contracts must be renewed. Current arrangements need 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 are in need of revision.

#### 2. RECOMMENDATIONS:

- 2.1 That the Board agree the process for procuring & the awarding of the contract and the timescales outlined in this report.
- 2.2 That the Board agree to the Director of Adult Social Services having delegated authority to award contracts.

**(Note: These recommendations were agreed by the Adult Care & Health Committee on 24 September 2012).**

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

- 3.1 There are currently different contractual arrangements in place broadly for Older People (OP) / Older People Mental Health (OPMH) and people under 65 (U65). This is an historical arrangement and lawyers have advised change to a generic contract, one which embraces both older people and people under 65.

- 3.2 The proposed generic care home contract is comprised of Terms and Conditions and a Service Specification, with additional Clinical Standards for Nursing Homes. It is an Approved Provider agreement in the sense that it sets out agreed terms and conditions for providers, and individual placements are then made with providers on the basis of those pre-agreed Terms and Conditions. Selecting which service user goes to which provider will be dependent on which care home has vacancies at the time, and whether or not the provider is able to meet the assessed needs of the person requiring care home services. In the event that there are two or more vacancies that could meet those assessed needs, the selection process would then be led by service user choice.
- 3.3 As was the case with OP/OPMH it is a joint Health and Adult Social Care contract and potentially includes all independent and voluntary sector care homes in the city.
- 3.4 The vast majority of the Terms and Conditions in the new contract remain similar to the previous contracts for both OP/OPMH and U65. The Service Specification has been substantially revised in line with Department of Health good practice and is now outcome based with a focus on partnership working.
- 3.5 In order for care homes to join the approved provider arrangement they must complete an application form and provide a range of information. This procedure will ensure that the Council is confident that the providers on the approved provider arrangement have the suitable technical knowledge and experience, capability-capacity, organisational and financial standing to provide the services.
- 3.6 Providers will be able to access the application form through the South East Business portal and if successful they will be included on an Approved List of care home contractors held by the Council.
- 3.7 The rationale for advertising the Application form on the portal is to give an opportunity to new providers to join the list of Council contractors.
- 3.8 It is anticipated that the new contract will take effect from April 2013 onwards on a rolling programme.
- 3.9 The anticipated length of contract is one year from the commencement date, and thereafter from year to year, subject to the termination clause.
- 3.10 The anticipated annual value of spend through the contract is £26.6 million although this is not guaranteed to any particular supplier.

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

- 4.1 The care home contract has been consulted upon widely. This has included consultation and engagement with practitioners, the public and providers, with the latter in particular having influenced the process regarding health & safety and financial requirements in the contract
- 4.2 Following significant public consultation a brochure entitled 'Your Rights and What to Expect in a Care Home' has been developed. This includes an

explanation of the different parts of a care home contract and what they mean in real terms.

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

### **5.1 Financial Implications:**

The new contract is expected to support the delivery of Value for Money. Care Home Fees will be the subject of a separate report, the level of fees proposed will be within budget strategy assumptions.

*Finance Officer Consulted: Anne Silley Date: 03/09/12*

### **5.2 Legal Implications:**

The services provided under the framework are Part B services for the purposes of the Procurement Rules. There is not considered to be a cross border market for these services, and there is therefore no requirement for an OJEU advance notification. The process to be followed in signing providers up to the new contract is required to be fair, transparent and non discriminatory. These requirements appear to be satisfied.

The terms and conditions of the new contract have been updated to reflect changes in legislation.

There are no specific Human Rights Act 1998 implications arising from this report.

*Lawyer Consulted: Jill Whittaker Date: 06/09/12*

### **5.3 Equalities Implications:**

A full Equalities Impact Assessment has been undertaken.

### **5.4 Sustainability Implications:**

Placing the Application on the South East Business portal has the facility to maximise the number of in-city providers, thus increasing local capacity and minimising the number of out of city placements and associated costs.

### **5.5 Crime & Disorder Implications:**

No specific Crime and Disorder implications arise from this.

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

A Risk log is attached to this piece of work

### **5.7 Public Health Implications:**

The new Service Specification has an emphasis on re-abling and maximising independent and well being.

The nursing competencies will minimise infection and ensure robust clinical support.

5.8 Corporate / Citywide Implications:

All in city care homes are encouraged to apply for Approved Provider status.

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

6.1 No change to status quo – not viable in procurement terms and could present a risk in terms of current equalities legislation

6.2 Full tender – risk of losing in-city provision with immediate effect and also over time

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 The new contract is robust and compliant with procurement and legal advice.

**SUPPORTING DOCUMENTATION**

**Appendices:** None

<b>Subject:</b>	Transfer of Care from a Short Term Bed		
<b>Date of Meeting:</b>	22 <sup>nd</sup> October 2012		
<b>Report of:</b>	Director of Adult Social Services/Lead Commissioner Adult Social Services		
<b>Contact Officer:</b>	name:	Jane MacDonald	Tel: 29-5038
	email:	jane.macdonald@brighton-hove.gov.uk	
<b>Ward(s) affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

1.1 Short term beds are funded by both the council and NHS. The Transfer of Care from a Short Term Bed policy seeks to give clarity to the situation when a person is in a short term bed that no longer meets their assessed need. It also seeks to make the process fair so all cases are resolved using the same principles that are captured in one policy. See Appendix One for The Transfer of Care from a Short Term Bed policy

1.2 There are significant occasions when people staying in short term beds stay longer than they need. The Transfer of Care from a Short Term bed policy aims to tighten up procedures to ensure people move through the service in a timely way. It is not intended that the policy is used for 'Active Transfer of Care (eviction)' except in rare and extreme cases. The policy is intended to ensure that everyone working in with short term bed services closely adhere to the same procedures that are applied consistently across all services.

#### 2. RECOMMENDATIONS:

2.1 That the Board agree to the Transfer of Care from a Short Term bed policy and the implementation thereof.

**(Note: The recommendation above was agreed by the Adult Care & Health Committee held on 24<sup>th</sup> September 2012).**

#### 3 RELEVANT BACKGROUND INFORMATION

3.1 With the growth of Community Short Term Service beds it is crucial that there is efficient use of these (expensive) beds to ensure that the risk of 'blocking' is minimised and people are facilitated to move out of hospital in a timely way. This policy can also be used for other short term beds in the city to ensure a consistency of approach. Well managed short term beds help militate against beds else where in the system becoming 'blocked.'

3.2 It is intended that the Transfer of Care from a Short Term bed policy links with other local policy and protocol. This includes the refresh of the BSUH Choice policy and documentation from Sussex Community NHS.

3.3 This Policy covers:  
Community Short Term beds  
Transitional Beds  
Respite beds  
Crisis beds

(Note: this list is not exhaustive and may change)

3.4 One of the key parts of the policy is guidance on how the process should be managed when a service user refuses to move. This may result in an active transfer care which is eviction from the short term service. It is expected that this occurs very infrequently. On the rare occasion it does occur, the policy will ensure that service user is moved according to their assessed needs. This could be to their own home with or without services or to a further service that can meet their assessed needs.

3.5 If a person needs a care home it is important to note that they may have much more choice regarding which care home they will live in, after they have moved out of a short term bed.

3.6 It is at this stage that they will be offered up to three longer stay placements that will meet their assessed need and they will be supported to move if that is their choice. This may mean the service user moves on to another residential placement in the short term, before a longer stay placement can be identified to meet their needs.

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

4.1 To date the draft policy has been shared with the Short Term Services working group (Commissioners in Health and Social Care and Providers) and the Transfers of Care working group which consist of both assessment and provider practitioners in Adult Social. Both the LINK steering group and the LINK research group have commented on the draft policy and it has been amended in light of the suggestions made.

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

##### Financial Implications:

5.1 The implementation of the Transfer of Care from Short Term bed policy will support the achievement of Value for Money through Personalisation.

*Finance Officer Consulted:*

*Name Anne Silley*

*Date: 03/09/12*

##### Legal Implications:

5.2 It is essential that recipients of services from the Local Authority are treated on a fair and equitable basis; the Policy recommended in this Report seeks to achieve such equity, fairness and transparency across provision in the City. There are no additional or specific legal or Human Rights Act implications arising from this Report.



Equalities Implications:

5.3 An EIA has been completed.

Sustainability Implications:

5.4 There are no specific sustainability implications.

Crime & Disorder Implications:

5.5 There are no specific crime and disorder implications.

Risk and Opportunity Management Implications:

5.6 There is a small risk that a person refuses to move from a Short Term bed. This is mitigated by clear information that the bed is 'short term.' The policy states, *'The message that the service is time-limited must be reinforced and delivered consistently throughout a person's stay. All professionals have a responsibility for doing this, including the manager of the home, staff working directly with the service user, care managers and allied professionals. .... Information should also be given to them in writing. This must be signed within two days of arrival in a short term service. The care manager (or other professional) giving the information must record that the service user or their advocate has been given the information. They also have a responsibility to ensure that it has been understood, due regard must be taken with regard to capacity and language needs.'*

Public Health Implications:

5.7 The policy seeks to ensure that people move through Short Term beds in a timely way thus making them available for those who need them.

Corporate / Citywide Implications:

5.8 Priority on Corporate Plan - Tackling Inequality - This policy seeks to ensure that processes are fair so all cases are resolved using the same principle in one policy.

**6. EVALUATION OF ALTERNATIVE OPTION:**

6.1 There is the option not to introduce this policy. This would leave the status quo which could result in people not moving through the service in a timely way, beds may become 'blocked' and the service would not have capacity to manage those who need a bed.

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 The main reason for the recommendation is a tightening of policy to ensure people move through short term bed in a timely way.

## **SUPPORTING DOCUMENTATION**

### **Appendix One**

#### **Transfer of Care from a Short Term Service bed**

##### **1. Scope**

- 1.1 The Transfer of Care from a Short Term Service bed policy intends to give clarity to situations where a person is in a short term service bed that no longer meets their 'assessed need'. Assessed need is what the Council has identified an individual as having and which the Council has a duty to meet with the provision of care and/or other services as they fall within the Council's Fair Access to Care eligibility criteria. Short term means up to a maximum of six weeks, but it is more usually about 21 days.
- 1.2 This policy gives guidance on how the process should be managed when a service user refuses to move. This may result in an active transfer care which is eviction from the short term service. The service user is then moved according to their assessed\* needs. This could be to their own home with or without services or to a further service that can meet their assessed needs.
- 1.3 This policy is only used as a last resort; professionals must work with service users in short term beds to enable them to move on in a timely manner.
- 1.4 This policy applies to all Brighton and Hove City Council short term beds, joint Health and Social Care Short Term beds and beds supplied on behalf of Brighton and Hove City Council or jointly by Brighton and Hove Health and Social Care.
- 1.5 This includes:
  - Community Short Term beds
  - Transitional Beds
  - Respite beds
  - Crisis beds
  - (Note: this list is not exhaustive and may change)

##### **2. Principles of good practice**

- 2.1 Professionals must treat everyone as an individual and in a person centred way. Assisting and supporting a person move through the Short Term Service bed must be firmly but sensitively managed. Professionals must be mindful that a person's needs might change throughout the process. It may be a period of change for a person that can be stressful for them, their family and friends.

### 3. Key legislation and local policy

<b>Key National Legislation</b>	<b>Local Guidelines</b>
LAC (DH)(2009)1: Transforming Adult Social Care	Process for Escalation of Sussex Community Trust (Brighton and Hove) Delayed Transfers of Care awaiting Social Care Support 2011
Mental Capacity Act 2005 Deprivation of Liberty Safeguards	Choice on Transfer of Care Policy TCP 212 BSUH
The Community Care (Delayed Discharges etc.) Act 2003	Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk
The Care Standards Act 2000	FACS (Fair Access to Care)
	Brighton and Hove City Council Escalation Policy 2012

### 4. Admission

- 4.1 The professional referring the person to a short term bed must make the service user aware that it is short term service. It must be recorded that the service user has had this information and that it has been understood.
- 4.2 Information should also be given to them in writing (see Important Information for short Term Service users – Appendix One). This must be signed within two days of arrival in a short term service. The care manager (or other professional) giving the information must record that the service user or their advocate has been given the information. They also have a responsibility to ensure that it has been understood, due regard must be taken with regard to capacity and language needs.

### 5. Giving messages and recording

- 5.1 The message that the service is time-limited must be reinforced and delivered consistently throughout a person's stay. All professionals have a responsibility for doing this, including the manager of the home, staff working directly with the service user, care managers and allied professionals.
- 5.2 Everyone coming into a short term bed must have an introductory meeting with their care manager or allied professional and a representative of the home. This is the opportunity to explain the aims and objectives of the placement and to reiterate and record that the service user is aware that the placement is short term.
- 5.3 The length of time someone stays in a short term service bed is dependent on his or her individual need. They should be given an idea of the expected move on date within the first two days of their stay. This should be reviewed at least weekly. These meetings should be attended by those involved in the transfer of care planning and recorded.
- 5.4 If a person no longer needs short term service bed they must be moved on, either home with or without services or to a further service that can meet their assessed needs.

5.6 It is important that any issues that concern the service user's capacity are fully investigated and the service user and their family/friends supported. Mental health professionals must be involved as appropriate.

## **6. Usual procedure (including the Escalation Policy)**

6.1 Every person in a short term service bed will have a Placement Planner. This document clearly defines the intended outcomes from the placement and sets out the sequence of tasks and activities to be completed to achieve these outcomes. Each task and activity has a named worker who has responsibility for completion and each has a timescale attached to it.

6.2 The Placement Planner must be completed within the first two days of admission. A discussion must take place between the care manager, senior care officer (or similar), care home manager and allied professionals about the outcomes expected for each person staying in a bed. The Placement Planner must be completed accordingly and shared with the service user.

6.3 The Escalation Policy is the set of procedures that govern a person's timely move through the services and specific when a situation must be 'escalated' to a more senior manager. It is the responsibility of the Residential Unit Manager (or delegated manager) to monitor the escalation process and ensure that people move through the service in a timely way. Where there are difficulties escalation discussions will take place between the Residential Unit Manager (or delegated manager) and Operation Manager (assessment). These will ensure that a person moves through the services in a timely way.

6.4 People whose care is funded by Brighton & Hove will be expected to move to somewhere that can meet their needs. This may be a person's own home with a care package or a care home. Privately funded service users can make their own decision regarding move on plans. No one will have the option to stay in a short term service bed when it no longer meets their assessed needs.

6.5 If a person in a Short term bed is thought to need an assessment for Continuing Health Care, this assessment must take place without delay. If the person is assessed as needing Continuing Health Care further decisions will be made on an individual basis.

## **7. Choice**

7.1 If the person is returning home, the assessment must identify the support that is required and this must be place prior to a person returning home

7.2 If a publically funded person is moving to a long-term care home the care provided must meet their assessed needs and choice must be considered wherever possible. The service user and their family or friends are encouraged to view a home, prior to moving there. This must happen in a timely way, it is expected that it is usually within two days. If this is not possible, then the manager of the home (or their delegate) should visit them. This is a statutory requirement of Care Standards Act 2000.

7.3 If after visiting the home or meeting the manager, the service user declines the offer of a placement, the reasons for doing so must be clear. Where possible, changes should be negotiated to make the service suitable.

- 7.4 It is important to note that the person may have more choices regarding the care home after they have moved out of a short term bed – see below
- 7.5 If a longer term care home placement is needed it will usually be a single room, in a registered home managed by an approved provider. This may not necessarily be a room within Brighton and Hove. If a shared room is acceptable, this should be noted in a person's assessment.
- 7.6 Once a person has moved they will be continue to be reviewed. It is at this stage that they will be offered up to three longer stay placements that will meet their assessed need and they will be supported to move if this is their choice.
- 7.7 In general, it is expected that the process of moving to a longer term service works relatively smoothly. Most issues can be resolved through the usual processes of good communication from all those involved. This must include the service user, their representatives, staff working in the service, the assessment team, allied professionals and related services.
- 7.8 If a person is returning home, a care package must be in place and if needed, and their home should be able to meet their needs. If a person insists on returning home before they are advised to do so, they must be made fully aware of the risks. Processes to manage these must be explored and recorded. The care manager is responsible for doing this.

## **8. Disputes**

- 8.1 Whenever a person is refusing to move out of a short term service bed that no longer meets their needs, the reasons for this must be given by the service user and if possible the situation should be resolved informally.
- 8.2 All professionals including registered managers and general managers must be kept informed of what action is being taken throughout the process. Legal advice must be sought as appropriate.
- 8.3 If there are protracted difficulties in resolving the move, the service user must be made aware that the service initially identified for them may be lost e.g. a longer stay place in a specific care home may be allocated to someone else.
- 8.4 The service user and their advocate must be informed that they may be charged the cost of the placement from the date when it no longer meets their needs. This cost will be determined on a case by case basis and agreed by Director Adult Social Services/Lead Commissioner for People Adult Social Care. This must be recorded.
- 8.5 Throughout any dispute, support must be provided for the person using the service. The use of an advocate must be considered and the service user must be made aware of the complaints procedure.

## **9. Model letters**

- 9.1 Each decision must be made on a case-by-case basis. Model letters are included as Appendix Two. These may need to be adapted to ensure that the person receiving them or their advocate understands them.

- 9.2 The decision to issue the first letter is with the Service Manager; Residential Services Adult Social Care (Provider) and it should have their signature. The decision to issue the second letter is with the Director of Adult Social Care and it should have their signature.
- 9.3 Letters must be written must be in a style that is accessible to the person involved. The care manager should normally issue the letter by hand and ensure that the person receiving it, and/or their advocate understands the content. This may involve reading the letter. It might also be helpful to send a copy of the letter to a family member or friend. All actions must be recorded.

## **10. Active transfer of care (eviction)**

- 10.1 The service user and their advocate must be aware that if the placement no longer meets their needs they will have to move. It will be made very clear to the service user that they will be expected to leave and they have no legal rights to remain
- 10.2 A risk assessment must be completed and it must be shared with the service user and signed. This will include details of support following the transfer.
- 10.3 Transport to move the service user will be arranged and assistance will be offered. The service user and their family/friends will be advised of the arrangements.
- 10.4 Any active transfer of care (eviction) must be handled very carefully and the service user involved must be well supported.
- 10.5 If the procedure has been followed and an active transfer of care is imminent and the service user refuses to comply with the arrangement, under no circumstances should it be affected by physical means. Legal advice must be sought.
- 10.6 Frontline staff also must be supported throughout the process. When there is an active transfer of care the service manager will be present at the care home.

## **11. Following an active transfer of care**

- 11.1 When a service user moves, the care management will be reallocated to the appropriate assessment team.
- 11.2 Following the dispute the service user will enter the reviewing system. They are likely to need support, and professionals working with them and their friends and family need to be aware and sensitive to this.

## **APPENDIX ONE**

### **Important Information for Short Term Service users**

#### **Welcome**

- Welcome to a short term bed. We hope you enjoy your stay with us and feel better when you move to another location which may be returning home or on to a care home. Short term means up to a maximum of six weeks, but it is more usually about 21 days
- Short term beds are in high demand and many are used to help people move out of hospital and make space for new arrivals.
- It is in your interest to move to a place that better suits your assessed needs\* when you are ready to do so, you will be helped to do this.
- All short term beds are short term – there is no option to stay long term in this bed.

#### **Choice**

- If you are looking for a long stay care home place and you receive public funding this is what happens:
  - When the short term service no longer meets your assessed needs you will have to move. It may be to your own home or a care home approved by the Council and one which meets your assessed needs.
  - If it is to a care home, every effort will be made to accommodate your choice. Once you have moved you will continue to be reviewed. It is at this stage you will be offered up to three longer stay placements that meet your assessed need. You are not obliged to look at all 3 care home places and they may not all be available immediately or at the same time.
  - If you do choose to move to another care home you will be supported to do so. For further information see the Council's Transfer of Care from a Short Term Service bed policy.

#### **Sign and keep a copy**

It is important that you understand this information. That is why we are asking you to sign this copy

Your name and/or friend/family member if needed (printed):

.....

Signature (s): .....

Date: .....

Person giving you this information: (please print name): .....

Please keep your copy in a safe place

\*Assessed need is what the Council has identified an individual as having and which the Council has a duty to meet with the provision of care and/or other services as they fall within the Council's Fair Access to Care eligibility criteria. It is your needs as assessed by Council care managers and other professionals as appropriate.



**APPENDIX TWO**

**Model letter one**

Date:  
Phone: (01273) 295030  
e-mail: **To be completed**@brighton-hove.gov.uk

[client name]  
[carefirst number]

Dear Mr/Mrs/Ms .....

Transfer of care from a Short Term Service bed

I understand that you have now been living in a short term bed at.....  
..... and you were assessed as ready to transfer  
on.....

You have seen and signed the Important Information for Short Term Service users and been kept up to date with your move on plans.

As you are aware this is a short term bed and you will have to move to make the bed available for others whose needs are greater.

The cost to you is £..... per week from .....

Arrangements have be made for you to move to  
.....  
.....

I understand that the date for you to move is .....

Yours sincerely,

Service Manager (Provider)  
Adult Social Care  
**Brighton & Hove City Council**

Service Manager  
(Assessment)  
Adult Social Care  
**Brighton & Hove City Council**

**Model letter two**

Date:  
Phone: (01273) 295030  
e-mail: **To be completed**@brighton-hove.gov.uk

[client name]  
[carefirst number]

Dear Mr/Mrs/Ms .....

Transfer of care from a Short Term Service bed

I understand that you have now been living in a short term bed at ..... for ....(number) weeks.

You have seen and signed the Important Information for Short Term Service users and been kept up to date with your move on plans.

As you are aware this is a short term bed and you will have to move to make the bed available for others whose needs are greater.

The cost to you is £..... per week from .....

Arrangements have be made for you to move to .....  
.....

I understand that the date for you to move is .....

Please do understand that you can not stay at .....

If the planed move does not take place we will have no option but to take further action under the Transfer of care from a Short Term Service bed

Yours sincerely,

Director Adult Social Services/Lead Commissioner for People  
Adult Social Care  
**Brighton & Hove City Council**

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