

# CABINET MEMBER MEETING

## Agenda Item 22

Brighton & Hove City Council

<b>Subject:</b>	<b><i>Contract Unit Performance and Monitoring of Working Age Adult (Under 65s) Services, January to June 2009</i></b>		
<b>Date of Meeting:</b>	<b>19<sup>th</sup> October 2009</b>		
<b>Report of:</b>	<b><i>Director, Adult Social Care and Housing</i></b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b><i>Judith Cooper</i></b>	<b>Tel:</b> 29-6313
	<b>E-mail:</b>	<a href="mailto:judith.cooper@brighton-hove.gov.uk">judith.cooper@brighton-hove.gov.uk</a>	
<b>Key Decision:</b>	No		
<b>Wards Affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT

- 1.1 To provide governance information on the performance and monitoring of Under 65s (working age adult) services to people with mental health issues, physical disabilities and sensory loss, for the period 1 January to 30 June 2009, in order to drive up quality and performance through robust and transparent monitoring procedures
- 1.2 For the report to cover both the independent and council sector. Services referred to in this report involve spend of approximately **£13,365,000** per annum of which **£2,815,000** is funded by client contributions, Health and other joint arrangements:

	Totals	Other funding
Adult Mental Health (including NRPF)*	£ 6,128,000 <i>including Preston Park Day Centre</i>	£1.669 million
Physical Disabilities	£ 7,237,000 <i>including Daily Living Centre/Montague House</i>	£1.146 million

\* NRPF = no recourse to public funds

#### 2. RECOMMENDATIONS

- 2.1 That the Cabinet Member notes and comments on the report.
- 2.2 That the Cabinet Member decides if the report fulfils the expressed aim of providing sufficient governance information on the performance and monitoring of working age adult services to people with mental health issues, physical disabilities and sensory loss, in order to drive up quality and performance through robust and transparent monitoring procedures.

- 2.3 That the Cabinet Member decides whether the performance information gathered by the Contracts Unit is sufficient to progress the Council's commitment to the Personalisation agenda as stated in *"Putting people first: a shared vision and commitment to the transformation of adult social care"* (December 2007). This agenda is fundamental to the BHCC commissioning and contracting processes and supports people to be able to live their own lives as they wish; confident that services are of high quality, are safe and promote their own individual needs for independence, well-being, and dignity.
- 2.4 A further recommendation is to produce reports on a six monthly basis. The next report will cover the period 1 July to 31 December 2009.

### **3. RELEVANT INFORMATION**

Service user data has been drawn from CareFirst 6.  
All Contract Unit performance monitoring relates to people assessed and funded through the Community Care budget.  
Definitions are found in Appendix 1.

#### **MENTAL HEALTH**

### **3.1 RESIDENTIAL CARE HOMES**

- 3.1.1 There were 231 people in Brighton & Hove receiving mental health residential services in the 6 months to 30<sup>th</sup> June 2009. This figure includes 125 receiving housing based accommodation (where the community care budget is recharged). Of the remaining 106 the majority were living at BHCC care homes but, due to local capacity, 32 were placed externally, mainly East Sussex (16), West Sussex (8) and Kent (4). The remaining 4 were in London, Southampton, Bristol and Stroud.
- 3.1.2 This is a reduction of just over 5.3% in residential care from the equivalent 6 months in 2008 when 244 people required care. Of this figure 116 received housing based accommodation and 13 Shared Lives. This leaves 115 people of which the majority were living at BHCC care homes with 32 placed externally, mainly East Sussex (18), West Sussex (8) and Kent (2). The remaining 4 were as above (the same service users) in London, Southampton, Bristol and Stroud.
- 3.1.3 This represented a small reduction in the numbers in residential care homes which reflects the strategic approach to try and reduce the number of people in residential care by supporting move-on work with existing service users, supporting them into community options. This facilitates new service users to access needs assessed residential care.

3.1.4 It should be notes that the number of care homes and beds available in the city for people with mental health needs has remained stable over the last few years. It is not predicted that this will change but as the numbers of people needing residential care home placements reduces there will be a reduction in use of Out of City residential care.

3.1.4 There are 5 care homes and 1 care home with nursing registered with the Care Quality Commission (CQC) in the BHCC area for people of working age with mental health needs. They are all run by private or voluntary sector providers.

Type of home	No. in BHCC+	Capacity (beds)	CQC rating				
			Poor	Adequate	Good	Excellent	NYR*
Private	4	73	0	1	2	0	1
Voluntary	2	14	0	0	0	2	0
TOTALS	6	87	0	1	2	2	1

\*NYR = not yet rated

3.1.5 Residential care for people with mental health includes standard care homes for long or short term care and it also covers Shared Lives. Shared Lives services were used only once between January to June 2009 but 13 times in the preceding year, the reasons for this are not completely clear but at least one person/family did stop offering the service.

3.1.6 Between January and June 2009 there were no Desk Top Reviews (DTRs) of these establishments. This was mainly due to the timing of CQC reviews and reports, which dictates the DTR timetable. The only care home that was due one was the care home that was assessed by the CQC as Adequate (November 2008) which was being supported with their improvement plan by the Contracts Unit and specialist mental health team to improve quality and service delivery, prior to completing the DTR.

## 3.2 HOME CARE

3.2.1 In the 6 months to 30<sup>th</sup> June 2009 there were 101 people with mental health needs receiving home care services. This includes a variety of services but is mostly home care from one of the independent approved provider organisations working in Brighton & Hove which are performance monitored by the Contracts Unit twice yearly via contract review and audit.

3.2.2 In the same 6 month period in 2008 only 43 people received home care services. This is substantially lower but in 2008 there was no Shared Lives home care which counts for 13 people in 2009. It is also possible that the increase in home care in 2009 goes towards explaining the reduction in residential care over the same period.

### **3.3 DAY CARE**

3.3.1 In the 6 months to 30<sup>th</sup> June 2009 there were 88 people with mental health problems receiving day care services. 70 of these were using Preston Park Resource Centre and 12 Care Co-ops.

3.3.2 This compares with 85 for the same period in 2008, where 69 used Preston Park Day Centre and 10 Care Co-ops.

3.3.3 There are no national standards for Day Care, but BHCC has a variety of day service contracts with 17 providers which include quality assurance standards and performance indicators. These are reviewed annually by the Contracts Unit (usually in the autumn) and performance data is provided quarterly or half yearly.

3.3.4 Data provided between January and June 2009

3.3.5

Service level met	Service partially met	Service level not met	No current service level	Service suspended
8	3	2	3	1

### **PHYSICAL DISABILITIES & SENSORY SERVICES**

#### **3.4 RESIDENTIAL CARE HOMES**

3.4.1 There is a relatively stable number of people with physical disabilities receiving long term residential care some of which are in residential homes with nursing. As of 30<sup>th</sup> June 2009 there were 47 people in residential care, including one with sensory loss.

3.4.2 Between January and June 2009 there were 11 referrals into residential care and in the same period in 2008 there were 14.

3.4.3 This figure excludes people attending respite care which is accessed as part of regular care packages often several times a year. Between January and June 2009 there were 8 referrals for respite care and in the same period in 2008 there were also 8.

3.4.4 Due to the lack of capacity in the city most service users have to be placed outside the city unless they are placed in older people's care homes. Of the 47 people in residential care on 30<sup>th</sup> June 2009, 17 were within the BHCC area including 10 at Swanborough House (for Acquired Brain Injury) and 6 at older people's homes. The remaining person was at Wavertree House (sensory loss).

3.4.5 Currently all residential services within BHCC are provided by the private and voluntary sector. However, 10 units of accommodation are under development at Vernon Gardens as Extra Care Housing for disabled adults, due to open in 2010.

- 3.4.6 Between January and June 2009 there were 4 Desk Top Reviews (DTRs) of out of city care homes, following the production of reports by the Care Quality Commission. 2 homes had been assessed as Excellent and 2 as Good; the DTR assessed all homes as low risk.

### **3.5 HOME CARE AND COMMUNITY SUPPORT**

- 3.5.1 At the end of June 2009 there were 408 service users receiving 540 services. Most of these services were provided by the home care agencies with which BHCC has contracts. The quality of this is reported on separately to ASC&H CMM. However, 96 of these services were paid for by Direct Payments made to service users; nearly 18% of the total. Between January and June 2009 there were 76 new service users.
- 3.5.2 At the end of June 2008 358 people were receiving 508 services, of which 93 were funded by Direct Payments, also 18% of the total. Despite the fact that this figure is the same over a 2 year period this figure is expected to rise in the coming years. There were 36 new service users between January and June 2008.

### **3.6 DAY CARE SERVICES**

- 3.6.1 The majority of day care is provided for people with physical disabilities by the in-house service at Montague House. Between January and June 2009 75 people received day services of which 66 attended Montague House. A similar number received day care services in the same period in 2008 of which 68 attended Montague House.
- 3.6.2 All Montague House day centre attendees have person centred care plans and named key workers. Monitoring quality of services would be carried out by assessment teams as part of their regular review process.
- 3.6.3 Private and voluntary providers of day services are annually audited by the Contracts Unit. Those who provide an outreach service (community support) within their day service have that part of the service monitored within the audit; no concerns have been raised during 2009.

### **3.7 SAFEGUARDING**

- 3.7.1 The Safeguarding of vulnerable adults from abuse and neglect is a critical aspect of social care. The Contracts Unit is part of the safeguarding process in place within BHCC and also uses the information to feed desk top reviews as part of performance monitoring. The Contracts Unit encourages reporting of all alerts to the Unit and has more active involvement in the Level 3 and upwards strategy meetings.

3.7.2 Between January and June 2009 the Contracts Unit received no alerts from under 65 Physical/Sensory Disabilities and Mental Health services. This is not necessarily reflective of a lack of alerts actually received by assessment teams, but really is a communication issue. This is being addressed to ensure that the Contracts Unit is kept appropriately informed.

#### **4. CONSULTATION**

4.1. All BHCC monitoring arrangements relating to care homes have been agreed with the relevant Homes and the previous Commission for Social Care Inspection.

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

##### **5.1 Financial Implications:**

There are no direct financial implications arising from the report. Services referred to in this report involve spend of approximately £13,365,000 million per annum of which £2,815,000 million is funded by client contributions, health and other joint arrangements.

*Finance Officer Consulted: Mike Bentley, Accountant (Adult Social Care & Section 75) Date: 22/09/09*

##### **5.2 Legal Implications:**

There are no specific contractual/procurement issues, however in general contracts must be entered into in compliance with the Council's contract standing orders and where appropriate EU and UK procurement laws; and in such a manner as to ensure transparency, non discrimination and value for money. The Council must take the Human Rights Act into account in respect of its actions but it is not considered that any individual's Human Rights Act rights would be adversely affected by the recommendations in this report.

*Lawyer Consulted: Sonia Likhari, Contracts Lawyer Date: 22/09/09*

##### **5.3 Equalities Implications:**

Equalities underpin all social care contractual arrangements.

##### **5.4 Sustainability Implications:**

None identified

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

None identified

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

None identified

- 5.7 Corporate/Citywide Implications:  
Measuring the performance and quality of care homes and home care providers helps towards meeting the Council's priority of ensuring better use of public money.

**6. EVALUATION OF ANY ALTERNATIVE OPTIONS**

This Report is for information and not an evaluation of any alternative options.

**REASON FOR REPORT RECOMMENDATIONS**

- 7.1 The reason for this Report is to ensure monitoring processes are transparent and robust and suitable for BHCC performance requirements which will also result in improvement to services. It is also to ensure that the Cabinet member for Adult Social Care is kept abreast of key governance arrangements in working age adults care homes, home care and day care.

## **SUPPORTING DOCUMENTATION**

### **Appendix 1**

#### **Definitions:**

Residential care	Includes care homes for long or short term care which provide accommodation, meals and personal care and the vast majority of care falls within this category. It also includes respite care.
Shared Lives	Formerly the Adult Placement Scheme this refers to family-based services for adults with support needs, where they share family life. This type of support is both flexible and highly personalised. The opportunity to share family life reduces isolation and promotes community involvement, as well as helping people to learn the skills that they need to live as independently as possible. Shared lives can provide long term accommodation and care/support or short breaks and day care.
Home Care	Home Care services offer practical help and support to people at home with essential daily tasks they are unable to manage safely for themselves. For example, this help may be in the form of assisting you to get up or go to bed, to get washed or to get dressed, or help with shopping, laundry, etc.  Aim to help people live as independently as possible and to encourage people to regain skills they may have lost because of illness or disability.  Support at home can be arranged yourself using <a href="#">Direct Payments</a> or the service can be provided to you by a private or voluntary organisation.
Supported Accommodation	Covers learning disabilities, physical disabilities and mental health, with these services it is the same provider for accommodation and support. Can be short or long term, includes necessary personal care, meals and laundry to help you cope with every day living.
Community support (stand-alone service)	Part of Home Care, the service user is supported to enhance their social skills and engage in community activities e.g. theatre visits, holidays, attending college etc.
Day Care/Active Lives	Day care includes any kind of planned activity that takes place out of the home during the day including going to a Day Centre. Day centres are provided by local social care services, by voluntary or community organisations, or are privately run. Many day centres provide a range of planned activities inside and outside the centre, including horse riding and gardening.  Day care also includes outreach services into the community. This is a specific function and is identified in Person Centred Plans.
Extra Care Housing	Extra Care Housing is a type of specialised housing that provides independence and choice to adults with varying care needs and enables them to remain in their own home. Services are provided in a purpose built, housing environment with care and support delivered to meet the individual resident's needs. This type of housing provides 24-hour support, meals, domestic help, leisure and recreation facilities and a genuinely safe environment to its residents. The Department of Health Extra Care Housing Fund supports local authorities to develop



	services including BHCC.
Direct Payments	A critical part of the government's personalisation agenda as stated in "Putting people first: a shared vision and commitment to the transformation of adult social care" (December 2007). DPs allow people to have greater choice and control over their lives as they make their own decisions about how their care is delivered.
Individual budgets	Another aspect of personalisation, Individual Budgets are designed to bring about independence and choice for people receiving care or support by giving people a clear, up front idea about how much money is available for their support. Thus, people are empowered to take control and make decisions about the care that they receive.
Desk Top Reviews	DTRs are a performance tool used by the Contract Unit to assess residential care homes. They take place after a Care Quality Commission report has come out. A DTR includes an analysis of all available information including the CQC report, Service User, relative and advocates questionnaires, feedback from reviewing officers, Safeguarding alerts and health and safety issues. A risk assessment is then made (low, medium, high) and recommendations may be made, including whether to continue placing at a home.
Care Quality Commission	The CQC is the independent regulator of health and social care in England.

## **Appendix 2**

### **Care Quality Commission Key National Minimum Standards performance data from the Local Area Market Analysis 2009**

The data below refers to performance management, i.e. the quality of the services offered and the calibre of the staff, and how many homes meet each key minimum standard.

The data compares the total figure for England for each category with the figure for BHCC, and then converts each to a percentage of the number that meet the standard, so that it is possible to compare BHCC with the national picture.

Please note that these figures include Learning Disabilities services.

Performance management sets clear targets for delivering priorities. Progress is monitored systematically & accurately. Innovation and initiative are encouraged & risks are managed.

	England	Brighton & Hove
<b>Day to Day Operations</b>		
Nursing Homes Younger Adults	83.0% (met the standard) (of 494 homes)	100.0% (1 home)
Care Homes Younger Adults	83.1% (6917)	91.1% (45 homes)
<b>Management</b>		
Shared Lives (Adult Placement Schemes)	80.6% (129)	33.3% (3)
<b>Qualifications</b>		
Nursing Homes Younger Adults	85.9% (490)	100.0% (1)
Care Homes Younger Adults	86.4% (6832)	77.8% (45)
<b>Recruitment</b>		
Nursing Homes Younger Adults	78.9% (489)	100.0% (1)
Care Homes Younger Adults	81.1% (6817)	88.9% (45)
<b>Staff Training</b>		
Nursing Homes Younger Adults	80.8% (494)	100.0% (1)
Care Homes Younger Adults	81.1% (6859)	93.3% (45)
Adult Placement Schemes	78.3% (129)	33.3% (3)
<b>Quality Assurance</b>		
Nursing Homes Younger Adults	82.4% (493)	100.0% (1)
Care Homes Younger Adults	77.9% (6892)	86.7% (45)
Adult Placement Schemes	93.8% (129)	100.0% (3)

### **Some issues evident re APS**