

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 56

Brighton & Hove City Council

Subject: Contract Unit Performance and Monitoring of Working Age Adult (Under 65s) Services, April 2010 to December 2010

Date of Meeting: 14th March 2011

Report of: Director of Adult Social Services/Lead Commissioner People

Contact Officer: Name: Judith Cooper Tel: 296313
E-mail: Judith.cooper@brighton-hove.gov.uk

Wards Affected: 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 learning disabilities, mental health issues, physical disabilities and sensory loss, across the city of Brighton and Hove for the period 1st April 2010 to 31st December 2010, in order to drive up quality and performance through robust and transparent monitoring procedures.
- 1.2 *“Putting people first: a shared vision and commitment to the transformation of adult social care”* (December 2007) provides the key policy context of Personalisation. 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. RECOMMENDATIONS:

- 2.1 The Cabinet Member notes and comments on the report.
- 2.2 The Cabinet member receives reports on a regular basis. The next report will cover the period 1st January 2011 to 30th September 2011.
- 2.3 The report is submitted to the Joint Commissioning Board for agreement on the jointly commissioned services.

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.

LEARNING DISABILITIES

3.1 RESIDENTIAL CARE HOMES

3.1.1 'Valuing People Now' (January 2009) is the government's three year strategy for people with learning disabilities. One of the key components relates to housing and giving people with learning disabilities more choices about where they live. In Brighton & Hove there are significant efforts to reduce the number of people with learning disabilities going into long term residential care by providing alternative options such as supported living or shared lives tenants and this is a figure that is gradually reducing. In the three quarters that this report covers the number going into long term residential care were as follows:

April-June	July-August	September-December
10	10	6

3.1.2 However, there is a cohort of people who are currently in residential care many of whom have been there for many years. As a result the numbers are only reducing very gradually but before any placement is made alternatives to care homes are always considered first.

No. in residential care on 1/4/10	No in residential care on 31/12/10	Average
240	234	237

3.1.3 Nevertheless, people are placed as close to home in Brighton & Hove as possible. If people cannot be accommodated in Brighton & Hove the majority are within the wider Sussex area (83% of total residential care placements).

No. in Brighton & Hove care homes	No. in E & W Sussex care homes	Kent & Surrey care homes	Other areas care homes
126 (54%)	68 (29%)	16 (7%)	24 (10%)

Snapshot on 31/12/10

Changes to the Care Quality Commission – APPLICABLE TO ALL UNDER 65 CARE HOMES

3.1.4 All residential care homes are subject to CQC national standards but these have been subject to changes throughout 2010 and the star rating system has been dropped. The Adult Social Care Contracts Unit (SCCU) and Performance & Development Team in conjunction with operational teams are currently developing a care governance system to be able to maintain effective monitoring of care homes in response to the changes in CQC which took place from October 2010.

3.1.5 In this respect a Service Provider Profile (SPP) is currently being developed. The SPP will gather all information about the quality and safety of a service provider in one place, enabling the SCCU to assess where risks lie and prompt monitoring activity proportionate to the level of risk. The SPP will replace the existing Desk Top Review process, and will provide a consistent framework across all in-City care homes for monitoring the quality and safety of service provision. The SPP will identify potential issues more quickly, because new information will be added and reviewed regularly. It will also provide a more comprehensive picture of each care home; thereby spotting patterns that may demand attention and may have been missed if only looking at one piece of information. This system will allow the SCCU to make robust judgements about the quality of services, and the action that needs to be taken to address any shortfalls.

3.1.6 More specifically the SCCU will use the SPP to:

- Inform Contract Unit activity re
 - Terminating Contracts
 - Suspension of placements
 - Full Audit visit to service
 - Focused Audit visit to service
 - Preferred provider status
 - Requirement for specific improvement actions and evidence completed
 - Recommendations for specific training
- Inform Commissioners & assessment staff regarding the quality of service provision
- Inform Safeguarding Adult investigations at Level 3 and 4
- Share information with CQC in line with protocol

3.1.7 A key challenge will be how this information can be stored, accessed and analysed to enable a 'live' and dynamic model. The Council is in discussions with CQC regarding the implementation of an information sharing protocol as CQC develop a Quality Risk Profile on each provider. The Care Governance Panel is now meeting regularly. The panel provides a forum and a developing framework to support systematic monitoring of the quality of social care services within the city, and outside of the city where local people are using services. This includes in house and contracted services. The panel also informs the improvement actions and priorities. The panel is still in a formative stage and future reports will provide more detail on the outcomes from this panel.

3.1.8 Since the last report there have been no new reports from CQC which has traditionally been one of the main instigators of the SCCU Desk Top Review (DTR); these were undertaken by the SCCU using a risk assessment approach. If the outcome of the DTR was either medium or high then monitoring visits, contract reviews or audits were undertaken to homes.

3.1.9 With no new reports for care homes for people with learning disabilities the SCCU has focused its attentions on supporting the independent providers that received the last reports, both of which were rated Poor. With intensive work via full audits and regular monitoring of action plans (including advice on safeguarding, CHAS accreditation and involving service users, identifying

critical training and reviewing Policies and Procedures) both care homes were re-assessed by CQC in the summer of 2010 and were deemed to have raised their standards sufficiently (one to Adequate and one to Good).

- 3.1.10 **Respite care** remains a significant part of life for people with learning disabilities most usually when they live in a family environment to provide a break from care. Most people are accommodated at the Beach House, run by the in-house service. The number of service users remains constant and it is accessed more during spring/ summer (service users are usually allocated a set number of days per year):

	April to June	July to September	October to December
Service users	53	52	52
Total days	782	727	538
Average length of stay	4.98 days	4.4 days	3.28 days

3.2 SUPPORTED ACCOMMODATION AND SUPPORTED LIVING

- 3.2.1 These are accommodation options where people have their own tenancies but are provided with care and support from specialist providers. They are community based and are seen as a key way of promoting choice and control for people with learning disabilities within BHCC because people have security of tenure. Some of the existing care homes are currently changing their services from a traditional care home model to supported living. There will be increasing numbers of people in such options in the future with more in supported living (where the housing is provided separately to the care).

	April to June	July to September	October to December
Supported Accommodation	27	25	23
Supported Living	22	27	30
New SL agreements	9	10	5

- 3.2.2 The service providers providing most supported living and supported accommodation for our service users remain Care Management Group (CMG) and Southdown. The vast majority of the service users are living within Brighton & Hove or East Sussex.

N.B. these figures do not include Supporting People funded Supported Living.

	April to June	July to September	October to December
CMG	15	19	18
Southdown	15	16	15

3.2.3 The 10 units of Supported Living that Brighton & Hove developed in conjunction with Downland Housing Association (61 and 63 **Sackville Gardens**) have been full throughout this reporting period. The Grace Eyre Foundation provides the care and support at the 5-bed unit that supports people short-term before moving on to more independent living and Southdown the care and support at the 5-bed unit for long-term service users with complex needs and potentially challenging behaviours. Sackville Gardens celebrated its first year at the start of December 2010.

3.3 SHARED LIVES

3.3.1 A further accommodation alternative is **Shared Lives** (formerly called Adult Placements), where people with learning disabilities live with a family as part of the family. Two schemes that provide Shared Lives operate within Brighton & Hove – one is run by the in-house team and other is managed by the Grace Eyre Foundation. Both are registered with CQC. The number of people in Shared Lives has remained stable:

	April to June	July to September	October to December
New agreements	2	1	0
Total No.	38	37	38

3.4 HOME CARE & COMMUNITY SUPPORT SERVICES

3.4.1 Learning Disabilities home care/community support services are an important part of the service provision for people with learning disabilities within BHCC because of the strategic shift from provision of residential care to supporting people to remain independent, either in a supported environment or in their own homes. Services are provided by a variety of providers that vary from the in-house teams to those who are part of the block homecare council contract to specialists to the field of learning disabilities. The providers that are used most are the in-house teams, Frances Taylor Foundation and Caburn Support Services (who both provide specialist support).

3.4.2 This is also an area where direct payments are increasingly common, another reflection of greater choice and control for service users. This is further demonstrated by the fact that service users commonly have a variety of 'agreements' that build up a package of services and these agreements are regularly reviewed and amended as necessary – in the table below the lower number of agreements in October to December is paralleled by the smaller number of agreements ending.

	April to June	July to September	October to December
TOTAL No. service users	237	248	239
New agreements	81	79	28
Agreements ending	63	64	32
Total No. of agreements	339	355	318
Direct payments to individual service users	82	80	78

3.5 DAY SERVICES

3.5.1 There is a lot of change underway with day services and resource centres many of which are remodelling to enable people with Learning Disabilities to exercise greater choice and control over their lives so that their day time activity is more meaningful and central to them as individuals. Options such as Individual Service Funds and voucher schemes are also under discussion at the current time.

	April to June	July to September	October to December
TOTAL No. service users	254	265	247
New agreements	14	16	8

3.5.2 As day services are not registered and inspected by CQC the SCCU carry out audits to monitor the quality of provision to ensure that the service is meeting standards based on those used by CQC for other services. There are 5 day centres for people with learning disabilities in BHCC which are audited on a rolling timetable.

3.5.3 **Case study: Aspirations Active** was audited in October 2010. The focussed audit concentrated on the progress the provider has made in terms of the requirements and recommendations made at the last Audit in February 2009. A variety of documentation was examined at the visit to support and update Aspirations Actives accreditation file (as an approved provider of services within Brighton & Hove). In addition to this, some paperwork previously audited was re-examined as part of the review. Confidential interviews were held with the Registered Learning Disability Nurse, Registered Exercise Professional, the Service Manager and a key worker. Practice/activity sessions involving service users were observed and participated in. Informal discussions with support staff were held and quality assurance questionnaires were inspected. The conclusion of the audit was that with minor requirements (such as better evidencing of practice) Aspirations Active was an essential specialist service that delivered significant support and activity to its service users, the majority of whom had highly complex needs and were non-verbal; the service was acknowledged as wholly person centred and evidently well run with service users best interests at the forefront.

MENTAL HEALTH

3.4 RESIDENTIAL CARE HOMES

3.4.1 2010/11 has seen significant efforts to transform mental health services for people across Sussex and within Brighton & Hove with a new programme of community based mental health options and services. Underlying this is the hope that people will be encouraged to move through the system rather than stay, for example, in long term residential care. However, until the system is fully underway there is a long term core of people in residential care homes and this is a figure that remains constant.

No. in residential care on 1/4/10	No in residential care on 31/12/10	Average
102	101	101.5

	April to June	July to September	October to December	TOTAL
New agreements	4	6	9	19
Ended agreements	13	3	5	21

3.4.2 The majority of service users (93%) are in care homes within the Sussex area. As Brighton & Hove only has 7 independent mental health care homes (and one in-house) more people are placed outside the city. However, keeping people local is helped by the fact that we have full nomination rights to the 2 care homes run by Brighton Housing Trust.

No. in Brighton & Hove care homes	No. in E & W Sussex care homes	Others (Gloucestershire, Hampshire % Kent care homes
57 (57.8%)	37 (37.7%)	7 (7%)

Snapshot on 31/12/10

3.4.3 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 if the throughput of people in residential care home placements increases there will be a reduction in use of Out of City residential care.

3.4.4 **Respite care** is far less common for people with mental health issues possibly because there is often a journey through mental health (rather than a permanent condition) and throughout the 9 month period of this report there were only 2 users of it adding up to 2 weeks in total.

3.4.5 None of the working age mental health care homes received new reports from CQC within this accounting period. However, two were 'Not Yet Rated' (due to change of ownership) and the SCCU has been urging CQC to focus on these

homes when it starts reviewing Compliance. There were no new DTRs as 3 had been done in the previous accounting period.

- 3.4.6 In addition to residential care homes there are a small number of **people with mental health issues who live in Shared Lives** accommodation. These tend to be fairly constant figures. The Shared Lives Scheme is provided by Sussex Partnership Foundation Trust.

No. in Shared Lives on 1/4/10	No in Shared Lives on 31/12/10	Average
15	16 (1 new agreement in May)	15.5

Similarly, **Supported Living**: 4 service users and no new agreements.

3.5 HOME CARE

- 3.5.1 People with mental health needs receive domiciliary care services from the independent approved provider organisations working under BHCC contracts. They are performance monitored by the SCCU twice yearly via contract review and audit and reported on to this meeting. All home care providers in the city are judged good or excellent by CQC.

	April to June	July to September	October to December
TOTAL No. service users	62	56	55
New agreements	32	13	28
Total No. of agreements	89	75	75
Direct payments to individual service users	15	14	14

3.6 DAY SERVICES

- 3.6.1 At the end of March 2010 there were 70 people with mental health problems receiving day care services, a figure that has risen throughout 2010, which is likely to reflect the shift to the transitions approach and seeing people as being in transition from more severe to more community based options.

	April to June	July to September	October to December
TOTAL No. service users	87	81	81
New agreements	7	5	4

- 3.6.2 By far the most used day service is that provided by Preston Park Resource centre – 82 out of 98 agreements in this accounting period are for placements at Preston Park. However, it should be remembered that this report does not include placements funded through the PCT for day services.

3.6.3 There are no national standards for Day Care, but BHCC has a variety of day service contracts with 17 providers (21 contracts) which include quality assurance standards and performance indicators. These are reviewed annually by the SCCU and Commissioner for Mental Health; service levels are reviewed and adjusted as necessary. Performance data is provided quarterly or half yearly and an annual report is produced assessing if the service specifications has been met. Value For Money is also considered. The 2010/11 report will be available for the next report.

PHYSICAL DISABILITIES & SENSORY SERVICES

3.7 RESIDENTIAL CARE & NURSING HOMES

3.7.1 There is a relatively stable number of people with physical disabilities and sensory impairments receiving long term residential care some of which are in residential homes with nursing.

No. in residential care on 1/4/10	No in residential care on 31/12/10	Average
46	48	47

	April to June	July to September	October to December
New agreements	4	11	6

3.7.2 Due to the lack of capacity in the city many service users have to be placed outside the city unless they are placed in older people's care or nursing homes. Anyone placed will have had a full assessment which will demonstrate that the proposed home is appropriate to the assessed care needs. Now that the CQC registration process has changed care homes do not need to state that they are either for Older People or physical disabilities or learning disabilities or mental health.

No. in Brighton & Hove care homes	No. in E & W Sussex care homes	Others (Gloucestershire, Hampshire % Kent care homes
30 (44.1%)	34 (50%)	4 (5.9%)

Snapshot on 31/12/10

3.7.3 Swanborough House in Brighton (for Acquired Brain Injury) and Searchlight in Newhaven are the homes that are most used for our service users. 12 people are living in older people's nursing homes.

3.7.4 The local authority has recently commissioned 10 units of accommodation that are under development at **Vernon Gardens** as Extra Care Housing for adults with physical disabilities, some of whom also have sensory impairments. Although due to open in late 2010 building problems have delayed this until September 2011 (the original builders have been replaced but the new company employed states it can meet the September deadline).

The accommodation will be managed by a Housing Association and each resident will have an individualised service package suited to their needs. The people due to move in are currently based in a mix of residential care and in the community.

- 3.7.5 People with physical disabilities and sensory impairments also use respite care which is regularly accessed as part of care packages several times a year. Between April and December 2010 nine service users accessed respite 17 times (average of 6.5 days).

3.8 HOME CARE AND COMMUNITY SUPPORT

- 3.8.1 The vast majority of people with physical disabilities and sensory impairments live in the community and are provided with support to remain there. As with mental health most of these services are provided by the home care providers with which BHCC has contracts as well as the in-house teams and the re-ablement team. The exceptions are Headway and Swanborough (both for people with Acquired Brain Injury) which provide specialist homecare. Agreements for services are regularly reviewed and amended, as would be expected where re-ablement is a key part.

	April to June	July to September	October to December
TOTAL No. service users	426	415	410
New agreements	191	91	118
Agreements ending	192	104	25
Total No. of agreements	790	642	587
Direct payments to individual service users	129	129	127

- 3.8.2 Although not a common option, there are currently 4 service users who are in **Supported Living** accommodation. This may increase as Swanborough has opened a step-down service from its residential care home that it operates as Supported Living.

3.9 DAY SERVICES

- 3.9.1 The majority of day services were provided for people with physical disabilities by the in-house service at Montague House. Between March and December 2010 of 93 agreements 75 were for a service at Montague House. All attendees have person centred care plans and named key workers. Monitoring quality of services is carried out by assessment teams as part of their regular review process. However, at the end of November 2010 this service was re-provided as part of the Tower House day centre (for older people) due to the under-use of both premises; the merger will free up resources and increase the range of activities available.

	April to June	July to September	October to December
TOTAL No. service users	73	72	70
New agreements	7	11	3

3.9.2 Private and voluntary providers of day services are annually audited by the SCCU. Those who provide an outreach service (community support) within their day service have that part of the service monitored within the audit; during the period of this report Headway (ABI) has been audited and was deemed to provide a very good service for Brighton & Hove service users.

3.10 **SAFEGUARDING**

3.10.1 The Safeguarding of vulnerable adults from abuse and neglect is a critical aspect of social care. The SCCU is part of the safeguarding process in place within BHCC, attending relevant Strategy meetings, and also uses the information to feed into desk top reviews as part of performance monitoring. The SCCU encourages reporting of all alerts as good practice and has more active involvement in the Level 3 and upwards strategy meetings. Where there is a safeguarding issue that relates to home care and the service user is under 65, the data is listed under home care only so as to ensure there is no double counting.

3.10.2 **Learning Disability:** the CLDT produces regular reports on Safeguarding for ASC CMM.

3.10.3 **Mental Health:** the SCCU has been working with Sussex Foundation Partnership Trust to ensure effective communication on Safeguarding – this is complicated by the fact that BHCC and SPFT are using different IT systems. However, a system has now been established and the SCCU is now notified of alerts on a regular basis with particular reference to care homes. Between April to December 2010 the SCCU was aware of 2 alerts for people with Mental Health issues.

3.10.4 **Physical disabilities/sensory impairment:** the SCCU was aware of 3 alerts between April to December 2010 one at Level 2 and two at Level 3; one was substantiated, one was not and one is still ongoing.

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:**

Services referred to in this report involve spend of approximately £44.6 million per annum of which £12.3 million is funded by client contributions, health and other joint arrangements.

The Personalisation agenda underpins the contracting and commissioning of services. The budget strategy for 2011/12 includes further Value for Money savings from Personalisation.

Finance Officer Consulted: Mike Bentley, Accountant (Adult Social Care & Section 75) Date: 15/02/11

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. The report provides essential data to ensure both transparency and scrutiny of quality of provision and value for money in terms of expenditure of public funds.

Lawyer Consulted: Sonia Likhari, Contracts Lawyer Date: 17/02/11

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**

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

7. **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 Direct Payments 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. People have their own tenancies.
Supported Living	As above but the ownership of the accommodation is separate to the care providers.
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 Services	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.
Personal budgets	Another aspect of personalisation, Personal 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.
Individual Service Fund	A way of managing an individual's budget within a service provider. It is a good way of organising Self-Directed Support when someone cannot or does not want to manage their own money.
Care Quality Commission	The CQC is the independent regulator of health and social care in England.