



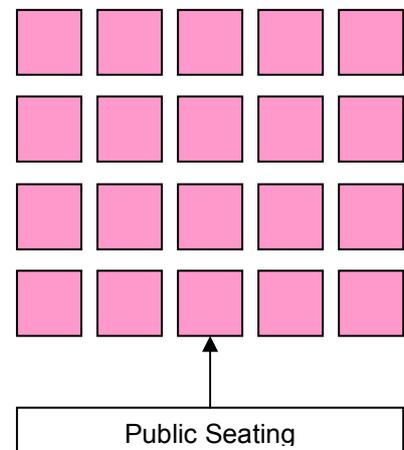
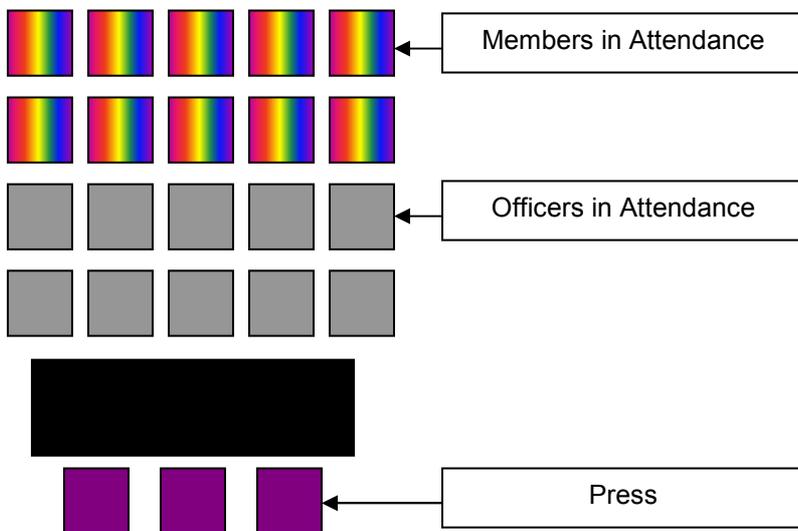
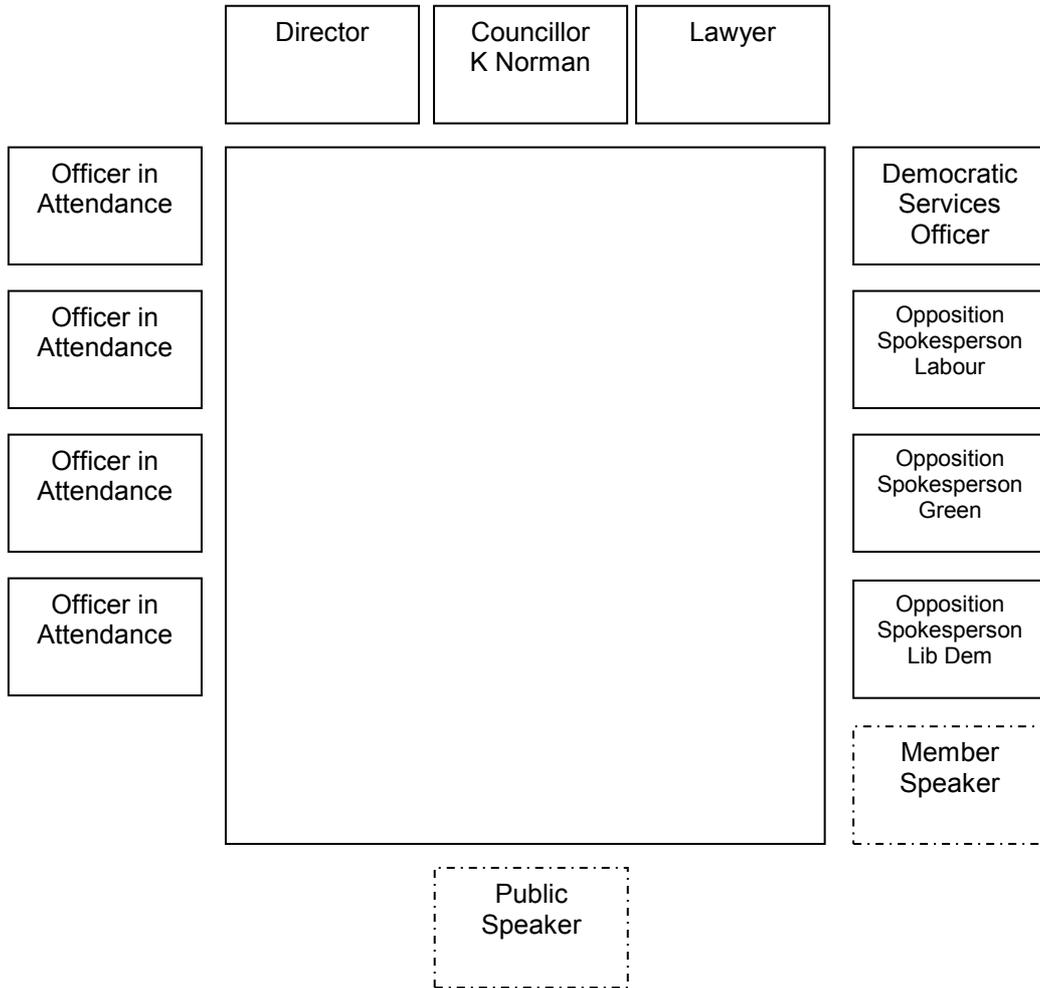
Brighton & Hove
City Council

Cabinet Member Meeting

Title:	Adult Social Care & Health Cabinet Member Meeting
Date:	19 October 2009
Time:	4.00pm
Venue	Committee Room 1, Hove Town Hall
Members:	Councillor: K Norman (Cabinet Member)
Contact:	Caroline De Marco Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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Democratic Services: Meeting Layout



AGENDA

12. PROCEDURAL BUSINESS

- (a) 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.
- (b) 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.

13. MINUTES OF THE PREVIOUS MEETING

1 - 4

Minutes of the Meeting held on 15 June 2009 (copy attached).

14. CABINET MEMBER'S COMMUNICATIONS

15. ITEMS RESERVED FOR DISCUSSION

- (a) Items reserved by the Cabinet Member
- (b) Items reserved by the Opposition Spokespersons
- (c) Items reserved by Members, with the agreement of the Cabinet Member.

NOTE: Public Questions, Written Questions from Councillors, Petitions, Deputations, Letters from Councillors and Notices of Motion will be reserved automatically.

16. PETITIONS

No petitions have been received by the date of publication.

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

17. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 12 October 2009)

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

18. DEPUTATIONS

(The closing date for receipt of deputations is 12 noon on 12 October 2009)

No deputations have been received by the date of publication.

19. LETTERS FROM COUNCILLORS

No letters have been received.

20. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

21. NOTICES OF MOTIONS

No Notices of Motion have been received by the date of publication.

22. CONTRACT UNIT PERFORMANCE AND MONITORING WORKING AGE ADULT (UNDER 65'S) SERVICES, JANUARY TO JUNE 2009 5 - 14

Report of Director of Adult Social Care & Housing (copy attached).

Contact Officer: Judith Cooper *Tel:* 01273 296313

Ward Affected: All Wards;

23. SAFEGUARDING ADULTS 2008/2009 15 - 28

Report of Director of Adult Social Care & Housing (copy attached).

Contact Officer: Karin Divall *Tel:* 29-4478

Ward Affected: All Wards;

24. IMPLEMENTING PERSONALISATION IN ADULT SOCIAL CARE 29 - 34

Report of Director of Adult Social Care & Housing (copy attached).

Contact Officer: Karin Divall *Tel:* 29-4478

Ward Affected: All Wards;

25. SUSSEX PARTNERSHIP FOUNDATION TRUST (SPFT) CONTRACT

Report of Director of Adult Social Care & Housing (to follow)

Contact Officer: Denise D'Souza *Tel:* 29-5032

Ward Affected: All Wards;

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

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

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

Date of Publication - Friday, 9 October 2009

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 13

Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00pm 15 JUNE 2009

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Councillor K Norman (Cabinet Member)

Also in attendance: Councillor Taylor (Opposition Spokesperson)

Apologies: Councillor Lepper.

PART ONE

1. PROCEDURAL BUSINESS

1(a) Declarations of Interests

1.1 There were none.

1(b) Exclusion of Press and Public

1.2 In accordance with section 100A of the Local Government Act 1972 ("the Act"), the Cabinet Member 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 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(1) of the Act).

1.3 **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 Adult Social Care & Health Cabinet Member Meetings held on 6 March 2009 & 24 April 2009 be agreed and signed by the Cabinet Member.

3. CABINET MEMBER'S COMMUNICATIONS**Care Manager of the Year Award**

- 3.1 The Cabinet Member was pleased to announce that Kim Philpott had received the Registered Care Manager of the Year Award. She had been chosen out of hundreds of recommendations across the country. There would be a mayoral reception for Kim in due course.

Dementia Demonstrator Site

- 3.2 The Cabinet Member reported that the Council had been short listed for a bid for funding to be a dementia demonstration site. Officers would be interviewed on 16 June 2009. The result would be known in a couple of months. The £100,000 funding would help the voluntary sector meet the requirements of the dementia strategy.

4. ITEMS RESERVED FOR DISCUSSION

- 4.1 **RESOLVED** – Item 11 was reserved for discussion.

5. PETITIONS

- 5.1 There were none.

6. PUBLIC QUESTIONS

- 6.1 There were none.

7. DEPUTATIONS

- 7.1 There were none.

8. LETTERS FROM COUNCILLORS

- 8.1 There were none.

9. WRITTEN QUESTIONS FROM COUNCILLORS

- 9.1 There were none.

10. NOTICES OF MOTIONS

- 10.1 There were none.

11. PERFORMANCE & MONITORING OLDER PEOPLE'S SERVICES OCTOBER 2008 TO MARCH 2009

- 11.1 The Service Improvement Manager Commissioning introduced a report of the Director of Adult Care & Housing which provided governance information on the performance and monitoring of Older People (OP) and Older People Mental Health (OPMH) care

homes and home care, for the period 1 October 2008 to 31 March 2009 (for copy see minute book). The report covered both independent sector and council care homes and home care. Services referred to in the report involved a spend of approximately £46,000,000 per annum of which £14,000,000 was funded by client contributions, health and other joint arrangements; over 95% of services were contracted to the independent sector.

- 11.2 Councillor Taylor was pleased to see the recommendations in the report. He asked for information about paragraph 1.6 of appendix 1 – CRILL and care homes, and 3.9.1 Monitoring by the Contracts Unit on page 12 of the agenda. The Service Improvement Manager Commissioning explained that there had been a significant improvement in the period September to March. Information was gathered and risk ranked. An action plan was produced and performance managed to ensure actions highlighted in the care quality report were actioned.
- 11.3 Councillor Taylor asked if the 141 places that were rated as poor in 2008 were subject to monitoring and visits. The Service Improvement Manager confirmed that they were subject to monitoring and visits.
- 11.4 Councillor Taylor referred to an article in the Argus which suggested that the council provided home care for those in substantial or critical need, but not for people in moderate need. He asked if a balancing judgement was made in providing for those in moderate need. The Director of Adult Social Care & Housing explained that a great deal of work was carried out in re-enabling and short term care. The service was focusing attention on people who had had a crisis and was trying to enable people to get on their feet to avoid long term need. Half of these people would not need any service after the crisis. The Council could not afford to extend the criteria and was looking at cost effectiveness. Meanwhile, an access point was set up last year to provide a service for those now in critical need. Needs were being met in simple ways such as meals and simple equipment.
- 11.5 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:
- (1) That officers produce and analyse information on performance and monitoring arrangements for Older People and Older People Mental Health care home and home care services throughout the given period. This is to drive up quality through robust and transparent monitoring procedures. It is also to ensure that the Cabinet Member for Adult Social Care & Health is kept abreast of key governance arrangements.
- (2) That reports be produced on a six monthly basis. The next report will cover the period 31 March 2009 to 30 September 2009.

The meeting concluded at 4.29pm

Signed

Chair

Dated this

day of

CABINET MEMBER MEETING

Agenda Item 22

Brighton & Hove City Council

Subject:	<i>Contract Unit Performance and Monitoring of Working Age Adult (Under 65s) Services, January to June 2009</i>		
Date of Meeting:	19th October 2009		
Report of:	<i>Director, Adult Social Care and Housing</i>		
Contact Officer:	Name:	<i>Judith Cooper</i>	Tel: 29-6313
	E-mail:	judith.cooper@brighton-hove.gov.uk	
Key Decision:	No		
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 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 30th 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 30th 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 30th 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 30th 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 30th 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 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.
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
Day to Day Operations		
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)
Management		
Shared Lives (Adult Placement Schemes)	80.6% (129)	33.3% (3)
Qualifications		
Nursing Homes Younger Adults	85.9% (490)	100.0% (1)
Care Homes Younger Adults	86.4% (6832)	77.8% (45)
Recruitment		
Nursing Homes Younger Adults	78.9% (489)	100.0% (1)
Care Homes Younger Adults	81.1% (6817)	88.9% (45)
Staff Training		
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)
Quality Assurance		
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

CABINET MEMBER MEETING

Agenda Item 23

Brighton & Hove City Council

Subject:	Safeguarding Adults 2008/2009		
Date of Meeting:	19 October 2009		
Report of:	<i>Director, Adult Social Care and Housing</i>		
Contact Officer:	Name:	<i>Karin Divall</i>	Tel: 29-4478
	E-mail:	Karin.divall@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT

- 1.1 Brighton & Hove City Council Adult Social Care are the statutory lead authority for protection of vulnerable adults from abuse. Abuse can take a number of forms including physical, sexual, psychological, financial abuse and neglect against vulnerable, older and disabled people. Abuse can be spontaneous or premeditated and can be a single incident or repeated and abusers could be a family member, a friend, staff, a professional and volunteer.
- 1.2 Adult Social Care (ASC) are the lead investigating authority for safeguarding alerts which are raised when someone has a concern about the way a vulnerable person has been treated. ASC collect statistical information on the number of safeguarding alerts received and the investigations that they carry out. This report sets out the activity during 2008/9 and compares this with activity during the preceding year.

2. Recommendations

- 2.1 That the Cabinet Member notes the trends over the last two years for safeguarding adults work in Brighton and Hove, and requires that reports are received in future on a quarterly basis in order to monitor safeguarding performance.
- 2.2 That the Cabinet Member requests that the Annual Report, which is produced for the Annual Conference, is presented to the Cabinet Members Meeting in December 2009.
- 2.3 That the Cabinet Member notes that the Safeguarding Adults Annual Conference will take place on December 3rd 2009

3.0 RELEVANT BACKGROUND INFORMATION

- 3.1 The data for safeguarding adults is set out in Appendix 1 for Adult Social Care, and Appendix 2 for section 75 services. Historically as practice and expertise has developed the number of safeguarding alerts and investigations has increased. However with the exception of Older People's services where there has been a fall in activity, 2008/9 showed a levelling of activity.
- 3.2 The trends show a 22% decrease in activity in the older People's Community Assessment Team. The reasons for this are being looked into and may be due to the impact of the Access Point Team, who are able to resolve low level concerns immediately before the risk to the person increases. Incidents of financial abuse continue to increase in many services, for example a 52% increase for people with physical disabilities. The feedback from staff is that these are mainly due to concerns about money management by friends/family when informal arrangements have been agreed, with allegations being made by service users themselves. This will be useful information in informing safeguards for Self Directed Support arrangements such as personal budgets and direct payments. There has been an increase in recorded alerts from Sussex Partnership Foundation Trust by 72% for people of a working

4. CONSULTATION

- 4.1 None

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

There are no direct financial implications arising from the recommendations made in this report. Any changes in the volume of activity will need to be managed as part of the budget strategy.

Finance Officer Consulted: Mike Bentley

Date: 2nd October 2009

Legal Implications:

- 5.2 The Local Authority has a duty to all vulnerable adults in the City to ensure their safety and well-being. Ongoing adherence to robust Safeguarding practice and procedure and monitoring of the same is essential to meeting such duty. The Local Authority as a public body is required to ensure compliance with the Human Rights Act 1998 to include positive steps to ensure individual's Rights are not breached. Proper Safeguarding and monitoring of the procedures and outcomes are an essential part of these positive steps.

Lawyer Consulted: Sandra O'Brien

Date: 07 October 2009

Equalities Implications:
5.3 Older people, people with disabilities and mental illness can be vulnerable to abuse.

Sustainability Implications:
5.4 There are no sustainability implications.

Crime & Disorder Implications:
5.5 Vulnerable people can be subject to financial abuse and physical and sexual violence which are forms of adult abuse that are reported to Adult Social Care.

Risk and Opportunity Management Implications:
5.6 Safeguarding Adults is a key role for Adult Social care in ensuring that the most vulnerable people are able to live safely. Failure to manage this responsibility well puts individuals at risk as well as exposing the local authority to risk and challenge.

Corporate / Citywide Implications:
5.7 Safeguarding work is carried out across the City

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Safeguarding is a core statutory responsibility and it is important that there is good monitoring and oversight of performance

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To ensure that the Cabinet Member has an overview of Safeguarding Performance.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents In Members' Rooms

None

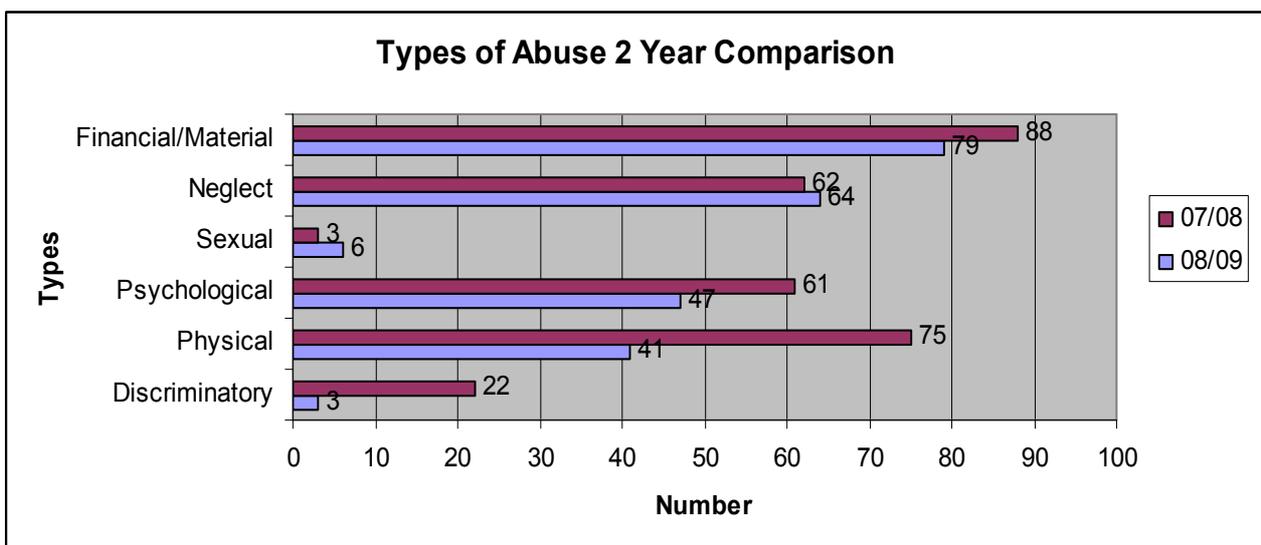
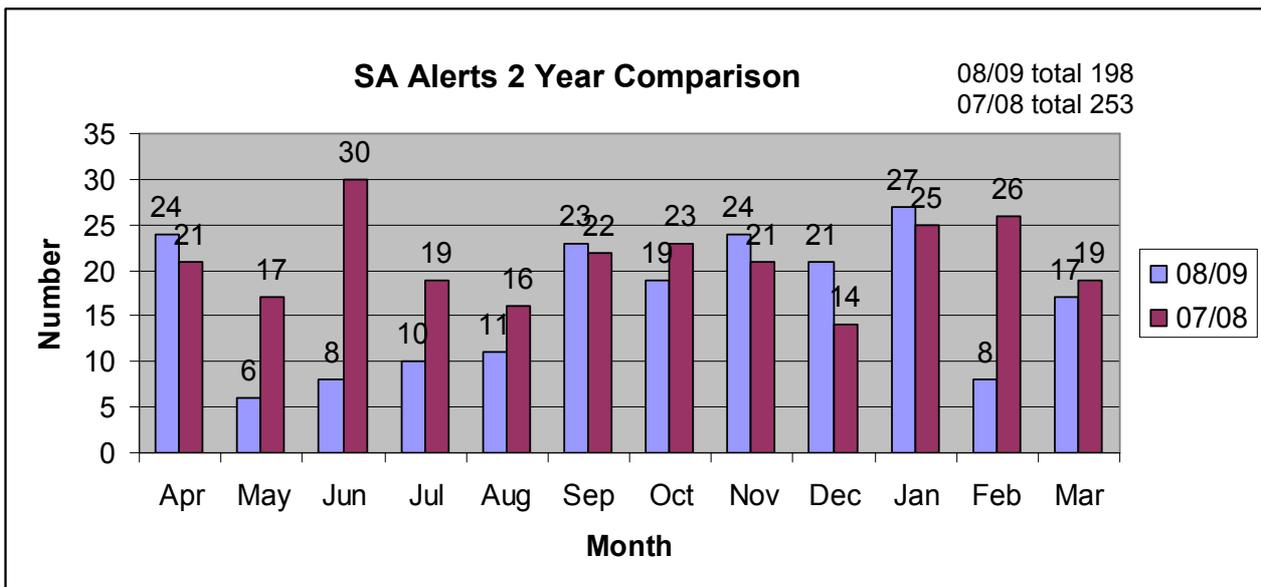
Background Documents

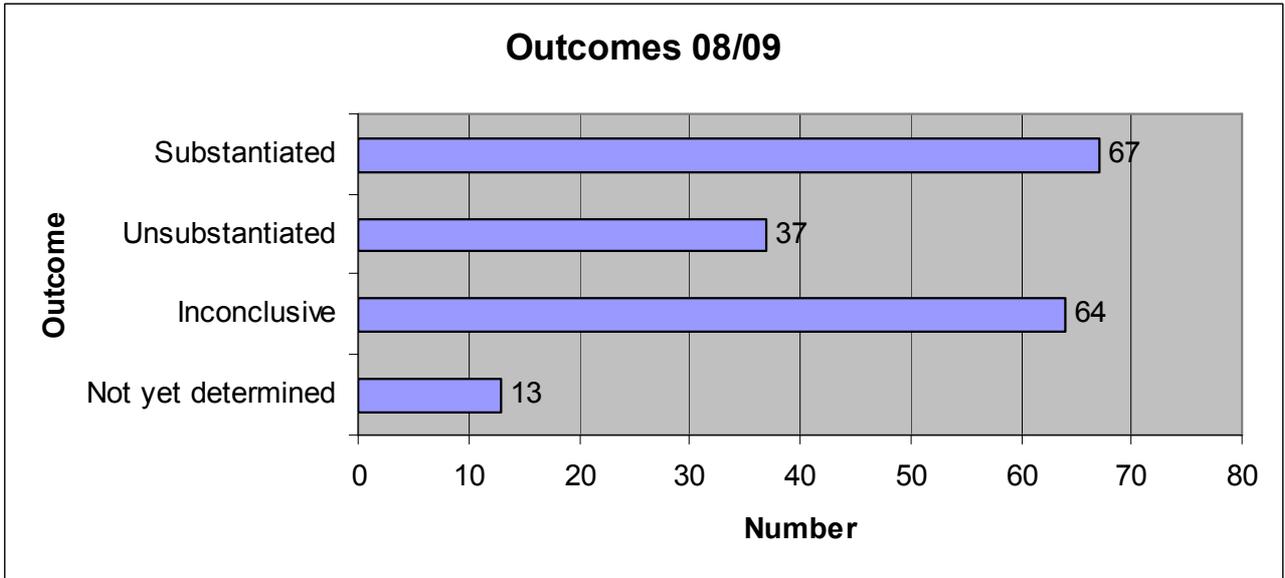
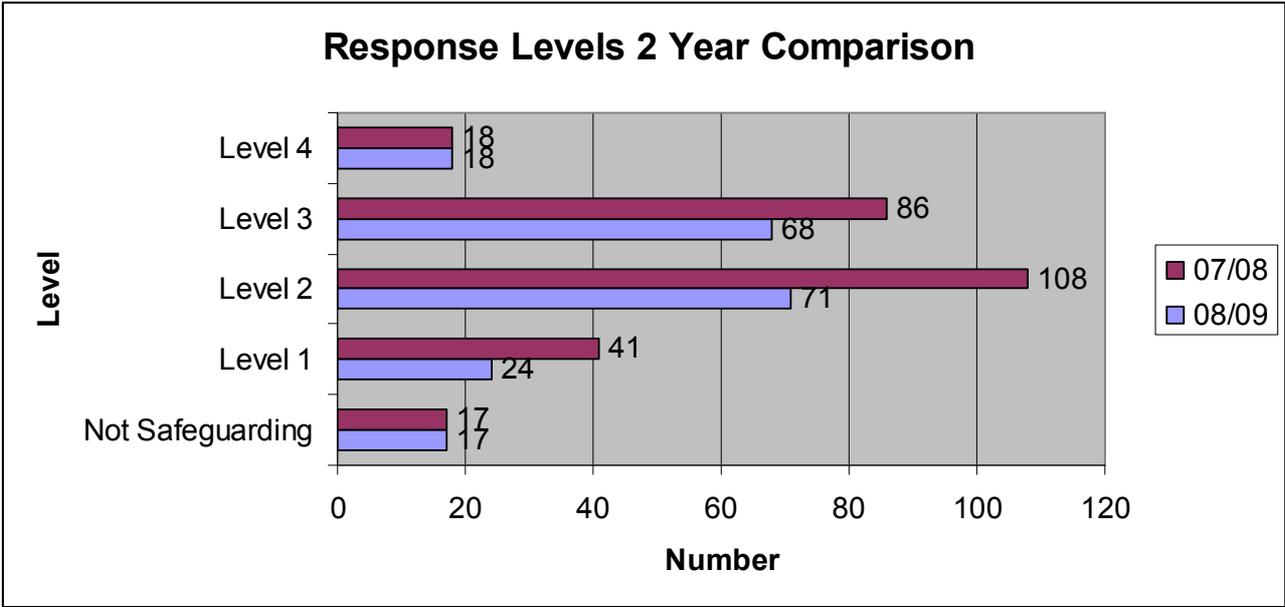
None

Appendix 1

Older People's Community Assessment Team Safeguarding Adults 2008/09

Total number of Alerts: 198
 Number not safeguarding: 17
 Average Alerts per Month: 16.5
 Total Number of Investigations: 181
 Average Investigations per Month: 15
 Case Conferences Held: 55

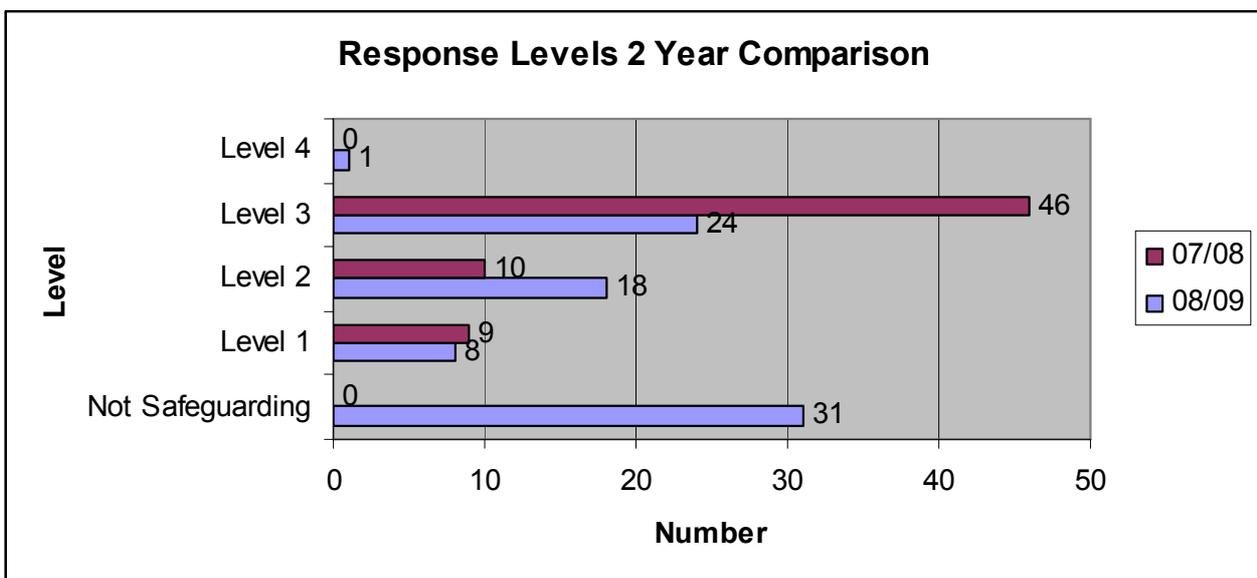
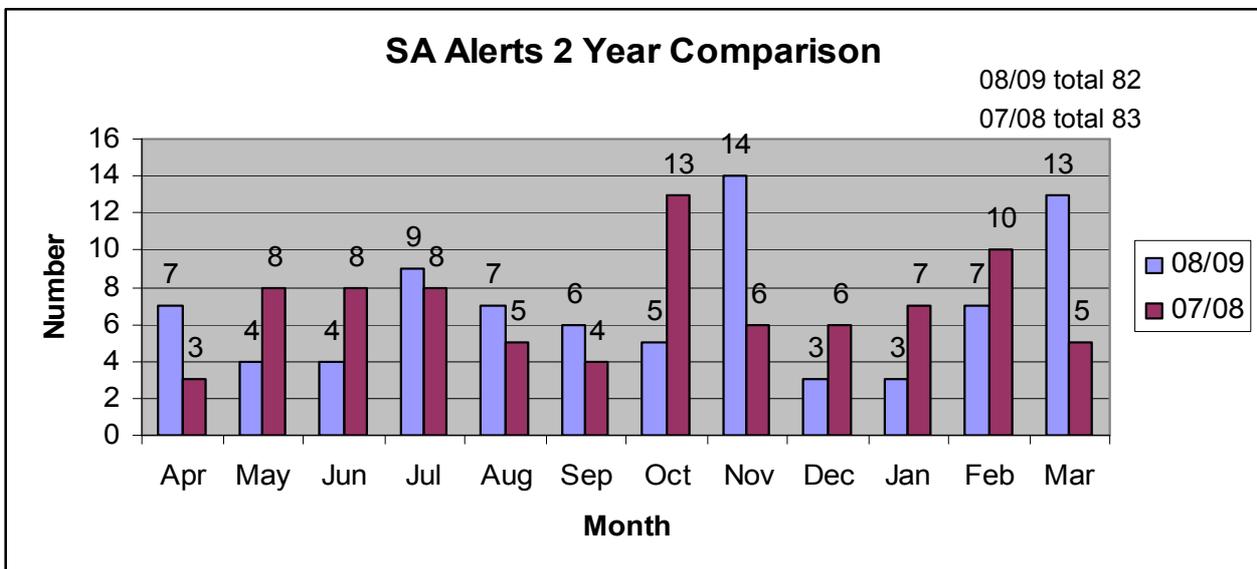


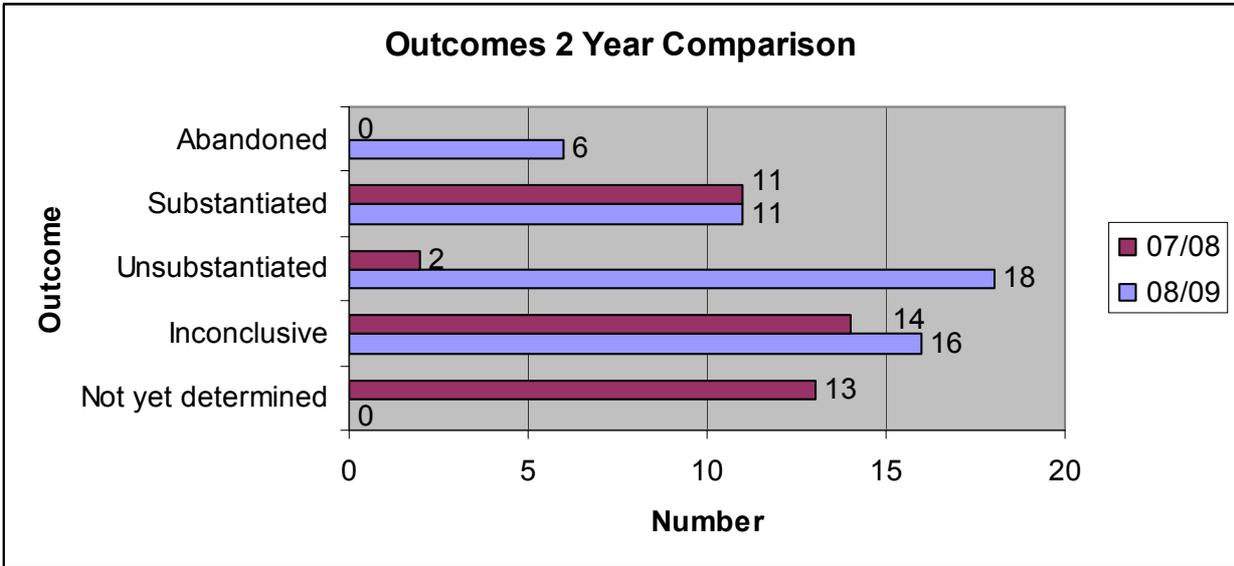
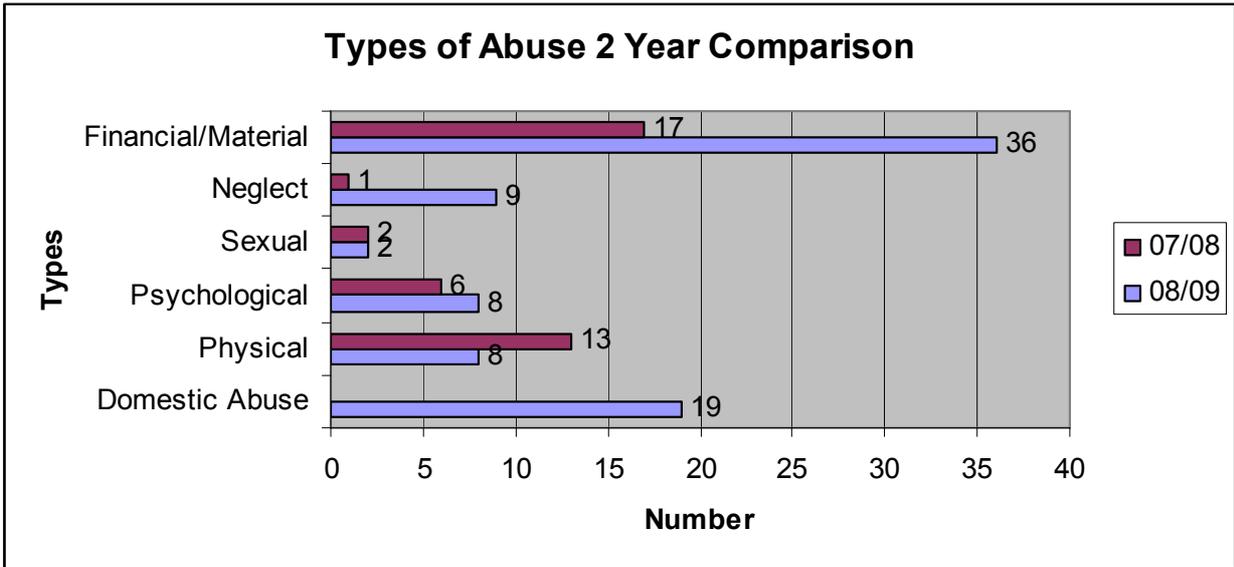


Physical Disability Assessment Team and Sensory Services Safeguarding Adults Report 2008/09

All statistics are for the financial year of 2008/09.

Total number of Alerts: 82
 Number not safeguarding: 31
 Average Alerts per Month: 7
 Total Number of Investigations: 51
 Average Investigations Per Month: 3
 Case Conferences Held: 19

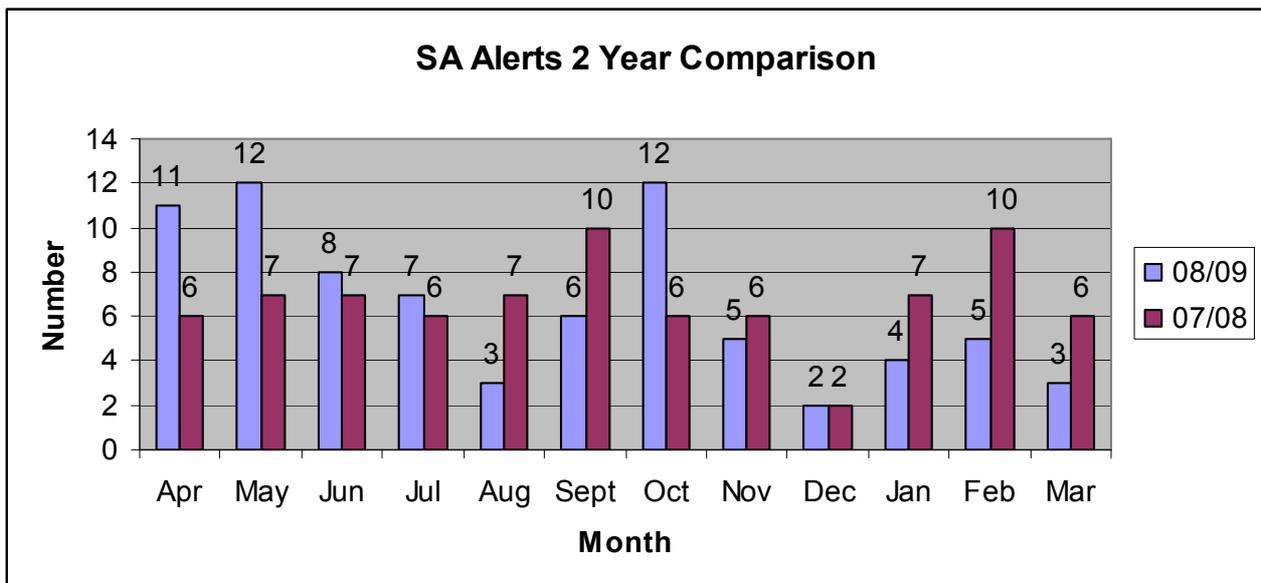


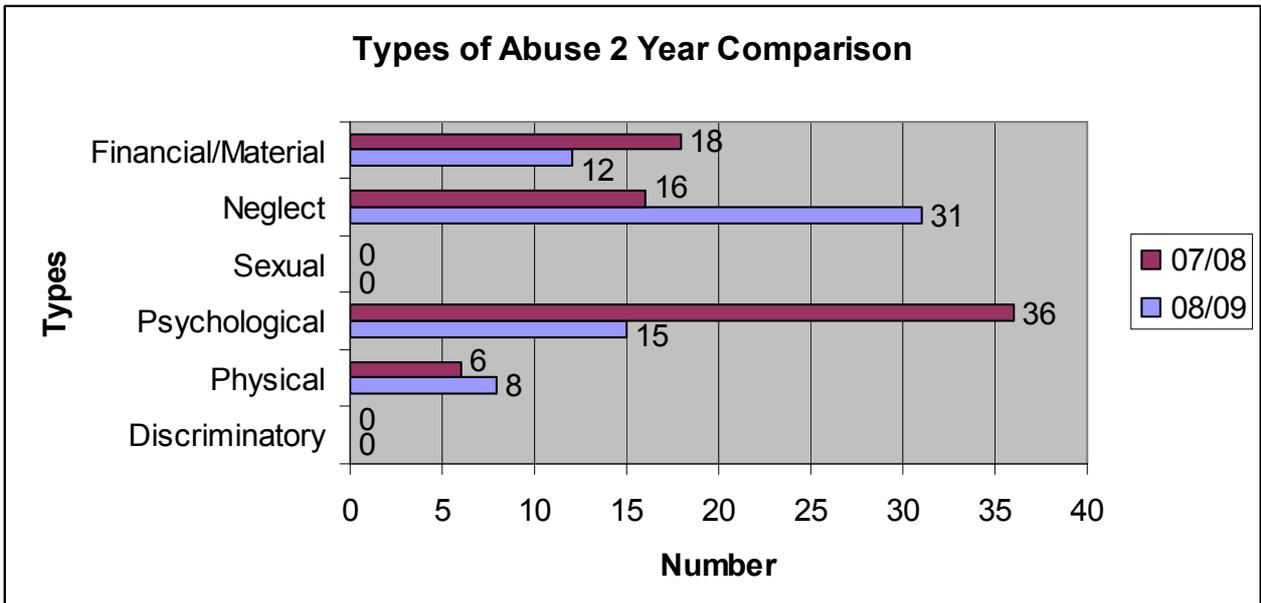
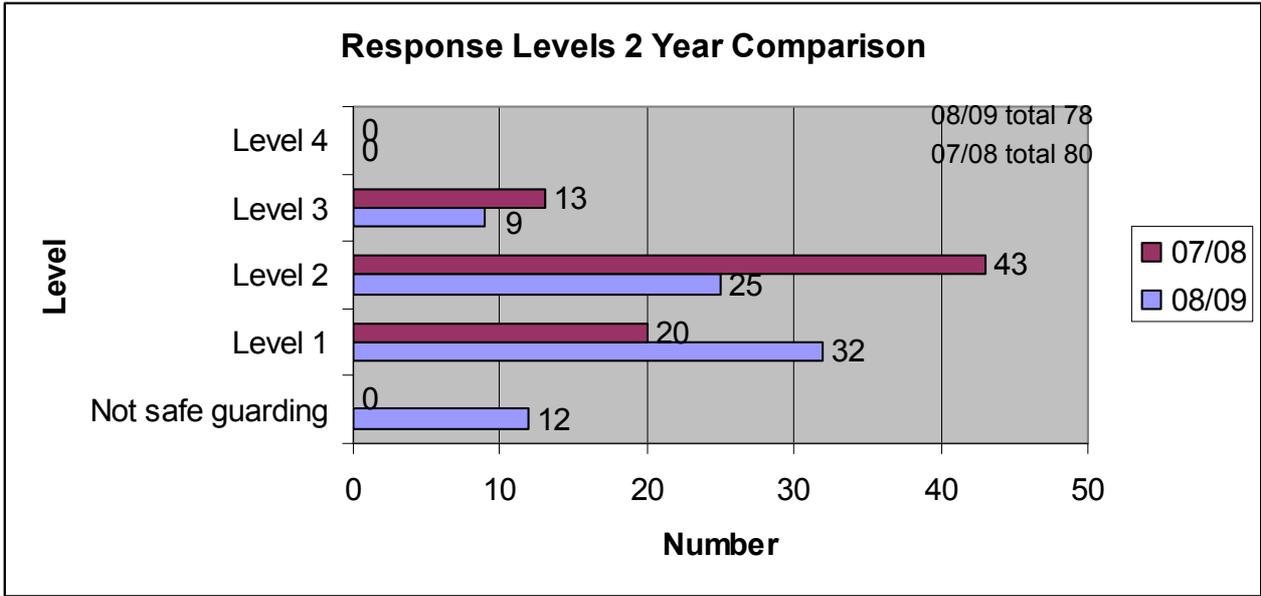


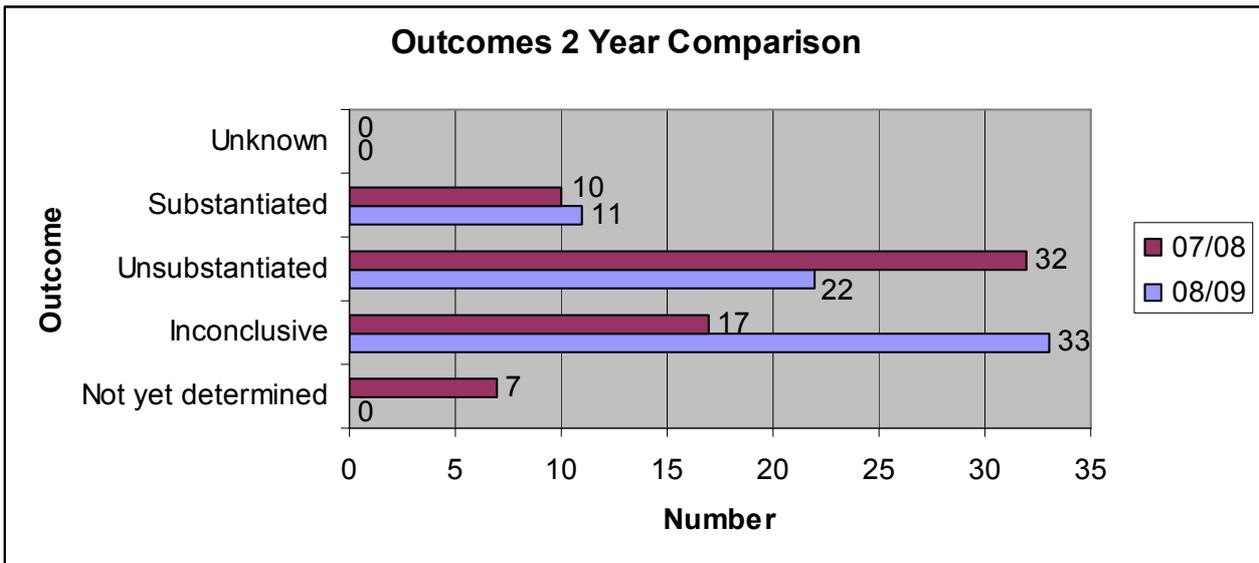
Intermediate Care Services Safeguarding Adults Report 2008/09

All statistics are for the financial year of 2008/09

Total number of Alerts: 78
Number not safeguarding: 12
Average Alerts per Month: 6.5
Total Number of Investigations: 66
Average Investigations Per Month: 5.5
Case Conferences Held: 3



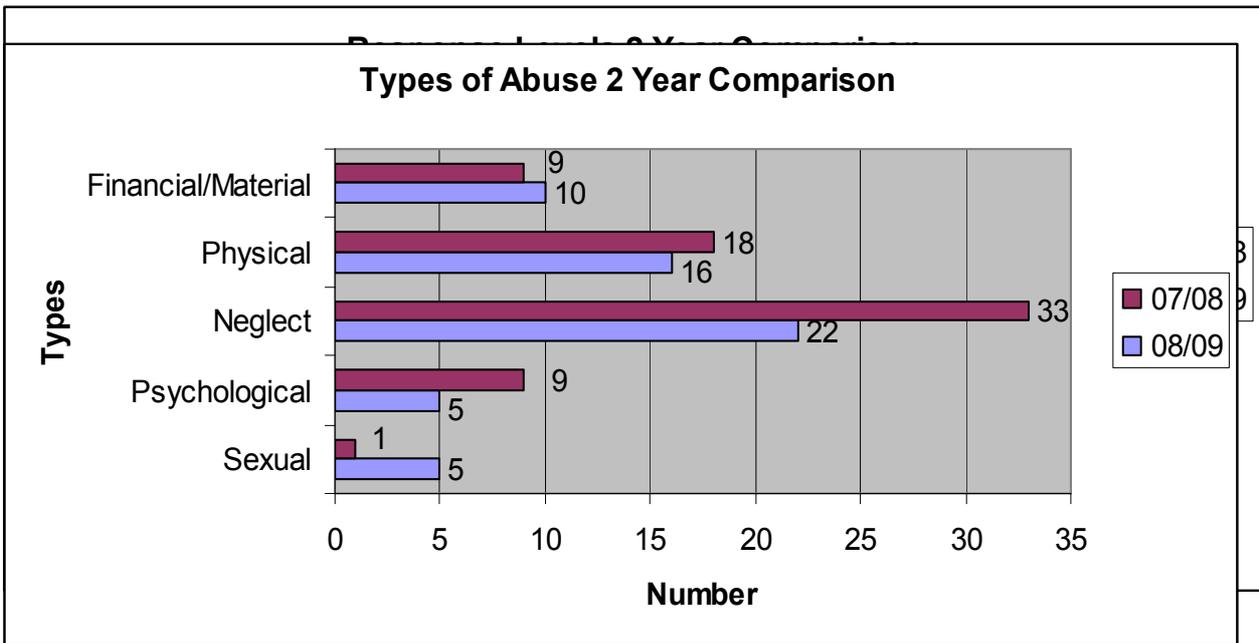
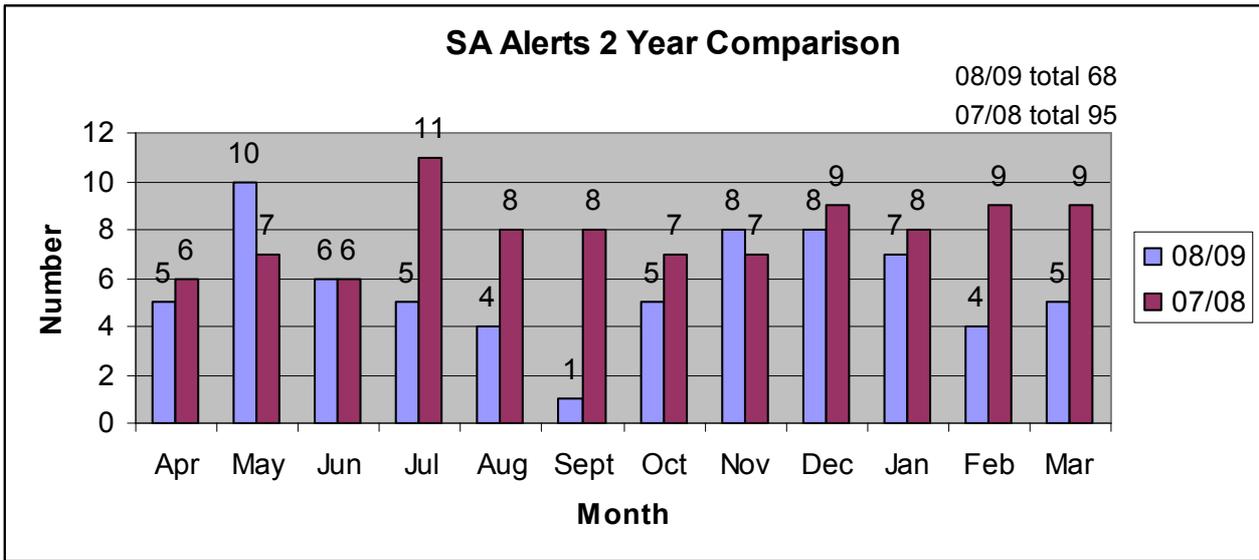


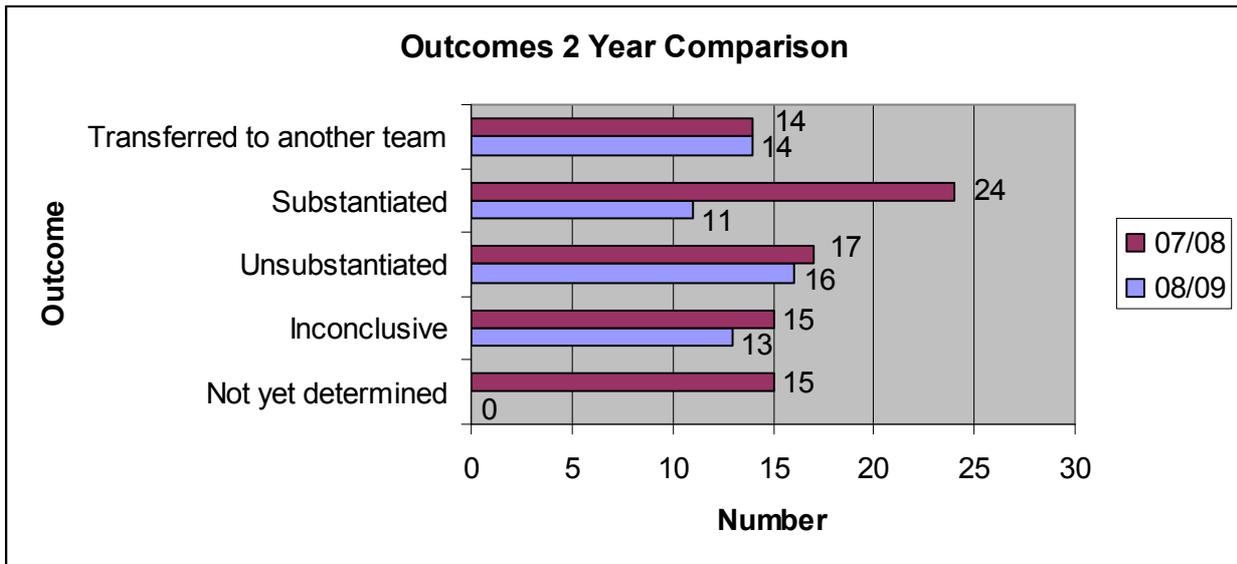


Hospital Assessment Services Safeguarding Adults Report 2008/09

All statistics are for the financial year of 2008/09.

Total number of Alerts:	69
Number not safeguarding:	15
Average Alerts per Month:	6
Total Number of Investigations:	54
Average Investigations Per Month:	4.5
Case Conferences Held:	16





Appendix 2

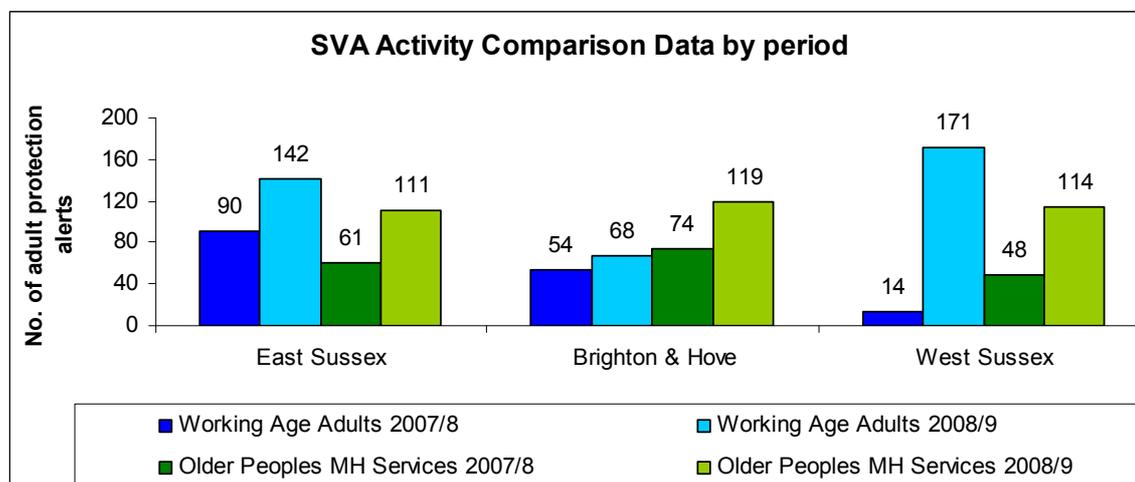
SUSSEX PARTNERSHIP FOUNDATION TRUST
Safeguarding Vulnerable Adults Activity Data 2008/09

Adult Protection Alerts by Care Group April 2008 – March 2009

Care Group & Locality	Working Age Adults	Older Peoples	Secure & Forensic	Substance Misuse	Learning Disabilities	Total
East Sussex	142	111	5	3	N/A	261
Brighton & Hove	68	119	0	42	N/A	229
West Sussex	171	114	0	0	8	293

- (*) Including Alerts relating to Private/ Independent Sector Provider. Adult Social Care WSCC & Trust providing professional input to coordinate investigation process

Alerts by Care Group 2007/08 & 2008/09



Assessed levels of investigations/ response

Working Age Adults Services

Levels	East Sussex	Brighton & Hove	West Sussex
Level 1	25	10	33
Level 2	67	6	56
Level 3	24	3	45
Level 4	0	0	2
Not recorded	26	49	35

Older Peoples Services

Levels	East Sussex	Brighton & Hove	West Sussex
Level 1	20	9	85

Level 2	34	42	14
Level 3	27	33	1
Level 4	11	34	0
Not recorded	19	1	14

Key

- ❖ Level 1 = Intervention by service provider - One off isolated incidents that has not adversely affected the physical, psychological or emotional well- being of vulnerable adult.
- ❖ Level 2 = Intervention by investigation team to assess or review the needs of vulnerable adult and/ or the alleged perpetrator within the context of presenting concern(s)
- ❖ Level 3 = Adult Protection enquiry undertaken – Physical, psychological or emotional wellbeing of adult has been adversely affected by the alleged incident, a criminal offence may have been committed or breach of regulations provided by Care Standards Act, 2000. There is actual or potential risk of harm or exploitation to other vulnerable adults
- ❖ Level 4 = Complex adult protection enquiry undertaken with multiple services users/ victims. Presenting information suggests a number of people adversely affected, multiple breaches of regulations issued under Care Standards Act 2000. A number of criminal offences may have been committed, institutional abuse/ practice.

CABINET MEMBER MEETING

Agenda Item 24

Brighton & Hove City Council

Subject: *Implementing Personalisation in Adult Social Care*
Date of Meeting: 19th October 2009
Report of: *Director, Adult Social Care and Housing*
Contact Officer: Name: *Karin Divall* Tel: 29-4478
E-mail: Karin.divall@brighton-hove.gov.uk
Key Decision: No
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 Adult Social Care is mid-way through a three year transformation to deliver services that focus on individuals and deliver outcomes that maximise people's independence, choice and control.
- 1.2 This report sets out the changes that have taken place to date within Adult Social Care Services.

2. Recommendations

- 2.1 That the Cabinet Member agrees to monitor the progress of the wider transformation agenda by receiving regular reports on the progress being made to implement Personalisation within Adult Social Care.

3.0 RELEVANT BACKGROUND INFORMATION

- 3.1 The transformation of services have been carried out on an incremental basis to improve access to advice, information, and signposting via a new Access Point, to improve people's independence and reduce dependence on traditional care by implementing reablement, and to improve people's choice and control through greater use of personal budgets.

Access Point

- 3.2 In May 2008 , a single point of access was created for Adult Social care. This was defined as "a universal information advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding. A 'first stop shop' which could be accessed by phone, letter, email, internet or access, the community locations"

- 3.3 A small team of information officers and Access Officers have so far dealt with 26,779 enquiries and resolved over 90% of them at the time of enquiry. 76% of requests for assessment or review have been resolved compared with a resolution rate prior to the Access Point of 44%.
- 3.4 The Access point has enabled us to respond more quickly and proportionally to less complex referrals. Assessments are completed at the Access Point in an average of 20 minutes. Over time this will deliver cost benefits for the service and further work is underway to quantify this benefit.
- 3.5 Some of the new initiatives that Access Point have developed to support their work are easy access to 'Man with Van' service which delivers and fits daily living equipment, and maximising benefit income and use of Attendance Allowance and Disability Living Allowance.

Reablement

- 3.6 Nationally there is good evidence that reablement can improve people's dependence and reduce on-going reliance on traditional homecare services.
- 3.7 Reablement is defined in Brighton & Hove as "Services for people with poor physical or mental health. To help them maximise their independence by learning or re-learning skills necessary for daily living".
- 3.8 Following a best value review of Homecare, a decision was made to introduce reabling homecare and in October 2008 a pilot team of about 20 homecare staff working alongside social work and occupational therapy staff began working with people who contacted our Access Point and had been assessed as needing homecare, and people leaving hospital who required homecare.
- 3.9 A pilot team of homecare staff working with social care assessors and occupational therapy staff worked with 48 people during the first six months. These people completed their reabling care programme within 6 weeks and 17 people needed no further care package and 12 people reduced their care hours. This amounted to an overall reduction of 123.75 care hours per week with an estimated saving of £2065 per week.
- 3.10 163 items of equipment were prescribed, 24 people received some type of equipment as part of their reablement programme. Staff reported that having easy access to equipment increased the effectiveness of the service.
- 3.11 Service user feedback gave a generally positive response with most people being "extremely" or "very" satisfied, and nobody being less than "quite satisfied" with the service overall.

- 3.12 The numbers of people accessing reabling care however remained small, so a decision was made that everyone who came through Access Point or from hospital who met our criteria and required homecare would be offered reablement and other low level services.
- 3.13 Therefore the principles of reablement were further developed with the creation of Community Solutions in March 2008. This service supports people to maintain or increase their independence using resources such as re-abling care; Telecare; Carelink; Voluntary Organisations; Friends and Family etc
- 3.14 Since 31st March 2009 Community Solutions have been taking referrals from the Access Point for people who are new to Adult Social Care or whose case had been closed and they had returned for further services. In the first three months Community Solutions provided services within a four week period with cases being allocated within one week from referral from Access Point
- 3.14 Community Solutions arranged for 21% of the people they worked with to receive reabling care. 90% of people coming into Community Solutions for services required no further services after they had received reabling homecare, daily living equipment, telecare or support from community services.
- 3.15 There are also five transitional flats provided within the New Larchwood extra Care Housing scheme and these have been included within the reablement pilot, and a further seven new transitional beds opened at Craven vale in September to improve the provision of services for people leaving hospital to enable them to move back home, and these are now fully occupied.
- 3.16 From April to August, 76% of reabling care was provided for people leaving hospital and returning home

Day Options

- 3.17 Our day services have also been developed following a value for money review to focus on enabling people to access community, leisure, education and employment opportunities within their wider community. This new service has been in operation for two years for disabled adults and is launched for older people later this month.

Personal Budgets

- 3.18 At present we have 357 people using Self directed support as the means by which they obtain support. We are accelerating the offer and by March 10 will have achieved 1000 people and should be in a position to make this the dominant means of people obtaining their own support. We will have established a risk panel for professionals and other parties to work through how even in times of tight scrutiny we can facilitate cost effect delivery of money to enable people to buy their own care at times that suit them, and still provide value for money for the local authority.

4. CONSULTATION

4.1 None

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

The Department of Health have provided ring-fenced grant funding over a 3 year period (2008/09 to 2010/11) to support Local Authorities in transforming social care.

BHCC has received £456,000 in Year 1, £956,000 in Year 2 and are due £1,156,000 in Year 3. This funding has been used to implement "Personalisation" across Adult Social Care and support the initiatives referred to in this report.

Care costs associated with personal budgets and self directed support will be reflected in future budget strategies.

Finance Officer Consulted: Mike Bentley

Date: 2nd October 2009

Legal Implications:

5.2 All Local Authorities are required by the Department of Health to work towards a new approach to the delivery of adult social care. The aim of this new approach is to empower individuals to exercise the maximum choice or control over the shape of their support and the services that they receive, irrespective of their circumstances or level of need. The initiatives outlined in this report all contribute towards this change in the manner in which services are being, and will be, delivered.

Lawyer Consulted: Serena Kynaston

Date: 7th October 2009

Equalities Implications:

5.3 Personalisation aims to improve vulnerable older and disabled adults' independence, choice and control. Evaluation of reablement and other new services has demonstrated improvements in people's well-being and independence.

Sustainability Implications:

5.4 Personalisation aims to increase people's independence and to support people to benefit from opportunities in their immediate neighbourhood and to live in their own homes.

Crime & Disorder Implications:

- 5.5 Personalisation aims to improve people's confidence and independence and improve their access to social and community activities all of which improve people's feeling of security.

Risk and Opportunity Management Implications:

- 5.6 Increasing demand and pressure to deliver value for money mean that we need to maximise opportunities for people to remain as independent as possible for as long as they can.
- 5.7 The local authority has received funding to implement "Personalisation" and is expected to invest this in transforming Adult Social Care.

Corporate / Citywide Implications:

- 5.8 All these services are available to people living within the City.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 The alternative would be to continue to deliver traditional services, this would mean that we could not meet increasing demand and expectations.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 This decision is being sought so that the impact of Personalisation on service delivery in Adult Social Care is understood. .

SUPPORTING DOCUMENTATION

Appendices:

None

Documents In Members' Rooms

None

Background Documents

Putting People First

