



**Brighton & Hove  
City Council**

# **ADULT CARE & HEALTH COMMITTEE ADDENDUM**

**4.00PM, MONDAY, 20 JANUARY 2014**

**COUNCIL CHAMBER, HOVE TOWN HALL**



# ADDENDUM

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**DEPUTATIONS FROM MEMBERS OF THE PUBLIC**

A period of not more than fifteen minutes shall be allowed at each ordinary meeting for the hearing of deputations from members of the public. Each deputation may be heard for a maximum of five minutes. Two deputations have been received.

**(i) Deputation: Integrated Community Equipment Service**

It is imperative to have a highly responsive equipment service with delivery targets which are in line with the increasingly tighter timeframes for discharging patients from the acute hospital. Those services which are contracted to a commercial provider do not fully understand the requirements and pressures that prescribers are under to discharge their patients and therefore do not always fulfil agreed delivery targets. Commercial providers need to understand that plans for patients leaving hospital can change within hours and there is a real pressure to discharge a patient on that day. The vast majority of delays related to equipment provision from the acute Trust are related to those individuals who reside in East or West Sussex, both of whom are under commercial provider contracts.

ICES has struggled to deliver within its' budget; this is primarily due to the ongoing increase in the elderly population who are becoming frailer, living longer with complex health needs and resulting dependence. This will not change anytime in the future and tendering to an alternative provider will not create savings commissioners want to see. This is borne out in East and West Sussex where the demand is still on the increase and budgets are overspent. This needs to be recognised and a budget set in line with demand; finding a new provider is not the answer if the service is to be maintained as a first class one. The only way in which a new provider could make a saving would be through employing less staff on worse terms and conditions. This, as we all know, is not the answer either and leads to lack of commitment to a job or service, poor health etc. The staff currently employed within this service are highly motivated and committed and have a real sense of the worth of the role they play in supporting some of the most vulnerable people in our city.

ICES' recycling of equipment occurs whenever possible; A high priority is for Infection Control and that adequate provision of spare parts are considered. This ensures that items purchased are recyclable in the future. Recent updated IT systems and bar-coding of equipment will also enable expensive items to be tracked. On-line ordering systems will also bring the service in line with other equipment providers. These systems will allow for equipment currently not recycled to become so as time goes on.

The most vulnerable people who currently receive this service and will need a service in the future deserve the best money can buy. "Value for Money" is not always as it seems on paper; often outsourced services show a saving but at what cost? This is a relatively small budget in comparison to other AC&H services and we would therefore ask you to really consider whether outsourcing at this time is really beneficial to both the people who use it, now and in the future, and for those committed and longstanding employees who want to continue to provide for our elderly and vulnerable citizens. Employees are very keen to work with management to look at ways savings could be made including looking for alternative premises for the store. They are often the ones with the brightest ideas for ensuring a service survives and produces the best it can in the future.

Sue Beatty  
UNISON  
Brighton & Hove Branch

13<sup>th</sup> January 2014



## INTEGRATED COMMUNITY EQUIPMENT SERVICE (ICES) PRESCRIBER SURVEY 2013 SUMMARY DOCUMENT

### Background

The Integrated Community Equipment Service (ICES) provides daily living equipment and adaptations, including pressure care equipment to support people living in their own homes, following assessment by a suitably qualified prescriber. The integration of community equipment services was born out of the NHS Plan (DH, 2000) to modernise service delivery in this area by combining health and social care provision into single, integrated community equipment services by 2004 (DH, 2001).

The service is provided by Sussex Community NHS Trust and jointly commissioned by Brighton and Hove City Council and the local Clinical Commissioning Group. The service itself receives referrals from local health trust and social services staff, prescribers from the local mental health Trust and those from the Children's and Young People's Trusts. Equipment is procured from private companies.

Within the current financial climate of providing best value for money and the streamlining of health and social services, the ICES management team conducted a prescriber survey to investigate practitioner's experiences of referring to and working with ICES, with particular reference to communication pathways, access to information and technical support.

The survey was sent to prescribers via email during November 2013 and feedback was collated, analysed and an action plan formulated to ensure that the service continues meeting the needs of service users and prescribers. Specific regard was given to ICES's involvement in admission avoidance, crisis management and supporting timely discharge from in-patient settings.

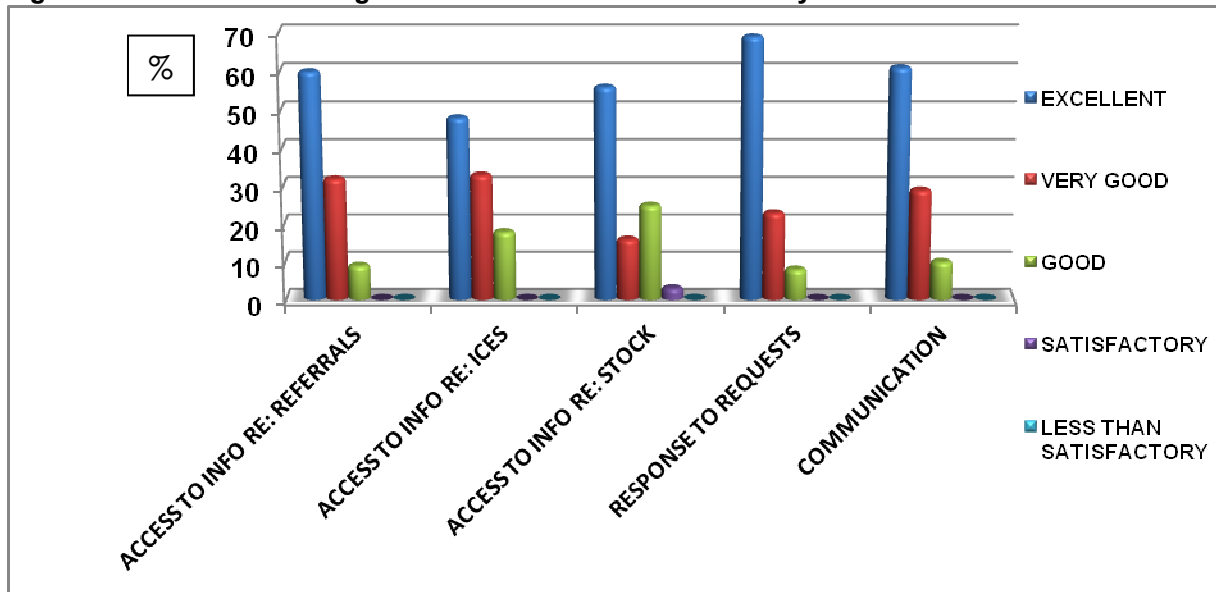
**Results:** A total of 59 prescribers from across the local health economy responded (69% response rate). The survey detailed very positive feedback from clinicians. It is clear that prescribers really value an "in-house" service and the familiarity that this provides in terms of communication, continuity, speed of response and access to information. Prescribers find ICES staff extremely helpful, efficient and really rate the personal service they receive.

The survey also highlighted the importance of the technicians and how prescribers find their input and expertise most valuable, particularly with regard to carrying out joint visits. Some prescribers have experience of working with other providers, which compare less favourably with their experiences of ICES. Prescribers felt that outsourcing the equipment service could have a detrimental effect on the service that they themselves provide.

The majority of respondents rated ICES as excellent in all aspects of communication, including response to referrals (see Figure 1). Prescribers valued the personal, helpful and efficient service, both on an informative and administrative level and in terms of technical support in carrying out joint visits. Prescribers commented that being an "in-house" service facilitated this way of working and enhanced communication pathways. This was one of the most valued aspects of the service.

In terms of access to information about ICES, prescribers have access to a web page, where they can retrieve information about standard stock items, referral pathways and paperwork. 70% of prescribers felt well-informed of changes to service provision within ICES, through email, web page, or through the established Equipment Prescriber's Group (EPG) (which meets bi monthly) and is attended by professional representatives from stakeholder services. This forum enables decisions about equipment provision, pathways and best practice to be discussed.

**Figure 1: Prescribers' Ratings of ICES Communication Pathways**



Prescriber's comments about ICES as a whole	Prescriber's comments about their experiences of other equipment providers
<ul style="list-style-type: none"> <li>☞ ICES is reliable always very helpful in supporting OTs to facilitate quick discharge</li> <li>☞ ICES seem to provide an efficient, personalised and flexible service. ...Being able to speak directly to the person dealing with a certain part of the process is brilliant</li> <li>☞ Equipment company with a conscience</li> <li>☞ Reliable and flexible service</li> <li>☞ The service is excellent and I greatly value all the support and help they have given me</li> <li>☞ They are very efficient in booking in equipment in crisis situations (e.g. hospital beds and hoists) and being able to call them and get an immediate response means fewer delays and definitely can prevent hospital admission.....I feel able to call them and ask for their specialist knowledge whenever needed and they are always helpful</li> <li>☞ Person-centred and effective</li> <li>☞ ICES saves time and money and avoids client frustration</li> <li>☞ Patients are impressed by the speed of delivery</li> </ul>	<ul style="list-style-type: none"> <li>☞ After using privatised services in the past, I think we are very lucky to have ICES.</li> <li>☞ ..there is no personal service – little or no option for joint visits</li> <li>☞ Although there were set time periods for delivery of equipment, the equipment frequently wasn't delivered within the timescales...not knowing who was at the end of the phone, and no continuity of contact also created issues, as you have to go through the problem again to a different staff member.</li> <li>☞ I use ICES and XXX equipment stores. ICES is the easiest, quickest service to use. Very reliable and always very helpful in supporting OTs to facilitate quick discharges.</li> <li>☞ My experiences with other equipment providers has shown that it is far from easy, as there are frequent delays, excessive bureaucracy and conflicting information much of the time.</li> </ul>

**Recommendations:** The survey detailed very positive feedback from clinicians. Areas for ICES service development have been identified which includes developing a training programme for new staff and prescribers, particularly around new items of equipment. Other developments include having up to date web-based stock lists and implementation of the on-line ordering system. These developments will continue to support the high quality service that ICES provides.

BETHAN WHITTINGHAM  
OT PROFESSIONAL LEAD 08.01.14



**DEPUTATIONS FROM MEMBERS OF THE PUBLIC**

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**(ii) Deputation: New Larchwood**

When staff and unions met with management of the New Larchwood service (Karin Divall and Kim Philpott) they outlined their plans for the future of the service; that all services users would fall into the category of "reablement" or hospital discharge. This then would mean that a service such as that provided at New Larchwood would be outsourced as it would no longer be part of "core business". To both employees affected by the proposals for NL and to union representatives, this was yet more of the same, dating back several years when the service of Independence at Home was "restructured" to provide reablement and hospital discharge only.. It was not successful, hence the need for management to look at this once again and now here we are years later being asked to accept yet another version of this. Meanwhile, both service users and staff alike have to live with the consequences of this. Clearly these proposals are budget led and home care services in house are deemed too expensive but there are reasons for this:

Home Care Support Workers across Independence at Home consistently report to us that too much "deficit" time exists; this means that instead of being fully utilised on a daily basis for their contracted hours, many of them are sitting around waiting for a call to attend a service user. Management would seem to refute this idea; it is difficult to give a view as to why this problem exists but exist it does. Planning of rotas for HCSW staff would seem to be problematic, possibly the systems in place need reviewing? If savings are to be made within this budget then this should be the first place to look.

Many of the staff working at NL also work within the community providing home care. They do not wish to be out-sourced to a private organisation but to continue working for the council; many home care providers do not provide the terms and conditions that our staff currently enjoy (this is well documented); many do not provide the excellent and first class training that BHCC provides and which current service users receive the benefits of.

The savings being made regarding these proposals is very small. This should be considered alongside what out-sourcing such a service would mean for both service users and staff alike. The proposal to cease charging for short term home care services should be reconsidered so that any savings not made by outsourcing NL could be offset against income from continuing to charge for the service from Independence at Home.

I have been informed by affected staff that some of the information contained within the report submitted to you is inaccurate with regard to latest information around service users/staff numbers etc. I am happy to answer any questions on this at the time of the deputation to committee.

Thank you

Sue Beatty  
UNISON  
Brighton & Hove Branch

13<sup>th</sup> January 2014

