Brighton & Hove City Council

Adult Care & Health Committee

Title:	**Adult Care & Health Committee**
Date:	**23 September 2013**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Councillors:	Jarrett (Chair), Phillips (Deputy Chair), K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Barnett, Bowden, Marsh, Mears, Robins, Summers and Wakefield
Co-optees	Geraldine Hoban (Clinical Commissioning Group), Michael Schofield (Brighton & Hove Clinical Commissioning Group), Dr George Mack (Clinical Commissioning Group) and Janice Robinson (Clinical Commissioning Group)
Non-voting Co-optee	Health Watch representative to be appointed
Contact:	**Caroline De Marco** Democratic Services Officer 01273 291063 Caroline.demarco@brighton-hove.gcsx.gov.uk

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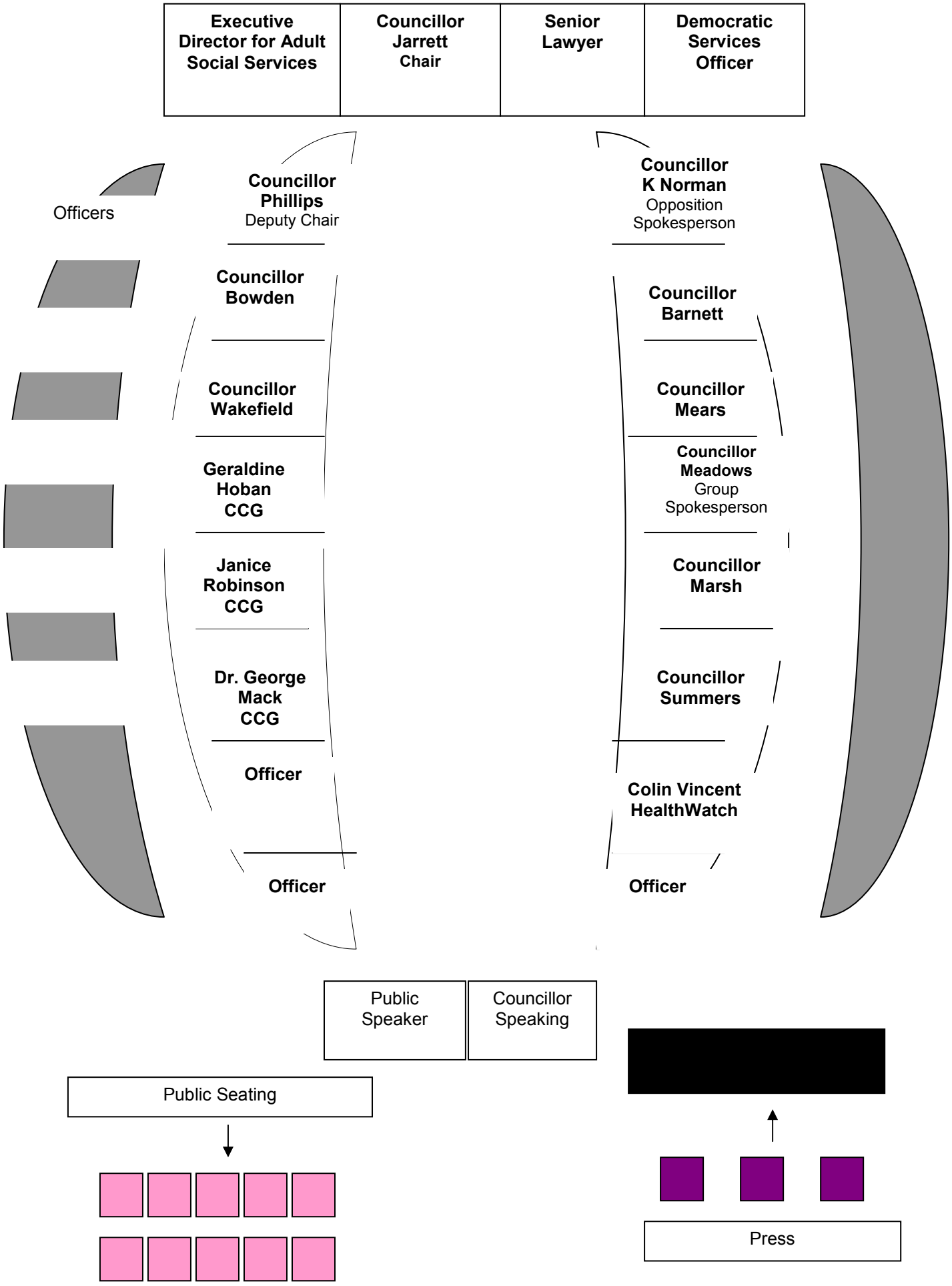
Democratic Services: Adult & Care & Health Committee



AGENDA

PART ONE **Page**

16. PROCEDURAL BUSINESS

(a) Declaration of Substitutes: Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

(a) Disclosable pecuniary interests not registered on the register of interests;
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) Exclusion of Press and Public: To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading 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 exempt categories is available for public inspection at Brighton and Hove Town Halls.

17. MINUTES 1 - 22

To consider the minutes of the meeting held on 17 June 2013 (copy attached).

Contact Officer: Caroline De Marco Tel: 01273 291063

18. CHAIR'S COMMUNICATIONS

19. CALL OVER

(a) Items 22 to 26 & item 27 will be read out at the meeting and Members invited to reserve the items for consideration.

(b) Those items not reserved will be taken as having been received and the reports' recommendations agreed.

20. PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

(a) Petitions: to receive any petitions presented to the full council or at the meeting itself;
(b) Written Questions: to receive any questions submitted by the due date of 12 noon on the 16 September 2013;
(c) Deputations: to receive any deputations submitted by the due date of 12 noon on the 16 September 2013.

21. MEMBER INVOLVEMENT

To consider the following matters raised by councillors:

(a) Petitions: to receive any petitions submitted to the full Council or at the meeting itself;
(b) Written Questions: to consider any written questions;
(c) Letters: to consider any letters;
(d) Notices of Motion: to consider any Notices of Motion referred from Council or submitted directly to the Committee.

PART A - JOINTLY COMMISSIONED - (SECTION 75) BUSINESS

22. FINANCE REPORT- S75 ARRANGEMENTS 23 - 26

Report of Executive Director for Finance & Resources & Finance Director, CCG (copy attached).

Contact Officer: *Anne Silley* *Tel: 01273 295065*
Ward Affected: *All Wards*

23. INTEGRATION TRANSFORMATION FUND (ITF) – 2014/15 AND BEYOND 27 - 40

Report of Executive Director of Finance & Resources, Executive Director of Finance & Resources and Chief Finance Officer, Brighton and Hove CCG (copy attached).

Contact Officer: *Michael Schofield* *Tel: 01273 574743*
Ward Affected: *All Wards*

PART B - COUNCIL COMMITTEE BUSINESS

24. SAFEGUARDING ADULTS AT RISK **41 - 106**

Report of Executive Director of Adult Social Services (copy attached).

Contact Officer: *Michelle Jenkins* *Tel: 01273 296271*
Ward Affected: *All Wards*

25. ADULT CARE PERFORMANCE REPORT **107 - 152**

Report of Executive Director of Adult Social Services (copy attached).

Contact Officer: *Philip Letchfield* *Tel: 01273 295078*
Ward Affected: *All Wards*

26. CONNAUGHT DAY SERVICE - UPDATE REPORT **153 - 158**

Report of Executive Director of Adult Social Services (copy attached).

Contact Officer: *Naomi Cox* *Tel: 29-5813*
Ward Affected: *All Wards*

27. ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to the 24 October 2013 Council meeting for information.

In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee meeting.

PART TWO

JOINTLY COMMISSIONED (SECTION 75) BUSINESS

28. INTEGRATED COMMUNITY EQUIPMENT SERVICES **159 - 166**

Report of Executive Director of Adult Social Services (copy attached).

Contact Officer: *Gemma Scambler* *Tel: 01273-295045*
Ward Affected: *All Wards*

29. PART TWO PROCEEDINGS

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

ADULT CARE & HEALTH COMMITTEE

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

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

Date of Publication - Friday, 13 September 2013

BRIGHTON & HOVE CITY COUNCIL

ADULT CARE & HEALTH COMMITTEE

4.00pm 17 JUNE 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair)
Councillors Phillips (Deputy Chair), K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Barnett, Bowden, Marsh, Mears, Summers and Wakefield

Co-optees: Geraldine Hoban (Clinical Commissioning Group), Dr George Mack (Clinical Commissioning Group) and Janice Robinson (Clinical Commissioning Group)

Non-voting co-optee: Colin Vincent (HealthWatch)

PART ONE

1. PROCEDURAL BUSINESS

1A Declarations of Substitute Members

1.1 There were no substitutes.

1B Declarations of Interests

1.2 There were no interests.

1C Exclusion of the Press and Public

1.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

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

2. MINUTES

2.1 The Committee considered the minutes of Adult Care & Health Committee held on 18 March 2013 and the Joint Commissioning Board held on 25 March 2013.

2.2 Councillor Barnett referred paragraph 49.5 of the minutes of the Adult Care & Health Committee. She had not observed the withdrawal of fluids and food in her own family, although she had observed it happening to people. She asked this to be corrected.

2.3 **RESOLVED** – (1) - That the minutes of the meeting held on 18 March 2013 be agreed and signed as a correct record subject to the above amendment.

(2) That the minutes of the Joint Commissioning Board held on 18 March 2013 be agreed.

3. CHAIR'S COMMUNICATIONS

Constitutional Changes to the Committee

3.1 The Chair reported that this was the first meeting of the committee in its new format. The integration of the Adult Care & Health Committee and Joint Commissioning Board was an attempt to reduce the numbers of meetings being held. Section 75 business was being considered at the start of the meeting. There was a report on Constitutional Matters at item 7 of the agenda.

It's Local Actually

3.2 The Chair drew attention to a card promoting It's Local Actually, an online information service provided by the Fed, Centre for Independent Living. The service gave details about low cost or free activities across Brighton & Hove. A presentation on this service would be given later on the agenda.

Meeting for services users

3.3 The Chair reported that he had attended a meeting of service users across Adult Care & Health. The feedback from the service users would be presented to members. The Chair hoped that other members would be invited to future meetings with service users.

Local Account

3.4 The Chair reported that a local account had been produced and was available online. Members could be sent a paper copy if they would like one. The local account gave a brief account of what had been achieved by Adult Care & Health in the past year.

European Meeting for Age Friendly Cities

3.5 The Chair stated that last week he had attended the European Meeting for Age Friendly Cities in Dublin. He had gathered some useful information and there would be a more detailed report to members in the future.

4. CALL OVER

4.1 **RESOLVED** – That Items 7 to 14 be reserved for discussion.

5. PUBLIC INVOLVEMENT

(a) Petitions

5.1 The Chair noted that there were no petitions from members of the public.

(b) Written Questions

5.2 Jean Calder asked the following question:

"In January my mother, who has dementia, was admitted to the RSCH with severe dehydration. She had been living in nursing-homes. I believe we need to increase awareness of the dangers of dehydration in residential and home care services and hospitals and have already asked the council to explore the possibility of a city-wide awareness campaign.

Can you tell me what information the Council has regarding older people in receipt of social care services, especially those with dementia, who:

- become dehydrated and require hospital admission or medical care
- die of dehydration or dehydration-related conditions."

5.3 The Chair gave the following response:

"It is worth noting that the Health & Wellbeing Overview Scrutiny Committee considered a related question at its meeting last week regarding hydration and the possibility of a city wide awareness campaign. The matter was also considered at the Safeguarding Adults Board on June 3rd 2013.
The following response was made available for the HWOSC
The response to the supplementary question from the Adult Safeguarding Board is:

1. The proposal for a city wide campaign in relation to hydration will be considered at the Safeguarding Board at its meeting of the 3rd of June 2013. This Board includes senior management representation from all the key organisations in the city which have a role in safeguarding and takes a keen interest in any preventive work that can have a positive impact on people's well-being thereby reducing the likelihood of safeguarding concerns arising.

2. Alongside this the Commissioning Support Unit in Adult Social Care which monitors care homes in the city will ;
   a. Support an existing poster campaign initiated by the LINk and Southern Water to promote hydration
   b. Raise the issue of hydration and related care concerns within the Dignity and Quality Assurance forums that it co-ordinates across the care sector
   c. Include hydration as one area for special focus when undertaking audit visits to care homes

d. Link in with our review team (which undertakes individual reviews of people supported by the Council in care homes) and the Clinical Quality Review Nurse post (which monitors clinical quality in nursing homes) to ensure we co-ordinate our activities.

3. All are homes in the City are registered and regulated by the Care Quality Commission, the national regulator, to ensure they comply with national standards. These standards include hydration. The Commissioning Support Unit reviews all published CQC compliance reports in relation to care homes in the city.

   Update from the Safeguarding Board June 3rd 2013.
   The key points from that discussion were ;

- All the organisations recognised the importance of hydration and had systems in place to monitor and promote this. Local detail of this will be requested by the Chair of the Board and collated, to be reviewed at next Board September.
- Colleagues with a clinical role noted how complex an area this is, hydration can have many causes and is linked to a range of other health related conditions. Its onset particularly in older people can be rapid.
- Where there is evidence that hydration is linked to neglect or poor quality care then this will be responded to within the Sussex Multi Agency Adult Safeguarding procedures and all agencies are clear on this. However as noted in the point above the causes of hydration are varied and complex.
- The members of the Safeguarding Board did not think a specific campaign was required regarding hydration given the activity currently underway. The Board also took account of the recent national guidance on Heatwave Planning which all health and care organisations will be taking action on and which includes hydration as one aspect of planning.

In response to the specific points regarding information held by the Council regarding people receiving social care services who are admitted to hospital or who die from dehydration or dehydrated related issues :

- Where there are concerns that dehydration is related to poor care or neglect this will be referred into the Sussex multi agency Adult Safeguarding process that is well established across all agencies in the city. Investigations will be undertaken as appropriate and fully recorded in each individual case. Outcomes from investigations are also shared with the Commissioning Support Unit to support their monitoring of providers.
- Safeguarding concerns would also be shared with the Care Quality Commission, the national regulator of care services.
- Where hydration is linked to poor quality of care the Commissioning Support Unit would also be involved to monitor and promote good quality care and take appropriate contractual action if this is not forthcoming. As noted in the HWOSC response some specific actions are being taken regarding hydration.
- It is worth re-iterating the discussions at the Safeguarding Board where colleagues with a clinical role noted how complex an area this is, hydration can have many causes and is linked to a range of other health related conditions. Its onset particularly in older people can be rapid."

5.4 The Chair asked Ms Calder if she would like to ask a supplementary question. Ms Calder stated that she was concerned that the members of the Safeguarding Board did not think a specific campaign was required regarding hydration. She reported that the LINk/Healthwatch campaign was not current. Ms Calder asked if it was possible for this matter to be referred back to the Safeguarding Board for reconsideration.

5.5 The Executive Director explained that following the discussion at the Safeguarding Adullts Board, other organisations had been asked to look at this issue and discussions had been held with public health colleagues. There were plans to produce a leaflet giving top tips for home care providers. This leaflet would be shared with all home care professionals.

5.6 The Chair informed Ms Calder that if she had continuing concerns, he could raise them at the next Safeguarding Adults Board.

5.7 Councillor Marsh informed the Committee that she had asked for this matter to be raised at the Health & Wellbeing Overview Scrutiny Committee. She endorsed the concerns expressed by Ms Calder, and was disappointed that the Safeguarding Adults Board did not think a campaign was needed. Councillor Marsh was reassured that there would be some leafleting and that there had been advice issued on Heatwave planning and the importance of hydration.

5.8 Councillor Marsh was concerned that HealthWatch were not pursuing the campaign. However, she had been told that they were in transition and not running campaigns at the moment. She asked that the council be robust and raise the profile of this issue and that the results of investigations be reported back to the Committee.

5.9 Councillor Barnett stressed the importance of training. She considered that training on hydration should be compulsory in nursing and care homes and asked if training was registered and monitored.

5.10 The Executive Director confirmed that she would expect staff in nursing and care homes to receive training. She would liaise with Ms Calder about these issues. The Care Quality Commission would monitor training and this issue would be a focus for audits.

5.11 Councillor Bowden stated that he had been corresponding with Ms Calder about this matter. He noted that there was no mention of hydration on the council website. He recommended that the website should be amended to mention the importance of hydration. Ms Calder confirmed that hydration had not been mentioned under a list of neglect on the council website.

5.12 The Executive Director stressed that hydration was not always a safeguarding issue. It was also an issue that needed to be considered in the context of quality of care.

5.13 Councillor Mears suggested that the issue of hydration could be mentioned on the front page of the website. It could be a straightforward message from the council stressing the importance of the issue in three or four bullet points. The Chair agreed that this could be investigated.

5.14 Colin Vincent reported that he would be attending the HealthWatch Transitional Steering Group on 18 June 2013 and would raise the issue of hydration and the points made at the Committee.

5.15 Councillor Barnett made the point that elderly people who became dehydrated could develop urinary infections. Ensuring people were hydrated could prevent hospital admissions.

5.16 The Chair informed the Committee that he would investigate the issue of a message on the website and would report back to the September meeting. He would continue to raise the issue at the Adults Safeguarding Board. HealthWatch would be asked what they could do about this matter once they were fully operational.

5.17 **RESOLVED-** That the written question be noted.

(c) Deputations

5.18 The Chair noted that there were no deputations from members of the public.

6. MEMBER INVOLVEMENT

6.1 The Committee noted that there were no a) petitions, b) written questions or c) letters.

(d) Notice of Motion – Independent Commission on Whole-Person Care

6.2 The Chair noted that the following Notice of Motion had been referred from Council held on 9 May 2013:

"This council notes predictions from the Nuffield Trust which show, unless we improve the way services are delivered, growing social care needs will leave a shortfall of up to £29 billion a year by 2020 in NHS funding.

This council also notes the launch of an Independent Commission led by respected international expert and former Department of Health specialist Sir John Oldham OBE. We trust this Commission will be truly independent and non partisan with genuine cross-party involvement. The Commission will seek to find ways of integrating health and social care to meet the challenge of an ageing population with rising needs for care and growing numbers of people with chronic illnesses like cancer, diabetes and dementia.

This council believes in the principle of organising services around the needs of patients, rather than patients around the needs of services, with teams of doctors, nurses, social workers and therapists all working together and care being arranged by a single person. Integrated care will lead to better outcomes and greater efficiency for the whole system.

This council supports a greater focus on preventing people getting ill and more care being provided directly in people's homes so they avoid unnecessary hospital visits, and integrating social care services between the NHS and local authorities.

This council resolves to support the principle of "whole person care".

This council requests the appropriate council committee, to make a positive contribution towards pursuing the goal of integrating health and social care between the NHS and local authorities."

6.3 The Chair read out the following response.

"We welcome this motion as we are committed to working in an integrated manner with our colleagues in the NHS.

There are already some good examples of integrated working which are delivering real benefits to patients and service users.

The integrated Hospital Rapid Discharge Service, based at the County Hospital, is made up of nurses, social workers, care managers, occupational therapists and physiotherapists, led by the lead nurse for hospital discharge. The team has recently been praised by the Emergency Care Intensive Support Team (ECIST) for their pro-active approach in avoiding unnecessary admissions and facilitating safe and speedy discharges. It has been estimated that the teams work has resulted in some 50-60 less admissions to hospital each week and with delayed discharges being at an all time low.

Community Short Term Services, a partnership between the Council and Sussex Community Trust are providing an effective re-ablement service to get patients back on their fee, reduce the need for ongoing care packages or minimising the amount of care required, which is not only financially efficient but also meets the users need for greater independence.

The Department of Health has recently asked for Expressions of Interest from local health and social care economies to bid to become 'Pioneer Sites' to develop further integrated approaches. Adult Social Care in discussion with the CCG are pulling together a proposal to examine how we can develop further our services and response to Homeless people with Health and/or social care needs."

6.4 Councillor Mears noted that housing had not been mentioned. She stressed that when people were in hospital, housing officers should be contacted as discharge could often be delayed when adaptations were needed.

6.5 Geraldine Hoban agreed that delayed discharge was a problem. There was currently a pathway pilot in the Royal Sussex County Hospital which was looking at creating a supported discharge package. The pilot was coming to an end, but a business case was being made to keep it running to the end of the year. This issue could be considered as part of the Pioneers of Integration pilot. There would be a stakeholder meeting on 19 June 2013 which would be looking at how an integrated service could work with people with no fixed abode.

6.6 The Head of Adults Assessment confirmed that the Integrated Hospital Discharge Team did liaise with housing colleagues.

6.7 Councillor Bowden asked if this work included carrying out necessary adaptations to the homes of discharged patients. He stressed that it could take months to complete adaptations and could result in a bed blocking situation for elderly people.

6.8 The Head of Adults Assessment stated that officers did try and provide suitable equipment to discharged patients. Housing officers would deal with housing adaptations.

6.9 Councillor Mears asked to see the result of the pilot when this was available, and stressed the need to liaise with housing in the meanwhile. Geraldine Hoban replied that an expression of interest had been made in being part of the pioneers of integration pilot. She would report back in due course.

6.10 The Executive Director informed members that people were usually only delayed in hospital for a day or two. She could report back to a future meeting on this matter.

6.11 Councillor Marsh stated that as a member of the Health Overview & Scrutiny Committee she had visited hospital wards and gained the impression that delayed discharge was a more challenging problem. Matthew Kershaw, BSUH, Chief Executive had been sending updates on this issue.

6.12 **RESOLVED** – That the Notice of Motion be noted.

PART A - JOINTLY COMMISSIONED (SECTION 75) BUSINESS

7. CONSTITUTIONAL MATTERS

7.1 The Committee considered a report of the Monitoring Officer which provided information on the Committee's terms of reference.

7.2 The Senior Lawyer set out the report and reminded members that at the last meetings of Adult Care & Health Committee and the Joint Commissioning Board it had been agreed to abolish the Joint Commissioning Board as a separate meeting and bring its business into the Adult Care & Health Committee. The Committee now had a two part agenda, starting with jointly commissioned (Section 75) business when the CCG would meet concurrently with the Council Committee. The second part of the meeting would be limited to council business. The Change took effect at full Council on 23 May 2013.

7.3 The Senior Lawyer explained the voting arrangements for the Part A – Jointly Commissioned (Section 75) section of the meeting. She suggested that if there was no disagreement there would be no need to vote. However, should a vote be necessary, the Council and CCG each had one block vote. The CCG members should decide by a majority and the council members would use normal voting rules in reaching their decision on how to use their vote. If there was no agreement, a decision could not be made.

7.4 Councillor Mears stated that the new arrangements made absolute sense. Councillor Norman concurred.

7.5 **RESOLVED** - (1) That the committee's terms of reference, as set out in Appendix A to the report, be noted.

8. COMMUNITY SHORT TERM SERVICES - AN UPDATE

8.1 The Committee considered a report of the Chief Operating Officer which provided a general update on Community Short Term Services and on the areas highlighted for the next steps in the report submitted to the Joint Commissioning Board on 28 January 2013. The current report drew attention to ongoing issues that needed resolution where decisions would need to be made over coming months. The Head of Commissioning, CCG presented the report.

8.2 Councillor Meadows referred to A) the sixth bullet point of paragraph 1.3 – "integrating of the community rapid response elements of the service with a view to creating a single service by April 2013." She asked if this was having an impact. B) Paragraph 3.3.1 relating to the Sussex Community Trust review of nursing needs of the patients in the Community Short Term Services beds. Councillor Meadows asked for details of the outcome of the review. C) Paragraph 3.8.1 which explained that over recent months, providers were reporting that people were being discharged with increasingly high levels of need. Councillor Meadows asked if these people were fit to be discharged. D) Paragraph 4.2 which related to feedback from user engagement with people in receipt of Community Short Term Services. This stated that some issues fell outside the remit of the Provider Management Board and would need to be addressed with other organisations. Councillor Meadows asked how officers could ensure that these matters were addressed.

8.3 The Head of Commissioning, CCG explained that A) the community rapid response elements of the service had been divided two parts. There was now a single point of contact and this appeared to be having a beneficial effect. B) Sussex Community Trust did have a nursing review. Officers were in the process of discussing the outcome of the review and whether the right nursing model was in place. C) High levels of need were partly a consequence of the long drawn out winter. It was also recognised that if people were not managed assertively, they could stay in hospital longer. There was a need to work with the hospital to ensure the right model was in place and that fewer people were discharged requiring a bed based service. D) Issues would be monitored by officers as the work progressed.

8.4 Councillor Meadows asked how long it would take for the Sussex Community Trust nursing review to have an impact. She informed the Committee that the Health and Wellbeing Board had received a presentation on the 3T's Development. It had been stated that the Trauma Centre did have an effect on late discharges. Councillor Meadows stated that the CCG were responsible for the Patient Management Board. She asked how people would know that the PMB was working effectively in decreasing delayed discharges?

8.5 Geraldine Hoban explained that there was a longer term model for the Short Term Service. This was being continuously reviewed. Additional capacity was being provided in the short term. There would be a meeting with the Sussex Community Trust on 18 June to discuss a long term model of short term care that was required. Officers wanted a clear model of care in place by September or October 2013. There would be high level scrutiny analysis which would look at options to make the Patient Management Board work more effectively. The Trauma Centre had not had a major impact on hospital delays or discharges.

8.6 Councillor Wakefield referred to the Age UK report. Page 46 of the agenda referred to discharge booklets. Councillor Wakefield thought it would be interesting for the committee to see the booklets. She stressed that some people had poor literacy levels and that it would be helpful if there was pictorial information. She asked what was being done for people who did not speak English.

8.7 The Head of Commissioning replied that she could pass Councillor Wakefield's comments to the Patient Management Board. She assumed the Discharge Booklets were published in a range of languages.

8.8 Councillor Norman referred to paragraphs 3.2 & 3.3.2 and asked about completion dates for Knoll House and Craven Vale. The Executive Director of Adult Social Services explained that she was waiting for confirmation of nursing support for Knoll House but hoped to be in a position to confirm a completion date shortly. The view from the service was that some people had complex needs and were refused by nursing homes. Craven Vale was open and there was need to look at the model in terms of extra capacity. This was ongoing work and the specification needed to be correct.

8.9 Councillor Mears asked where people went when they had complex needs. The Executive Director explained that not all people with complex needs went to nursing homes. Some went to Knoll House where they were supported by community nurses. There was a need to increase the skills of staff in all nursing homes so they could deal with complex needs and dementia.

8.10 Councillor Mears asked for an explanation of paragraphs 3.83 and 3.2 in relation to Knoll House. The Executive Director explained that the CQC improvement plan was already in place in October 2012 when the council took over the service. The council were working through these actions. Most actions had been completed.

8.11 Councillor Barnett asked if assessments for patients who needed care were competed over the phone. She stated that she would like to visit Knoll House and considered that staff training in nursing and rest homes should be continuous. The Head of Commissioning explained that assessments were made face to face. There was one phone number for referrals.

8.12 The Executive Director explained that there were various reasons why some homes could not take clients. There were clinical issues and sometimes homes were not suitable for people with dementia. Knoll House for example, may be more suitable. The Executive Director agreed that training for care staff should be ongoing. She suggested that members who wished to visit Knoll House should speak to Karen Divall, Head of Adult Provider Services.

8.13 Councillor Barnett asked how many homes were suitable for dementia and special needs. The Executive Director replied that a new BUPA home had recently been opened. Details of the numbers of homes could be brought back to the committee in a performance report.

8.14 Colin Vincent referred to paragraph 3.8 and asked for details of the Provider Management Board's membership and how often it met. Mr Vincent referred to

paragraph 3.4 and asked if the out of hours service was from the same provider as the roving GP service or someone with the specific task of dealing with short term services.

8.15 The Head of Commissioning explained that the members on the Provider Management Board were from Adult Social Care, the Sussex Community Trust, South East Health (out of hours provider), Age UK and an independent sector nursing home provider. The aim was for them to work in an integrated way to a single service specification. The Provider Management Board was accountable to the CCG and the Local Authority. The Board met monthly. The roving GP service was a local care service operated by GPs. It provided a rapid response service and also provided medical cover in short term beds.

8.16 Councillor Bowden referred to paragraph 3.4 and stressed that older people were often reluctant to disturb their GPs out of hours, and the GP Service was notorious for not wanting to provide a service out of hours. He asked who provided and monitored this work.

8.17 The Head of Commissioning explained that the out of hours service used to be controlled by GPs. In reality GPs worked together to provide care. There was now a contract with South East Health. A number of local GPs worked within the service which had robust standards. There was a good quality local service. However, there was an issue about people understanding how to access the service. The CCG had the responsibility of monitoring the management of the service. There was also a requirement for the service to be monitored by the CQC.

8.18 Janice Robinson remarked that she was reassured by the report which she considered to be very open and honest about problems being experienced. Ms Robinson made the point that short term services received people who were very ill and not able to quickly take up rehabilitation options. She asked how the Committee could be reassured that the right people were selected and rehabilitated.

8.19 Ms Robinson referred to the assessment process and noted that members of the user group stated that they had to be assessed time and time again. Ms Robinson asked if the Committee could have a report back with information about the quality assurance process.

8.20 The Head of Commissioning explained that the right people would be selected for rehabilitation through the needs assessment process. This was being monitored and reviewed. There was now one referral and one assessment process. A single point of access would help improve the process. The Age UK report reflected a period before this process was introduced.

8.21 Councillor Meadows stressed that there were only 65 short term places in the whole system. She asked what affect BUPA would make.

8.22 The Head of Commissioning replied that Short Term Services needed to be flexible in terms of numbers over the winter period. Numbers would not be fixed at 65. In the private sector, 15 places had been purchased to compensate fro the loss of Knoll House.

8.23 The Executive Director reported that BUPA was a registered provider.

8.24 The Chair stated that BUPA would provide a useful addition in long term dementia care.

8.25 **RESOLVED** - (1) That the general update on the Community Short Term Service be noted.

9. SUSSEX INTEGRATED END OF LIFE AND DEMENTIA CARE SUSSEX PATHWAY (JUNE)

9.1 The Committee considered a report of the Chief Operating Officer, Clinical Commissioning Group, which requested approval of the Pan Sussex Integrated End of Life and Dementia Care Pathway. The pathway had been developed through multi-agency and multi-disciplinary stakeholder group collaboration across Sussex as part of the End of Life Care in Dementia Regional Innovation Funded project for NHS Sussex. It was part of the Joint Dementia Plan for Brighton and Hove. The Brighton and Hove CCG Strategy Group supported implementation of the pathway as agreed at the meeting on 8 January 2013. The report was presented by the Dr Christa Beesley, Accountable Officer, CCG and Simone Lane, Commissioning Manager, CCG.

9.2 Members were informed of revisions made to the report since it had been considered and deferred at the last meeting. The report now mentioned that there had been discussions with lay members and consultation with the Older People's Council. Terms of reference had been included. Reference to the implementation of the Liverpool Pathway had been removed as this was considered to be a clinical decision. More context had been provided to advanced care planning.

9.3 Councillor Marsh stated that she had been relieved that all reference to the Liverpool Pathway had been removed from the report. However, she was concerned to hear the implementation of the Liverpool Pathway referred to as a clinical decision. Councillor Marsh welcomed the emphasis in the report that the pathway was about helping and supporting people as their condition deteriorated.

9.4 Dr Beesley explained that the Liverpool Care Pathway could be used with families and patients in the last few days of a person's life. The end of life for a person with dementia was similar to a cancer patient. There was a need to manage people and diagnose dying. Work with the Gold Standard Framework had shown that people with dementia were not receiving the same standard of care as with other illnesses. People with dementia were less able to stay at home and have a "good death". The Sussex Integrated End of Life and Dementia Care Pathway aimed to help families & patients to achieve this.

9.5 The Liverpool Care Pathway could help in assessing whether the person was comfortable and receiving the care they needed. It would lead to increasing the levels of nursing and care.

9.6 Councillor Marsh stated that she had concerns around the withdrawal of nutrition and hydration.

9.7 Geraldine Hoban explained that the wording on the last report gave the impression that the pathway was actively promoted. Officers wanted to change that to say that it was a clinical discussion with the family. Ms Hoban mentioned that the report had been taken to the Health Overview and Scrutiny Committee where it had been well received.

9.8 Councillor Mears referred to section 3.5 of the report. She was pleased to read that the wording "implement Liverpool Care Pathway" had been removed in response to members' concerns. However, Councillor Mears was not happy with the comment that "…this level of detail was inappropriate…" Councillor Mears said that she was aware that the government had stopped £30m worth of funding for the Liverpool Care Pathway due to concerns about some aspects of the pathway. Councillor Mears stated that she did not support the Liverpool Care Pathway for a number of reasons.

9.9 Geraldine Hoban remarked that she understood Councillor Mear's concerns about the Liverpool Care Pathway but asked if Councillor Mears could endorse the report. Councillor Mears replied that the report did not reassure her that families would not only be consulted but would understand what it meant in terms of the withdrawal of nutrition and hydration. She asked if this was explained to families.

9.10 Dr Beesley explained that the end of life pathway was about being open about dying. Endorsing the report would lead to a more open approach to dying of dementia. It would be managed in a similar way as the end of life care for cancer patients. It was about having a conversation with people when they had the capacity to make decisions. It needed to be an open discussion.

9.11 Councillor Barnett stated that she was uncomfortable with the report. She had seen people die when the Liverpool Care Pathway had been implemented. Councillor Barnett commented that a drip could have been used to make people more comfortable. Meanwhile, Councillor Barnett was concerned that people who had dementia were not capable of having discussions.

9.12 Councillor Summers asked if the purpose of advanced care planning was about controlling symptoms. Dr Beesley replied that anyone talking with dying patients needed special training. Every decision was an individual decision. With regard to eating and drinking, some people did not want to eat or drink when they were dying. There needed to discussions with the individual.

9.13 Councillor Meadows had mixed feelings about the report. Although the reference to the Liverpool Care Pathway had been removed, she was worried that it was being called something else. Councillor Meadows was pleased that death was being spoken about openly. She stressed the importance of including the family at the start of the process.

9.14 Geraldine Hoban stressed the importance of training and development. The principle was the full involvement of patients and their carers.

9.15 Councillor Bowden informed the Committee that for many years he had worked for the National Council for Palliative Care. He considered that clinicians often felt families should not know the truth and he was concerned at the way doctors were trained in this respect. Regular careful training was required in implementing the pathway. The National Council for Palliative Care had some good literature on this subject. Councillor

Bowden mentioned that he had worked with Dame Cicely Saunders, the founder of palliative care. She had spoken about openness and fairness which was a good guide.

9.16 Councillor Norman remarked that he had listened carefully to all the comments and noted that a great deal had been said about how things had been dealt with in the past. The report explained how to take the process forward. Councillor Norman stressed that he did not see the report as a final document and expected that there would be advances in the future. The appendices went into a great deal of detail on how to improve end of life. Councillor Norman supported the report and thought it was the way forward.

9.17 The Executive Director of Adult Social Care stressed that the pathway was about having an open conversation with families and patients. Open conversations would improve matters.

9.18 Geraldine Hoban informed members that officers had tried to revise the document to make take on councillor's comments at the last meeting. She asked if there was any way members would like the document to be re-framed.

9.19 Councillor Marsh remarked that it was a good report but she wanted clear direction regarding hydration.

9.20 Councillor Mears stated that although there was excellent work in the report, she was not reassured that discussions could happen with families and that the work would be carried out across the board.

9.21 Councillor Wakefield referred to Appendix 1a, Phase 5 (nearing the end of life including care in the last days of life). This section referred to supporting relatives understanding and acceptance of the dying phase and recognising and supporting the person's spiritual and cultural needs.

9.22 Dr Beesley agreed this section explained good practice. The report was promising what members wanted. The proposals were being written down in a way that would make them clear.

9.23 Councillor Norman remarked that the document was a good report which would improve the services provided. He hoped the report would be approved.

9.24 Councillor Meadows stated that although she still had some concerns she felt that the report was a step forward. She was concerned that if the report was not agreed, it would not improve matters for families in the future. She would therefore agree the report.

9.25 The Chair informed members that the points made during the discussion could be taken back to GPs and GP organisations.

9.26 **RESOLVED** - (1) That the revised pathway be approved for implementation to enable health and social care providers to ensure that the needs of people with dementia are integrated into end of life care planning, service specifications and contractual agreements.

NOTE: At this point in the meeting the Clinical Commissioning Group members left the meeting as Part A – Jointly Commissioned (Section 75) Business had concluded.

PART B - COUNCIL COMMITTEE BUSINESS

10. UPDATE ON THE EMBRACE PROJECT

10.1 The Board considered a presentation from Geraldine Desmoulins and Keith Beadle, from the Fed, Centre for Independent Living. The presentation informed Members that the Fed was endorsed as the Centre for Independent Living (CIL) at the end of 2010. The CIL worked with older people as well as disabled people.

10.2 Since then the CIL had brought together key stakeholders to increase choice and control to people in the city. The Embrace Project had co-ordinated this work.

10.3 Members were informed of the work of the Embrace Project. The CIL launched "It's Local Actually" in November 2012. The project had gathered information from 250 groups, clubs and social activities on offer in neighbourhood areas in Brighton & Hove. The CIL had developed a website, searchable by postcode, which showed people what was going on in their area. There were one thousand low cost or free activities taking place across the city.

10.4 Members were informed that the next step would be to help people get to and from activities. Currently, there was work on co-ordinating volunteers in the city.

10.5 Members were given cards advertising It's Local Actually. It was stressed that the website was gathering information in one place and that it would be important to keep the information updated.

10.6 Members were asked for their help in promoting the website.

10.7 Councillor Phillips stated that the website was a useful tool and she hoped she could promote it in her ward. It was good to highlight that more information could be gathered on BME groups. Councillor Phillips noted that Goldsmid Ward was not included in activities by ward and asked for this ward to be included. Councillor Phillips considered it heartening that the wards that covered Whitehawk and Mousecoomb and Bevendean featured highly in the list of activities by ward.

10.8 Ms Desmoulins informed Councillor Phillips that she did have a list of what was going on in Goldsmid Ward. She was aware that there were some gaps in information and hoped that as the site was promoted, other people would want to put information on the site. It was important that the information could be viewed on mobiles and ipads.

10.9 Councillor Wakefield asked if there were similar projects in other parts of the country, and whether there had been any thought of promoting It's Local Actually outside Brighton & Hove.

10.10 Ms Desmoulins replied that she had thought of promoting it elsewhere. She agreed that not many sites gathered information in this way.

10.11 Councillor Meadows thanked Ms Desmoulins and Mr Beadle for the tremendous amount of work involved in getting the website up and running. She noted that it looked more useful for people in work. Councillor Meadows remarked that 40% of people in Moulsecoomb did not have access to a computer. Councillor Meadows stressed the need to direct doctors and Patient Participation Groups to the Website.

10.12 Councillor Barnett stated that she would like to have more cards to distribute. Mr Beadle replied that he would ensure cards were placed in the courier to councillors. Mr Beadle informed members that he would like to see GPs place the website on their computers. There was a logo for people to download on the website.

10.13 Councillor Bowden remarked that ward councillors would be able to spot blanks in the service. He hoped the link could be sent to all councillors. He agreed with Councillor Meadows with regard to the digitally excluded. Councillor Bowden felt that there was a need to make sure that organisations the council funded were included in the information on the website.

10.14 Councillor Mears considered that the presentation was excellent. She asked for cards to be sent to all 54 councillors. She made the point that libraries, council buildings and GPs surgeries should have this information. She stressed that not everyone had a computer. Posters and notice boards were other ways of promoting the site.

10.15 Mr Beadle thanked members for the helpful suggestions. He wanted to make people aware of the site and was running a road show across the city. Ms Desmoulins informed members that there would be a poster which would make the information more visual.

10.16 Councillor Norman considered the project to be an excellent piece of work.

10.17 The Executive Director considered that it was important that the project was made successful for the community. It needed to be made accessible for people who were not used to using computers.

10.18 The Chair remarked that it was up to the Committee to help publicise the website. There would be a longer piece of work in completing the gaps in provision. He thanked Ms Desmoulins and Mr Beadle for their presentation.

10.19 **RESOLVED** – That the presentation be noted.

11. FINANCE REPORT

11.1 The Committee considered a report of the Executive Director of Finance & Resources which set out the provisional outturn position for the 2012/13 financial year for Adult Services and NHS Trust Managed S75 Budgets as reported to Policy & Resources on 13 June 2013. The report also provided further detail on the agreed 2013/14 budget for Adult Services, NHS Trust Managed S75 Budgets and Public Health. The report was presented by the Head of Business Engagement.

11.2 Councillor Mears asked for an explanation of the following. A) page 137 – Explanation of Key Variances in relation to Craven Vale conversion works and Adult Social Care

vehicles. B) Page 138 – Corporate Critical – Community Care Budget Learning Disabilities on impact of underspend on home provision. C) Provider Services – the cost of improvements to Windlesham Road. D) Page 139 – Vacant posts. How many were there within the directorate? E) Page 142 – Learning Disability Accommodation. Was the capital budget £354,000 for Windlesham Road? F) Page 144 – Support & Intervention Teams (over 65). There was a saving of £1,640,000 in relation to reducing residential care and using sheltered accommodation and extra care housing. Where had these conversations gone? G) Page 144 – Community Care – A stretch target had been included. What did this mean? H) Page 145 - Learning Disabilities – to develop proposals to implement the learning disabilities accommodation and support strategy and consult on the options. Councillor Mears said she was concerned and asked if this meant more homes could be closed.

11.3 The Head of Business Engagement explained as follows. A) The contribution of £0.348m was made in the last financial year and set aside for proposed conversion works at Craven Vale. The £0.250m for ASC vehicles was funded from the revenue budget. Councillor Mears asked for a breakdown of which type of vehicles. The Head of Business Engagement confirmed that she would send this information to the Committee.

11.4 The Head of Business Engagement confirmed that B) Learning Disabilities were reporting an underspend of £1.647m in the last financial year. This was not related to the learning disabilities accommodation strategy. There were reduced costs as a result of renegotiating a contract. C) the Windelsham Road figures were within the Learning Disabilities Accommodation budget. She could send these to the Committee. D) Vacant Posts – This was an exercise carried out as part of the budget position. This particularly referred to the Sussex Partnership Foundation Trust (SPFT) robust vacancy management. E) Learning Disability Accommodation – The figure of £354,000 would include learning disability accommodation. The Executive Director of Adult Social Services said she would send Councillor Mears a breakdown.

11.5 The Director of Adult Social Services explained that with regard to F) Page 144 – Support & Intervention Teams. This section was referring to sheltered accommodation. There was a report on Extra Care later on the agenda. This was an ambitious target and officers were looking at a range of provision in the city. G) Page 144 – Community Care – Adult Services were asked to deliver £500k additional savings over and above the original Community Care budget target of £1,748,000 through accelerating this work. H) Page 145 – Learning Disabilities. This was a continuation of the current proposals and showed the full year effect.

11.6 Councillor Mears stated that councillors had been informed that there was a £1m pressure, yet there was clearly an underspend and savings were being made. Councillor Mears asked for more information on the pressures and underspend. The Head of Business Engagement explained that there had been an underspend in the last financial year. A targeted budget management report for 2013/14 would be submitted to the Policy & Resources Committee. At that point there would be a report on delivering 2013/14 savings. This information would then be submitted to the Adult Care & Health Committee. Councillor Mears stated that she would like to see a breakdown of savings with and without the service pressure funding in future reports.

11.7 Councillor Meadows referred to page 138 Corporate Critical – Community care under 65's. She asked if the introduction of Universal Credit would have an impact on vulnerable people. Councillor Meadows referred to page 145 referred to total savings of £5,574,000. Councillor Meadows was concerned that the level of savings would start affecting the council's ability to provide a safe service for people.

11.8 The Head of Adults Assessment stated that officers were tracking and mapping data to estimate the impact of the changes. There were major changes for families with children. The Head of Adults Assessment said he would send Councillor Meadows the figures when mapping was in place.

11.9 Councillor Meadows informed members that she had had calls from residents who had little money and would fall into the service soon. The Head of Adults Provider stated that revenue and benefits should be contacted initially. People would then need to access the Welfare Rights Service and be referred to Adult Social Care.

11.10 The Executive Director of Adult Social Care explained that the total adult services savings was £5,574,000. There had been a reduction in budget year on year. She stressed the need to carry out more preventative work and support housing initiatives.

11.11 Councillor Meadows remarked that at the last meeting £400,000 extra care housing was not accounted for as a pressure. The Executive Director informed members that the savings had been made from the Community Care Budget.

11.12 The Chair stated that there was a need to ask the Welfare Reform Programme Board to look at the issues raised. People affected might need third sector support.

11.13 **RESOLVED** - (1) That the provisional outturn position for Adult Services and NHS Trust Managed S75 Budgets be noted.

(2) That budget information for Adult Services and NHS Trust Managed S75 Budgets, and Public Health for the 2013/14 financial year be noted.

(3) That the proposed reporting timetable be agreed and that the committee receive a S75 performance report as indicated to avoid duplication.

12. DAY ACTIVITIES REVIEW PROGRESS REPORT

12.1 The Committee considered a report of the Executive Director of Adult Social Services which set out the progress that had been made in the Day Activity Review since the last Committee report in March 2013 and concentrated on how developments had affected the Council provided learning disability Day Options service and in particular the Buckingham Road Day Centre. The Commissioner, Learning Disabilities and Older People presented the report.

12.2 Councillor Meadows referred to paragraph 5.2 in relation to the cost of capital works needed at Wellington House and Belgrave Day Centre and asked for more details. She referred to paragraph 7.2 in relation to the proposed disposal of Buckingham Road and asked about the financial implications of this move.

12.3 The Commissioner replied that she was waiting for information about the cost of capital works to Wellington House and the Belgrave Day Centre. The Executive Director of Adult Social Services explained that she wanted to see costs involved in the move from Buckingham Road absorbed by the corporate general fund.

12.4 The Chair agreed that Adult Social Care should be provided with the necessary capital funding.

12.5 **RESOLVED** - (1) That the progress of the Day Activities Review and the proposals for the changes to the Council provided services be noted.

(2) That the proposal to return with a further progress report in November 2013 be agreed.

13. CONNAUGHT DAY SERVICE

13.1 The Committee considered a report of the Executive Director of Adult Social Services which reported that in October 2012 the Children's and Young Person's Committee received a report which recommended the expansion of West Hove Infants School to enable the council to provide the increased number of primary school places required in the Hove area. To facilitate this expansion the relocation of the Connaught Day Service for adults with learning disabilities would be required. The report was presented by the General Manager, Integrated Learning Disability Services.

13.2 Councillor Meadows referred to recommendation 2.2 and asked for an explanation of the process. She further referred to paragraph 4, Engagement & Consultation. Councillor Meadows had heard that ward councillors had not been contacted. Ward councillors were being contacted by many parents who were concerned about the proposals.

13.3 The Senior Lawyer explained that within the Council's constitution the Executive Director of Adult Social Services had delegated powers to make the decision concerning the proposed move of the Day Service from the Connaught Building to Patcham House School. However, if the Committee were unhappy with this recommendation they could approve recommendation 2.3 which would involve the reconvening of an extraordinary meeting of the Adult Care & Health Committee to take place shortly after the proposed extraordinary meeting of the Children and Young People's Committee on 9 September 2013. She explained that the timescales reflected that Children's Services in relation to Education matters are dictated by statutory guidelines with regard to consultation in addition to the need to build in sufficient time for adaptations to be undertaken to the buildings involved.

13.4 The Head of Commissioning & Partnerships explained that there had been a meeting with a councillor from the Downs Park School area before the Children and Young Person's Committee. Children's Services were leading on the proposals and she understood that ward councillors had been consulted

13.5 The Chair asked for this matter should be followed up. The Executive Director assured him that that the matter had already been referred to Children's Services.

13.6 Councillor Meadows stated that she would like to have a special meeting of Adult Care & Health Committee as members did not know what would happen as a result of the consultation.

13.7 **RESOLVED** - (1) That the decision to consult users of the Connaught Day Service on the proposed new site at Patcham House School made by the Executive Director of Adult Social Services in consultation with the Committee Chair Cllr Jarrett, be noted.

(2) That the proposal of the Executive Director of Adult Social Services to use her Constitutional Delegated Powers to make a decision concerning the proposed move of the Day Service from the Connaught Building to Patcham House School informed by the consultation process, EIA and related Decision of the extraordinary meeting of the Children and Young People's Committee proposed for 9 September 2013, be approved.

NOTE: Councillors Meadows, Mears and Summers asked for their names to be recorded as having voted against recommendation (2) above.

14. EXTRA CARE HOUSING UPDATE

14.1 The Committee considered a report of the Executive Director of Environment, Development and Housing and the Executive Director of Adult Social Services which provided an update on the progress to secure extra care housing in the city in relation to the recent bid to the Homes & Communities Agency (HCA). The report also provided details of the proposed Brooke Mead Extra Care Scheme. The recommendations were agreed at Housing Committee on 6 March 2013 and Policy and Resources Committee on 21 March 2013.

14.2 The Head of Housing Strategy presented the report and informed members that officers were still waiting to hear if the bid to the Homes & Communities Agency (HCA) for funding under the Care & Support Specialist Housing Fund was successful. He would come back with a report when a decision was known.

14.3 The Executive Director of Adult Social Services thanked the Head of Housing Strategy and his team for their work on this impressive scheme. The Chair agreed that the scheme was very impressive.

14.4 Councillor Meadows stated that she was pleased that ward councillors had been consulted. She referred to paragraph 5.4 and asked what was meant by short term cash flow deficits. Councillor Meadows was pleased that the scheme was being progressed and felt it was the way forward for older people. She asked if the scheme had planning permission.

14.5 The Executive Director explained that people using the scheme would have a care need. Care costs would come out of the Community Care Budget. Meanwhile, people would be prevented from going into residential care which would result in savings.

14.6 The Head of Housing Strategy explained that funding would need to be approved in order for the scheme to be progressed. Planning permission had not yet been granted. Officers were currently working on the final scheme for submission to Planning.

14.7 Councillor Bowden welcomed the scheme. He reported that there had been sensitive consultation with ward councillors and residents. Unfortunately, although there was an acceptance that there was a need for the scheme, not all residents had been happy with the development happening in their ward.

14.8 Councillor Norman remarked that extra care was an extremely good model and there needed to be more schemes in the city.

14.9 Councillor Mears stated that there had been an extensive presentation on the scheme at the Housing Committee. She believed that the proposal was the right use for the site. Councillor Mears stressed that the issue of funding was complex and she had a couple of concerns. She referred to the finance comments in paragraph 8.1 of the report which stated that the HRA were supplying the land but only £300,000 savings would be achieved by Adult Social Care. She felt this figure was extremely low. Councillor Mears referred to paragraph 3.4 which related to the allocations policy. This stated that in 2009 it was agreed that Extra Care Housing should be allocated through Choice Based Lettings and that this had been the adopted policy ever since. Councillor Mears considered this was not factually correct and that Adult Social Care did have an allocations policy. She would like to see the allocations policy and the EIA.

14.10 The Executive Director of Adult Social Services acknowledged that Adult Social Care did have an allocations policy. The Head of Adults Provider would send a copy of the policy to Councillor Mears. The Executive Director welcomed the scheme going through Choice Based Lettings as long as the social care need was paramount.

14.11 Councillor Mears stressed that it was a legal requirement to have one allocations policy. She asked for timescales for one policy to be in place.

14.12 The Executive Director replied that she would have to hold discussions with housing regarding this matter. Meanwhile, the £300,000 savings were a year on year saving.

14.13 Councillor Norman asked the Head of Housing Strategy to comment on the allocations policy. The Head of Housing Strategy explained that social housing could only be allocated via published Allocations Policy agreed at Housing Committee.

14.14 **RESOLVED** - (1) That it be noted that the recommendations set out in paragraphs (a) to (c) below were approved by the Housing Committee held on 6 March 2013 and the Policy & Resources Committee held on 21 March 2013.

(a) That Committee note the proposed Brooke Mead Extra Care scheme which will be funded through affordable rents, a contribution from Adult Social Care revenue budgets, shared ownership and subsidy funding incorporated within the recent bid to the Homes & Communities Agency (HCA).

(b) That Committee note proposals to proceed with a Planning application for the approval of extra care housing on the Brooke Mead Extra Care scheme, the current timetable for the proposed development and the pursuit of other funding options as detailed in the report.

(c) That the Committee recommend that the Policy and Resources Committee agree that the vacant Housing Revenue Account ('HRA') block of Brooke Mead, Albion Street, Brighton as shown on the annexed plan be demolished in order to be redeveloped, subject to Planning consent.

15. ITEMS REFERRED FOR COUNCIL

15.1 **RESOLVED -** That no items be referred to Council

The meeting concluded at 8.21pm

Signed Chair

Dated this day of

ADULT CARE & HEALTH COMMITTEE/JOINTLY COMMISSIONED (SECTION 75) BUSINESS	Agenda Item 22 Brighton & Hove City Council

Subject:		**Finance Report on S75 arrangements**
Date of Meeting:		**23 September 2013**
Report of:		**Executive Director of Finance & Resources, Finance Director CCG**
Contact Officer:	**Name:**	**Anne Silley** **Tel: 29-5065**
	Email:	**Anne.silley@brighton-hove.gscx.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report sets out the financial position on the NHS Trust Managed S75 Provider Budgets in 2013/14.

2. RECOMMENDATIONS:

2.1 That the Committee notes the financial position on the NHS Managed S75 Budgets for the 2013/14 financial year.

3. RELEVANT BACKGROUND INFORMATION:

Financial contributions to Partnerships 2013/14

3.1 There has been a reduction in the number of services that fall under provider partnership arrangements as set out in the report on Adults Section 75 Review of 18 March 2013. The following services previously within S75 arrangements now solely commissioned by the Council and not covered by this report are:

- Learning Disabilities
- HIV/AIDS support grant
- Substance Misuse Services

The following services fall under the new S75 arrangements:

- Dementia (previously incorporated within older people's mental health)

3.2 The table below shows the contributions to the partnership for 2013/14

Contributions to Partnerships 2013/14

Service	Contributions CCG £000	BHCC £000	Commissioned from:
Mental Health & Dementia	15,512	11,279	Sussex Partnership NHS Foundation Trust
Integrated Equipment Store	779	641	Sussex Community NHS Trust
	16,291	12,107	

3.3 The forecast outturn as at August 2013 (TBM4) is set out in the table below

Month 4 Forecast Outturn Variance by Client Group

	SCT £000	SPFT £000	Total £000
Mental Health		334	334
Integrated Equipment Store	67		67
	67	335	401

Sussex Partnership NHS Foundation Trust are reporting an overspend of £0.335m at Month 04, reflecting growth pressures and increase in need and complexity in Adult Mental Health and forensic services within residential and supported accommodation. The forecast assumes 867 service users are receiving community care during the year, 58 more service users than assumed within the budget. The activity and spend profile over the last 3 years is set out in appendix 1and demonstrates the increases in the number of Whole Time Equivalents (WTEs) receiving services

In line with the agreed risk-share arrangements for 2013/14 any overspend will be shared 50/50 between SPFT and BHCC and this has been reflected in the overspend of £0.167m reported within BHCC.

The pressure against the Integrated Equipment Store reflects the continued increased demand and previous trends Sussex Community NHS Trust are considering the best approach to mitigate this.

The CCG contracts with SCT and SPFT are currently forecast to breakeven. Regular discussions are being held with the Trusts during the year to ensure that pressures materialising are addressed.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 No specific consultation has been undertaken in relation to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The financial implications are covered in the main report

Finance Officer Consulted: Anne Silley/Debra Crisp Date: 02/09/13

Legal Implications:

5.2 This report is for noting only but informs partners to the s75 agreement of budgetary pressures particularly in light of unexpected demand in Adult Mental Health. Both the Council and CCG will wish to jointly monitor such pressures and management of the same in light of their respective duties to the public purse and statutory duties in terms of service provision. There are no other specific legal or Human Rights Act implications arising from this report.

Lawyer Consulted: Sandra O'Brien Date: 09/09/13

Equalities Implications:

5.3 There are no direct equalities implications arising from this report.

Sustainability Implications:

5.4 There are no direct sustainability implications arising from this report.

Crime & Disorder Implications:

5.5 There are no direct crime & disorder implications arising from this report.

Risk and Opportunity Management Implications:

5.6 The Council's revenue budget and Medium Term Financial Strategy contain risk provisions to accommodate emergency spending, even out cash flow movements and/or meet exceptional items.

Public Health Implications:

5.7 There are no direct public health implications arising from this report.

Corporate / Citywide Implications:

5.8 The council's financial position impacts on levels of Council Tax and service levels and therefore has citywide implications.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 No alternative options identified

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 Budget monitoring is a key element of good financial management, which is necessary in order for the council to maintain financial stability and operate effectively.

SUPPORTING DOCUMENTATION

Appendices: None

Documents in Members' Rooms: None

Background Documents: None

ADULT CARE & HEALTH COMMITTEE (JOINTLY COMMISSIONED (SECTION 75) BUSINESS	**Agenda Item 23** Brighton & Hove City Council

Subject:		**Integration Transformation Fund (ITF) – 2014/15 and beyond**		
Date of Meeting:		**23 September 2013**		
Report of:		**Executive Director of Adult Services** **Executive Director of Finance & Resources** **Chief Finance Officer, Brighton and Hove CCG**		
Contact Officer:	**Name:**	**Michael Schofield** **Anne Silley**	**Tel:**	**01273 574743,** **01273 295065**
	Email:	**michaelschofield@nhs.net** **Anne.silley@brighton-hove.gcsx.gov.uk**		
Key Decision:	**No**			
Ward(s) affected:		**All**		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 As part of the June 2013 Spending Round the government set out the plans to establish a health and social care Integration Transformation Fund (ITF). This report contains a table with indicative figures built from the national planning assumptions which quantifies the likely value of this fund in Brighton and Hove.

2. RECOMMENDATIONS:

2.1 That the Committee note the actions needed to establish the ITF and note the issues that it raises.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The government's planned health and social care Integration Transformation Fund (ITF) is described in the joint statement from NHS England and the Local Government Association attached as Appendix 1. The proposed Fund has two components:.

3.2 Firstly there are funds already in the system that it is proposed will be pooled and their deployment will be overseen by the Health and Well Being Board (HWBB), in line with a plan jointly agreed between CCGs and the City Council.

The issues this raises are around the current use of those funds (£8m) and whether that use is in line with the national conditions to be applied to the ITF. The current spend will need to be reviewed to ensure that it delivers the requirements which includes an integration of 7 day working in health and social care and to deliver earlier interventions and reduce inappropriate admissions to hospital.

3.3 The second component is to add to the existing pooled funds and release a further £10m from NHS funds increasing the fund to £18m.

This can only be achieved by joint working between Brighton and Hove CCG, BHCC and Brighton and Sussex University Hospitals Trust.

The additional funds can only be released if the investment plans for the integration of 7 day working in health and social care to deliver earlier interventions and reduce inappropriate admissions to hospital and the hospital reduce their capacity.

3.4 Therefore a key requirement is to have risk-sharing principles and contingency plans in place along side the investment plans for 2014/15 and 2015/16. These plans are required to be developed and ready for implementation by the 31st March 2014.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 No specific consultation has been undertaken in relation to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 These requirements present an additional health and social care savings challenge in an already challenging environment. There are also financial risks around what will be transformational change to both health and social care services. The proposals need to be reflected in developing the budget strategy for 2014/15 and 2015/16.

Finance Officer Consulted: Anne Silley/Michael Schofield Date: 06/09/13

Legal Implications:

5.2 The legal requirements for the implementation and management of ITF are explained in the body of this Report.. There are no other specific legal or Human Rights Act implications arising from this Report.

Lawyer Consulted: *Sandra O'Brien* *Date: 11/09/2013*

Equalities Implications:

5.3 There are no direct equalities implications arising from this report.

Sustainability Implications:

5.4 There are no direct sustainability implications arising from this report.

Crime & Disorder Implications:

5.5 There are no direct crime & disorder implications arising from this report.

Risk and Opportunity Management Implications:

5.6 As discussed in the report

Public Health Implications:

5.7 There are no direct public health implications arising from this report.

Corporate / Citywide Implications:

5.8 There are significant implications which will need to be reflected in budget strategies and the Medium Term Financial Strategy

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Not applicable

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The report sets out planning assumptions for Health and Social Care on the Integrated Transformation Fund.

SUPPORTING DOCUMENTATION

Appendices:

1. Main report

Documents in Members' Rooms

1. None

Background Documents

1. Attachment A

Integration Transformation Fund (ITF) – 2014/15 and beyond

1. Executive summary

As part of the spending review the government announced the creation of social care Integration Transformation Fund (ITF). This pooled budget is made up of existing NHS funding covering : The Social Care Grant, Reablement Funding, Carers Funding and DoH capital grants that go directly to local authorities.

The pooling of these funds may cause a financial pressure as the current use of them may not meet the proposed use of the pooled fund.

What will definitely be a pressure is that the pool will be added to by CCGs contributing further funds in 2014/15 (a modest amount) and 2015/16 (a very significant sum). These will be additional QIPP savings schemes. Essentially, investment in 7 day health and social care working will need to generate savings by impacting on/reducing secondary care referrals.

The table below has the indicative amounts across Brighton and Hove including the likely impact on the main secondary care provider in terms of reduced referrals and therefore income. Guidance recently published (attachment A) requires the CCG to have the two year plans agreed by all parties and signed off by the Health and Well Being Board by the 31st March 2014.

This is a very significant challenge for all CCGs even for those currently in a sustainable financial position.

Health and Social Care Integration Transformation Fund							
			£m				
		National	**B&H**				
Social Care Grant		**900.0**	**4.3**				
Addition funds 14/15		**200.0**	**1.0**				
DoH - capital grants		**350.0**	**1.7**				
Reablement Funding		**300.0**	**1.4**				
Carers' Breaks funding		**130.0**	**0.6**				
Additional Funds 15/16		**1900.0**	**9.1**				
Total		**3780.0**	**18.1**				
Existing		**1680.0**	**8.0**				
New		**2100.0**	**10.0**				
Source	BSUHT		**10.0**				
			10.0				
Note: Plans need to deliver reduced secondary care admissions to release the funds							

2. ITF

The ITF builds upon the existing arrangements regarding the Social Care grant from the NHS. The latest guidance (attachment A) also refers to the integrated care 'pioneers' initiative.

2.1 The following national conditions need to be addressed in the ITF plans: -

- plans to be jointly agreed;
- protection for social care services (not spending);
- as part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
- better data sharing between health and social care, based on the NHS number (it is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health;
- ensure a joint approach to assessments and care planning;
- ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached; and
- agreement on the consequential impact of changes in the acute sector.

2.2 Conditions of the performance-related £1 billion

Nationally £1 billion of the ITF in 2015/16 will be dependent on performance and local areas will need to set and monitor achievement of these outcomes during 2014/15 as the first half of the £1 billion, paid on 1 April 2015, is likely to be based on performance in the previous year. The Local Government Association and NHS England will be working with central Government on the details of this scheme, but it is anticipated that it will consist of a combination of national and locally chosen measures.

The £1bn nationally translates to c£5m as the BHCC amount.

2.3 Delivery through Partnership

The national guidance is clear that success will require a genuine commitment to partnership working between CCGs and local authorities. Both parties need to recognise the challenges they each face and work together to address them.

• Finding the extra NHS investment required: Given demographic pressures and efficiency requirements of around 4%, CCGs are likely to have to redeploy funds from existing NHS services. It is critical that CCGs and local authorities engage health care providers to assess the implications for existing services and how these should be managed;

• Protecting adult social care services: Although the emphasis of the ITF is rightly on a pooled budget, as with the current transfer from the NHS to social care, flexibility must be retained to allow for some of the fund to be used to offset the impact of the funding reductions overall. This will happen alongside the on-going work that councils and health are currently engaged in to deliver efficiencies across the health and care system.

• Targeting the pooled budget to best effect: The conditions the Government has set make it clear that the pooled funds must deliver improvements across social care and the NHS. Robust planning and analysis will be required to (i) target resources on initiatives which will have the biggest benefit in terms outcomes for people and (ii) measure and monitor their impact;

• Managing the service change consequences: The scale of investment CCGs are required to make into the pooled budget cannot be delivered without service transformation. The process for agreeing the use of the pooled budget must therefore include an assessment of the impact on acute services and agreement on the scale and nature of changes required, e.g. impact of reduced emergency activity on bed capacity.

2.4 Assurance

The national guidance states that Local Health and Wellbeing Boards will sign off the plans, which will have been agreed between the local authority and CCGs. The HWBB is best placed to decide whether the plans are the best for the locality, engaging with local people and bringing a sector-led approach to the process. The plans will then go through an assurance process involving NHS England to assure Ministers.

The local HWBB needs to be prepared to discharge these additional duties and the governance properly established for them to operate effectively.

2.5 Timetable and Alignment with Local Government and NHS Planning Process

Plans for use of the pooled budgets should not be seen in isolation. They will need to be developed in the context of:

- local joint strategic plans;
- other priorities set out in the NHS Mandate and NHS planning framework due out in November/December. (CCGs will be required to develop medium term strategic plans as part of the NHS Call to Action)
- the announcement of integration pioneer sites in October, and the forthcoming integration roadshows.

The outline timetable for developing the pooled budget plans in 2013/14 is broadly as follows:

- **August to October**: Initial local planning discussions and further work nationally to define conditions etc

- **November/December**: NHS Planning Framework issued

- **December to January**: Completion of Plans

- **March**: Plans assured

3. Conclusion

The actions and issues the establishment of the ITF raises are no different to 'normal business' in terms of the JCB members progressing the health social care interface. Many of the specific actions are already progressing.

However, what the establishment of the IFT adds is context in terms of the scaling up of the joint working and also sets the timetable for the development of additional joint plans and their implementation. This additional financial challenge also requires the development of risk sharing principles and contingency planning as all parties already face a very difficult financial environment.

There is an urgent need to strengthen the governance arrangements and ensure that the HWBB is properly constituted to oversee the fund.

4. Recommendation

The Board is recommended to note the actions needed to establish the ITF and note the issues that raises.

Report date : 04/09/2013
Sponsor name : Michael Schofield

Statement on the health and social care Integration Transformation Fund

Summary

1. The June 2013 Spending Round was extremely challenging for local government, handing councils reduced budgets at a time of significant demand pressures on services. In this context the announcement of £3.8 billion worth of funding to ensure closer integration between health and social care was a real positive. The money is an opportunity to improve the lives of some of the most vulnerable people in our society. We must give them control, placing them at the centre of their own care and support, make their dignity paramount and, in doing so, provide them with a better service and better quality of life. Unless we seize this opportunity to do something radically different, then services will get worse, costs to taxpayers will rise, and those who suffer the most will be people who could otherwise lead more independent lives.

2. The funding is described as: "a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities". We are calling this money the health and social care Integration Transformation Fund (ITF) and this note sets out our joint thinking on how the Fund could work and on the next steps localities might usefully take.

3. NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) are working closely with the Department of Health and Department for Communities and Local Government to shape the way the ITF will work in practice. We have also established a working group of CCGs, local authorities and NHS England Area Teams to help us in this process.

4. In '*Integrated care and support: our shared commitment*' integration was helpfully defined by National Voices – from the perspective of the individual – as being able to "plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me". The ITF is a means to this end and by working together we can move toward fuller integration of health and social care for the benefit of the individual.

5. Whilst the ITF does not come into full effect until 2015/16 we think it is essential that CCGs and local authorities build momentum in 2014/15, using the additional £200m due to be transferred to local government from the NHS to support transformation. In effect there will need to be two-year plans for 2014/15 and

2015/16, which must be in place by March 2014. To this end we would encourage local discussions about the use of the fund to start now in preparation for more detailed planning in the Autumn and Winter.

Context: challenge and opportunity

6. The ITF provides an opportunity to transform care so that people are provided with better integrated care and support. It encompasses a substantial level of funding and it will help deal with demographic pressures in adult social care. The ITF is an important opportunity to take the integration agenda forward at scale and pace – a goal that both sectors have been discussing for several years. We see the ITF as a significant catalyst for change.

7. There is also an excellent opportunity to align the ITF with the strategy process set out by NHS England, and supported by the LGA and others, in *The NHS belongs to the people: a call to action*[1]. This process will support the development of the shared vision for services, with the ITF providing part of the investment to achieve it.

8. The ITF will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work CCGs and local authorities are already doing, for example, as part of the integrated care "pioneers" initiative and Community Budgets, through work with the Public Service Transformation Network, and on understanding the patient/service user experience.

Background

9. The June 2013 Spending Round set out the following:

2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8 billion pooled budget to be deployed locally on health and social care through pooled budget arrangements.

10. In 2015/16 the ITF will be created from the following:

£1.9 billion existing funding continued from 14/15 - this money will already have been allocated across the NHS and social care to support integration
£130 million Carers' Breaks funding.
£300 million CCG reablement funding.

[1] http://www.england.nhs.uk/2013/07/11/call-to-action/

c. £350 million capital grant funding (including £220m of Disabled Facilities Grant).
£1.1 billion existing transfer from health to social care.
Additional £1.9 billion from NHS allocations Includes funding to cover demographic pressures in adult social care and some of the costs associated with the Care Bill. Includes £1 billion that will be performance-related, with half paid on 1 April 2015 (which we anticipate will be based on performance in the previous year) and half paid in the second half of 2015/16 (which could be based on in-year performance).

11. To access the ITF each locality will be asked to develop a local plan by March 2014, which will need to set out how the pooled funding will be used and the ways in which the national and local targets attached to the performance-related £1 billion will be met. This plan will also set out how the £200m transfer to local authorities in 2014/15 will be used to make progress on priorities and build momentum.

12. Plans for the use of the pooled monies will need to be developed jointly by CCGs and local authorities and signed off by each of these parties and the local Health and Wellbeing Board.

Conditions of the full ITF

13. The ITF will be a pooled budget which will can be deployed locally on social care and health, subject to the following national conditions which will need to be addressed in the plans:

- plans to be jointly agreed;
- protection for social care services (not spending);
- as part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
- better data sharing between health and social care, based on the NHS number (it is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health;
- ensure a joint approach to assessments and care planning;
- ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached; and
- agreement on the consequential impact of changes in the acute sector.

14. Ministers have agreed that they will oversee and sign off the plans. As part of achieving the right balance between national and local inputs the LGA and NHS England will work together to develop proposals for how this could be done in an efficient and proportionate way.

Conditions of the performance-related £1 billion

15. £1 billion of the ITF in 2015/16 will be dependent on performance and local areas will need to set and monitor achievement of these outcomes during 2014/15 as the first half of the £1 billion, paid on 1 April 2015, is likely to be based on performance in the previous year. We will be working with central Government on the details of this scheme, but we anticipate that it will consist of a combination of national and locally chosen measures.

Delivery through Partnership

16. We are clear that success will require a genuine commitment to partnership working between CCGs and local authorities. Both parties need to recognise the challenges they each face and work together to address them.

- Finding the extra NHS investment required: Given demographic pressures and efficiency requirements of around 4%, CCGs are likely to have to re-deploy funds from existing NHS services. It is critical that CCGs and local authorities engage health care providers to assess the implications for existing services and how these should be managed;
- Protecting adult social care services: Although the emphasis of the ITF is rightly on a pooled budget, as with the current transfer from the NHS to social care, flexibility must be retained to allow for some of the fund to be used to offset the impact of the funding reductions overall. This will happen alongside the on-going work that councils and health are currently engaged in to deliver efficiencies across the health and care system.
- Targeting the pooled budget to best effect: The conditions the Government has set make it clear that the pooled funds must deliver improvements across social care and the NHS. Robust planning and analysis will be required to (i) target resources on initiatives which will have the biggest benefit in terms outcomes for people and (ii) measure and monitor their impact;
- Managing the service change consequences: The scale of investment CCGs are required to make into the pooled budget cannot be delivered without service transformation. The process for agreeing the use of the pooled budget must therefore include an assessment of the impact on acute services and agreement on the scale and nature of changes required, e.g. impact of reduced emergency activity on bed capacity.

Assurance

17. Local Health and Wellbeing Boards will sign off the plans, which will have been agreed between the local authority and CCGs. The HWB is best placed to decide whether the plans are the best for the locality, engaging with local people and bringing a sector-led approach to the process. The plans will then go through an assurance process involving NHS England to assure Ministers.

Timetable and Alignment with Local Government and NHS Planning Process

18. Plans for use of the pooled budgets should not be seen in isolation. They will need to be developed in the context of:

- local joint strategic plans;
- other priorities set out in the NHS Mandate and NHS planning framework due out in November/December. (CCGs will be required to develop medium term strategic plans as part of the NHS Call to Action)
- the announcement of integration pioneer sites in October, and the forthcoming integration roadshows.

19. The outline timetable for developing the pooled budget plans in 2013/14 is broadly as follows:

• August to October:	Initial local planning discussions and further work nationally to define conditions etc
• November/December:	NHS Planning Framework issued
• December to January:	Completion of Plans
• March:	Plans assured

Next Steps

20. NHS England and the LGA and ADASS will work with DH, DCLG, CCGs and local authorities over the next few months on the following issues:

- Allocation of Funds
- Conditions, including definitions, metrics and application
- Risk-sharing arrangements
- Assurance arrangements for plans
- Analytical support e.g. shared financial planning tools and benchmarking data packs.

Carolyn Downs
Chief Executive
Local Government Association

Bill McCarthy
National Director: Policy
NHS England

8 August 2013

NHS England Publications Gateway Ref. No.00314

ADULT CARE & HEALTH COMMITTEE	Agenda Item 24 Brighton & Hove City Council

Subject:		**Safeguarding Adults at Risk**
Date of Meeting:		**23.09.13**
Report of:		**Executive Director Adult Services, Denise D'Souza**
Contact Officer:	**Name:**	**Michelle Jenkins** **Tel: 29-6271**
	Email:	**michelle.jenkins@brighton-hove.gcsx.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 Brighton & Hove City Council Adult Social Care is the statutory lead for the co-ordination of work for safeguarding adults at risk of harm and abuse. If there is a concern or an allegation made that an adult at risk may have been harmed, the lead role for co-ordinating the investigation rests with Adult Social Care.

1.2 This report shows the Brighton & Hove Safeguarding Adults Board's annual report for 2012-13, outlining the work carried out during that time, a progress report of the board, and priorities for 2013-14. This is a yearly progress report, and is published on the City Council website, and circulated to all member organisations of the Safeguarding Adults Board.

2. RECOMMENDATIONS:

2.1 That the Committee notes the safeguarding work carried out in 2012-13, and the priorities planned for 2013-14.

2.2 That the Committee agree the report for circulation.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The Annual Report is set out in Appendix 1.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 The Safeguarding Adults Board has representation from all statutory organisations, and representation from local groups and organisations who have an interest in safeguarding issues for adults at risk.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 Safeguarding work is supported through and integrated within the budgets for adult social care and partner organisations. There are potential resource implications from the anticipated new legislation which will give a formal mandate for safeguarding adults. These resource implications will be assessed, monitored and reflected in budget planning.

Finance Officer Consulted: *Name* Anne Silley *Date: 02/09/13*

Legal Implications:

5.2 There are no specific legal or Human Rights Act implications arising from this Committee report which is for both noting and for Committee to agree to the circulation of the annual Safeguarding Report. The requirement for producing the Annual Safeguarding Report is contained in the body of this Committee Report and the relevant legislative requirements and national policy context underpinning Safeguarding are described in the appended annual report.

Lawyer Consulted: Sandra O'Brien Date: 09/09/2013

Equalities Implications:

5.3 An Equality Impact Assessment has been carried out for safeguarding work, and actions included in setting priorities for 2013-14.

Sustainability Implications:

5.4 There are no sustainability implications.

Crime & Disorder Implications:

5.5 Vulnerable people can be subject to financial abuse, physical abuse and sexual violence, which are all forms of abuse that are reported to Adult Social Care. Adult Social Care will co-ordinate the investigations, in conjunction with the Police.

Risk and Opportunity Management Implications:

5.6 Safeguarding adults is a key role for Adult Social Care in ensuring 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 risks and challenge.

Public Health Implications:

5.7 Vulnerable people have an increased likelihood of having complex health needs, which if not delivered adequately could lead to significant harm. Safeguarding work aims to prevent the likelihood of harm through neglect, and to investigate if harm has occurred.

Corporate / Citywide Implications:

5.8 Safeguarding work is carried out with adults at risk 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, and that this is presented publicly each year.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To ensure the Adult Care & Health Committee has an overview of safeguarding performance.

SUPPORTING DOCUMENTATION

Appendices:

1. Safeguarding Adults Board Annual Report 2012-13

Documents in Members' Rooms

1. None

Background Documents

1. Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk

Brighton & Hove
SAB
Safeguarding
Adults Board

Brighton & Hove Safeguarding Adults Board

ANNUAL REPORT

2012/2013

TABLE OF CONTENTS

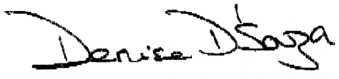
1. Foreword from Denise D'Souza, Chair Brighton & Hove Safeguarding Adults Board.

I am pleased to introduce this annual report of the Brighton & Hove Safeguarding Adults Board. The report gives an overview of the Board's achievements in relation to work in safeguarding adults over the last year 2012-13 and gives an opportunity to reflect on the Board's performance and future plans. It also shows data on the referrals raised and the investigations that have been undertaken over the last year, showing the types of abuse that vulnerable people suffer, and where the abuse is alleged to have taken place.

Public awareness of abuse of vulnerable adults has continued to rise over the last year, due mainly to shocking revelations such as the treatment of people with learning disabilities at Winterbourne View Hospital, or following the Francis Inquiry into Mid Staffordshire Health Trust. These events sadden and shock us all, but from them comes a renewed determination locally to ensure that such abuse doesn't happen, and puts an emphasis on the Board's responsibility to seek information and assurance about the experiences of vulnerable adults in Brighton and Hove.

As Chair of the Safeguarding Adults Board I am responsible for ensuring that the partnership is effective in seeking and analysing this information, and results in hearing the wishes of adults at risk from neglect and abuse, and supporting them to live lives free from harm and neglect. I feel that currently the Brighton & Hove Safeguarding Board is a positive partnership, and you can see from this report the achievements that have been made locally.
In the year ahead Safeguarding Adults Boards will be put on a statutory footing under the Care Bill 2013, emphasising even further the importance of this local partnership being effective, accountable and open to scrutiny. For this reason, one of the main tasks for the year ahead will be for the Board to review how it functions, through self assessment and also through external review. As adult safeguarding work acquires a clear legal standing, we will locally be able to be reassured that we are meeting all our legal duties and our moral duties to those that are most vulnerable in the City.

The year ahead will continue to be challenging, with ongoing pressures on resources for all services. However, I feel confident that with the clarity we now have on our legal responsibilities, and with our positive local partnership, we will achieve our plans for the year ahead and continue to ensure that Brighton and Hove is a safe place for all its residents.



Executive Director Adult Services / Chair Brighton & Hove Safeguarding Adults Board

2. Progress Report

2.1 National Developments

A number of key developments related to health and social care have had a major impact on adults safeguarding work nationally and locally and will continue to have a significant effect on this work over the next few years.

The Health and Social Care Act (2012) introduced far reaching changes to the NHS since its introduction in 1948, including establishing:

- **Health and Wellbeing Boards (HWBB)** operated in shadow form from April 2012 and by April 2013 are to be fully operational. The Boards bring together key leaders from the health and care system to improve the health and wellbeing of their local population; give communities a greater say in addressing local health and social care needs; bring together Clinical Commissioning Groups and Councils to develop a shared understanding of the health and wellbeing needs of the community; and undertake the Joint Strategic Needs Assessment (JSNA), to inform and develop a joint strategy for how these needs can be best addressed.

  Locally, the HWBB is in place with links to the Adults Safeguarding Board, through the Chair of the Safeguarding Adults Board and the Chair of the HWB, who have a seat at each Board. Lead Commissioners of all agencies attend the Health and Well Being Board.

- **Clinical Commissioning Groups (CCG)** replaced Primary Care Trusts (PCT) on 1st April 2013. These GP led, local groups become responsible for purchasing and overseeing the quality of most community and hospital health care services in local areas. In April 2013 Public Health Services complete their transfer to Local Authorities from the NHS.

  Locally there is one CCG in Brighton. The CCG's adults safeguarding lead has been appointed and is represented on the Adults Safeguarding Board from April 2013.

- **Healthwatch England** (April 2013) is a new national body that will be a statutory committee of the Care Quality Commission. Local Healthwatch organisations, based in and funded by Local Authorities, will replace current Local Involvement Networks (LINks), and take on additional functions, to help ensure the views and feedback from patients and carers are an integral part of local commissioning across health and social care, including providing information about local care services and choices to be made in respect of these

  Locally, The LINk, that will become Brighton & Hove Healthwatch, is represented on the Adults Safeguarding Board and has undertaken and reported on a series of 'Enter and View' visits to a number of care homes in Brighton & Hove as part of their local work. LINk has also been involved in a

project to gather people's views following their involvement in a safeguarding investigation. The results of this research was reported into the Safeguarding Adults Board, and is part of ongoing work in improving locally how we gather the views of vulnerable people on the local safeguarding process.

- **Draft Care and Support Bill** published in July 2012, reflects the Government's response to the review of adults social care law by the Law Commission (April 2011) including adults safeguarding. Key future changes announced include: Adults Safeguarding Boards to be placed on a statutory footing; multi agency duties of cooperation in relation to adults safeguarding work; and a duty for Local Authorities to make enquiries / investigations where abuse of an adult at risk is suspected; with an emphasis on the importance of an outcomes focus for all adults safeguarding work

  Locally, the Adults Safeguarding Board will be undertaking development work to review its role, functions; priorities and effectiveness in achieving good outcomes for adults at risk. Sussex Adults Safeguarding Procedures have been reviewed to further emphasise an outcomes-focused approach in their application

- **Government Report into Winterbourne View Hospital** (Dec 2012); staff were deemed to have 'routinely mistreated and abused patients with a learning disability'. This Report sets out actions so that vulnerable people no longer live inappropriately in hospitals, and are cared for in line with best practice. Local Adults Safeguarding Boards are to confirm action being taken to safeguard people with learning disabilities living in hospital and some care home settings. CQC will be required to undertake unannounced emergency reviews of provider services wherever advised by a 'whistle-blower' of concerns of suspected abuse

- Locally, Brighton & Hove City Council and Brighton & Hove Clinical Commissioning Group have been working in partnership to address the findings and recommendations of 'Transforming Care: A national response to Winterbourne View' DH, 2012. A local action plan is in place to ensure that all clients in hospital settings receive good quality care and treatment, regular review, and active discharge planning and care coordination. In addition, our local action plan includes work to develop care pathways to ensure that hospital placements are avoided wherever possible and to ensure community services are commissioned to meet the needs of our most complex clients. Progress against our action plan is reported to the Safeguarding Adults Board, local authority and CCG care governance boards, the Learning Disability Partnership Board and the Health & Well-Being Board.

- **Francis Report of the Enquiry into Mid Staffordshire NHS Foundation Trust** (Feb 2013) into widespread, poor standards of care of patients and a high number of related deaths, between 2005- 2008, with 290 recommendations

  Locally, the Report's findings informed the Adults Safeguarding Board's review of priorities and work plan for the year ahead.

- **Vetting and Barring Scheme:** in April 2013 under the Protection of Freedoms Act 2012, the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) merge to form the Disclosure and Barring Service (DBS), a single, new public body. ISA and CRB currently, respectively maintain the list of individuals registered and barred from working with adults at risk and children; and provide criminal records checks. Changes include: abolishing the

registration and monitoring requirements of the Vetting and Barring Scheme; redefined scope of 'regulated activities'; abolishing 'controlled activities'; and introduces ‘portability’ of CRB checks. Employers have a duty to refer to DBS when an employee is dismissed or permanently removed from work remains; Local Authorities have a power to refer.

Locally, a briefing is to be held by the Disclosure and Barring Service in July 2013 for multi-agency partners, assessment and provider services in the City. Updates to local adults safeguarding Procedures; training materials and information have been made to reflect the changes to ensure all partners are aware of their duties and responsibilities with regard to robust recruitment and retention practice.

2.2 Progress on Key Priorities Identified by the Safeguarding Adults Board for 2012-13

Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk
The safeguarding procedures were updated, as planned to version 2 in May 2012. The changes reflected emerging national policy, guidance and legislation, with an increased emphasis on empowerment of the adult at risk in achieving their desired outcome.

The procedures are revised on a yearly basis to ensure they reflect the current rapid changes nationally in adult safeguarding work, and version 3 will be available in May 2013.

The procedures can be found at the link below:
http://pansussexadultssafeguarding.proceduresonline.com/index.htm

Training and Development
A safeguarding adults awareness e-learning course has been developed by the City Council Workforce Development Team. This e-learning reflects the Sussex safeguarding adults procedures, and is able to be updated on a regular basis so it can reflect any local changes. This course has been offered to statutory providers and partners across Sussex, as well as independent and voluntary sector providers across the city.

Multi-Agency Working
The local Community Safety Team are undertaking some pioneering work regarding supporting vulnerable victims of anti-social behaviour and hate incidents. This is based on a harm centred approach where risk and harm are assessed comprehensively. An IT system, called E-CINS, enables joint working and information sharing between Sussex Police, Housing providers, Community Safety. Adult social care, Children’s services, Mental Health and Substance Misuse services who all now have strong links with this process, and attend a monthly meeting which shares concerns and agrees supporting actions for the most vulnerable victims of anti social behaviour in the city. This way of working has resulted in high risk cases being managed more effectively and, critically, swiftly in relation to reducing risk and harm for victims

East Sussex Fire and Rescue Service are members of the Brighton & Hove Safeguarding Adults Board, and continue to raise awareness of the risk of fire to vulnerable people in the City. In 2012 postcards were produced jointly between the Fire and Rescue Service and Adult Social Care to raise awareness with vulnerable adults of fire risk and how they can access a fire safety visit. These were distributed through

home care providers and social care and health staff when visiting people in their homes.

Patchwork is a communication tool which is currently being used in Child Protection which enables all professionals working with a child or family to be aware of each other's involvement. Patchwork was launched in Adult Social Care this year, for use with professionals working with adults at high risk of harm.

The Troubled Families programme in Brighton has been renamed 'Stronger Families, Stronger' Communities,' and is working with some of the most hard to reach and challenging people in the City, including vulnerable adults. Building on the Family Coach model funding has been made available to employ staff to work with vulnerable adults within the programme

Engagement of Adults at Risk and Carers in Safeguarding Work
A piece of work was commissioned this year to gather the views of adults at risk at the close of a safeguarding investigation, regarding the safeguarding investigation process, and the outcome for them. The information gathered from this was reported to the Safeguarding Adults Board.
Key messages from this report were:

- The need for a person centred communication style with appropriate time given for conversation with the adult at risk or their family was seen as really important, and regular communication with the service user or family member is also valued and not always apparent in every investigation.

- Some participants commented on the length of time that it took to find a resolution either that it was too quick or too long. This may suggest that people need more information and support during the process so that they understand what is happening.

- A lack of uniformity of approach across agencies can cause confusion for adults at risk

The information from this report has been used to inform staff training and practice sessions, and will be developed further in the 'Making Safeguarding Personal' pilot (see Key Priorities for 2013-14).

Sector Led Improvement in Local Government – a new approach to improvement has been developed by Local Government which includes peer review to monitor each other's performance. Brighton & Hove City Council was one of the first Councils to be reviewed, and the area for review was safeguarding and personalised budgets, such as Direct Payments.

Strengths identified from the Peer Review include:

- How safeguarding was integrated across Adult Social Care, and high level of awareness across the City
- Links with Community Safety regarding Anti Social Behaviour, Hate Crime and Domestic Violence
- Safeguarding Audit process in place
- Links to Fire and Rescue Service

- Care Governance structure, monitoring quality of care providers

Areas to consider included:

How can methods of giving safeguarding support and advice to Direct Payment users and their Personal Assistants be improved?

How can the Support with Confidence scheme be better promoted?

How can the quality of care provided by Personal Assistants be monitored?

The results and recommendations from this have been drawn up into an Action Plan which is being monitored through the Safeguarding Adults Board.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)
A Competency Framework for Mental Capacity Act work has been developed, and has started to be completed by managers with their staff in specific roles. Training targets for assessment staff have been agreed, and progress on this is detailed in the training section of this report.

Adult Safeguarding Data and Recording
From April 2013 the national reporting requirements for adult safeguarding data are changing significantly. This is part of planned changes for all Local Authorities of the performance information reported to Central Government. As part of this, all the safeguarding recording documents used by staff who undertake investigations were updated in 2012, so as to ensure that the required information can be collated, and also to reflect updated practice. A new safeguarding adults form was launched for use across the City for raising safeguarding concerns.

Serious Case Reviews
There was no Serious Case Review required to be undertaken in Brighton & Hove in the last year.
A multi agency procedure for working with people at significant risk due to self neglect has been developed following a recommendation from a Serious Case Review in Brighton & Hove in 2011/12. These procedures have been endorsed by all 3 safeguarding Adults Boards across Sussex, and are to be implemented Sussex wide July 2013.

Domestic Homicide Review

- A Domestic Homicide Review was undertaken locally, in line with Home office requirements. following the death of an older person who had a history of some care needs and of being socially isolated. While the Review found no evidence of domestic violence, the wider findings have led to highlighting the importance of professionals who are working with older people, to have an awareness of the potential presence of domestic violence and to exercising a curiosity or enquiry about its possible incidence. Recommendations from this review will be made, and agreed actions undertaken from this will be monitored by the Safeguarding Adults Board.

2.3 Key Priorities for 2013-14

The Brighton & Hove Safeguarding Adults Board has identified the following key priorities for 2013-14

1. A focus on supporting adult at risk to achieve their desired outcomes. Brighton & Hove will participate in a pilot called 'Making Safeguarding Personal' led by the Local Government Association (LGA). This pilot will support local work to aims to facilitate a shift in emphasis from processes to a commitment to improve **outcomes** for people at risk of harm. The key focus will be on developing a real understanding of what people wish to achieve, recording their desired outcomes and then seeing how effectively these have been met. The pilot will also explore how to support people at risk of harm to resolve the circumstances that put them at risk. The Safeguarding Adults Board will receive regular progress updates throughout the pilot, and recommendations for taking this work forward locally.

The anticipated new legislation will give a formal mandate for safeguarding adults. Local authorities will continue to have the lead role in establishing and maintaining Safeguarding Adults Boards which must comprise of representatives from Adult Social Care, the National Health Service (NHS), the Police, and other agencies locally agreed. The statute would specify the following functions for the SAB:

- to keep under review the policies & practices of public bodies which relate to adult safeguarding
- to provide advice or information, or make proposals to any public body on the exercise of functions which relate to safeguarding adults
- to improve the skills and knowledge of the workforce who have responsibility relating to safeguarding adults
- to produce a report every two years on the exercise of the functions of the SABs.
- to commission Serious Case Reviews and provide a duty to contribute to these reviews.

The new statute will create, for the first time, a duty to undertake safeguarding enquiries or require them to be undertaken.

2. In the light of the new legislation, a review of the role and functioning of the Board will be undertaken, taking into account changes in partner organisations such as the creation of the Clinical Commissioning Groups, Healthwatch and changes within other Boards such as the Health & Well-Being Board. Work will be undertaken to continue to develop links with the Local Safeguarding Children's Board and the other Safeguarding Adults Boards across Sussex. This work will be undertaken in order that the Board is able to demonstrate its efficiency and efficacy to ensure the delivery of safeguarding of adults in Brighton & Hove.

3. The ongoing roll out of the Sussex Multi Agency Self Neglect Procedures, and staff training to implement them. An awareness booklet on the issues of self neglect will be produced for front line staff. The use and impact of these procedures will be monitored, and links will be made with local and national studies and research in order to inform the development of this complex area of work. This area of work will be linked with ongoing current work around risk and escalation.

3. Performance and Practice 2012-13

3.1 Summary of Main Points to Note

1) The total number of safeguarding alerts raised of suspected harm or abuse of an adult at risk in Brighton and Hove for the year 2012-13 (April –end March) is **1,876**. Last year the total was 1,454, so this is an increase from 2011-12 of **29%**. Last year there was a 26% increase, and in general since 2004, when data collection started, there has been a yearly increase of between 20-60%.

2) This year the number of alerts received in Adult Social Care services is 967. This is a 7% increase from last year. The number of alerts received in Mental Health and Substance Misuse Services is 909. Last year 551, a large increase of 65%, likely due to improved data collection.

3) The number of alerts which required a safeguarding investigation this year totalled **858.** Last year there were 696 investigations, so a 23% increase in number of investigations undertaken from last year. Previous year 5% increase, so this is a large increase with resource implications. 858 investigations breaks down to 16.5 safeguarding investigations per week.

4) The percentage of alerts **not required** to be investigated under the safeguarding procedures last year was 52%. This year it is **55%**, showing a continued increase. An audit has been completed looking at the decision making for alerts not going into investigation.
   - In Adult Social Care Services (ASC) 442 investigations were undertaken. Therefore 54% of alerts received by ASC services did not require an investigation under the safeguarding procedures.
   - In Mental Health and Substance Misuse Services 416 investigations were undertaken. Therefore 54% of alerts received by these services did not require an investigation under the safeguarding procedures.

   Case file audit work has confirmed that the safeguarding procedures were being applied consistently for decision making on whether a concern requires an investigation under the procedures.

5) Data on safeguarding alerts which are linked to Hate Incidents and Domestic Violence can now be collected through Care Assess from Adult Social Care Teams and from Sussex Partnership Foundation Trust teams. 224 alerts were linked to Domestic Violence. This is an increase from 180 last year. 104 of these were investigated under the safeguarding procedures. 22 alerts were linked to Hate Incidents, 11 of which required a safeguarding investigation.

6) The following data below is taken from 665 completed investigations during the period of 1st April 2012 to 31st March 2013 inclusive.

3.2 Performance Data 2012 – 2013

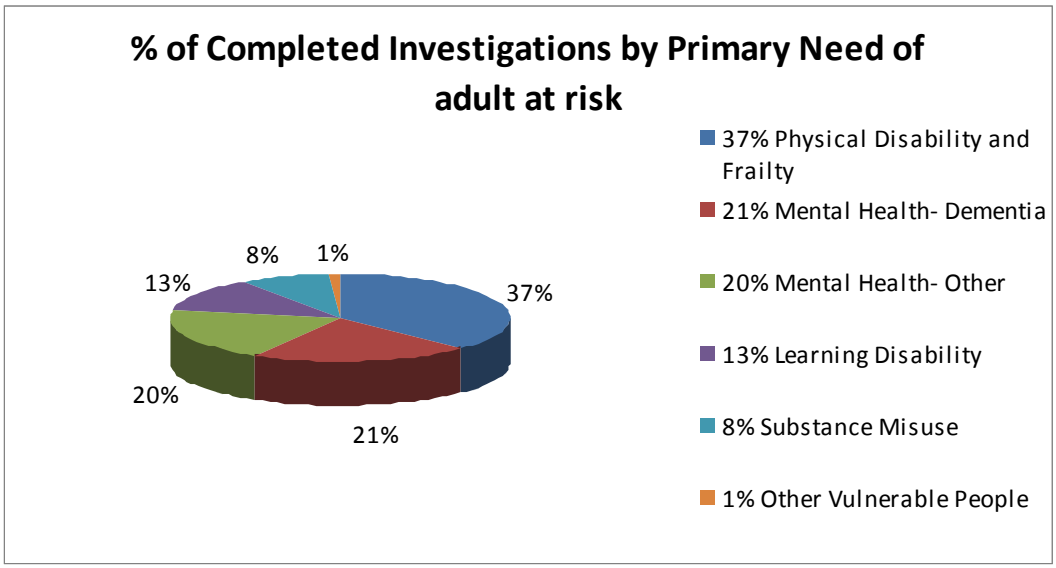


Figure 1: Number of Investigations by Primary Need of Adult at Risk

In figure 1 we can see that people with mental health needs, including dementia are the largest group of adults at risk in the city. The proportion of investigations for client groups remains very similar from the previous year.

In 3% of all client groups the alleged victim was an informal carer. This is slightly lower than the percentage in the last 2 years, which was 4%.

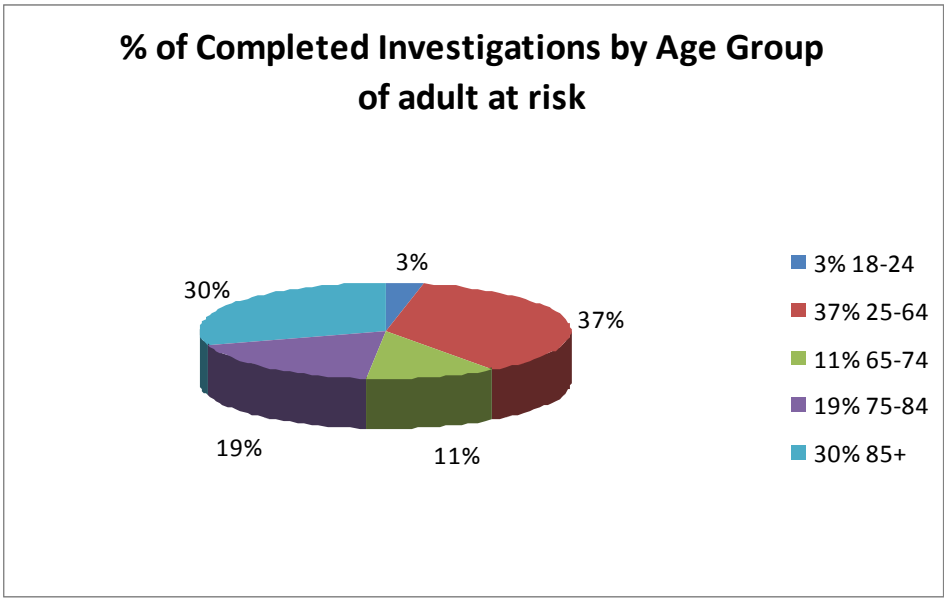


Figure 2: Number of Investigations by age group of adult at risk

In figure 2 we can see that risk of harm significantly increases into older age, particularly for those over 85 years.

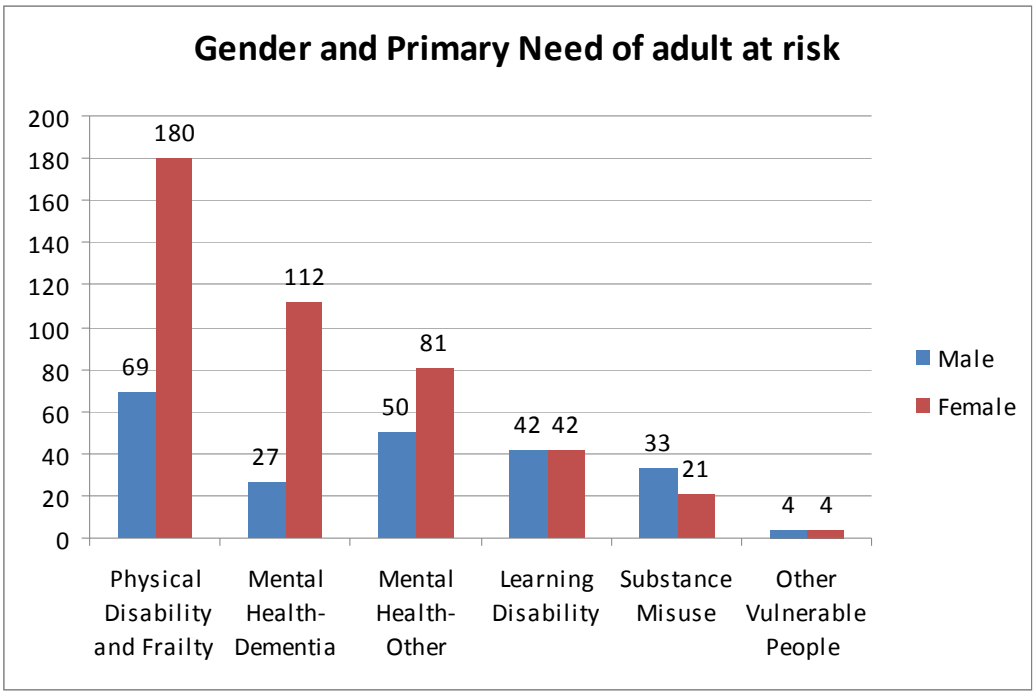


Figure 3: Number of Investigations by Gender and Primary Need of Adults at Risk

In figure 3 we can see the number of investigations undertaken divided into the gender and the primary need of the adult at risk. Out of a total of 665 completed investigations 440 of the adults at risk were female, and 225 were male. As a percentage that is 66% women, 34% men. This is a very similar proportion to previous years.

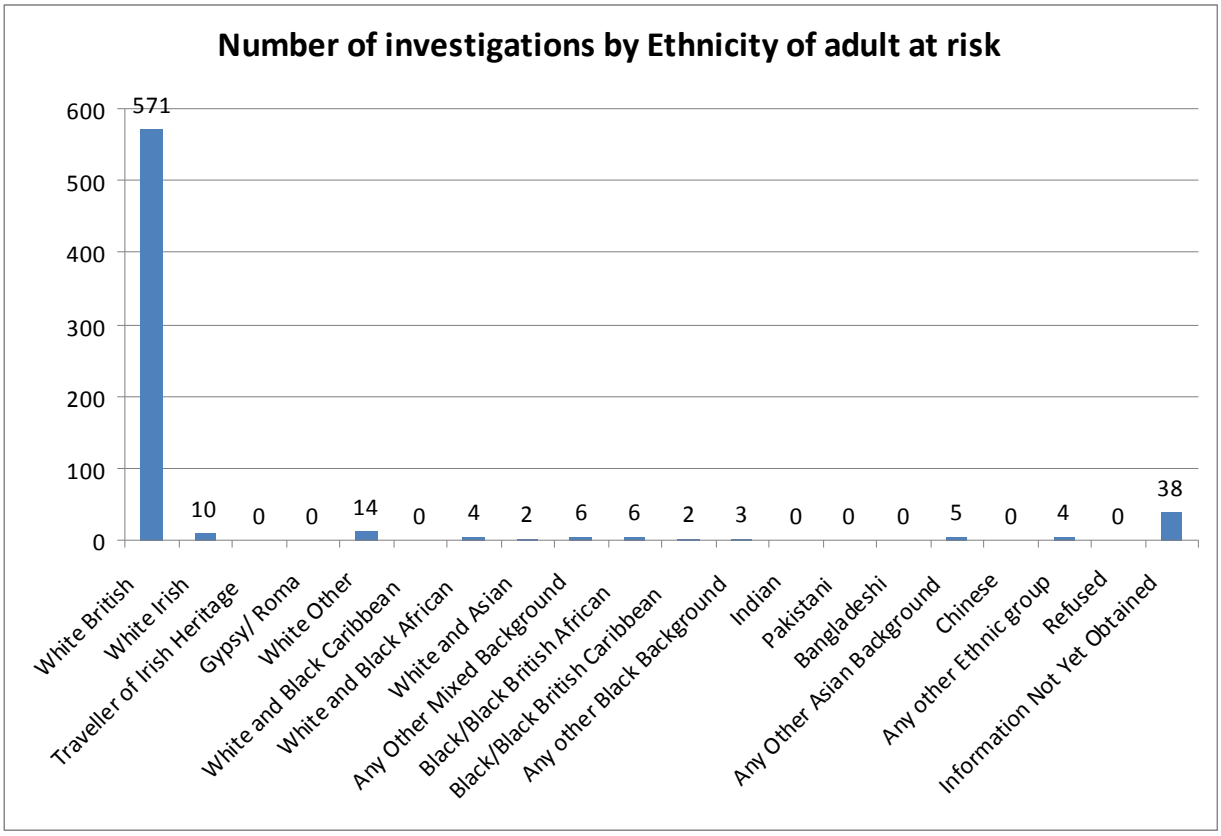


Figure 4: Number of Investigations by Ethnicity of the Adult at Risk

Information from the 2011 census shows that one out of five Brighton & Hove residents (53,351 people, 19.5%) are from a BME background, an increase of 23,668 people (79.7%)

compared to the 2001 census.

In figure 4 investigations for adults at risk in the 'All White' ethnicity category stand at 89%, Black and Minority Ethnic (BME) at 5%. This stands the same as last year's figure. Not yet obtained is 6%. This has increased from 2% last year.

From this we can see that investigations for adult at risk from black or minority ethnic (BME) groups is low at 5% compared to the percentage of residents from BME groups as a whole at 19.5%. However, this data does not take into account ages. A high percentage of safeguarding investigations are regarding people of 65 years and over, and this age group may locally include fewer people from BME groups.

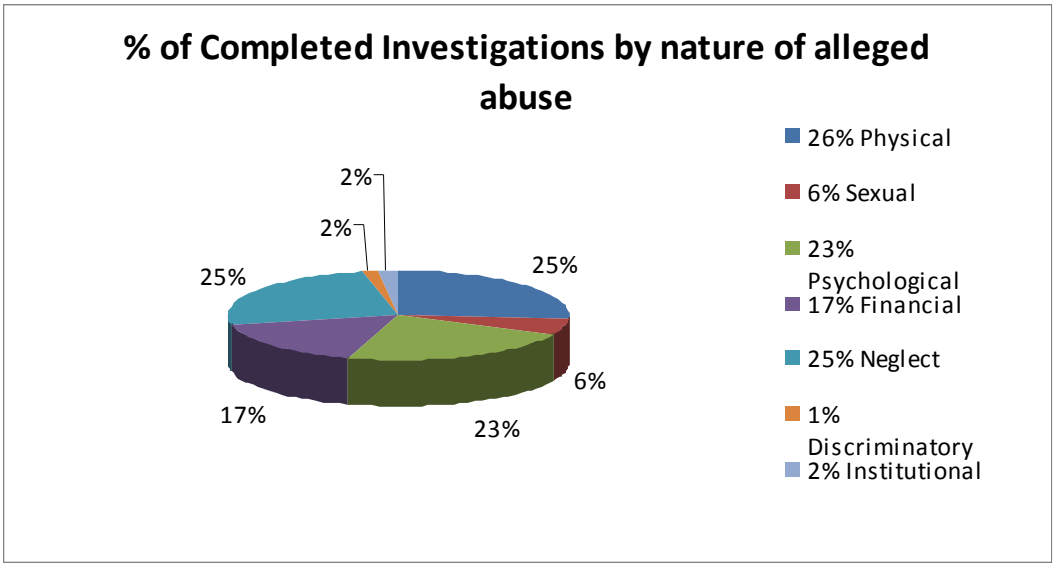


Figure 5: Percentage of Investigations by the nature of the alleged abuse

Categories of harm or abuse remain proportionate to the previous year.
It must be noted that this data is based on the first type of abuse recorded in each investigation to provide an idea of the spread. Multiple categories of abuse can be noted as part of one investigation.

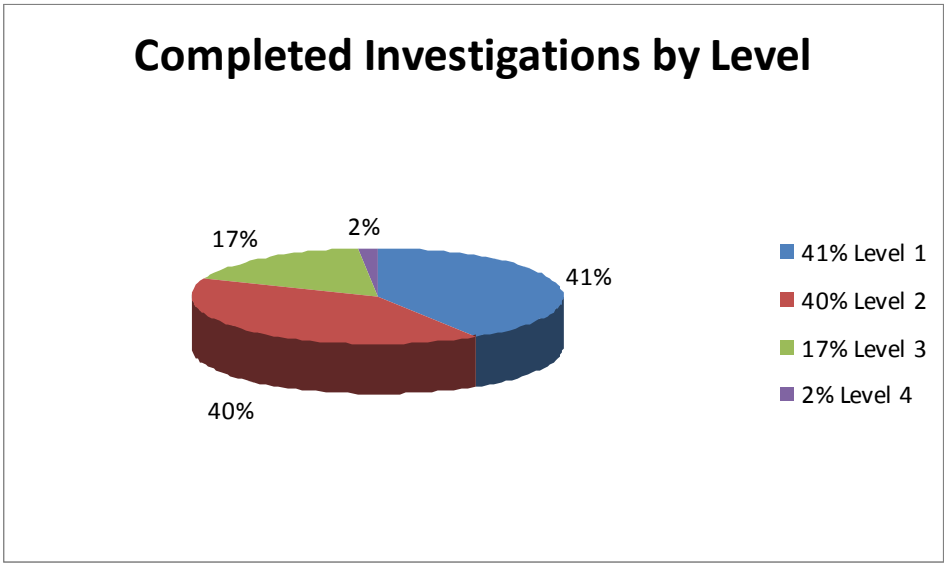


Figure 6: Percentage of investigations by level of investigation.

In Sussex safeguarding investigations procedures require each investigation to be assigned a level of investigation. Levels are 1 to 4, with Level 1 and 2 indicating harm, Level 3 indicating

significant harm. Level 4 is an allegation that requires an investigation for more than 1 adult at risk. Please see appendix for further guidance on levels of investigation from the procedures. This is not something that is reported nationally, but is of local interest.
This year there has been a significant rise in Level 1 and level 2 investigations, and a decrease in Level 3 and 4 investigations. Last year Level 1 and 2 investigations made up 69% of al investigations, this year they make up 81% of all investigations. Level 3 investigations, indicating significant harm for an adult at risk have decreased from 27% to 17%.

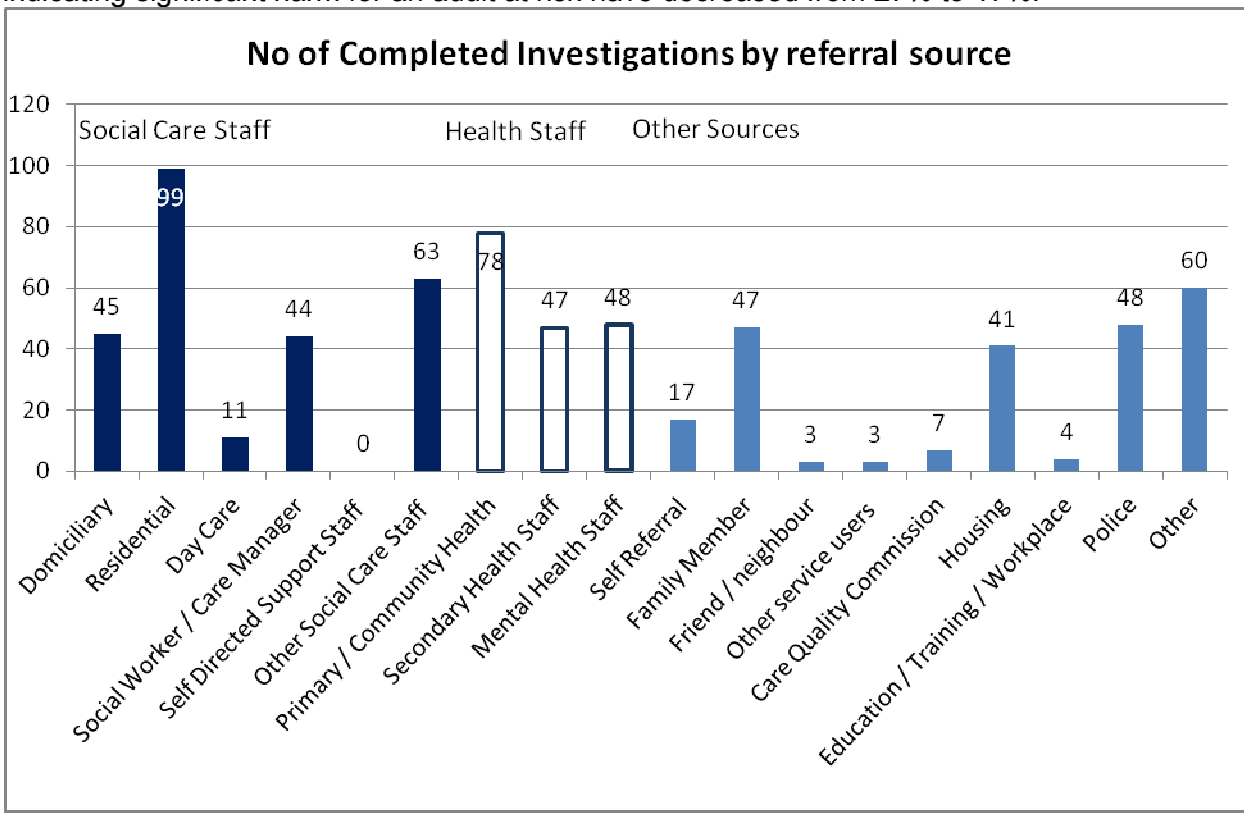


Figure 7: Number of Investigations by Referral source

In figure 7 the data shows the source of alerts which went on to be investigated under the safeguarding procedures. The total number of investigations was 665.

39% alerts came from Social Care Staff, which includes the voluntary and independent sector.

26% came from Health Staff, 7% police, 6% Housing.

3% were self referrals from the adult at risk, which remains the same percentage as last year. When alerts from family members/friends are included it makes 11% of all alerts.

Following the awareness campaign the previous year, referrals directly from non professional increased by 2%, but this is a decrease by 2% back to pre campaign figures. This indicates that awareness campaigns need to be ongoing, and take various forms in order to keep the message in the public domain.

The category of 'other' includes;

- Anonymous referrals
- Other local authority departments
- Ambulance Service
- Probation
- Independent Community Services such as Citizens Advice Service
- Anonymous referrals

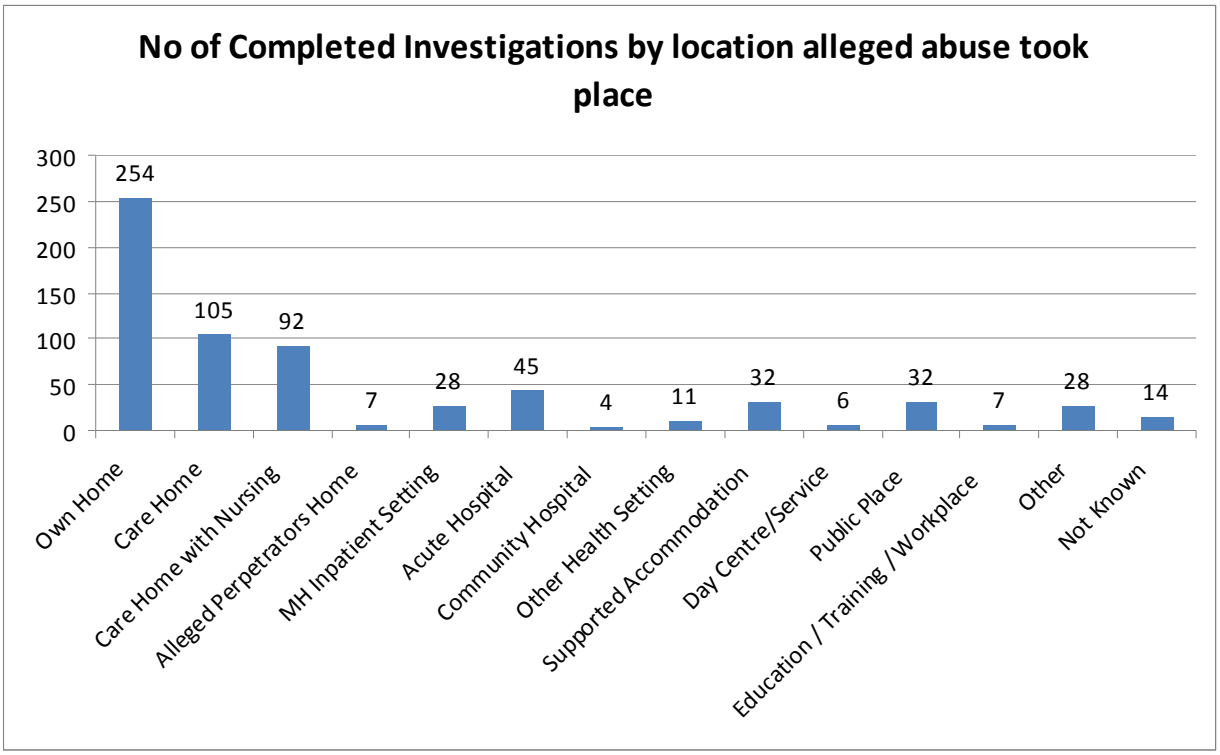


Figure 8: Number of Completed Investigations by Location Alleged Abuse Took Place

In figure 8 we can see that the person's own home is the most likely place for abuse to be alleged to have taken place, at 38% of all other logged locations. Last year this figure was also 38%.

If Care Homes and Care Homes with Nursing are combined, they come to 30%. (2011/12 30%, 2010/11 31%)

Acute and Community Hospitals has increased to 7%, from 4.5% last year.

There has been an increase in alerts retarding Mental Health In patient settings from 6 for the year to 28. This is due to awareness work undertaken locally by the Mental Health Trust with staff who work in in-patient settings.

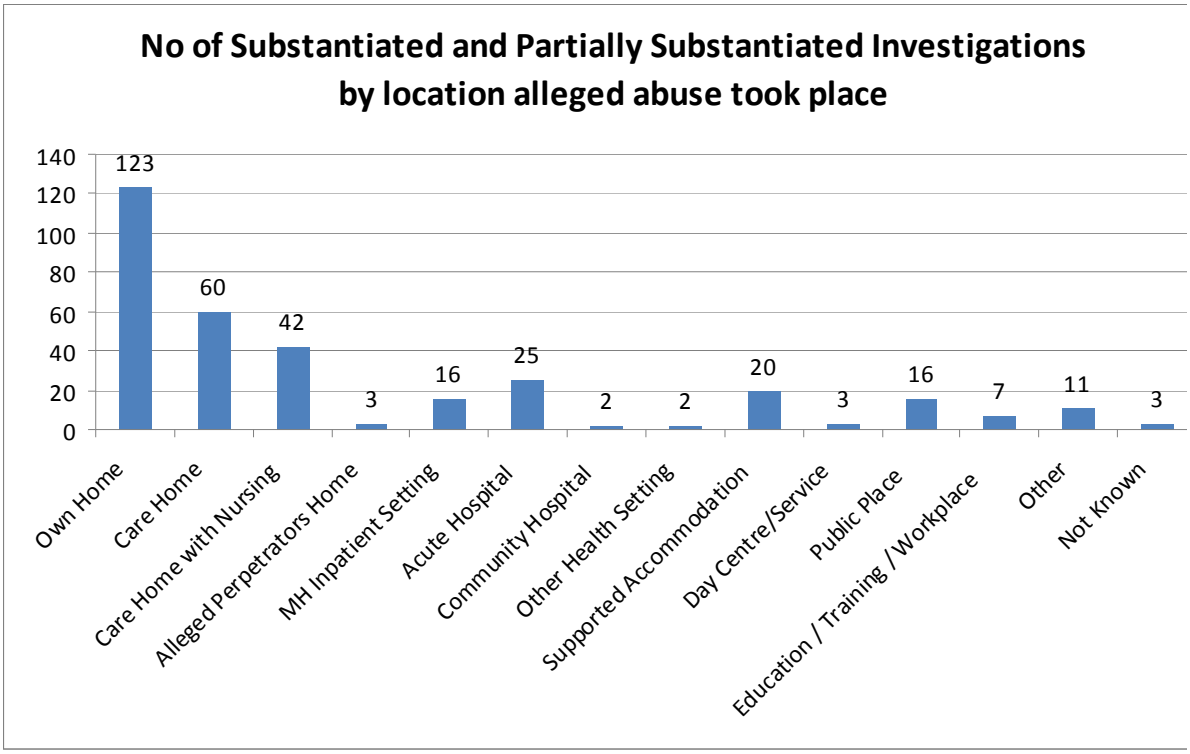


Figure 9: Number of Substantiated and Partially Substantiated Investigations by Location Alleged Abuse Took Place

Figure 9, which shows further information on location of abuse, as it shows the locations of abuse of substantiated/partially substantiated investigations. This means in these cases on the balance of probability harm or abuse has been founded. This shows that in 40% of substantiated investigations the harm or abuse took place in the person's own home. Last year this figure was 44%. In 31% of cases in a care home or nursing home (last year 31%), and in 8% in an hospital setting (4% last year).

Again, due to awareness raising with staff who work in mental health in patient settings, and therefore an increase in alerts raised, 16 investigations were substantiated in this location compared to 2 last year.

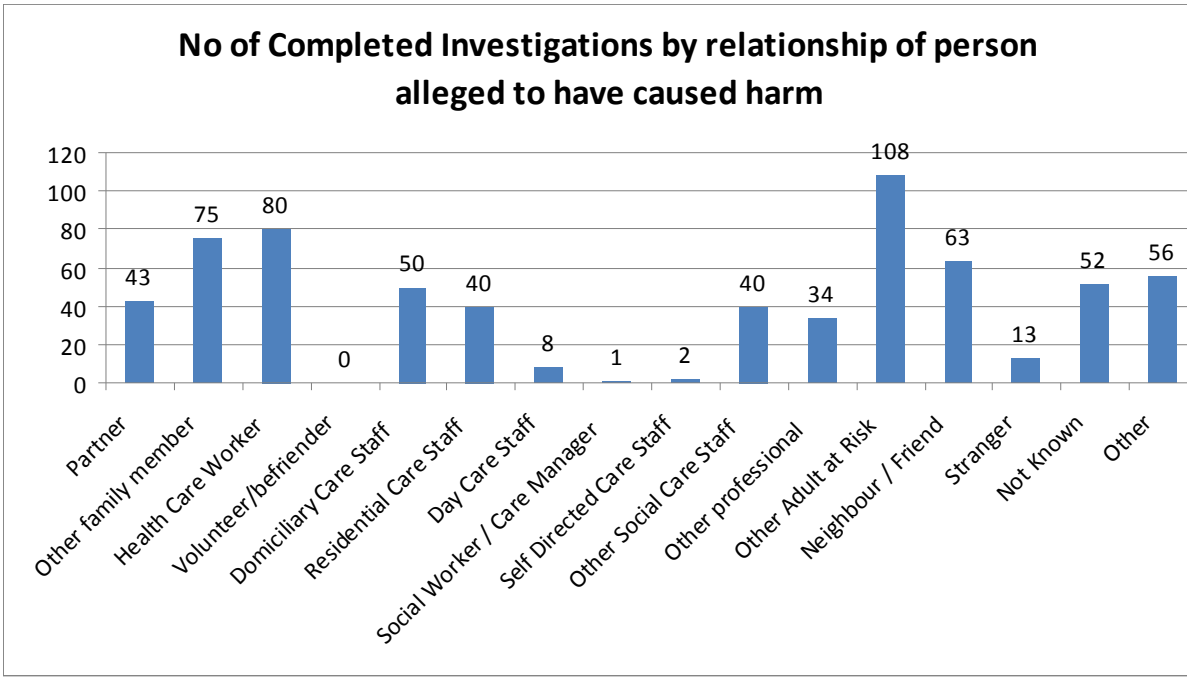


Figure 10: Number of Investigations by Relationship of the person alleged to have caused harm to the Adult at Risk

Figure 10 shows the number of investigations broken down by the relationship of the person alleged to have caused harm with the adult at risk.

If the data regarding alleged abuse from a partner, family member, neighbour or friend are combined, this comes to 29% of all investigations. (2011-12 36%, 2010-11 32%)

Allegations about Social Care Staff, including staff from the independent and voluntary sector come to 21% (2011-12 22%, 2010-11 13%), and Health Care Workers 12% (2011-12 12%, 2010-11 9%).

Allegations regarding abuse or harm from other adults at risk are 12% (2011-12 11%, 2010-11 12%).

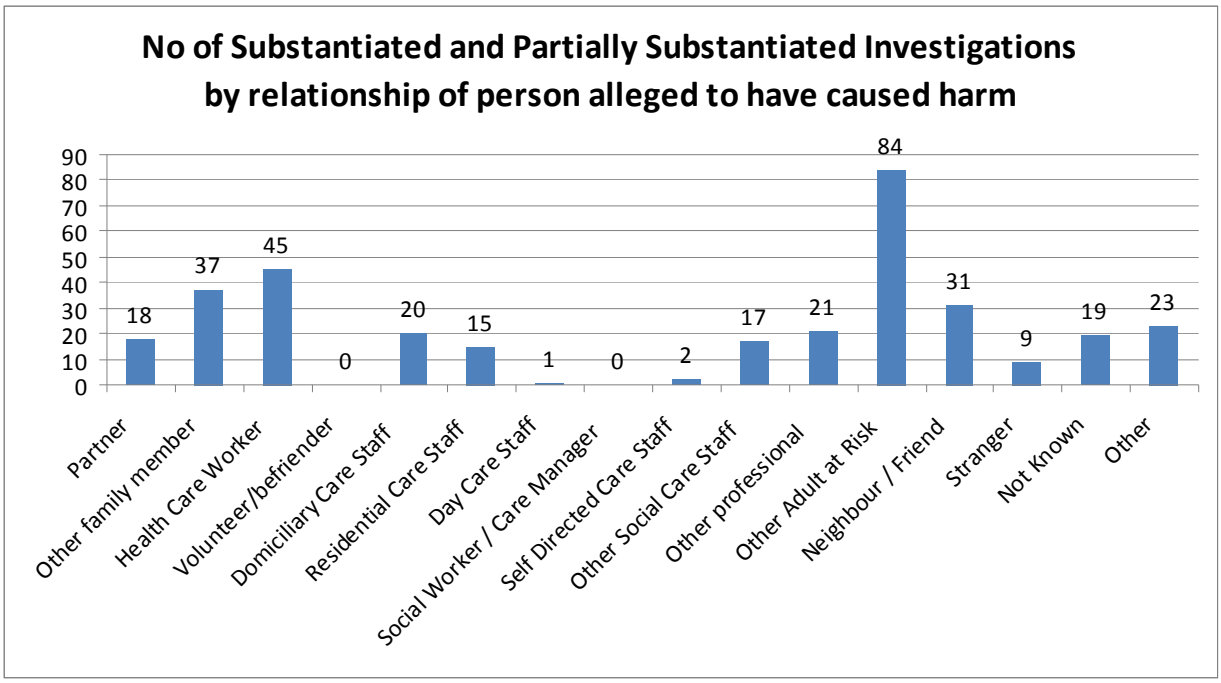


Figure 11: Number of Substantiated Investigations by relationship of person who has caused harm to an adult at risk

Figure 11, shows further information on relationship of person who is alleged to have caused harm to an adult at risk, as it shows the information by substantiated and partially substantiated investigations. This means in these cases on the balance of probability harm or abuse has been founded.

In 25% of substantiated investigations the relationship of the person who has caused harm to the adult at risk was their partner, family member, friend or neighbour. (Last year 32%)

The relationship was Health Care Worker in 13% of cases (last year 15%), Social Care Staff (this includes independent and voluntary sector staff) in 15% of cases (last year 12%). This adds up to in 31% of cases the relationship of the person who has caused harm to an adult at risk is a professional one.

In 25% of cases the person who has caused harm is an adult at risk themselves (last year 14%).

This shows that in a quarter of substantiated investigations the person who caused harm was found to be a partner, family member or friend. In another quarter the person found to have caused harm was another adult at risk. In 35% of investigations the person found to have caused harm was in a professional role of some kind.

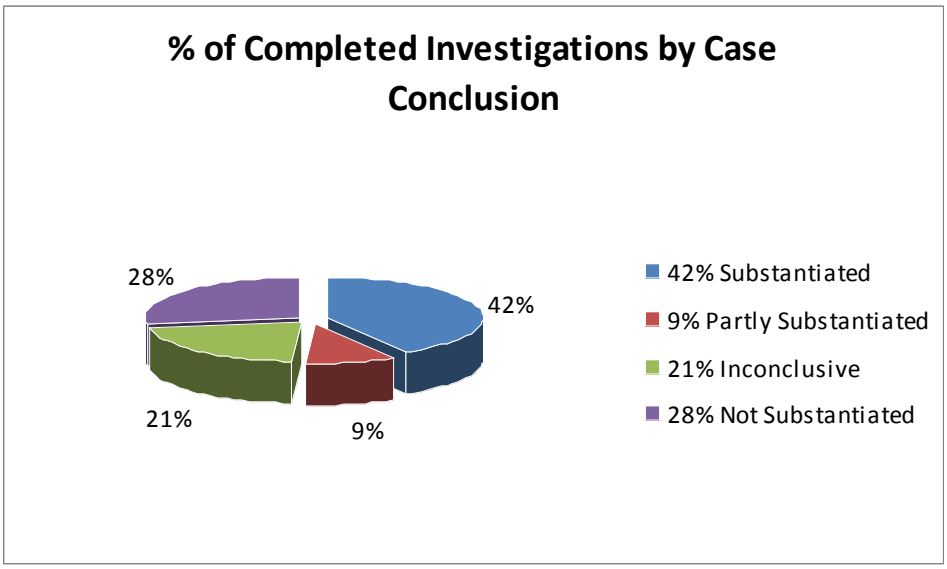


Figure 12: Percentage of Completed Investigations by Case Conclusion

Case conclusions of safeguarding investigations under the safeguarding adults procedures are based on the 'balance of probabilities' and an allegation will have one of four possible outcomes determined:

- Substantiated: the allegation has been founded (42%)
- Partially Substantiated: where more than one concern of harm/abuse was investigated, at least one is founded (9%)
- Not substantiated: the allegation has not been founded (28%)
- Inconclusive: it is not possible to determine from the information gathered whether the allegation is founded or unfounded (21%)

Abuse or harm to an adult at risk has been substantiated or partially substantiated in 51% of all investigations completed in 2012-13. (2011-12 55%, 2010-11 52%).

Abuse or harm was not substantiated in 28% of all investigations undertaken. (2011-12 27%, 2010-11 21%).

Investigations that were Inconclusive have increased slightly from 18% to 21%. This figure is being monitored as part of the performance indicators for the Assessment Service, and the target last year was 25% or less, which has been achieved.

4. Safeguarding Adults Board Member Organisation Reports

4.1 Brighton & Hove City Council Adult Social Care Assessment Services

General overview of the year 2012-13:

A restructure of Assessment Services has been completed with a focus on strengthening our response to Safeguarding. This has resulted in an increased number of Senior Social workers with a renewed focus on Safeguarding

Safeguarding continues to be a standing agenda item on the extended Assessment Services Management Meeting, on which there is representatives from all branches of the service. The Head of Safeguarding attends management team meetings on a regular basis.

A Peer Review of Safeguarding linked to those people in receipt of Direct payments was undertaken and some of the findings from the review have been developed into an Action Plan which will be incorporated into the work plan of the Safeguarding Board.

Sussex Partnership Foundation Trust have initiated regular Safeguarding Quality Assurance meetings, to ensure compliance with the Audit process and to share lessons learned. This has been a positive development, and a similar process will be built into a quarterly session with the rest of Assessment Service managers, led by the Head of Safeguarding.

There is now good compliance with the Audit process and we have repeated an audit of Alerts which had not gone into investigation. It is also pleasing to note that the Audits are showing a general improvement in quality of Safeguarding practice.

A number of meetings have been held to learn from experience e.g. response to an out of area emergency home closure and improving working relationships between Assessment and Commissioning Support.

The second Senior Managers Safeguarding day was held with a focus on risk assessment and improving the audit process.

Safeguarding Performance measures continue to be monitored through Performance Compact meetings between The Executive Director of Adult Services and the Head of Performance Adult Social Care. Key targets have now been incorporated into Assessment Services Business Plan.

The Head of Safeguarding is now a member of the Departmental Management Team, providing regular reports for sign off and improving accountability.
Head of Assessment has funded a new post of Safeguarding and Deprivation of Liberty Safeguards Practice lead.

Specific developments, achievements & work undertaken in 2012-13:
High level of compliance in relation to Safeguarding Competencies, 100% of current staff in Assessment Services have now completed the Competency framework.

We have continued to progress the recommendations following the Serious Case Review.

Annual Safeguarding training for senior managers continues with positive feedback as to the value of these sessions.

Implementing new procedures for Mental Capacity Act and Termination of Tenancies is now embedded with a new role for the Financial Assessment Team in Assessment Services.

Future plans / priority areas for 2013/14:
Implementation of the Sussex Self Neglect procedures with associated training for appropriate staff.

Implement the revised Audit Tool and Gradings.

Head of Safeguarding to facilitate a quarterly discussion on Audit findings as an aid to learning and improving practice.

Preparation for new duties and responsibilities as a result of the Care Bill.

Following the transfer of Care Link Plus to Assessment Services to examine their role in relation to Safeguarding.

To implement Mental Capacity Capability Assessments throughout Assessment Services and once completed undertake practice audits

Review of staff competency through training and development during year 2012/13, and future plans
All staff have completed Safeguarding Competencies.

Training plans in place for all levels of Safeguarding MCA and DOL's

A competency framework for MCA needs development and roll out, competency framework has been adopted by Adult Services management Team with roll out commencing September 2013

Brian Doughty
Head of Assessment Services
Brighton & Hove City Council

4.2 Sussex Police

General overview of the year 2012-13:
A challenge for our branch in the coming months and the previous months has been the turn over of staff at Chief Insp level and Supt. The branch have ensured continuity with the Safeguarding Adults Board has been a priority by maintaining the attendance level of these meetings at Inspector level. Chief Insp Lorraine Morrison and Insp David Derrick have attended most Safeguarding Adults Boards across the county and continue to share best practice. In the coming months there will be a new head of branch and a new Chief Inspector.

An overview of the year and a desire to develop our practices has got to be to continue to share information with our colleagues to ensure all statutory services can safeguard vulnerable adults with maximum efficiency. Sussex Police takes this relationship very serious and is reviewing the working practices and locations of Adult Protection Teams.

Specific developments, achievements & work undertaken in 2012-13:

- The Sussex Police Safeguarding Adults policy was reviewed by the Protecting Vulnerable People branch; this went live in March 2013. This was amended to reflect recent changes and to improve usability for officers/staff, to assist them in identifying when victims and witnesses may be adults at risk of abuse and when a multi-agency investigation should be instigated.

- As the strategic lead for safeguarding adults, representatives from Protecting Vulnerable People Branch continue to attend the Adult Safeguarding Board, as well as chairing the Pan-Sussex Adult Safeguarding Group.

Future plans / priority areas for 2013/14:

- Sussex Police have consented to a lecturer from Greenwich University to work with and interview Adult Protection Team staff with regard to their training requirements. The lecturer will use this study to form part of a PHD. In the interim period during the interviewing process the lecturer will provide Sussex Police with training requirements and advise around gaps in performance.

A final product will be anonymised and used to develop Adult Protection Team staff across the force. This will be the first time we have utilised external academics to help us formulate a development plan for these staff.

Review of staff competency through training and development during year 2012/13, and future plans

- Sussex Police engaged with their staff across the police service with professional guidance with regard to the Mental Health Act and specifically around capacity issues and understanding the difference. This was joined with the safeguarding adult policy. It was also communicated force wide with guidance to staff, including pocket notebook sized cards to officers and Police Community Support Officers.

- The Brighton & Hove Adult Safeguarding Conference (14/09/12) was attended by specialist officers from the Brighton AVU (Adult Victimisation Unit) along with Protecting Vulnerable People branch staff.

- We have started an assessment of the training requirements of Adult Protection staff and intend to work with Brighton & Hove to identify appropriate resources.

Chief Inspector Lorraine Morrison
Protecting Vulnerable People
Sussex Police

4.3 Commissioning Support Unit (Adult Social Care)

General overview of the year 2012-13:

Our Care Governance strategy is aimed at promoting good quality care, identifying concerns early and intervening effectively when poor quality of care is identified. It clearly links closely to the work of the Safeguarding Adults Board and particularly the preventive aspect of that agenda.

It is encouraging that the number of services suspended or contracts terminated due to poor quality have significantly reduced in 2012/13, with only one new suspension during the year. Alongside this a programme of actively promoting quality through Dignity Champion groups and quality assurance support groups has continued. We have also identified a range of key themes across the sector where there is an opportunity for improvement actions. This included medication where good progress has been made in redesigning an assurance programme linked to training for providers across the city.

The home care sector has stabilised again in relation to quality after some concerns in 2011/12 and a new contract came into place in 2012 which will promote a more personalised approach to service delivery. The implementation of the Electronic Care Monitoring System has improved significantly the performance monitoring of this sector.

Our risk based approach to care governance and audit has been enhanced by the availability of more Care Quality Commission (CQC) Compliance reports which are analysed each week and the work with Brighton & Hove Local Involvement Network (LINk) to make use of their enter and view powers in care homes.

The Promoting Quality agenda has been a challenge given the scale of the agenda, the lead officer only being employed 3 days a week and the impact on her time of a specific service requiring support.

The risk based approach to audit remains a challenge and it is encouraging that the Commissioning Support Unit (CSU) have managed to audit over 50 care homes and all

home care providers in the year.

Specific developments, achievements & work undertaken in 2012-13:
The goals for 12/13 and progress against them is detailed below

1. Progress opportunity to develop joint portal with Care Quality Commission (CQC). This did not progress as CQC decided not to pursue the joint portal. However the CSU have been actively involved in promoting the new quality portal on the NHS Choices website and raising the potential to include local authority information on this site. We have also met with the regional CQC manager to discuss improving information sharing at the local level.
2. Work with LINk to strengthen service user voice in care governance through 'enter and view' visits (20-30 visits per annum to commence May 2012.). A successful programme of 26 visits was completed by the LINk in 2012/13 which the CSU supported. The LINk produced a final report which was presented to the Care Governance Board and the recommendations will inform future improvement activity.
3. Review structure and roles within Commissioning Support Unit. A Review was completed and presented to the Care Governance Board alongside an implementation plan. Good progress is being made on the implementation and should be completed in 2013/14
4. Promote early identification and reduce duplication through a more rigorous co-ordinated audit programme. A monthly spreadsheet was introduced which covers all audit activity including CSU, Clinical Quality Review Nurse (CQRN), Health & Safety, LINKs and Impetus alongside recent CQC compliance inspections. This improved co-ordination and avoided duplication of effort.
5. Identify, prioritise, action and evaluate themed improvement. A programme of themed improvement priorities was identified through the Promoting Quality Panel and signed off by the Care Governance Board.
6. Develop a more consistent audit framework that supports information sharing and transparency. This has been included in the CSU implementation plan following the 12/13 review. Contact has been made with other Councils who are seeking to be more transparent re their audit activity.
7. Develop the performance and quality web page on the Council web site to promote information sharing and transparency. The web page has been revised to improve access to performance and quality information on an interim basis. There are more significant plans in place to improve the Council website overall and the adult social care section specifically. There has been some progress towards developing performance ratings for home care agencies but this requires further capacity to be identified. The Government have announced that national ratings are to be reinstated and we will review our plans in the light of this.
8. Undertake a review of information governance and data protection within contracted services. A review was undertaken and a plan of action agreed which was substantially implemented in year.

Future plans / priority areas for 2013/14:

1. Delivery of the CSU Care Governance Review action plan ;
    a. Realignment of roles and review again October 2013
    b. Develop a more consistent audit framework that supports information sharing and transparency.
    c. Develop a more robust model for audit of Supported Living / Supported Accommodation services
    d. Review policy re announced / unannounced visits through Care Governance Panel

    e. Review the risk matrix
2. Improve reporting from CSU into the Care Governance Panel
3. Establish closer links with CQC re information sharing on service quality
4. Build on the positive working relationship established with LINks to develop a similar relationship with Healthwatch.
5. Continue to promote the NHS Choices website and explore opportunities to share local authority information.
6. Work with Clinical Commissioning Group colleagues / Commissioners to review the care / clinical governance of short term services and the role of the CQRN.
7. Improve performance of delivery of draft audit reports to provider within 10 working days to achieve 85%.

Review of staff competency through training and development during year 2012/13, and future plans

Competency is reviewed each year through Professional Development Plans and supervision with the expectation all staff are competent and training and development are facilitated where required. In 2012/13 3 staff attended safeguarding training, 1 staff attended a Deprivation of Liberty Safeguards (DoLS) briefing and 2 staff undertook Mental Capacity Act (MCA) training.
A workshop was held with Assessment staff and CSU staff to discuss some key issues about working together to promote safe care. These workshops will be held twice a year in future.

All staff have completed there Performance Development Plans (PDP) and this includes ensuring relevant training needs re safeguarding, MCA and DOLS are met. The team will make use of the safeguarding competency framework to assist. The target is that all staff are competent and appropriate training is arranged each year as identified through PDP and supervision process. In 2013/14 the current plan is that 4 staff will be attending safeguarding related training, 4 staff will be attending DOLS training and 2 staff will be attending MCA training sessions.

Any other information / areas / issues:

The contract is very clear about the role of the provider in respect to Safeguarding, and their responsibilities are as follows:

1. The Service Provider agrees to follow the Sussex Multi-Agency Policy and Procedure for Safeguarding Adults at Risk.
2. Any safeguarding training accessed by the provider needs to be either supplied directly by the Council, or be undertaken by a trainer who has been accredited by the Council.
3. If a member of the Service Provider’s staff has concerns that an adult at risk may be at risk of abuse as defined within the Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk, then the Service Provider must ensure that the Staff member discusses the issue with their supervisor who will inform the appropriate Social Work Team of the Council.
4. The Policy and Procedures state that they need to contact emergency services if an adult at risk is in immediate danger. Where possible they need to remove the person from danger, and contact the police if an alleged criminal offence has been committed.

Regarding MCA and DOLS, if a member of the Service Provider's staff has concerns that an adult at risk may be deprived of their liberty under the Deprivation of Liberty Safeguards regulations introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007, the Service Provider should immediately seek the authorisation of the Supervisory Body in accordance with the prescribed regulations.

Philip Letchfield
Head of Contracts and Performance
Brighton & Hove City Council

4.4 Adult Social Care Commissioning Unit

General overview of the year 2012-13:

Adult Social Care commissioning plans include leading on the development of services that support people to live healthy independent lives in safety. This means commissioning quality services with partner organisations from the statutory, private and community & voluntary sector.

What has worked well:

- A Telecare development project was initiated in October 2012 to raise the profile and awareness of telecare services to support independence. A range of initiatives are underway. As assistive technological solutions are evolving such as the GPS 'tracking' devices a review of current processes and paperwork is underway by Carelink Plus in respect of restrictive practice procedures.
- A community safety film 'safe in the city' was made by services users at Grace Eyre and in partnership with the Learning Disability Development Fund. The free film pack offers info on dealing with different types of abuse and comes with an information leaflet and a safety card to help people stay safe in their communities.
- A 'Peer Review' of Safeguarding & Direct Payments was undertaken: This has resulted in an action plan that was shared at the Safeguarding Board.
- A Project Officer will be recruited to promote the 'Support with Confidence' scheme to enable people using direct payments to more easily access a pool of trained staff.
- Head of Commissioning attends the Care Governance Panel to get an overview of quality in the care sector.

Specific developments, achievements & work undertaken in 2012-13

- Dignity Champions forum for home care providers developed and extended to include providers outside the Council's framework.
- Electronic Care Monitoring System rolled out to all home care providers and extended to include Patching Lodge Extra Care Housing.
- Action plan put in place in response to the Dept. of Health Final Report: "Transforming Care: A national response to Winterbourne View Hospital". All patients have been reviewed as on 1st June 2013 and discharge planning has been started for some of those as appropriate.
- Local practice is being improved and best practice shared in services for people with a learning disability & challenging behaviour through a best practice group "Positive Behaviour Support Network."

Future plans / priority areas for 2013/14:

- Work with Clinical Commissioning Group (CCG) commissioning colleagues and the Contracts Support Unit on developing a Quality Monitoring Framework for Community Short Term Services.
- Ongoing monitoring of the Action Plan in response to the DH report on Winterbourne View, and the completion of the Winterbourne View Joint Improvement Programme Local Stock take.
- Work with CCG commissioning and Sussex Community NHS Trust colleagues to clarify the roles/ responsibilities of health and care workers in relation to delegated tasks.
- Develop an action plan for a Project Officer to promote the 'Support with Confidence' Scheme.
- Work with the Federation of Disabled People, service users and other professionals with regard to people using Direct Payments to implement the action plan from the Peer Review.

- To implement clear procedures for the use of assistive technology solutions that may be restrictive for some individuals.
- Different aspects of Shared Lives are to be highlighted in any safeguarding protocol to raise awareness of the particular issues of the service (this would comply with national guidance published by Shared Lives Plus). We are working towards the eventual inclusion of those aspects in the 'Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk'.
- To progress work to implement emergency back up plans for people who have direct payments, and those who use the Shared Lives scheme.

On going monitoring of services applies a continuous improvement quality framework and works continuously to raise standards on safeguarding and protection from abuse.

Review of staff competency through training and development during year 2012/13, and future plans:
Staff competency is reviewed through supervision and through Personal Development Plans (PDP's).

All staff have completed their PDP's. This has ensured that all relevant training needs are met.

Anne Hagan
Lead Commissioner Adult Social Care
Brighton & Hove City Council

4.5 Partnership Community Safety Team (PCST)

General overview of the year 2012-13:
We have continued to develop shared priorities and outcomes and expand integrated working practices, specifically in relation to:

- The establishment of ECINS, a partnership casework software application, which aids joint working to rapidly assess vulnerability and address risk and harm relating to Anti Social Behaviour (ASB) and hate incidents.
- The establishment of the MARAT (Multi Agency Risk Assessment and Tasking group) which oversees the most vulnerable ASB and hate incident cases. This group is attended by Adult Social Care and Mental Health colleagues among others who help to problem solve cases.
- The continued application of nationally accredited victim and witness standards which further protect and reassure vulnerable victims.
- We have implemented the findings of the Serious Case Review, however the increasing scale and vulnerability of the street population (which includes those within temporary & hostel accommodation) is of significant concern.
- Carried out a Domestic Homicide Review following the death of an older person who had a history of some care needs and of being socially isolated. While the Review found no evidence of domestic violence, the wider findings have led to highlighting the importance of professionals who are working with older people, to have an awareness of the potential presence of domestic violence and to exercising a curiosity or enquiry about its possible incidence. Recommendations will be made seeking to raise workforce skills in these respects.
- A Violence Against Women and Girls Strategy has been developed which co-ordinates the work to address domestic and sexual abuse and violence, trafficking, honour based crimes and forced marriage, stalking and female genital mutilation. A new city wide programme board will be leading this work

which will include initiatives which seek to achieve social and cultural change as well as those which protect victims and bring offenders to justice.

- An intelligence and analytical report has been prepared which gives the best information that is currently available about the extent of trafficking in the city. Lead officers have been identified for the various forms of trafficking and a strategic and operational approach is identified.
- The Community Safety, Crime Reduction and Drugs Strategy sets out the detail of the outcomes framework, performance indicators and Action Plan (31 separate actions) which aim for a 'reduction in disability hate crimes & incidents and in the harm caused to individuals and communities'. The focus is on achieving increased reporting, reducing harm and risk, establishing effective monitoring strategies, bringing perpetrators to justice, effective court outcomes and increasing public awareness

Specific developments, achievements & work undertaken in 2012-13
The provision of an immediate access duty service by the community safety casework team is improving access to reporting and support.

Revision of risk assessment tools to improve identification of high risk victims and monitoring arrangements.

An effective MARAT on a weekly basis if necessary, which is reducing risk and harm for those cases brought forward for consideration.

Integrated services with the Neighbourhood Policing Teams is improving responses and achieving sustainable solutions to community safety concerns for individuals and communities.

Future plans / priority areas for 2013/14 :
Continue to increase awareness among disabled people on how to report hate incidents and access support through outreach and engagement, targeting those older people who are most excluded.

A specific partnership campaign for people with learning disabilities is being planned.

While working towards increased reporting, also aim to improve quality and analysis of data, performance monitoring and partnership responses to identified risks and vulnerabilities. This work would also aim to increase the quality of information within Safeguarding IT systems in order to improve the identification of high risk and repeat victims.

Provide information for older people in order to reduce their fear of being a victim of crime which is disproportionate to the actual level of risk. Improved feelings of safety help improve the quality of life of older people.

Improvements in monitoring and analysing information by age, gender, ethnicity, disability and sexual orientation relating to alcohol misuse, domestic violence, safeguarding and hate crimes and incidents will enable partners to focus on older people as a priority group within their workplans.

Review of staff competency through training and development during year 2012/13, and future plans
All staff in the Case Work Team have up to date knowledge of safeguarding. Safeguarding is discussed at weekly case allocation meeting, monthly case status meeting and individual supervision.

The safeguarding and MCA 2005 capability framework is in the process of being completed with all staff.

Linda Beanlands
Commissioner Community Safety
Partnership Community Safety Team

4.6 Brighton & Hove City Council Adult Social Care Provider Services

General overview of the year 2012-13:

1. Numbers of Safeguarding Alerts and safeguarding related issues remain similar to previous years in Learning Disability Provider Services.

Within the Community Short term bed services (Knoll House and Craven Vale) we work closely with the social work teams on site. This has helped to co-ordinate responses to safeguarding alerts as well as benefitting from in-house training which has been provided by a senior social worker regarding safeguarding procedures at Knoll House.

At Ireland Lodge following the death of a resident whilst staying there for respite. There was an inquest and a safeguarding alert. The outcome of the inquest was a rule 43 report which focused on missed opportunities to prevent an admission for a person who subsequently died. The focus of our response was around the checking of information prior to admission or re-admission for those people returning for respite. This has meant that some referrals have been declined as the risk was felt too high.

2. The nature of our service users who often have memory loss difficulties, mental health issues or lack mental capacity can affect the progress of investigations and makes it a challenge to meet timescales.

Specific developments, achievements & work undertaken in 2012-13

Adult Social Provider Services in partnership with the Learning and Development Team undertook a staffing questionnaire relating to staff attitudes to reporting concerns about both low level practice issues and more serious safeguarding incidents. 150 staff completed the questionnaire. We wanted to understand what stops staff from speaking up. Theses were the key reasons why staff who completed the survey said would stop them from speaking up:

- It won't be acted upon
- Will be seen as a trouble maker
- Fear of reprisals
- Past experience wasn't good
- Don't want to get colleagues into trouble
- Culture of blame
- It's not what happens here

We asked about good examples that have helped staff to speak up these included:

- Working as a team
- Using the policies and procedures (Safeguarding)
- Speaking up straight away
- Be factual
- Issues being dealt with promptly
- Having a manager you feel confident in who takes time to listen to concerns

- Helping colleagues with tips about who to support a service user
- Sharing best practice

We asked about what more could be done to encourage staff to speak up. Staff told us:

- Knowing there will be a positive outcome for the service user
- Getting feedback e.g. from Safeguarding Alerts
- No blame culture – training as prevention
- Protection from bullying / reprisals
- Strong encouragement to Speak Up – talk about it at Team Meetings
- More protection and support for 'whistle blowers'

We used our annual staff conference to ask staff for their 'top tips' for other staff to support speaking up. A poster has been designed which will be displayed in staff areas in all our services.

Knoll House management was returned to the local authority in October 2012 following a change in the model of service delivery from a clinically led to a social care led service. At the time of transfer the service was subject to safeguarding and was non-compliant with CQC requirements. The service is currently being delivered with a reduced occupancy to enable a detailed and extensive improvement plan to be implemented.

Future plans / priority areas for 2013/14:
One of our priority areas for future cross service work this year is a review of medication policy and practice. Medication errors and near misses continue to be an issue for concern specifically across our accommodation services.

Review of staff competency through training and development during year 2012/13 and future plans:
35% of Provider Services staff attended safeguarding training including DOLS and MCA training during 2012-13.

From September 2013 all managers will be required to record individual safeguarding competency on a central database, with regular reports provided for the management team in order to improve over-sight of safeguarding training and skills.

Any other information / areas / issues:

We participate in the hosting of regular Dignity Champions meetings to improve services and outcomes for service users.

Karin Divall
Head of Provider Services
Brighton & Hove City Council

4.7 Brighton and Sussex University Hospital NHS Trust (BSUH)

General overview of the year 2012-13:
The Safeguarding Adults team has had a busy year embedding training on Safeguarding Adults at Risk and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) across the Trust. We have also secured a lead Safeguarding Adult Nurse post which we recruited to in February. The number of Safeguarding Alerts raised against the Trust continues to rise which demonstrates that staff both in the

hospital and in external providers are raising concerns.

Completing the investigations within the time frames has provided the organisation with a challenge and there are occasions when timeframes are not adhered to.

The Trust has also seen an increase in the number of alerts raised relating to pressure damage. A flow chart has been produced to ensure that Staff are reporting pressure damage via the safeguarding process where appropriate.

Specific developments, achievements & work undertaken in 2012-13
Trained 35% of the workforce on safeguarding adults, the aim is to increase this over the next 12 months to 60% of staff will have had training.

The Sit and See tool has been developed and implemented and a training DVD produced.

Governance procedures continue to be refined with weekly reporting to the start of the week meeting and regular reports being received at the Trust Board, Quality and Safety Committee and the Safeguarding Adults Committee.

The Trust participated in a Learning Disability Peer Review in July 2012. This gave service users and staff from another area of the South East Region to visit our Hospital and evaluate the service which is provided.

The Trust has received a Bronze award for the Total Communication Standards.

A Dementia Nurse has been appointed to the Trust and this post is working with all ward areas to raise the profile of Dementia Care.

Future plans / priority areas for 2013/14:

- To produce a bi-monthly newsletter for staff
- To produce a summary of actions taken and learning as a result of safeguarding investigations.
- To review the Trusts MCA and Safeguarding polices
- To implement a version of the competency framework document
- To continue to implement the Sit and See Tool
- Safeguarding study morning planned for 13th September

Review of staff competency through training and development during year 2012/13, and future plans

Training is held on a regular twice a month basis, to help increase the number of staff trained the safeguarding team have been able to secure a slot on the nurse induction training day.

The Trust will continue to train staff on safeguarding and it is hoped that now there is a dedicated lead nurse this will improve the numbers trained.

Sherree Fagge
Director of Nursing
Brighton and Sussex University Hospital NHS Trust

4.8 Brighton & Hove City Council Housing

General overview of the year 2012-13:

An action plan overseen by Graham Page (Tenancy Sustainment Manager) was monitored at regular meeting.

Enhancement to the procedures on self neglect was a key priority – both in regard to training staff and establishing of a self neglect panel to review serious cases at a senior level.

We examined options for a secure computer system for Housing staff to review actions and set time-related tasks to progress safeguarding cases they are involved in. This work is ongoing.

An event was organised to promote closer working relations with social services and other agencies.

Work was begun on competency frameworks to be in embedded in performance reviews – but this has not been completed.

Temporary Accommodation team have continued to provide Emergency and Temporary Accommodation for Homeless Households in the city. The teams now manage over 1000 properties in the city which are available as Emergency accommodation or for more long term lease.

The numbers of properties available has increased and the range of those properties have also increased as the team have taken on more self contained units which can be used as emergency accommodation, and are available on the day for homeless hold holds. This has reduced the use of B&B type of accommodation for families and pregnant women. When B&B style accommodation has been used for families and pregnant household, the waiting time to move to self-contained accommodation has been reduced.

The team have faced a number of challenges this last year as the winter has been a particularly cold one. We were able to fulfil our duty under the Severe weather emergency Protocol (SWEP) and accommodate all referred Rough sleepers during the cold winter months.

The credit control Team have maintained all of their targets for collection of rents in both Emergency and Leased accommodation, this has been during a time of uncertainly when there have been a number of Benefit changes.

Specific developments, achievements & work undertaken in 2012-13:

Establishment of provisional Self Neglect Panel – to escalate action to a senior level if needed.

Protocol agreed with Mears (Housing repairs contractor) and other contractors to identify and act on safeguarding risks

Frontline were trained on Patchwork to allow closer working relationships with other agencies.

Managers met to review procedures to make sure any possible alert was being appropriately followed up.

We have visited at home all of those clients who maybe effected by the Benefit caps

and have been able to discuss options with them ready for the welfare reforms.

We have successfully piloted a new type of Bed and Breakfast accommodation; Smile to live have offered emergency Accommodation in a new block of high quality accommodation. All rooms have been designed with on-suit bathrooms and there is access to a communal Kitchen where a free nutritious breakfast is served every morning. The rooms are build above studios which offers Yoga, Pilates and other activities which have been available to our clients free of charge.

The Council has successfully taken on the management of over 260 new refurbished seaside homes properties which were previously void and in need of modernisation. These are affordable properties which have been allocated to Vulnerable homeless households in the city.

Future plans / priority areas for 2013/14:
To activate the Self Neglect Panel and assess the first cases.

To embed competency framework in performance reviews.

To make sure all frontline staff are trained in self neglect procedure

We are currently writing a framework agreement for all our temporary accommodation, which should offer better value for money as well of a better range of types of accommodation available for emergency purposes.

Smile to live project has been extended for a further 6 months and this model of accommodation provision is being discussed as a potential for other types of Emergency Accommodation.

The teams are currently working towards implementing two new computer systems, one which will enable homeless applicants to make initial applications and received housing advice on line. The other is an integrated rent accounting system for all of our Emergency accommodation Licensees. This will enable working households in emergency accommodation to contribute to the cost of their accommodation.

Review of staff competency through training and development during year 2012/13:
All frontline staff (except those employed recently) have received face-to-face training in safeguarding and the Mental Capacity Act. Training is arranged twice a year for new recruited staff.

Plans for self neglect and Deprivation of Liberty Safeguards are still to be set.

Procedures and assessment reviewed in Sheltered Housing.

Future plans for staff competency::
All frontline staff receive (or will receive) training in the MCA.
Deprivation of Liberty Standards training has yet to be set.

Jugal Sharma
Head of Housing
Brighton & Hove City Council

4.9 South East Coast Ambulance Service (SECAmb)

What safeguarding adults activity has your organisation undertaken whilst working in partnership with Brighton & Hove Safeguarding Adults Board between 1st April 2012 to 31st March 2013?

Over the past year, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has raised 189 adult concerns for vulnerable adults in the Brighton & Hove area. This represents 7.05% of all adult concerns raised by SECAmb staff across the Trust. Work was undertaken to develop a briefing sheet for front-line ambulance staff and Sussex Police to refer to when managing vulnerable patients who lack capacity following assessment using the Mental Capacity Act (MCA).

What key developments, achievements & work in safeguarding has been undertaken by your organisation between 1st April 2012 to 31st March 2013?

Improvements have been made regarding information sharing internally with the safeguarding team now being routinely informed of any serious incidents involving vulnerable adults and children.

Scoping was undertaken with Independent Domestic Violence Advisory Service (IDVA) in Brighton & Hove and West Sussex to develop a screening tool for SECAmb frontline and call centre staff to use in cases of suspected domestic abuse. A project lead was seconded to take this agenda forward.

What safeguarding training has been delivered within your organisation between 1st April 2012 to 31st March 2013?

A key area of work undertaken by SECAmb over the past year included the development and implementation of the Trusts safeguarding training needs analysis plan. The plan includes capturing training for all staff groups, both frontline and office based and utilised a mixture of both face-to-face training and e-learning modules. Frontline staff and the Trust Board have received vulnerable adult, domestic abuse and mental capacity act training during this year.

What planned developments, future plans / priority areas for 2013/14 &/or beyond for safeguarding adults does your organisation have?

The domestic abuse pilot will be launched in July 2013 with a period of evaluation following this. Future plans to include continued development of the pilot areas and rolling the project out to all other areas within the SECAmb boundaries these will be reliant on securing further funding.

Planned development of a Level one safeguarding adults e-learning training course for non-frontline staff.

Continued active engagement with the National Ambulance Safeguarding Group.

Jane Mitchell
Safeguarding Lead
South East Coast Ambulance Service NHS Foundation Trust

4.10 Sussex Community NHS Trust (SCT)

Priority Areas for 2012-13

1. Developing strategies aimed at improving the numbers of staff who access safeguarding awareness and update training

2. Establishing and embedding the Trust's Safeguarding Committee to monitor clinical areas for improvements in practise

3. Incorporating Prevent Strategy into relevant practice areas

4. Establishing locality areas for the Teams' safeguarding Practitioners. These are likely to be aligned with existing West Sussex and Brighton & Hove Council Adult Services boundaries. This would allow greater multiagency working with Adult Services Teams, Independent Chairs and community healthcare teams.

Update on these Priority Areas

1. A reduction in the number of face-face training sessions indicates the majority of staff now undertake this awareness training via e-learning

   Bespoke training sessions for clinical teams is provided upon request

   Evidence of safeguarding Alert raising throughout the organisation

2. The Trust's Safeguarding Committee meets quarterly and is chaired by the Chief Nurse and is designed to co-ordinate and scrutinise the Trust's Safeguarding Adults work

3. Sussex Community Trust remains committed to the Prevent Strategy although the SAR Group has agreed that the Trust's response will be co-ordinated through its Resilience planning. This is currently being discussed with the relevant Directors

4. Locality areas have been established for the safeguarding Practitioners. These have been aligned with existing local authority boundaries in West Sussex and Brighton & Hove

SCT Safeguarding Activity

Safeguarding information held by the Team suggests that thirty three alerts were raised against SCT during 2012/13; this includes Brighton & Hove and West Sussex. Of the 33 alerts identified it appears that 15 of these cases were also raised as Serious Incidences and broad themes for alerts included:

- Substantiated and unsubstantiated allegations of poor communication between community nursing services and care homes that resulted in pressure area damage
- Unsubstantiated allegations of neglect by failing to recognise within one of the Trust's bedded areas a deteriorating patient

The table below identifies the number of alerts raised against SCT that are recorded on the SAR team's database and the outcome of the subsequent investigation.

Level of Investigation	No of Alerts raised against SCT	Outcomes						
		Allegation Substantiated	Allegation unsubstantiated	Allegation Inconclusive	Awaiting Case Conference	No Further Action	Ongoing	No record of outcomes
1	22	1	1	2	0	10	1	7
2	3	1	0	0	0	2	0	0
3	8	1	1	1	1	2	2	0
4	0	0	0	0	0	0	0	0
Total	33	3	2	3	1	14	3	7

One of the functions of the Trusts Safeguarding Adults Committee is to monitor individual action plans developed as part of a safeguarding investigation. Additionally, the safeguarding team are able to provide support to a number of clinical areas where

Serious Incidences have run in parallel to safeguarding investigations, with the aim of improving practise and awareness of the safeguarding philosophy.

From April 1st 2012 - March 31st 2013 Sussex Community Trust received 23 requests for Health Investigating Officer input from Brighton & Hove City Council (BHCC).

Reasons for referrals to SCT Health Investigating Officers from BHCC

- Poor recording and implementation of end of life care planning and Do Not Attempt Resuscitation processes
- Poor approach to the administration of prescribed medication that resulted in significant harm to individuals
- Management of chronic wounds and pressure ulcers
- Allegations that care home/domiciliary staff are unable to recognise acutely deteriorating patients and failed to seek appropriate support or advice

Training achievements

From April 1st 2012 – 31st March 2013 a total of 493 members of staff are recorded to have undertaken Safeguarding Basic Awareness training, this equates to around 10% of all staff. Although no agreed staff numbers undertaking this training have been set for 2013-14, the safeguarding team continue to work very closely with the Head of Professional Practice & Development to develop a Trust wide strategy to improve attendance and uptake of all mandatory training within the Trust.

Sussex Community Trust remains committed to safeguarding its patients and service users and employs a number of clinical metrics to evidence this:

- NHS Safety Thermometer – The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that it's possible to measure and monitor local improvement and harm free care over time.

- The analysis charting functions are built in to the NHS Safety Thermometer, so that the results can be seen straight away. As well as recording pressure ulcers, falls, catheters, Urinary Tract Infections (UTI) and VTEs, it can record and analyse additional local information.

- Dementia Screening – All appropriate patients accessing bedded units within SCT are offered dementia screening. This screening ensures that patients are able to access the appropriate clinical services and support.

- The Productive Ward - The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.

Priority Areas for 2013 – 14

- Development and implementation of a Trust Safeguarding Adults Strategy

- Development of a Trust wide safeguarding training strategy

- Closer integration of clinical metrics and safeguarding activity through the Safeguarding Committee

- Working closely with BHCC to embed policies and procedures on Self Neglect

Graham Nice
Chief Nurse
Sussex Community NHS Trust

4.11 Sussex Partnership NHS Foundation Trust (SPFT)

General overview of the year 2012-13:
In summary activities in the last twelve months have focused on delivering improvements in practice and adult safeguarding through a number of mechanisms.

The Trust has continued to work closely with the Brighton & Hove City Council Head of Adult Safeguarding and Adult Social Care managers to provide additional training and support to both operational managers and staff acting as Safeguarding Adults Investigating Managers within integrated mental health and substance misuse services as well as practice guidance and coaching to undertake investigations.

The quarterly safeguarding case file audit has also been refocused and strengthened to ensure that any variability in practice and recording is identified and tackled swiftly. Audits take place in adult mental health, dementia services and substance misuse services. These audit reports are included in the Council's Adult Social Care & Health quarterly audit report so learning from other care groups can be shared.

Yearly workshops take place for both SPFT and Adult Social Care mangers to look at the consistency of the audits across services, areas for service development and strategic plans around safeguarding activity.

Sam Allen Service Director in Brighton & Hove now chairs a safeguarding quality assurance meeting every six weeks. The Brighton & Hove City Council Head of Adult Safeguarding attends the meeting.

The function of this group is:

A) To receive the quarterly audits.
B) To ensure that the actions from the audits are completed and evidenced.
C) To ensure that any training needs identified in the audits has been completed.
D) To monitor the data collection of alerts and adjust service delivery accordingly.
E) To monitor the level of alerts being received and to ensure that any outcomes from a serious untoward incident have been completed.
F) To monitor all safeguarding activity across integrated services and to work to improve quality of outcomes.

Information from the meeting and recommendations from the audits is communicated to all staff by way of a safeguarding Newsletter. Edition 3 is attached.


SAAR Newsletter 3.doc

The Professional Head of Social Care, General Manager for Social Care and Service Managers from Dementia and Assessment & Treatment Services attend the Brighton & Hove City Council Assessment Service Management meeting which includes safeguarding as a standing agenda item.

The Professional Head of Social Care holds quarterly meetings with Brighton & Hove City Council Head of Adult Safeguarding, Integrated Managers and all safeguarding Investigating Managers to analyse the data, improve on performance and support service improvement.

Specific developments, achievements & work undertaken in 2012-13:
Due to the reorganisation of teams as we move towards Assessment and Treatment services and Dementia services, it was felt timely to refresh the way in which safeguarding alerts are processed. The Professional Head of Social Care held two workshops for the General Managers, Service Managers, Team Leads and Lead Social Workers, to look at how the process could be improved and how we could work smarter. Evidence from the audits suggested an inconsistent approach to dealing with alerts and on the decision to investigate. The workshops were well attended and a new pathway was proposed. A pilot project was implemented which entailed a dedicated Investigation Manager dealing with all safeguarding alerts in both Assessment & Treatment Service and Dementia Services on a daily basis via a dedicated single point of access with a secure email. The pilot project was evaluated after 3 months and felt to be successful in significantly improving data collection, the initial response to safeguarding alerts, uniformity and timeliness of decision making and allocation for investigation. Subsequently the pilot has been adopted as routine practice and the numbers of Investigating Managers has expanded to support the service.

An Investigation Managers Practice group has been set up, to look at case studies and difficult practice issues, to ensure that we learn lessons from the audits and to ensure we get greater quality and consistency in our responses to alerts.

A series of additional protocols/practice guidance have been produced to further define when an alert should be raised under the Sussex Multi Agency Policy and Procedures. The introduction of clearer protocols will support staff with their assessment of the relevant levels on which alerts should be taken forward for investigation.

During 2012/13 there has been a significant increase in safeguarding activity within adult mental health, dementia and substance misuse services in comparison to the previous year. This can in part be accounted for by the improvements undertaken to the management of safeguarding activity with particular rigour around data collection. 909 alerts were received in comparison to 551 in 2011/12 which is an increase of 65%. Whilst improved data collection is evidently one factor this volume of increased activity requires further evaluation- a key activity for this year.

416 safeguarding investigations were required within integrated services during 2012/13 following receipt of alerts. There has been a significant percentage increase of numbers of investigations across all care groups in the City. This number is almost equal to those carried out in adult social care.

54% of all safeguarding alerts received within integrated mental health and substance misuse services did not require an investigation during 2012/13. Whilst these alerts did not require investigation under the safeguarding procedures many of these alerts will have resulted in alternative interventions including assessment from mental health

services. The resource attached to this additionally activity is being captured and will be evaluated.

Within the Trust's own services in 2012/13 there were 18 substantiated safeguarding investigations. Specific awareness raising activity has taken place during 2012/13 within the in-patient acute services and a closer understanding of the relationship between the Safeguarding and the Serious Investigation process may account for the increased number.

Domestic Abuse:
The Trust participates in the Brighton & Hove Domestic Violence Multi Agency Risk Assessment Conference (MARAC), and this has lead to a number of effective interventions and protection plans being implemented. The Trust participated in the recent MARAC development day and is committed to raising awareness of the MARAC within integrated mental health and substance misuse services via a training programme in conjunction with Adult Social Care & Health.

The Trust has submitted an expression of interest to be a pilot PRIMH project aiming to improve practice in mental health services in relation to domestic and sexual violence.

The Trust has been invited to be a Board Member of the Violence against Women and Girls Programme which is chaired by the Deputy Chief Executive of Brighton & Hove City Council and begins in September 2013. The Deputy Service Director for Brighton & Hove will attend this meeting.

Data on safeguarding alerts which are linked to Hate Incidents and Domestic Violence can now be collected from Sussex Partnership Foundation Trust teams. An increase was evidenced throughout the year.

Safeguarding Hub:
Substance Misuse Services (SMS)

SMS in partnership with other statutory, voluntary and community sector partners holds weekly multi agency meeting to review the most vulnerable substance misuser's and homeless service users in the city. This is an example of good preventative practice and mental health services are considering using this model to share information about the most complex cases in the city.

At the recent Sussex Partnership Social Care Conference, the SMS hub gave a presentation with a first hand account from a service user who had been safeguarded and the alerter, to explain how the hub had successfully managed the safeguarding process.

E-CINS (Empowering Communities):

SPFT is committed to work with the Partnership Community safety Team with the introduction of E-CINS to support work to protect the most vulnerable victims of crime, hate crime and anti –social behaviour in the city. Staff from adult mental health services and substance misuse services attend the MARAT- which is a multi agency meeting for the vulnerable victims of anti-social behaviour. This allows for appropriate information sharing and actions taken forward.

Future plans / priority areas for 2013/14:
Training:

Ongoing training continues to be provided for teams as required and Brighton & Hove City Council Head of Adult Safeguarding also offers bespoke training to SPFT. Integrated services are creating a training matrix based on an audit of staff training at all levels of investigation in order to formulate a training plan for the forthcoming 12 months.

Data Collection and analysis:
As evidenced by the numbers of alerts and those passed into investigation data collection is improving and quarterly meetings are held with Brighton & Hove City Council Head of Adult Safeguarding and integrated managers to analyse the data and improve on performance.

A further evaluation of the Investigation Manager pilot and increased safeguarding activity is a key activity for the remainder of 2012/13 and beyond. This evaluation needs to focus on improved data recording, uniformity of responses to alerts, staff review of the new way of working and quantifying whether there is a need for additional administrative resource. There needs to be a clear shift towards an increased focus on outcomes of safeguarding activity and the impact this had has on the quality of life for the adult at risk.

In order to ensure the safeguarding activity in integrated services is adequately resourced to meet the current level of demand the evaluation needs to further include an analysis of the numbers of alerts investigated and at which level and to compare this against the numbers of whole time equivalent staff available to carry out safeguarding activity in a comparative area of service. Comparison of safeguarding activity across the last two financial years will be included to examine any themes and trends.

Review of staff competency through training and development during year 2012/13, and future plans
Brighton & Hove City Council have created a Safeguarding Competency Framework. All staff working in integrated mental health services including managers who are involved in the investigation of Safeguarding alerts have completed the framework in their supervision and are now cascading it to their staff. The framework can be tailored to meet the needs, expertise and job role of individual staff and can be used to assess the competence of staff. Staff in acute in-patient settings undertake the Safeguarding Awareness Training. This is also part of SPFT's mandatory training framework. The total number of Sussex Partnership staff attending Brighton & Hove City Council safeguarding training courses in 2012/13 was 62.

Brighton & Hove City Council have created a Mental Capacity Act Competency Framework which is due to be rolled out to all assessment staff including those in integrated services over the next twelve months. This is addition to the Mental Capacity Act training offered by the Trust to its own staff on a rolling program.

For 2012/13 in relation to Brighton and Hove SPFT staff:

· 80 people attended the MCA training (which includes DOLS)

· A further 34 Junior Doctors received MCA training as a part of their Junior Doctor induction.

· 40 people completed the online e learning Safeguarding Adults training.

Any other information / areas / issues:

The Brighton & Hove Safeguarding Board has signed off the Sussex Self Neglect procedures and these have been circulated to all staff in assessment services within integrated teams. It has been proposed that any training related to these procedures should be mandatory in assessment teams throughout mental health services.

As a managing authority, SPFT are responsible for preventing unnecessary deprivations of liberty by recognising when a deprivation of liberty is likely to occur and applying the safeguards appropriately. DoLS training is provided to SPFT staff and advice on recognising a deprivation is available from the MHA Services team.

In response to the House of Lords Select Committee's call for evidence on the implementation of the MCA 2005, SPFT will be consulting with staff and submitting evidence to contribute to the Committee's investigation.

Vincent Badu
Strategic Director of Social Care and Partnerships
Sussex Partnership NHS Foundation Trust

4.12 Brighton & Hove Clinical Commissioning Group

General overview of the year 2012-13:
2012-13 was a year of transition in the NHS with major changes to the structures which support the commissioning and monitoring of health services.

Brighton and Hove (B&H) Clinical Commissioning Group (CCG) have been in shadow form for 2 years prior to April 2013 taking over full statutory responsibilities from 1st April 2013.

CCG authorisation requirements
CCGs are required to ensure that they have capacity and capability to commission safe services for those in vulnerable situations. Leadership arrangements for adult are required to ensure that they have capacity and capability to commission safe services for those in vulnerable situations, and include effective systems for responding to abuse and neglect of adults and have effective interagency working arrangements with local authorities, the police and third sector organisations.
CCG leads for safeguarding adults need to have a broad knowledge of healthcare for older people, people with dementia, people with learning disabilities and people with mental health conditions.
CCGs need to demonstrate that their designated clinical experts (children and adults), are embedded in the clinical decision making of the organisation, and with the authority to work within local health economies to influence local thinking and practice and providing clinical advice, for example in complex cases or where there is dispute between practitioners.
Where CCGs contract with Commisioning Support Units for support with patient specific services such as continuing care or the management of serious incidents, they need to ensure that these organisations have access to the appropriate safeguarding expertise.
A significant change in the new structure is the commissioning and performance management of primary care, (General Practice services), now the responsibility of the NHS Commissioning Board (NHS CB), via its area teams. The NHS CB is also responsible for the co-ordinating and funding of safeguarding training for GPs supported by the CCG, and potentially other primary care professionals and includes responsibility for commissioning any reviews or enquiries of independent contractor's actions which were formally the Primary care trusts responsibility.

To support shared learning and early detection of issues in the system Quality Surveillance Groups (QSG) now form a part of the landscape, these act as a virtual team across a health and care economy, bringing together organisations and their respective information and intelligence gathered through performance management, commissioning and regulatory activities, to spot potential and actual quality problems at an early stage. QSGs operate at regional and local levels, according to the footprint of the NHS CB's regional and area offices and B&H CCG is an active member of the local area team QSG.

B&H CCG has undergone a staff review and restructure over the past year resulting in responsibility for Adult and Children Safeguarding sitting within the portfolio of the Lead Nurse, Executive Director for Clinical Quality and Primary Care, so ensuring oversight and management is retained at Board level.
Members of the B&H Quality Team have undertaken clinical investigations in Care Homes with Nursing in the city working with the council throughout the year, taking over the role of the Home Care Support Team.
The Care Homes with Nursing Competency Framework continues to be used across the city. This document outlines an understanding of the competencies and skills of registered nurses working in nursing homes.

Specific developments, achievements & work undertaken in 2012-13:
In December 2012, B&H CCG agreed to co-ordinate a group to review the healthcare provider's policies and understanding of delegation of tasks to non-clinical staff. This was in light of a number of safeguarding alerts where clinical care, for example medication management, had been delegated with insufficient clarity around training and accountability. There had also been a concern around PEG feeding. The discussion over delegation has raised some interesting issues matching new levels of patient dependency but using historic pathways of care provision. All providers have been asked to submit their policies for scrutiny, and assurance will be sought by commissioners regarding thresholds, training and accountability. New providers will be expected to have specific policies around safe delegation in place.

Future plans / priority areas for 2013/14:

- B&H CCG is in the process of reviewing their actions in commissioning against the Francis Report recommendations.
- B&H CCG will be recruiting to the vacant post which supports monitoring of Quality and safeguarding in commissioned independent provider organisations
- There will be an increased input by the Quality / safeguarding managers in to the development of CCG contract specifications for health services.
- The quality monitoring team with be further developed to strengthen their safeguarding adults expertise
- A regular meeting is scheduled between the local CQC inspectors and the Quality /safeguarding leads is in place
- Further development of a reporting matrix relating to compliance with the Pan Sussex safeguarding vulnerable adult's policy and the mental capacity act (2005) is being undertaken with providers. The Director of Clinical Quality has regular quality monitoring meetings monthly with all 3 main providers of services (Brighton University Hospitals Trust, Sussex Community Trust, & Sussex Partnership Foundation Trust)
- Pan Sussex serious incidents (SI) scrutiny panel is in place and reviews all SI investigation reports from across Sussex before closure is agreed. This panel contains Heads / Directors of Quality from each CCG across Sussex, all of which have a range of clinical expertise. Any issues/themes of concern identified within this group are followed up with individual providers and where learning

appropriate for dissemination over a larger area and across stakeholders is identified it will be flagged to the area team/Safeguarding Adults Boards.
- Ensuring that the work for the delegation of duties and safe working practices for non-clinical staff remains a focus for commissioners
- The safeguarding issues within short term services have a high priority
- The training of pharmacists, optometrists and dentists. The responsibility for training now sits with local area team.
- Safeguarding alerts reported by independent contractor GP's, dentists, pharmacists and optometrists in light of the new NHS now are the responsibilities of the Local Area Teams however further work to identify where sharing of information supports learning is required.
- Establishing a Lead role for Care Homes with Nursing in the quality team, as the previous Quality Review Nurse post is vacant
- The NHS Local Area Team is introducing a pan Surrey, Sussex, Kent and Medway Safeguarding Networking of which B&H CCG will be a member

Review of staff competency through training and development during year 2012/13, and future plans:
GP's, dentists, pharmacists and optometrists have had access to Safeguarding training by Brighton and Hove's Safeguarding doctor and nurse. All GP surgeries continue to have a safeguarding lead for children, victims of Domestic Violence and vulnerable adults. It is their responsibility to cascade all updated information to their practice staff.

A Protected Learning afternoon in June 2012 was held across the city for all primary care staff which included a session on safeguarding for adults/children, incorporating the Mental Capacity Act and Deprivation of Liberties.

The B&H PCT previous Head of Quality held several workshops last year for all Primary Care Trust staff on safeguarding issues/Mental Capacity Act.

It is very difficult to quantify the amount of staff trained in all the areas.

At present for 2013/14, the named doctor for safeguarding is no longer undertaking training for pharmacists, optometrists and dentists, but continuing to do updates for primary care safeguarding leads.

The Named General Practitioner for safeguarding Children will continue to support adult safeguarding training within the programme of Children's Safeguarding training for primary care and there has a small increase in contracted to 8 hrs. per week

Any other information / areas / issues:

The NHS commissioning Board Authority are expecting to publish the full framework in the Autumn for safeguarding both children and adults within the reformed NHS. Interim advice has been helpful in the work with CCGs to ensure that they are well prepared for the safeguarding responsibilities.

Soline Jerram
Lead Nurse, Director of Clinical Quality and Primary Care
Brighton and Hove CCG

4.13 East Sussex Fire and Rescue Service (ESFRS)

General overview of the year 2012-13:
Effective Partnership working with a variety of statutory and voluntary sector agencies across adult social care (ESFRS Care Providers Scheme).

Increase in variety of partner agencies we work with for example, adult substance misuse teams, occupational therapists.

Service wide training delivered to key staff members to improve awareness and skills in well-being and safeguarding concerns about vulnerable adults

Specific developments, achievements & work undertaken in 2012-13:
Overcoming data sharing barriers with other agencies

Increasing the percentage of accessing those adults most vulnerable in our communities-we carried out 2,989 home safety visits in Brighton and Hove, 2,468 (82%) were delivered to vulnerable adults (according to our vulnerability criteria).

ESFRS Safeguarding Panel continues to meet and the Director of Prevention and Protection now has the corporate lead for all safeguarding matters. The ESFRS Safeguarding Policy has been reviewed and agreed with staff and representative bodies. ESFRS has audited and reviewed its internal procedures, and simplified the process for staff to make safeguarding referrals through its 'coming to notice' form.

ESFRS worked closely with the Brighton & Hove City Council Head of Adult Safeguarding to develop a series of information postcards specifically aimed at three key groups of people who we know are more vulnerable in the event of fire; the elderly, particularly those living alone; people with disabilities and people with limited mobility. These postcards, paid for by ESFRS, provide contact information for Access Point and the Fire & Rescue Service and have now been widely distributed. We consider this to have been a cost effective campaign to raise awareness within a specific target group and look forward to undertaking similar campaigns in partnership with the City in the future.

Future plans / priority areas for 2013/14 :
Reciprocal partnership referrals and information sharing arrangements with statutory and voluntary agencies to raise awareness of ESFRS home safety visiting service.

Increase in signposting vulnerable adults to services that will improve their well-being

Increase in awareness and referrals from our staff on vulnerable adults that we believe may be at risk of harm or abuse.

Effective data sharing with other agencies.

Referral pathway for fire safety visits with Adult Social Care as care packages become subject to their annual review.

Increasing percentage of home safety visits delivered to those adults most vulnerable to fire risk in our communities

Review of staff competency through training and development during year 2012/13, and future plans:
ESFRS delivers an internal basic awareness course covering both safeguarding children and adults. A good proportion of supervisory and middle managers have undertaken internal training. All new entrants to the Service and staff being promoted

into supervisory manager roles undertake safeguarding training.

The ESFRS Safeguarding Panel has undertaken online training, provided by KWANGO.

ESFRS has a policy and procedure that records safeguarding concerns from staff and then passes them on to appropriate statutory partners. We aim to have very clear organisational boundaries in this area and do not investigate or undertake a casework function as an agency in respect of safeguarding.

We do not cover the Mental Capacity Act and Deprivation of Liberty Safeguards in the training and would look to partner providers for this expertise should this be relevant to our staff. We are looking at the provision of this training to key staff through East Sussex County Council, but would wish to consider training for City staff through Brighton & Hove City Council if it were to be offered.

Andy Reynolds
Director of Protection and Prevention
East Sussex Fire and Rescue Service

1.1 Surrey and Sussex Probation Trust

Surrey and Sussex Probation Trust (SSPT) protects the public by working with offenders to reduce re-offending and the harm this causes to individual victims and the wider community. We recognise that this work can only be achieved through a collaborative approach which involves partner agencies from the communities we serve and our civic partners. Probation officers use their skills and evidence based practice to assess the risk of harm and the risk of reoffending posed by an individual offender. In this way they are able to identify factors that have contributed to their offending. SSPT also has a remit to be involved with victims of serious sexual and other violent crimes. We share information and work in partnership with other agencies including Local Authorities, Police and Health Services. We are a statutory contributor to local Multi Agency Public Protection Arrangements (MAPPA). As a key MAPPA partner we join with others to ensure the tight management of offenders whose behaviour includes sexual and/or violent crime with the aim of stopping the repetition of such behaviour in order to protect the public and previous victims from serious harm.

Although the focus of the Probation Service is on those who cause harm, we are also in a position to identify offenders who themselves are at risk from abuse and to take steps to reduce the risk to those offenders in line with the principles attached to Adult Safeguarding. Our approach to this incorporates the concepts of prevention, empowerment and protection to enable adults in vulnerable circumstances to retain independence well being and choice to access a life free from abuse and neglect. For us this choice extends to their ability to choose a life free from crime and to become a responsible citizen.

Our staff work with offenders who target vulnerable people, as well as victims and offenders who are considered vulnerable in their own right. Evidence shows us that mental health problems and learning disabilities result in poor decision making and impulsive behaviour. In 2009 Lord Bradley completed a review of people with mental health problems or learning difficulties in the criminal justice system. Within the prison population he found a huge diversity of individuals with a range of very complex needs, These included a high number who were suffering from mental health problems or learning disabilities.

The first steps to the effective management of offenders are good early identification and assessment of problems to inform how and where they are most appropriately treated. Working in partnership with the Mental Health lead for Sussex Police, SSPT made a successful bid for funding to the Department of Health (Offender Health) to be a pathfinder site for a Criminal Justice Liaison and Diversion Service. We now have mental health nurses (some with a learning disability specialism) in all Sussex Police Custody and Magistrates Court sites. The improved identification and assessment of people with these difficulties allows information to be provided to police, probation and prosecutors. In this way, where appropriate, offenders with mental disorders may be diverted from the criminal justice system and enabled to access suitable health and social care services. In September 2013 SSPT in partnership with Sussex Partnership. Trust will introduce a new Specified Activity Requirement (SAR) for use by sentencing Courts. The SAR has been designed to address the needs of individuals who are assessed as having low level anxiety and depression .This is a part of a package of measures being offered to the courts (where sentencing guidelines permit), as an alternative to a custodial sentence.

Membership of the Safeguarding Adults Board facilitates stronger ties with other professionals working in the statutory and voluntary sectors and promotes good practice. This in turn supports us in our goal of ensuring that offenders desist from crime. Our staff have received training in mental health awareness, working with substance misusers and people with a personality disorder. We work closely with our partners in Brighton and Hove Community Safety Team to deliver the 'Safe in The City '–Community Safety Plan. In early 2013 we launched our new Domestic Abuse perpetrators programme, 'Building Better Relationships'. The course is designed for male perpetrators who have committed intimate partner abuse and are assessed as posing a high or medium risk of re-offending. Participants are encouraged to learn about how emotions, thinking, communication and some of their behaviours have damaged 'romantic' relationships; to see how different influences in their lives can play a part in the violence they show and the stresses they have experienced in relationships. Participants are enabled to discover and build on their strengths and to use these to shape and influence their responses in current and future relationships. They are also asked to practise being a thoughtful and content partner and father.

Future Plans Priority Areas for 2013-14

- We continue to train our staff in the delivery of the Diversity Awareness and Prejudice Programme (DAPP). This course aims to reduce the risk of re-offending by addressing the individuals distorted thinking, anti-social behaviour and prejudice.

- Women Offenders – we are extending our provision for women offenders to include provision for women involved with the Liaison and Diversion Scheme. The 'Inspire' partnership already delivers interventions to women who are at low to medium risk of reoffending. Their provision includes: Individual casework- Brighton Women's Centre; Mental Health Caseworker- Threshold Brighton Housing Trust; Domestic Violence Family Support Worker RISE; Sex Outreach worker Brighton OASIS; Substance Misuse Worker. Brighton OASIS

    - In September 2013 SSPT in partnership with Sussex Partnership Trust will introduce a new Specified Activity Requirement (SAR) for use by sentencing Courts. The SAR has been designed to address the needs of individuals who are assessed as having low level anxiety and depression .This is a part of a package of measures being offered to the courts (where sentencing guidelines

permit), as an alternative to a custodial sentence.
- Contribute to the outcomes set out in the Violence Against Women and Girls strategy

Leighe Rogers
Director Brighton & Hove
Surrey and Sussex Probation Trust

4.15 Practitioners Alliance for Safeguarding Adults (PASA)

The Practitioners Alliance for Safeguarding Adults (PASA) is made up of practitioners from the statutory, voluntary and private sectors. It is a forum for debate, support, updates and discussion about safeguarding adults.

The Brighton and Hove PASA Group is in its 7th year and meets quarterly. The group was formally known as PAVA – (Practitioners Alliance Against the Abuse of Vulnerable Adults). The name was changed last year to reflect the change in terminology from 'vulnerable adults' to 'safeguarding adults' in line with the Sussex safeguarding procedures. Meetings are attended by representatives from a wide range of organisations with an interest in Safeguarding Adults who take the opportunity to network, share information and good practice, receive updates on legislation and procedure and hear from a diverse range of speakers.

The terms of reference of the Group include increasing skills, knowledge and awareness of Safeguarding Adult issues. Input from the Brighton & Hove City Councils Safeguarding Adults Manager provides an opportunity for practitioners to liaise, raise concerns and share local practice. A PASA group representative sits on the Safeguarding Adults Board.

Activities in the year
Updates on the revised Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk, sharing of safeguarding data for the Brighton and Hove area, and the safeguarding annual report.

Discussion topics included; feedback on alerting and investigations, training, including promotion of the accredited safeguarding e-learning training, Safeguarding Adults Conference, and issues arising from hospital discharges.

Speakers for this year

- Peter Castleton, Community Safety Manager, giving a talk on how Hate Crime and Anti Social behaviour is being tackled locally
- Paula Sousa, from Interact Advocacy, sharing information about her specialist work with people with learning disabilities who are victims and witnesses of crime.

4.16 Brighton and Hove Domestic Violence Forum

Primary Role
The Brighton and Hove Domestic Violence Forum acts as the multi agency forum for Brighton and Hove in responding to domestic violence and to promote joint working, co-operation and mutual support. Furthermore it aims to increase awareness of domestic violence and its effects within the community and the public at large, voluntary organisations and statutory agencies

Key Responsibilities regarding Safeguarding Adults

- To give the Domestic Violence Forum perspective in the development of Safe guarding Adults policies and procedures
- To contribute and to comment on Safeguarding Adults documents
- To attend Safeguarding Adults meetings and conferences
- To promote greater awareness of domestic violence issues, developments and services, and to disseminate information, policies and procedures to Safeguarding Forum members
- To promote greater awareness of Safeguarding Adults policies and procedures and issues for Domestic Violence Forum members and to disseminate information
- To work jointly with forum representatives to develop joint protocols, policies and procedures and practices in protecting vulnerable adults affected by domestic violence
- To identify gaps in service provision and training needs for members of both forums
- To promote effective communication between Safeguarding Adults and domestic violence forums

Summary of Activities for 2012-2013

- The Domestic Violence Forum representative attended Safeguarding Adult meetings.
- Any issues relating to Safeguarding Adults raised by forum members are feedback to the Safeguarding Adult Board and vice a versa
- Information about national and local practices and procedures in relation to survivors of domestic violence is shared with board members when appropriate
- Representatives from adult services attend Multi-Agency Risk Assessment Conferences (MARAC)
- Representatives of domestic violence forum attended the annual Safeguarding Adults conference.
- The Domestic Violence Forum has been involved in the consultation around Brighton & Hove's Violence Against Women and Girl's Strategy (VAWG) and the structures that support VAWG in the City.
- The Domestic Violence Forum is currently reviewing its aims and purpose and its role in relation to the proposed VAWG structures
- The Chair of the Domestic Violence forum contributed to a Domestic Homicide review

Actions for 2013 -2014

- Feedback to Safeguarding Adults Board re recommendations and lessons learnt from Domestic Violence Homicide Reviews.
- Presentation to the Safeguarding Board from the BME Peer Education project.
- Ensure appropriate representation on Safe guarding Adults Board in line with the implementation of the VAWG structure.

Gail Gray
Chair Domestic Violence Forum

4.17 Mental Capacity Act

The Brighton & Hove Multi –Agency Local Implementation Network (LIN) was established in 2007 with a focus on implementation of the Mental Capacity Act (MCA) and then Deprivation of Liberty Safeguards (DoLS). This evolved (2010) into a multi agency 'monitoring and development' group. This group is now formalised as a sub-group of the Safeguarding Adults' Board. Following a review of the terms of reference

in March 2013 this group will be working to a structure which provides a core membership, with additional specialist contributors supporting a 'task and finish' approach outside of the group meetings. The aim is to make the most effective use of different knowledge and skills, as well as time, both during and outside of any set group meeting.

Much of the MCA Lead work during 2012-2013 focussed on developing and reviewing practitioner guidance for ending tenancies where the person lacks capacity to make this decision, and providing, along side our Lawyers, direct support to practitioners carrying out this work. The purpose of the guidance is to protect the rights of tenants, ensure that tenancies are not prematurely or unlawfully ended, whilst also supporting tenancies being ended in a timely way where this is needed. Following review in November 2012, the guidance has been updated and resources made available for the Brighton & Hove City Council (BHCC) Finance Team to support the administration of the applications. Work is ongoing to embed this work within existing assessment and care management processes. A task and finish group has now been set up to consider if separate guidance is needed for the creation of tenancies.

Information collected from CareAssess (BHCC data base) shows an increase in formally recorded MCA's (significant, long term eg change of accommodation, or otherwise significant or risk laden decision contexts) across adult social care from 168 (2010/11) to 307 (211/12) and 309 (2012/2013). This data will be used as part of a process to inform awareness, compliance and to identify potential gaps and training and development needs.

Following consultation with colleagues within Sussex Partnership Foundation Trust, Police and Ambulance Service, a protocol has been developed to provide guidance on 'conveyance' where the person lacks capacity to consent to the arrangement. This is to support compliance with the Mental Capacity Act and also aims to reduce, through the clarification of different practitioner responsibilities the likelihood of delays, and any avoidable distress to the person where conveyance is needed, as well as promoting a 'least restrictive response' and an appropriate use of resources.

Brighton and Hove Best Interest Assessors (Deprivation of Liberty Safeguards) have continued to actively set up and support, with our neighbouring authorities, the 2 x yearly Best Interest Assessor Forum. This is a valued forum for practice development and learning. Lucy Bonnerjea (DoH MCA and DoLS Lead) spoke at the March 2013 meeting and the September 2013 meeting will include a speaker from the Office of the Public Guardian.

POhWER Independent Mental Capacity Advocate (IMCA) Service: The DoH 5 yr IMCA report (2011/12) highlights a reduction in IMCA referral in Safeguarding nationally. In Brighton & Hove some more in-depth analysis is planned to establish whether this is an accurate reflection of need or action is needed to address.

The House of Lords has set up a committee to scrutinise the implementation and impact of the Mental Capacity Act. A formal call for evidence has been published and widely distributed, which Brighton & Hove City Council will be responding to. The report will be published in February 2014. The findings and any recommendations will be relevant in relation to local experience and consideration of priority areas and practice development.

Priority areas for 2013/14:

- Re-establishment of the Multi Agency MCA and DoLS subgroup to the Safeguarding board. The first meeting under the revised terms of reference will

be in September 2013.

- To run twice yearly MCA related data reports (Care assess) with a method of qualitative analysis which will support meaningful interpretation of the figures.
- To agree method of data collection for BHCC seconded staff/others who do not use CareAssess.
- Roll out of MCA capability framework
- To agree and establish an MCA audit tool and process for future roll out in 2014
- Work with DoLS lead, Commisooning Support Unit, care providers and relevant others to look at MCA awareness raising within care services, developing best practice in relation to MCA, least restrictive practice, DoLS.
- Work plan to include a focus on the role and needs of informal carers in relation to the MCA
- Review of current MCA training and relationship between different training opportunities with the view to these being targeted most appropriately to different service areas. Implementation of the capability framework will also inform training and development needs.
- The setting up of practice forums (MCA/DoLS/safeguarding) as an arena for ongoing professional development where practitioners and managers will have the opportunity to focus on specific topics/ethical legal dilemmas.

Edwina Sabine
Mental Capacity Act Lead
Brighton & Hove City Council

4.18 Deprivation of Liberty Safeguards (DoLS) in Brighton & Hove

April 2012 - March 2013

The Deprivation of Liberty Safeguards (DoLS) became law in April 2009. These safeguards apply to people in England and Wales who have a mental disorder and lack capacity to consent to the arrangements made for their care and treatment; but for whom receiving care and treatment in circumstances that amount to a deprivation of liberty may be necessary to protect them for harm and appears to be in their best interests. These safeguards only apply to people detained in a hospital setting (both acute medical and psychiatric) or a care home registered under the Care Standards Act 2000.

From April 2013, a change in the regulations relating to Supervisory Bodies meant the Deprivation of Liberty Safeguards service ceased to be run in partnership between the City Council and the Primary Care Trust (PCT -NHS Brighton and Hove) in order to meet the statutory requirements as Supervisory Bodies. The Council now arranges and carries out all assessments and reviews as the sole Supervisory Body.

This report covers the DoLS activity for both City Council and NHS Brighton & Hove acting as Supervisory Bodies between April 2012 and March 2013.

Figures & Trends:
In the fourth year of the safeguards, 38 (30) referrals for full DOLS authorisation were received from Managing Authorities (care homes and hospitals). The 2011 - 2012 figures are in brackets to act as a comparison throughout the document.

Brighton & Hove City Council was the Supervisory Body for 28 (19) received from care homes.

NHS Brighton & Hove was the Supervisory Body for 10 (11) received from hospitals.

The numbers of authorisation requests relating to care groups for 2011/12 and 2012/13 are shown in figure 1 below

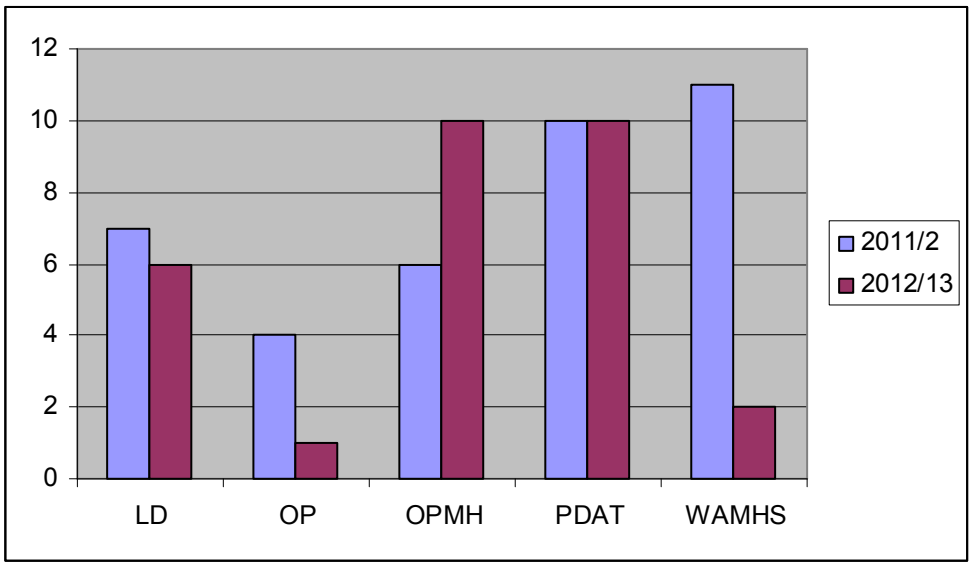


Figure 1: Requests for DoLS authorisations by service user group (LD Learning Disability, OP Older People, OPMH Older Persons Mental Health, PDAT Physical Disability, WAMHS Working age mental health)

40% (30%) of referrals led to full DoLS authorisations and 60% (70%) were assessed as not meeting the criteria. The reasons for not completing a full DoLS authorisation are complex and have included that the care is not in the relevant persons best interests, they are found to have capacity to make decisions, they have been admitted to hospital and to be detained under the Mental Health Act 1983. Figure 2 below provides a breakdown of reasons for authorisations not being granted by the supervisory body. There is a high proportion of requests which did not meet the Best Interests requirement and suggestive that there is a need to raise confidence in the application of the wider provisions of the Mental Capacity Act with providers/managing authorities.

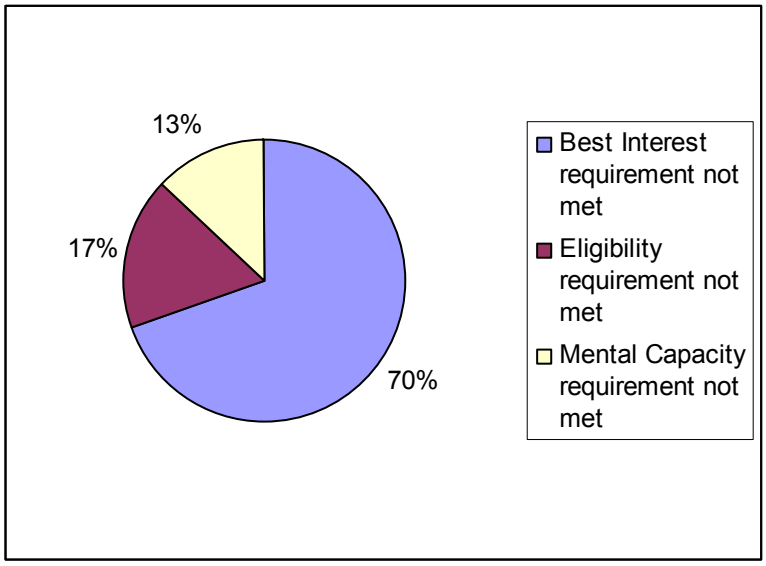


Figure 2: 2012/13 Reasons for standard authorisation requests not being granted by Supervisory Body

The overall figures for authorisations not being granted are slightly lower than the national average where just over half (56%) of all applications resulted in authorisations being granted. However, in their 2013 monitoring report, the Care Quality Commission (CQC) acknowledge significant regional variations among care homes and hospitals in the way that the safeguards are used.

CQC also reported that the national data indicates that there has been a year on year increase in the number of applications for the safeguards since their first introduction and this trend is largely reflected in the figures for Brighton and Hove where, the 38 applications received in 2012/13 represents a 80% increase on the 21 applications in 2009/10 but clearly this percentage increase in still based on relatively low overall application numbers.

Both the numbers of assessments and the rates in authorisation reflect the opinion of Managing Authorities that the DoLS process remains complex and bureaucratic. There is an evidenced confusion as to what is a 'deprivation of liberty'; a definition which changes as case law develops and that Managing Authorities are not confident in the implementation of the broader MCA before considering whether DoLS is appropriate. Managing Authorities have also evidenced a negative perception of the DoLS framework where care delivery is perceived in a pejorative manner which increases the chances of the framework not being considered. These issues have been cited by the Care Quality Commission in their latest DoLS report. There remains considerable regional variation for the use of DoLS. This view is reflected by CQCs assertions that the umbrella legislation of the MCA is not well understood or implemented in practice; the implications of the Safeguards in practice are not easy to understand; the use of restraint is not always recognised or recorded as such and because of this it is not easy to monitor.

In 2012/13 66% of DOLS referrals were submitted as Urgent Authorisations, which require the full assessment process to be completed within seven calendar days. This has remained a relatively consistent figure. There remains a trend for Managing Authorities to activate a DoLS assessment in a reactive manner following a change of events or as a result of other professional's intervention and therefore issue an urgent with immediate effect. These data are illustrated in figure 3 below

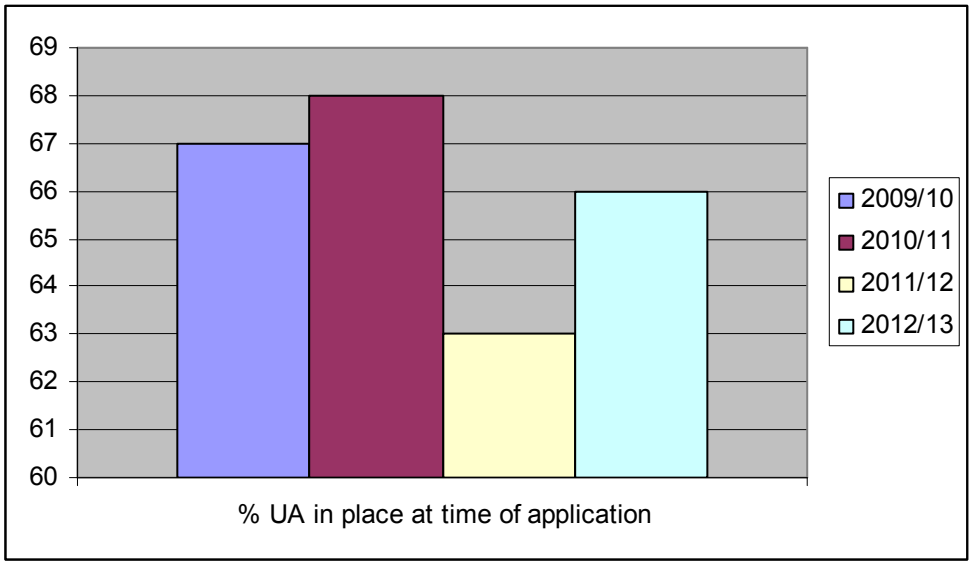


Figure 3 Percentage of referrals with Urgent Authorisations (UA) in place 2009 - 2013

Nationally, local authorities received a higher rate of applications (72%) than primary care trusts who received 28%. These trends are consistent with those for Brighton & Hove where 73% (63%) of applications came from care homes and 27% (37%) related to hospitals.

Brighton & Hove Best Interests Assessors have carried out assessments for colleagues in East & West Sussex as part of our reciprocal partnership arrangements to ensure compliance with the legislation due to assessments within 'in-house' provision.

Performance information is submitted quarterly via the NHS Omnibus system. This information is public and individual supervisory bodies can be identified. From April 2013 the reporting requirement was reduced to annually.

The Access Point in the Council's Adult Social Care & Health department remains the publicised central point of contact for all DoLS referrals and enquiries on behalf of both the City Council and NHS Brighton & Hove.

Significant numbers of DoLS enquiries are recorded via the Access Point and DoLS lead in addition to formal assessment requests. The majority of these are clinical enquiries relating to the delivery of care. This further evidences the need within Managing Authorities for support around the implementation of the DoLS and the MCA. The DoLS lead and Best Interests Assessors continue to provide advice on MCA best interests process, planning and discharge meetings regarding DOLS and other MCA issues.

In addition, Access Point operate a system of passing relevant DoLS enquiries to Best Interest Assessors to ensure that enquiries are dealt with by the person with the appropriate skills, knowledge and training.

Hospital DoLS assessments

In 2012/13 there were 10 DoLS applications for patients in hospital settings. This represents 26% of Brighton and Hove referrals and is reflective of national trends where, local authorities received a higher proportion of applications (72% than

Primary Care Trusts who received 28%.). Figure 4 depicts the year on year trends for DoLS applications received and distinguishes between Brighton & Hove Council and Brighton & Hove PCT as the supervisory body.

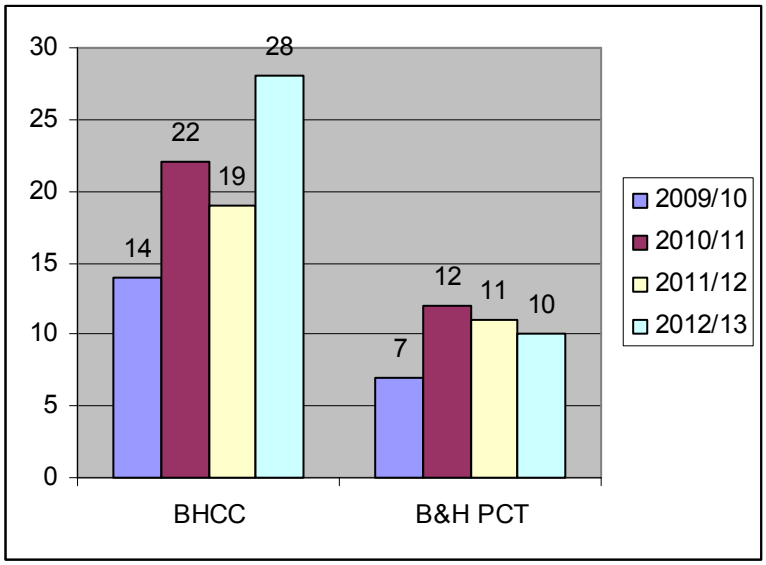


Figure 4 DoLS referrals by Supervisory Body 2009 - 2013

From April 2013 reporting on hospital DoLS activity will be undertaken on a monthly basis to the NHS Surrey and Sussex Commissioning Support Unit

The Brighton and Hove Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Sub Group will continue to monitor DoLS and MCA activity. .

Training:
The Council's Learning and Development Team continues to provide specific DoLS briefings as part of the planned training programme. In addition there are Mental Capacity Act and mental health training programmes which include an element of DoLS awareness. This training is accessed by Adult Social Care & Health staff and other delivery units in Brighton & Hove City Council but also by colleagues in Sussex Partnership NHS Foundation Trust (SPFT), Sussex Community NHS Trust (SCT) and the independent and voluntary sector.

In 2012/13 80 (68) people attended the specific DoLS briefings which included 43 (37) people from the independent & voluntary sector.

In total 331 (371) people attended Council training regarding the Mental Capacity Act. This includes staff from the Council, SPFT, SCT and the independent and voluntary sector.

There are currently 10 (12) qualified and trained Best Interests Assessors in Brighton & Hove. They are currently employed across all areas of Assessment Services and include two nurses. Take up for the DoLS/BIA qualifying training was low in 2013 with only two applicants undertaking the training.

Brighton University continues to provide the compulsory annual Best Interests Assessor refresher training for all the Local Authorities and PCT across Sussex. Within Brighton & Hove there are regular Best Interests Assessor meetings to address practice and organisational issues.

Further work is needed to address quality assurance of best interest assessments and this may be an area of development for the recently appointed DoLS practice lead. This may include development of formal supervision processes or conditions for continuation of undertaking the BIA role. As numbers of assessments in Brighton and Hove is still relatively low, some BIAs may have irregular opportunities to use their specialist assessment skills in this domain.

Medical Assessment
All the local authorities in Sussex continue to contract with Sussex Partnership NHS Foundation Trust to provide the medical and eligibility assessments for DOLS. The service specification details that all doctors instructed for DOLS assessments have received the appropriate initial training and required follow up training. This has been a successful element of the implementation of DoLS across Sussex and has allowed assessors to access medical assessments in a timely manner with the minimum of delay.

Independent Mental Capacity Advocates (IMCA)
All Local Authorities commission POhWER to provide an IMCA service across Sussex. This role has been extended to meet the requirements of DoLS. In addition to this POhWER also provide the role as 'Paid Representative' for those people subject to a Standard Authorisation but who do not have anyone willing or appropriate to act on their behalf.

Best Interests Assessors continue to work closely with POhWER and The IMCA service attends the quarterly Best Interests Assessor meeting.

Out of Area
Brighton & Hove City Council retain DOLS responsibilities as a Supervisory Body for service users placed in residential care or currently admitted to hospital outside of Brighton & Hove. A national protocol has been written by the Association of Directors of Adult Social Services which details how to arrange out of area assessments.

As Brighton & Hove place significant numbers of service users in East and West Sussex it has been agreed with the DOLS teams in East and West Sussex that they will carry out assessments on our behalf, subject to availability of staff, for service users within their boundaries. In return Brighton will provide independent assessors for their in-house provision. The Council retain their responsibilities as the Supervisory Body and continue to agree the authorisations.

Managing DoLS assessments across the country has become a feature of the operation of the safeguards. Whilst this absorbs a significant amount of staff time Local Authorities in other areas have been extremely helpful. Brighton & Hove have used the medical assessors and IMCA services within these areas.

Links to Safeguarding
The DoLS framework directly protects some of the most vulnerable service users lacking capacity to make decisions about their care and treatment but who require some restrictions on their care as being assessed in their best interests. The assessment and authorisation process allows for a robust examination of a care regime, involvement of interested parties or representation from an IMCA and an independent medical assessment. A DOLS authorisation allows for conditions to be added relating directly to the deprivation to ensure that the care provided is the least restrictive and the most appropriate to the circumstances.

On some occasions a DoLS assessment will take place as a result of action undertaken via a Safeguarding Adults at Risk investigation process and subsequent protection plan. The Best Interests Assessors' role in this process is not to become involved in the investigation but to remain an independent and impartial assessor ensuring that any enforced stay in a residential placement or hospital environment is in the relevant person's best interests and proportionate to the risk and likelihood of harm. If the Best Interests Assessor concludes that the care regime is in the person's best interests in circumstances such as these it will likely hinge on the proportionality of the safeguarding protection plan and the assessment of risk. It has been noted during recent DoLS assessments in similar circumstances this can be an area of professional tension.

The DoLS Operational Practice Guidelines have been re-written and are now available on the Councils on-line policy forum. The guidelines reflect current practice to ensure compliance with the Neary judgement, updated case law, clarity around the eligibility assessment and links with Safeguarding Adults at Risk work

The year ahead

1. For the Council to continue to operate a robust DoLS service ensuring that statutory responsibilities are met within the prescribed timescales and that the cohort of Best Interests Assessors are adequately trained, supervised, supported in their decision making and able to respond to fluctuating demand as it arises. The development of mechanisms to monitor quality of assessments will need further consideration.

2. The College of Social Work has launched a Professional Capabilities Framework (PCF) specifically for Best Interest Assessors. The tool was developed following wide consultation with stakeholders, Department of Health and practicing Best Interest Assessors. The BIA PCF is a first attempt to standardise expectations of practice nationally and should be a valuable tool for Brighton and Hove in developing a framework for quality assurance in Best Interest Assessments.

3. The terms of reference for the MCA/DoLS Sub Group have been reviewed. This group will become the principle vessel for identifying and developing priority tasks in relation to DoLS and the MCA over the coming year. Its work plan will be developed in accordance with these priorities and the group will report to the Safeguarding Board. In line with recommendations from the CQC report 'Monitoring the use of the mental capacity act Deprivation of Liberty Safeguards in 2011/12 report there are a number of key priorities which will be taken to the MCA/DoLS sub group for consideration.

    - Providers and commissioners of services for vulnerable adults must improve their understanding of the Mental Capacity Act and the Safeguards.
    - Care providers must implement policies that minimise the use of restraint
    - Providers and commissioners of services must establish robust review processes and other mechanisms for understanding the experience of people subject to the safeguards.

This suggests a clear need to raise awareness about the implementation of DoLS with providers and is likely to constitute a significant part of the work plan for the coming year. Managing Authorities continue to require a significant level of guidance in relation to their responsibilities around DoLS and to the wider Mental Capacity Act in general. The Council continues to provide MCA & DoLS training available to all independent sector providers and health partners.

4. From April 1st 2013 Primary Care Trusts were replaced by Clinical Commissioning Groups (CCG) and the 'supervisory body' responsibilities held by the PCT were transferred to the local authority. In view of these changes, BHCC will need to maintain and strengthen links with hospital trusts in the City and the CCG in relation to the application of the Safeguards to ensure continuity and that the rights of vulnerable patients are protected. Identification of key people with a remit to monitor the application of the Safeguards and who actively understand the wider requirements of the Mental Capacity Act will be crucial in achieving this aim.

Richard Cattell
DOLS Lead
Brighton & Hove City Council

4.19 Safeguarding Adults Multi-Agency Training Strategy Sub Group

Safeguarding Adults Training Strategy Review 2012-2013
This evaluation concerns the development opportunities provided by Brighton & Hove City Council. These are mainly open to and accessed by people from adult social care, both directly employed and external to the council; other council officers. In addition and by agreement some courses are open to colleagues from other organisations.

The main points of note for the period 2012-2013 are:

Attendance rose. This year overall attendance on the safeguarding courses was 1092. In previous years attendance was fairly steady at 1,000 places a year, the preceding year being exceptional with an attendance of 851. Contributors to the increase are a significant uptake of training in Housing and last autumn's conference.

All but one strategic objective met with safeguarding training. For most targets 85% of staff are trained to the appropriate level. The area not met is in relation to training to undertake level 2 investigations where 70% of staff are trained to this level. Most teams are trained to the required standard, there is one area of service that have the potential to increase their uptake of this training.

Strategic Objective introduced for Mental Capacity Act Training. The figures show an upward trend with numbers of staff trained the appropriate level with the Mental Capacity Act, however further progress is needed. Next year the Training Sub Group and the MCA Practice Specialist will work with operational managers to encourage uptake of training.

Safeguarding Conference held. This was held in September 2012. Feedback was positive and the material on self neglect particularly well received.

Senior Managers' Update session held. This was positively received and we have been fortunate in securing the services of an experienced trainer and facilitator greatly knowledgeable about adult safeguarding.

Mental Capacity Act Capability Framework has been published. This is available on the Council's website and intra net. It has been mapped to national occupational standards and the professional capabilities framework for social workers.

Tim Wilson
Development Manager
Organisational and Workforce Development
Brighton & Hove City Council

4.20.1 Brighton & Hove Multi-Agency Safeguarding Adults at Risk Strategic Objectives and Training Plan Review 2012-2013

Stage	Learning Intervention	Strategic Objective	Actions to Meet Objectives	Outcomes
1a	Safeguarding Vulnerable Adults Basic Awareness	85% of BHCC social care staff to be trained to stage 1	38 courses (ASC) + 5 Housing	41 ASC courses delivered + 7 housing. Percentage target met.
1b	Safeguarding Vulnerable Adults Basic Awareness Update	Staff will either have an annual competency check which demonstrates competence or complete an update 3 yearly.	17 courses	15 courses delivered.
1c	Administrative Support for Safeguarding Vulnerable Adults Meetings	10 staff across services will have been trained to stage 1c. Minimum 1 per team.	1 basic awareness course for administrators. Further course *Admin Support for Safeguarding Meetings* will be scheduled ad hoc.	Achieved. 1 Basic awareness course for administrators delivered. 100% coverage.
2	Safeguarding Vulnerable Adults for Provider Managers	70 % of staff who manage other staff or who need to undertake level 1 investigations are trained to stage 2.	7 courses	Achieved. 6 courses delivered, 80% of provider managers trained to stage 2.
3	Safeguarding Adults – Level 1 & 2 Investigations	90 % of people who undertake level 2 investigations will be trained to stage 3	2 courses *Understanding the Levels & the Investigator's Role* scheduled	Not achieved.1 course delivered, 74 % covered.
4a	Undertaking Multi-Agency Safeguarding Adults Investigations (I.O.'s)	90 % of staff in each social work team will be trained to stage 4a	1 course	Achieved. 1 course delivered, 96% covered.
4b	Safeguarding Vulnerable Adults for Investigating Managers	90 % of Investigating Managers will be trained to stage 4b	1 course	Achieved. 1 course delivered, 97% covered
5	Undertaking Multi-Agency Safeguarding Adults Investigations - Advanced	100% of staff who undertake ABE interviews will have been trained to stage 5. 2 social workers in each social work team will have received training to level 5.	2 places	2 places accessed

6	ABE Investigators Update sessions	50 % of ABE Trained staff to have attended level 6 training in the preceding year.	To negotiate with East Sussex	Not achieved.
Other	Multi-Agency Conference		1	1 delivered
		Mental Capacity Act		
	Mental Capacity Act Basic Awareness	Ultimate target is 100% all ASC staff will have completed this or equivalent. Targets for 2012 – 13 are: 60% Provider staff 60% Assessment staff	18 courses	18 courses delivered. 55% BHCC providers trained. 34% BHCC Assessors trained.
		Staff will be competent in working with the MCA	SAAR Board endorses and advocates the use of the MCA Competency Framework	Awaiting endorsement form SAAR Board and implementation in services.
	Mental Capacity Act in Practice	Ultimate target is all assessment staff. 50% of all ASC Assessment staff	1 course	1 course delivered. 51% of assessment staff have accessed
	MCA Advanced – Applications to the Court of Protection	All staff working with the Court of Protection will have accessed this training	1 course	I course delivered
	MCA Advanced – Assessments of Mental Capacity	1 person per assessment team will have accessed this training	1 course	
	DoLS Briefing	60% of all managers of registered Adult Social Care services	8 courses	This will need the assistance of contracts to monitor

* IV Sector = Independent & Voluntary Sector

5. Brighton & Hove Safeguarding Adults Board Members

The Safeguarding Adults Board is the multi-agency partnership that leads the strategic development of safeguarding adults work in Brighton & Hove.

Name	Title	Representing
Deb Austin	Head of Safeguarding (Children)	Brighton & Hove City Council
Vincent Badu	Strategic Director of Social Care & Partnerships	Sussex Partnership NHS Foundation Trust
Linda Beanlands	Commissioner – Community Safety	Partnership Community Safety Team
Karin Divall	Head of Provider Services	Brighton & Hove City Council
Brian Doughty	Head of Assessment Services	Brighton & Hove City Council
Denise D'Souza	Executive Director Adult Social Chair Brighton & Hove Safeguarding Adults Board	Brighton & Hove City Council
Sherree Fagge	Director of Nursing	Brighton & Sussex University Hospital NHS Trust
Gail Gray	CEO, RISE	Domestic Violence Forum
Jackie Grigg **Simon Hughes** **Beatrice Gahagan**	Money Advice & Community Support Brighton Housing Trust Age UK	PASA Group
Anne Hagan	Lead Commissioner Adult Social Care	Brighton & Hove City Council
Cllr Rob Jarrett	Chair Adult Care & Health Committee	
Michelle Jenkins	Head of Safeguarding (Adults)	Brighton & Hove City Council
Soline Jerram	Lead Nurse Director of Quality and Primary Care	Brighton & Hove Clinical Commissioning Group
Philip Letchfield	Head of Contracts & Performance (Adult Social Care)	Brighton & Hove City Council
Jane Mitchell	Safeguarding Lead	South East Coast Ambulance Service NHS Foundation Trust
Lorraine Morrison	Chief Inspector, Force Crime and Justice Dept.	Sussex Police
Graham Nice	Chief Nurse	Sussex Community NHS Trust
Andy Reynolds	Director of Protection and Prevention	East Sussex Fire & Rescue Service
Leighe Rogers	Director Brighton & Hove	Surrey and Sussex Probation Trust
Jugal Sharma	Head of Housing	Brighton & Hove City Council
David Watkins	Brighton & Hove Healthwatch Representative	Brighton & Hove Healthwatch

Appendix 1
From Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk 2.4.1

Level 1 Investigation	A concern/allegation that harm has occurred/appears to have occurred or there is a risk of significant harm occurring to an adult at risk **AND** it is appropriate for a service provider to investigate this because: the suspected harm has arisen in relation to an aspect of care/support for which a service provider is responsible. The manager of the relevant provider service is always asked to investigate the allegation for Level 1 investigations, by the Investigation Manager
Level 2 Investigation	A concern/allegation that harm has occurred/appears to have occurred or there is a risk of significant harm occurring to an adult at risk **AND** it is appropriate for an investigation to be undertaken by a practitioner from an statutory assessment service because there is no provider service involved or it would not be appropriate for a service provider to investigate this. The investigation is undertaken by appropriate statutory assessment service. This may lead to a recommendation for assessment or re-assessment of the needs of the adult and/or the person alleged responsible within the context of the presenting concern(s).
Level 3 Investigation	A concern/allegation that significant harm appears to have occurred/has occurred to one adult and at this point there is no clear indication this has affected other adults at risk. The investigation is undertaken by an Investigating Officer from appropriate statutory assessment services.
Level 4 Investigation	A concern/allegation that more than one adult at risk appears to have/has experienced harm or significant harm and there appears to be some link in relation to the underlying cause or in relation to the person alleged responsible OR there are possible indicators of institutional abuse e.g. significant numbers of low level, or other, concerns affecting more than one adult and concerns that the systems, processes and/or management of these may be failing to safeguard a number of adults leaving them at risk of harm or significant harm. The investigation is undertaken by Investigating Officer/s from appropriate statutory assessment services.

ADULT CARE & HEALTH COMMITTEE	Agenda Item 25 Brighton & Hove City Council

Subject:		**Adult Care Performance Report**
Date of Meeting:		**September 23rd 2013**
Report of:		**Executive Director Adult Care**
Contact Officer:	**Name:**	**Philip Letchfield** **Tel: 29-5078**
	Email:	**Philip.letchfield@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report informs Committee of the progress being made in relation to implementing the significant changes to the adult social care performance framework that have been introduced by the Department of Health.

1.2 This report provides Committee with comparative data for the Adult Social Care Outcomes Framework (ASCOF) relating to 2012 -13 performance.

2. RECOMMENDATIONS:

2.1 That Committee consider and comment on performance in relation to the Adult Social Care Outcomes Framework 2012 -13.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The Adult Care & Health Committee received a performance report at its meeting of September 24th 2012 which detailed the significant national changes that were taking place in relation to performance in adult social care. This included the end of the ratings system for Council, the changing role of Care Quality Commission, the end of published league tables and the introduction of sector led improvement and Local Accounts, the national Zero Based Review of performance returns and the role of the NHS Information Centre. Committee approved the recommendations in relation to producing a further annual Local Account and to signing up to the Making it Real programme.

3.2 The Zero Based Review was concluded following consultation and Councils received guidance in May 2013 regarding future national reporting requirements commencing for the year 2014/15. This will require significant changes across various parts of the Council and a dedicated Project Board is in place to oversee this. In the interim Councils will still be required to provide national data returns as previous for 2013/14. The new reporting arrangements will be better aligned to the personalisation of social care as they follow a persons pathway through care and should also improve activity and finance data. The Council has been allocated a budget of £59,000 from the Department of Health to implement the changes.

3.3 The second Local Account ('How are we Doing') was produced with the support of a virtual reference group from the local community and voluntary sector. This focused on the key improvement areas identified through the user and carer surveys plus other reports such as the LINk overview report on Care Homes. These findings were cross referenced with the key markers identified in 'Making It Real'. Four key improvement areas were identified and responded to in the Local Account. Case studies were used throughout. The Local Account also covered some key areas of performance and the challenges faced by adult social care. The Local Account was used as a focus for the City Summit (see below) and is available on the Councils website. The feedback on the Local Account this year has been very positive and the document is a significant improvement on our first publication. A copy of the Local Account is available in the members reading room.

3.4 In June 2013 the first adult social care City Summit was held. This was informed by national and local best practice. There was full attendance from 80 services users / carers and citizens and the event was chaired by an independent person with national expertise in this field. In addition over 25 information stalls were open to those attending and others during the event. During the Summit those attending considered the findings identified in the Local Account and had the opportunity to identify their key issues and comment on these. Over 30 people helped facilitate and support the event including colleagues from other Council departments and the local voluntary and community centre. Some of those people who had told their own story in the Local Account were also in attendance and one gave a talk on her experience of care. The feedback on the event has been extremely positive from all stakeholders involved. See Appendix 1 for a summary of feedback from those who attended. A full analysis of the outcomes from the day is being written up. Key themes included information, continuity of care staff, community activities and support to carers. This will inform future service planning and development. A clear action plan in relation to the issues identified will be put in place and this will inform business plans and commissioning plans. The Local account next year will also follow up on progress being made. This is all being fed back to those who attended and will be shared with key stakeholders to inform service improvement and development.

3.5 Based on the analysis of service user and carer surveys, that formed the heart of the Local Account, the Council joined the Making It Real Programme and published an action plan on the Making It Real national site. The Council is now recognised as participating in the programme and will need to review its progress within 6 months.

3.6 The Council continues to report its performance in relation to the Adult Social Care Outcomes Framework (ASCOF). This national framework is no longer the subject of national benchmarking however it is possible to access data from across comparator Councils through the Health and Social Care Information Centre. Performance for 2012/13 is detailed in appendix 2 with benchmarking against our comparator Councils group. The ASCOF includes some data drawn from the Users and Carers surveys which Councils are required to undertake. Appendix 3 provides some additional data re year on year performance.

3.7 The ASCOF data indicates good progress in relation to the personalisation of social care with a top quartile performance for people receiving services through self directed support (table 1c part 1) and an above average performance in relation to the use of direct payments (table 1c part 2). The positive impact of reablement is supported through the performance identified at table 2 b (parts 1 and 2). The numbers of people aged 18 - 64 being admitted to permanent residential care has reduced and is well below the national and comparator average. The permanent admissions for older people has remained stable and is now in line with our comparator average (table 2b) with the overall numbers of people in residential and nursing home care reducing. This contrasts with other comparators where numbers are beginning to increase. People with learning disability are receiving services that are helping them find employment, in the fact the highest in the comparator group, (table 1 e) and also settled accommodation (table 1f). People delayed in hospital for social care reasons is line with our comparator group.

3.8 Service users are reporting comparatively positive outcomes in relation to safety (table 4a and 4b), control over their daily life 1b and their overall quality of life (table 1a). This is also the case on other questions in the survey which the ASCOF does not capture for example being treated with dignity and cleanliness. However this is not reflected in relative satisfaction levels (table 3a, as measured by those who are extremely or very satisfied) where the performance is below average.

3.9 The outcomes from the carer's survey (this was the first year so no trend data is available) were relatively disappointing comparative to other comparator Councils. The overall quality of life score (table 1d), satisfaction levels (table 3b) and involvement in discussions about the person they cared for (table 3c) were below average. This contrasts with other information which indicates a much improved performance in the numbers of carers receiving assessments and services in their own right, the high ratio of carers receiving services in their own right (not only advice and information) and the positive feedback from carers in contract reviews and other meetings about the local services they receive. An analysis of all available information about carer's services is being collated and will be presented to the senior management team in adult social care in September to inform improvement planning.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 The Zero Based Review and the national performance framework were the subject of national consultation and related Equality Impact Assessments from the Department of Health.

4.2 The Local Account was developed with reference to the outcomes from our surveys of service users and carers and representatives of the local voluntary sector.

4.3 Making It Real is a national programme that is led by services users and their carers.

4.4 The City Summit was a major engagement event with service users, carers and local citizens.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The implementation of the Zero Based Review recommendations require significant changes to performance and financial reporting and to the systems that support these. An investment of resources will be required over and above the £59,000 awarded by the Department of Health and will be identified from within the agreed budget for 2013/14.

Resources to support the local account and future city summits will need to considered as part of budget development for 2014/15.

The performance against the Outcomes Framework will inform the budget strategy for 2014/15.

Finance Officer Consulted: Anne Silley Date: 06/08/13

Legal Implications:

5.2 The rationale for and statutory changes requiring the Adult Social Care outcomes Framework 2012 -13 are described in the body of this report. There are no additional specific legal or Human Rights Act implications arising from this report which is for consideration any comment only.

Lawyer Consulted: Name Sandra O'Brien Date: 28 August 2013

Equalities Implications:

5.3 The Zero Based Review and the adult social care performance framework have been the subject of Equality Impact Assessments by the Department of Health and are statutory in nature.

Sustainability Implications:

5.4 There are no specific sustainability implications in this report.

Crime & Disorder Implications:

5.5 There are no specific crime and disorder implications.

Risk and Opportunity Management Implications:

5.6 The outcomes from the performance framework described in the report provide an opportunity both engage with service users and there carers and through this improve and develop our services to better meet the needs of local people.

Public Health Implications:

5.7 The report covers services that promote health and well being and help tackle inequalities.

Corporate / Citywide Implications:

5.8 The performance framework in adult social care supports the Councils priorities of tackling inequality, engaging with people and modernising the Council.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Some elements of the performance framework are statutory in nature and the subject to detailed national guidance, such as the Zero Based Review, carer and user surveys and the ASCOF.

6.2 The elements which relate to sector led improvement such Local Account, peer review , Making it Real and the City summit are not statutory in nature. However they provide mechanisms for engaging with local people on social care issues, supporting transparency and gaining valuable information to shape service development and improvement.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The report provides Committee with the opportunity to inform local performance reporting and hold officers to account for the performance of local services.

SUPPORTING DOCUMENTATION

Appendices:

1. Health & Social Care Information Centre ASCOF benchmarking

Documents in Members' Rooms

1. Local Account for Adult Social Care (How are we Doing ?)

Background Documents

1. None

hscic Health & Social Care Information Centre

National Adult Social Care Intelligence Service (NASCIS)

Measures from the Adult Social Care Outcomes Framework (ASCOF): Comparator Report 2012-13

Brighton and Hove (816)

NASCIS Standard Report 8
This report is based on provisional data

Published 10th July 2013

We are the trusted source of authoritative data and information relating to health and care.

www.hscic.gov.uk
enquiries@hscic.gov.uk

Author: Adult Social Care Statistics Team, Health and Social Care Information Centre

Version: V1.0

Date of publication: 10th July 2013

Report based on provisional data

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Contents

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Introduction

This report is one of a range of standard reports available from the National Adult Social Care Intelligence Service (NASCIS). The report shows measures from the Adult Social Care Outcomes Framework (ASCOF) for Brighton and Hove (816) in the context of data for 15 comparable councils.

Comparable councils are selected according to the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour Model, which identifies similarities between authorities based upon a range of socio-economic indicators. Further information about the Nearest Neighbour Model can be found on the CIPFA web site at:
http://www.cipfastats.net/resources/nearestneighbours

Notes

Comparator Groups
Comparator groups are not available for City of London (714) and Isles of Scilly (906).
The comparator group average is based on Brighton and Hove (816) plus the 15 comparator councils.

Sources
This report is based on provisional 2012-13 data. Chart sources include:

Adult Social Care Combined Activity Return (ASC-CAR) - charts 1E, 1G, 2A, 2B

Personal Social Services Adult Social Care Survey (Adult Social Care Survey (ASCS)) - charts 1A, 1B, 3A, 3D, 4A, 4B

Personal Social Services Survey of Adult Carers in England (Carers' Survey (CS)) - charts 1D, 3B, 3C, 3D

Delayed Transfers of Care (DToC) - chart 2C

Hospital Episode Statistics (HES) - chart 2B

Mental Health Minimum Data Set (MHMDS) - charts 1F, 1H

Mid-year population estimates, Office for National Statistics (ONS) - charts 2A, 2C

Referrals, Assessments and Packages of Care (RAP) - chart 1C

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References

Adult Social Care Outcomes Framework (ASCOF)

More information and a handbook of definitions (March 2012, Version 3) are available from:
https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2012-to-2013

Adult Social Care Outcomes Toolkit (ASCOT)

The ASCOT measure (1A) is designed to capture information about an individual's social care-related quality of life (SCRQoL). ASCOT is the source for the questions in the ASCS. Users wishing to make commercial use of ASCOT materials should contact the ASCOT team (ascot@kent.ac.uk) who will be put in touch with Kent Innovation and Enterprise, as registration is required.
http://www.pssru.ac.uk/ascot/

Additional references:

A Netten, P Burge, J Malley, D Potoglou, A-M Towers, J Frazier, T Flynn, J Forder and B Wall (2012) Outcomes of social care for adults: developing a preference-weighted measure, Health Technology Assessment 2012; Vol. 16: No. 16.

Netten, A., Beadle-Brown, J., Caiels, J., Forder, J., Malley, J., Smith, N., Trukeschitz,B., Towers, A., Welch, E. and Windle, K. (2011) Adult Social Care Outcomes Toolkit v2.1: Main guidance, PSSRU Discussion Paper 2716/3.

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ASCOF Measure Summary

Indicator	BRIGHTON AND HOVE	COMPARATOR GROUP	ENGLAND
1A	19.5	19.0	18.8
1B	80.5	78.0	75.9
1C1	65.6	52.0	55.6
1C2	17.3	14.6	16.4
1D	7.8	8.3	8.1
1E	13.3	7.5	7.2
1F	5.9	6.2	7.7
1G	78.1	72.4	73.3
1H	58.7	50.7	59.3
2A1	10.1	15.9	14.9
2A2	834.1	835.7	708.8
2B1	85.9	82.9	81.5
2B2	6.9	3.7	3.3
2C1	10.8	9.2	9.5
2C2	3.7	3.5	3.3
3A	46.6	63.0	63.7
3B	37.0	44.2	42.7
3C	68.8	74.7	72.8
3D	72.1	73.4	71.5
4A	69.5	66.1	65.0
4B	82.2	79.7	77.9

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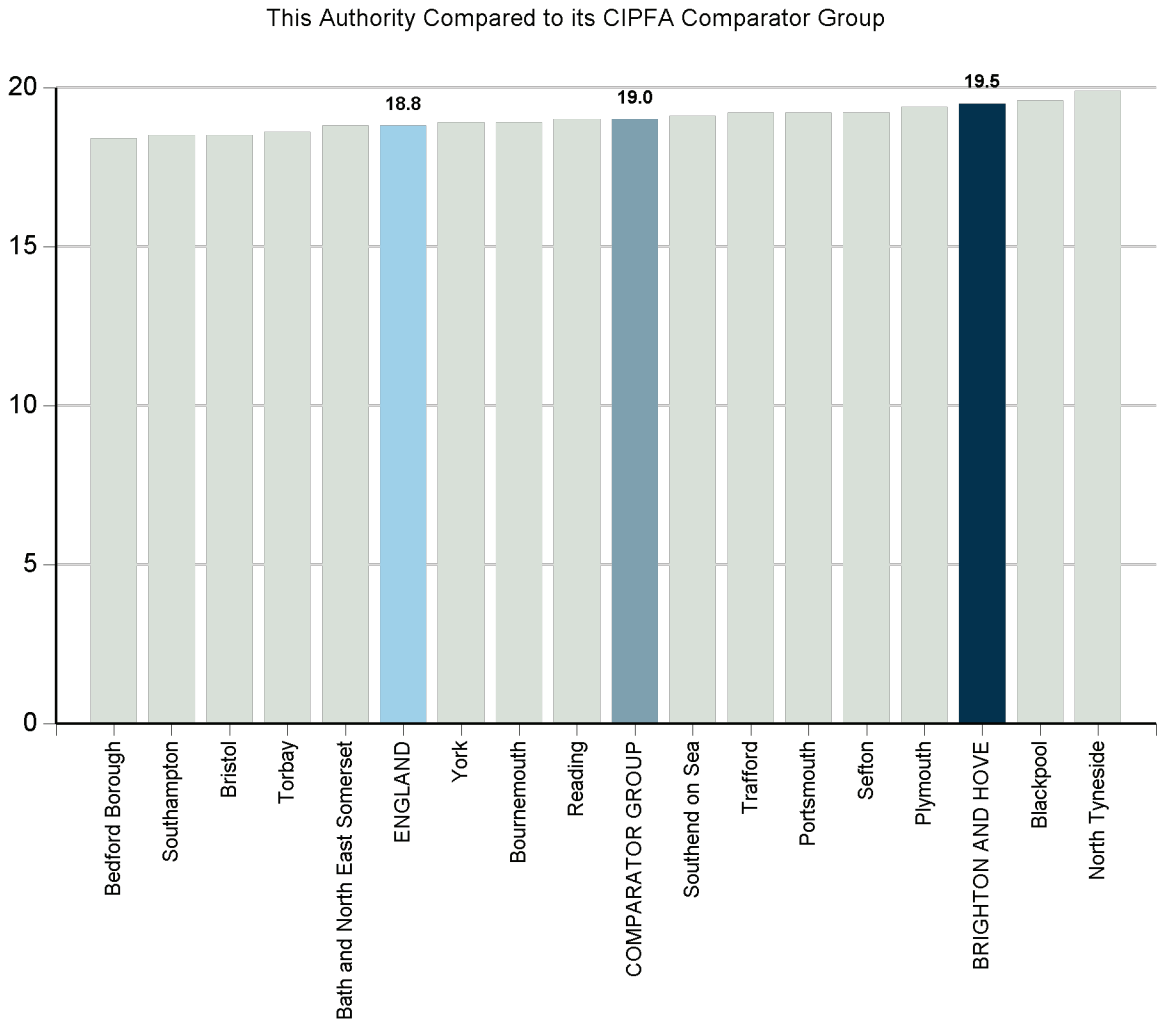
1A - Social care related quality of life score, 2012-13



This measure gives an overarching view of quality of life of users based on outcome domains of social care related to quality of life.

Sources
Numerator and denominator: ASCS.
Data for 2012-13 is based on provisional data.

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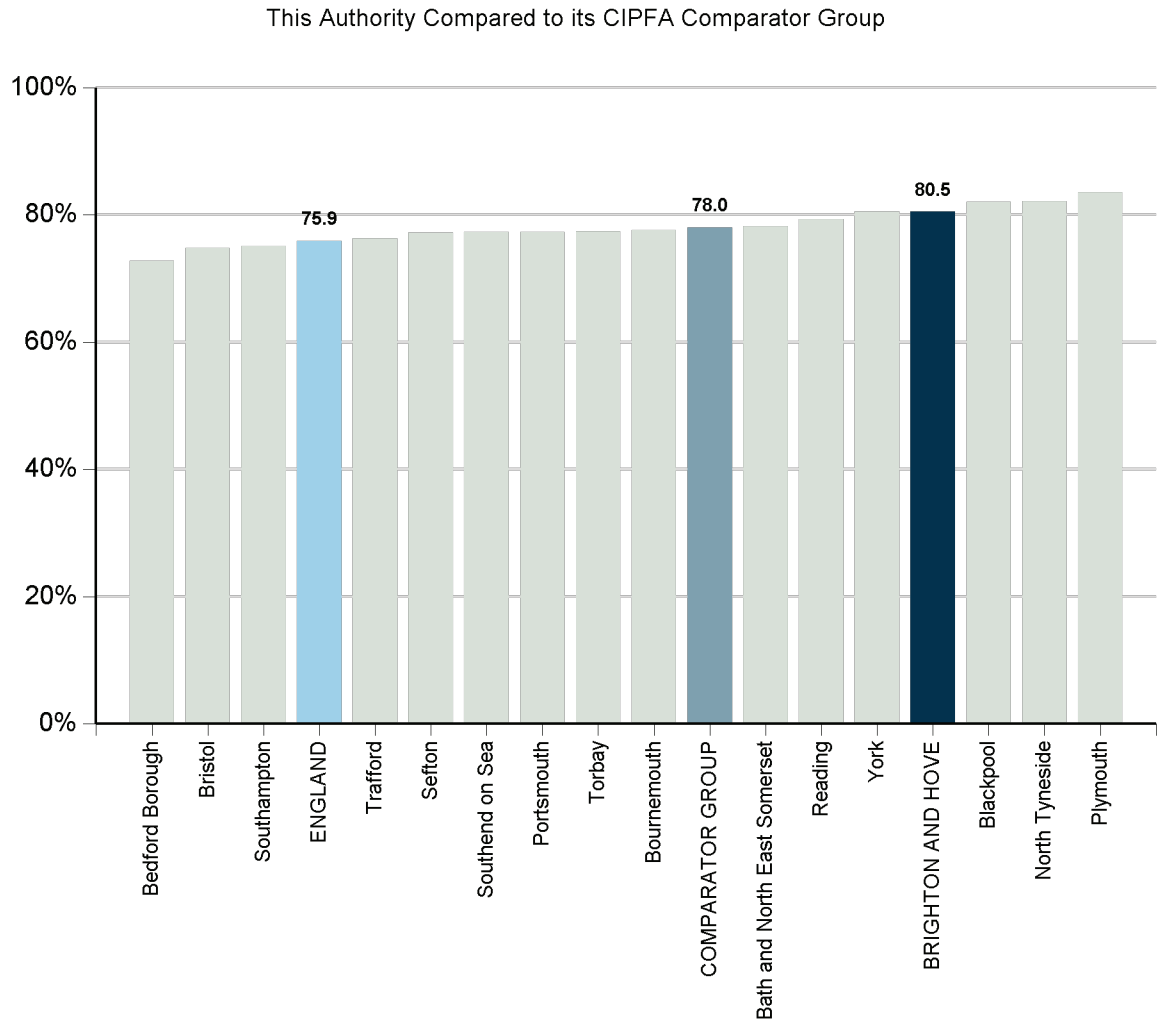
1B - The proportion of people who use services who have control over their daily life, expressed as a percentage, 2012-13



Control is one of the key outcomes derived from the policy of personalisation. This measure is a means of determining whether that outcome is being achieved.

Sources
Numerator and Denominator: ASCS.

Data for 2012-13 is based on provisional data.

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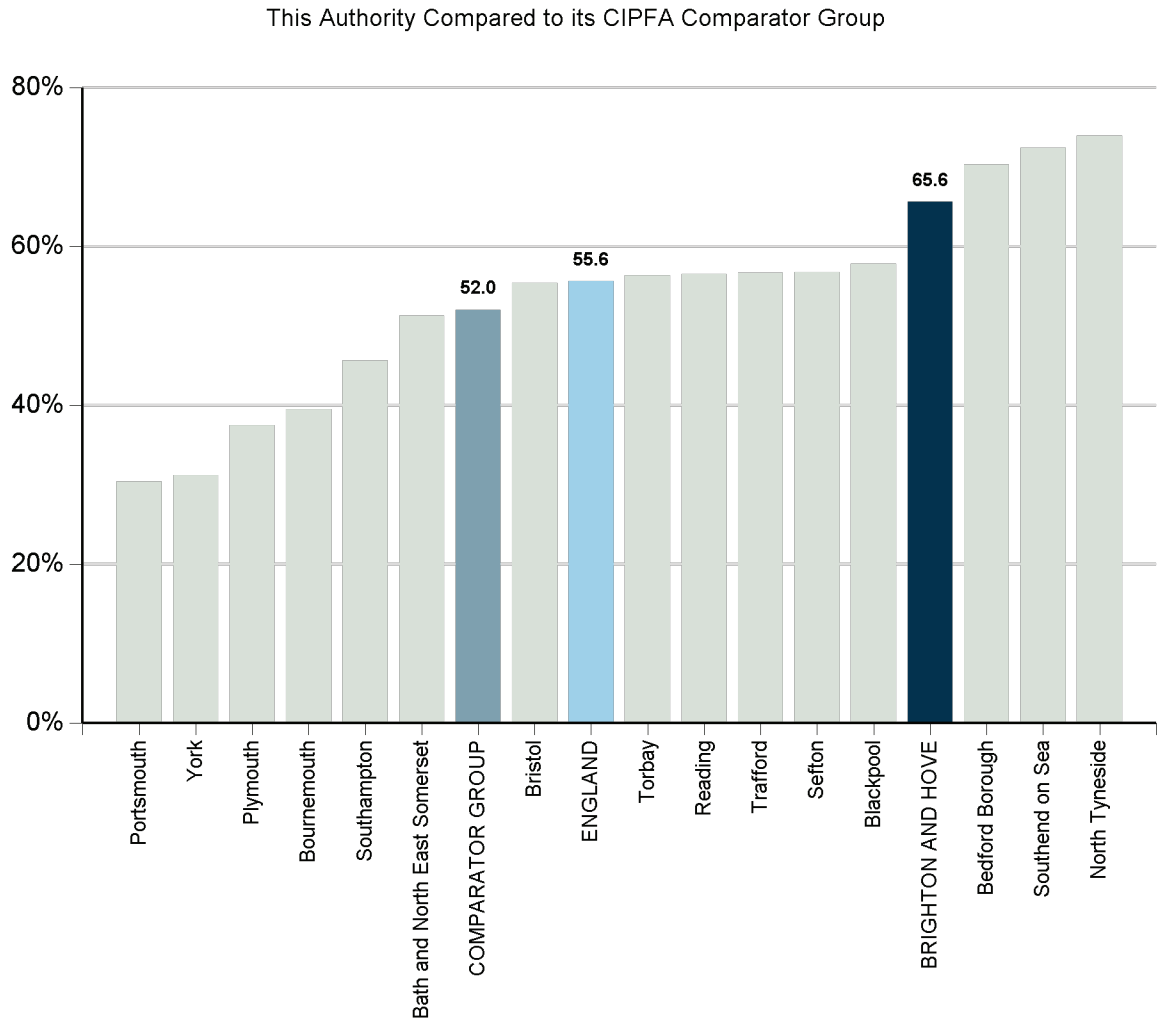
1C part 1 - Number of adults, older people and carers receiving self-directed support in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services, 2012-13



Research has indicated that personal budgets have a positive effect in terms of impact on wellbeing, increased choice and control, cost implications and improving outcomes.

Sources
Numerator and denominator: RAP.

Data for 2012-13 is based on provisional data.

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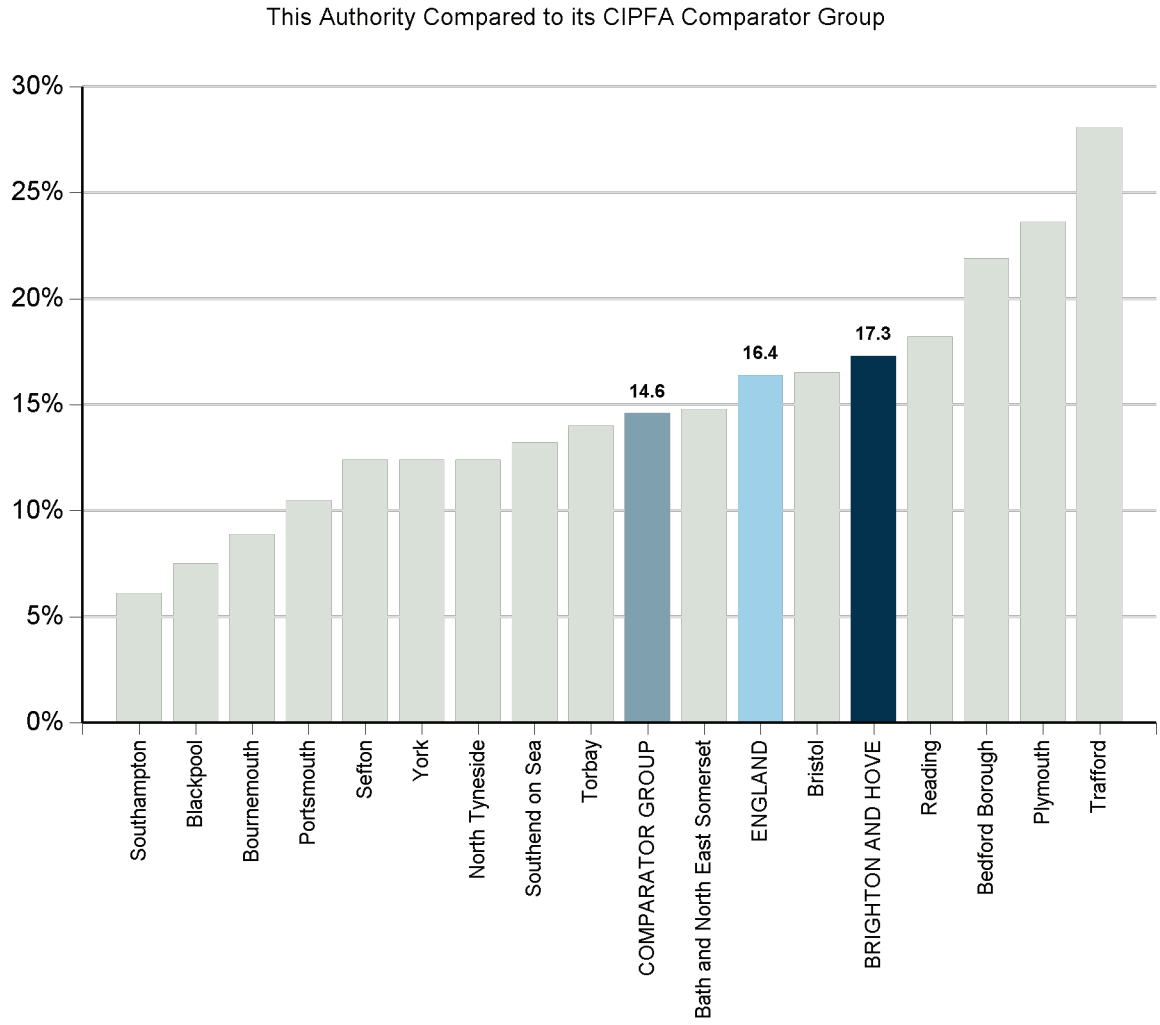
1C part 2 - Number of adults, older people and carers receiving self-directed support via a direct payment in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services, 2012-13



Studies have shown that direct payments make people happier with the services they receive and are the purest form of personalisation.

Sources
Numerator and denominator: RAP.

Data for 2012-13 is based on provisional data.

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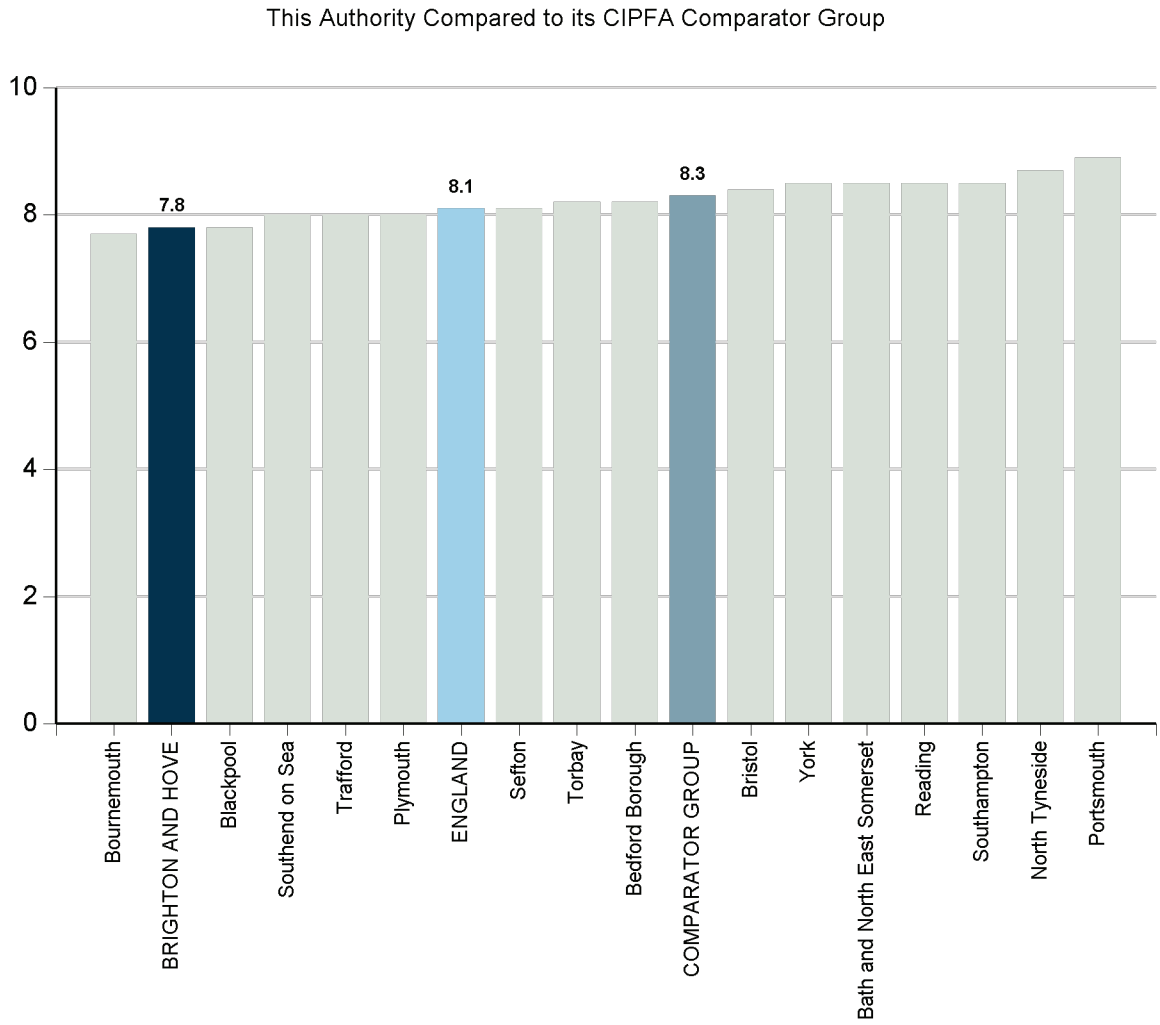
1D - Carer-reported quality of life score, 2012-13



This measure gives an overarching view of the quality of life of carers based on outcomes identified through research by the Personal Social Services Research Unit. This is the only current measure related to quality of life for carers available, and supports a number of the most important outcomes identified by carers themselves to which adult social care contributes.

Sources
Numerator and denominator: CS.

Data for 2012-13 is based on provisional data.

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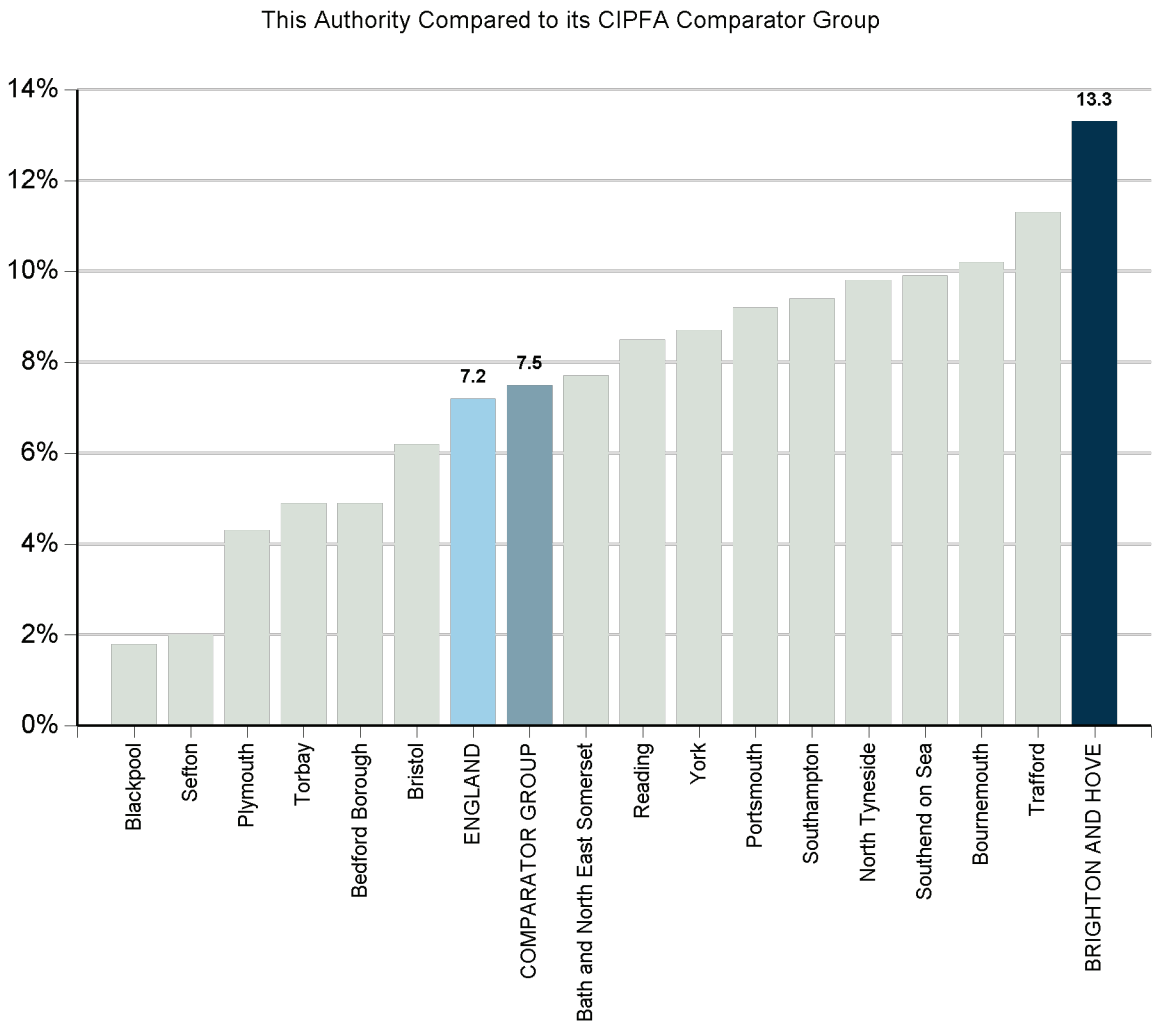
1E - Adults with learning disabilities in paid employment, expressed as a percentage, 2012-13



There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits.

Sources
Numerator and denominator: ASC-CAR.

Data for 2012-13 is based on provisional data.

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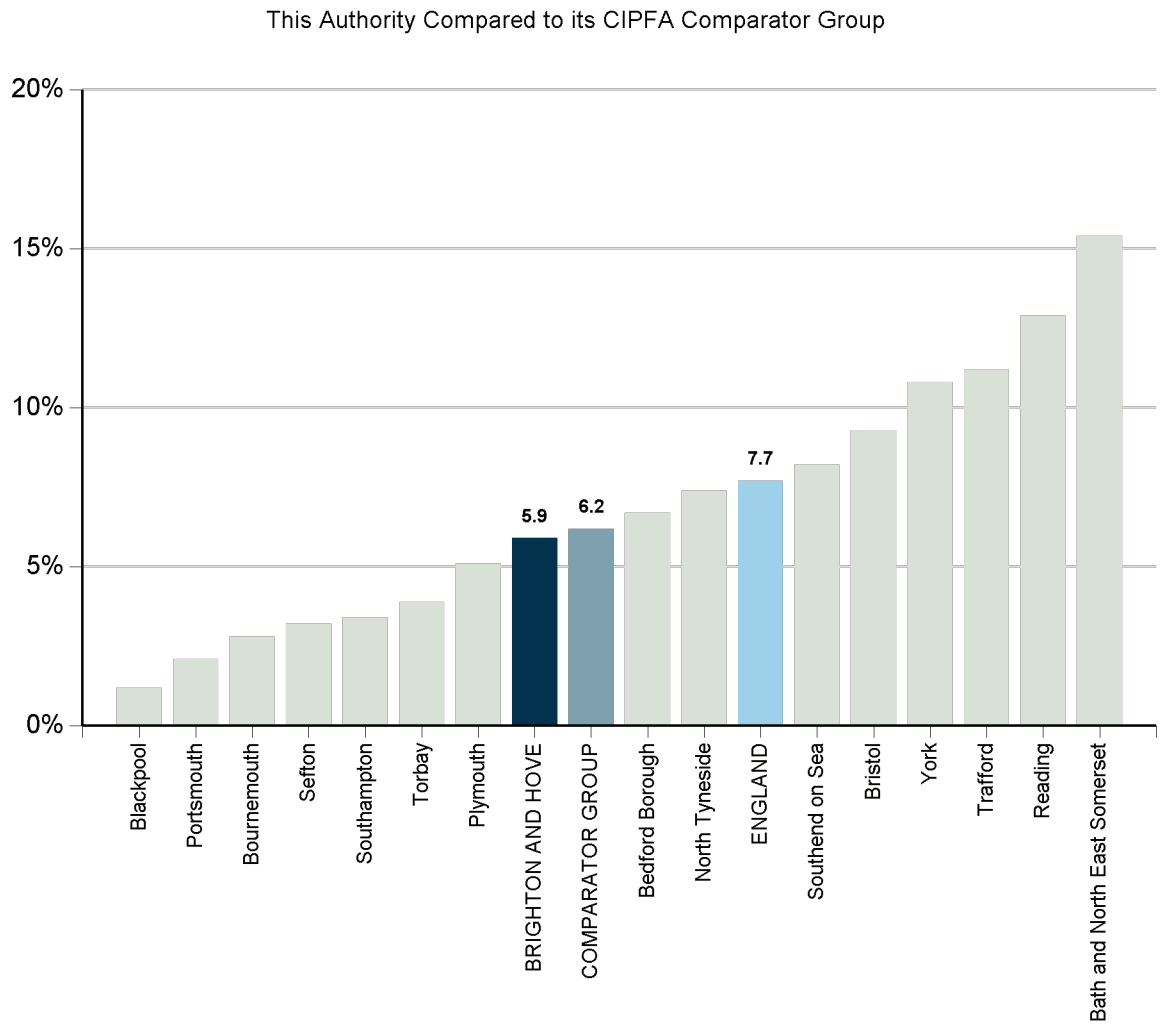
1F - Adults in contact with secondary mental health services in paid employment, expressed as a percentage, 2012-13



Employment outcomes demonstrate quality of life and are indicative that social care support is personalised. Employment is a wider determinant of health and social inequalities.

Sources
Numerator and denominator: MHMDS.

Please note: National totals are not the exact sum of all councils' data. In some instances it is not possible to attribute a service user to a council but these service users still form part of the national total.

Data for 2012-13 is based on provisional data.

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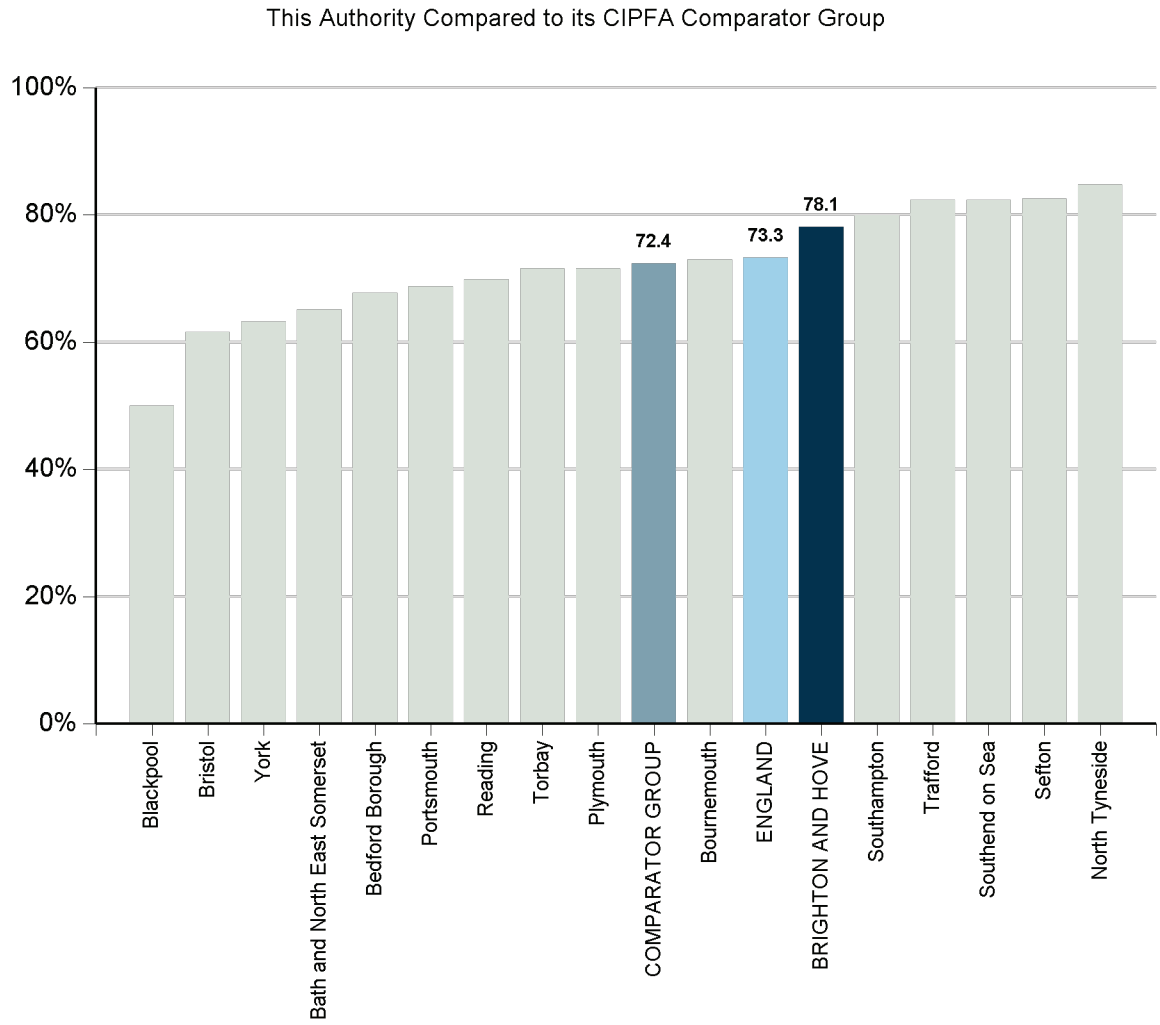
1G - Adults with learning disabilities who live in their own home or with family, expressed as a percentage, 2012-13



The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and the risk of social exclusion.

Sources
Numerator and denominator: ASC-CAR.

Data for 2012-13 is based on provisional data.

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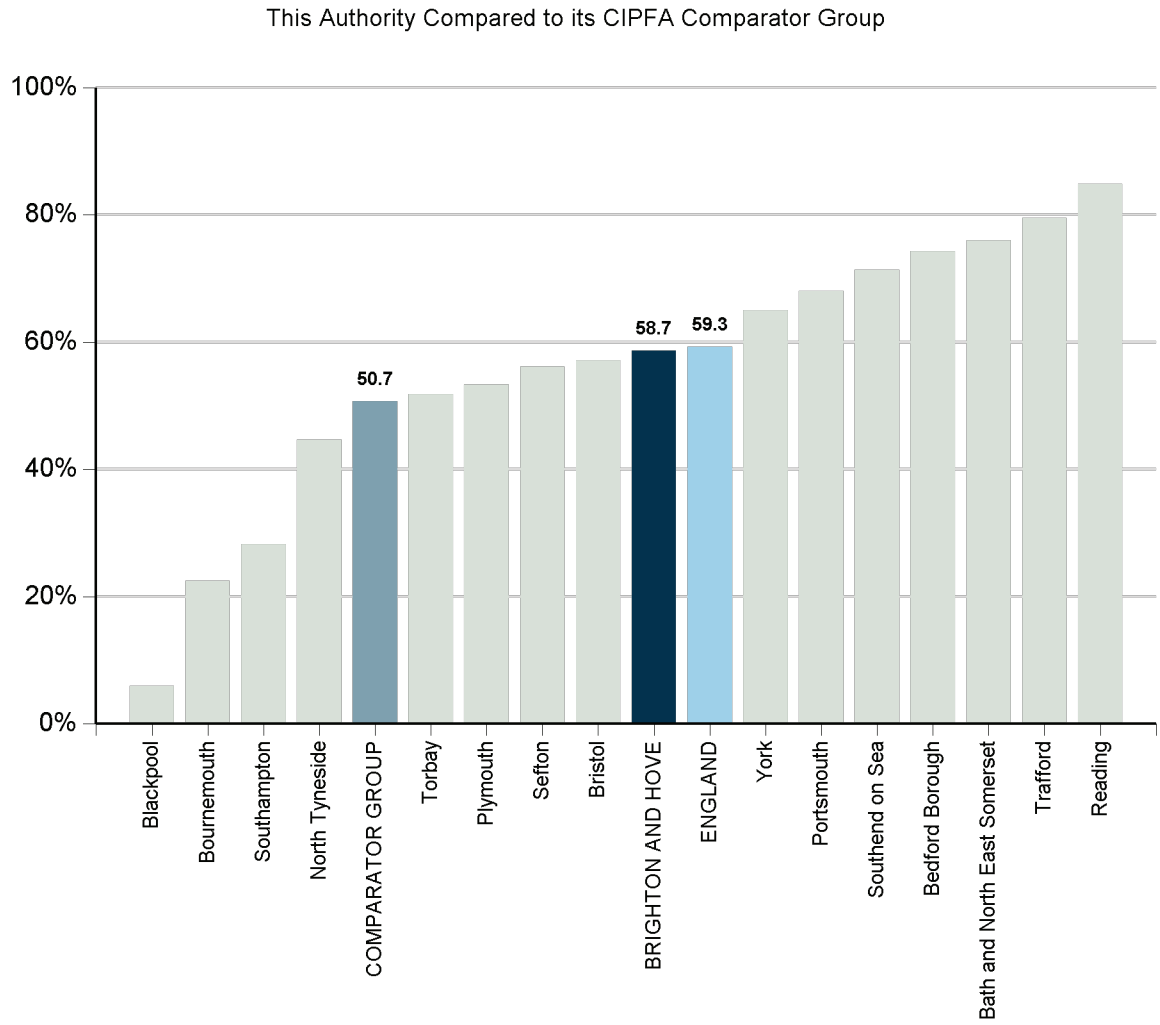
1H - Adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2012-13



Stable and appropriate accommodation is closely linked to improving safety and reducing the risk of social exclusion.

Sources
Numerator and denominator: MHMDS.

Please note: National totals are not the exact sum of every councils data. In some instances it is not possible to attribute a service user to a council but these service users still form part of the national total.

Data for 2012-13 is based on provisional data.

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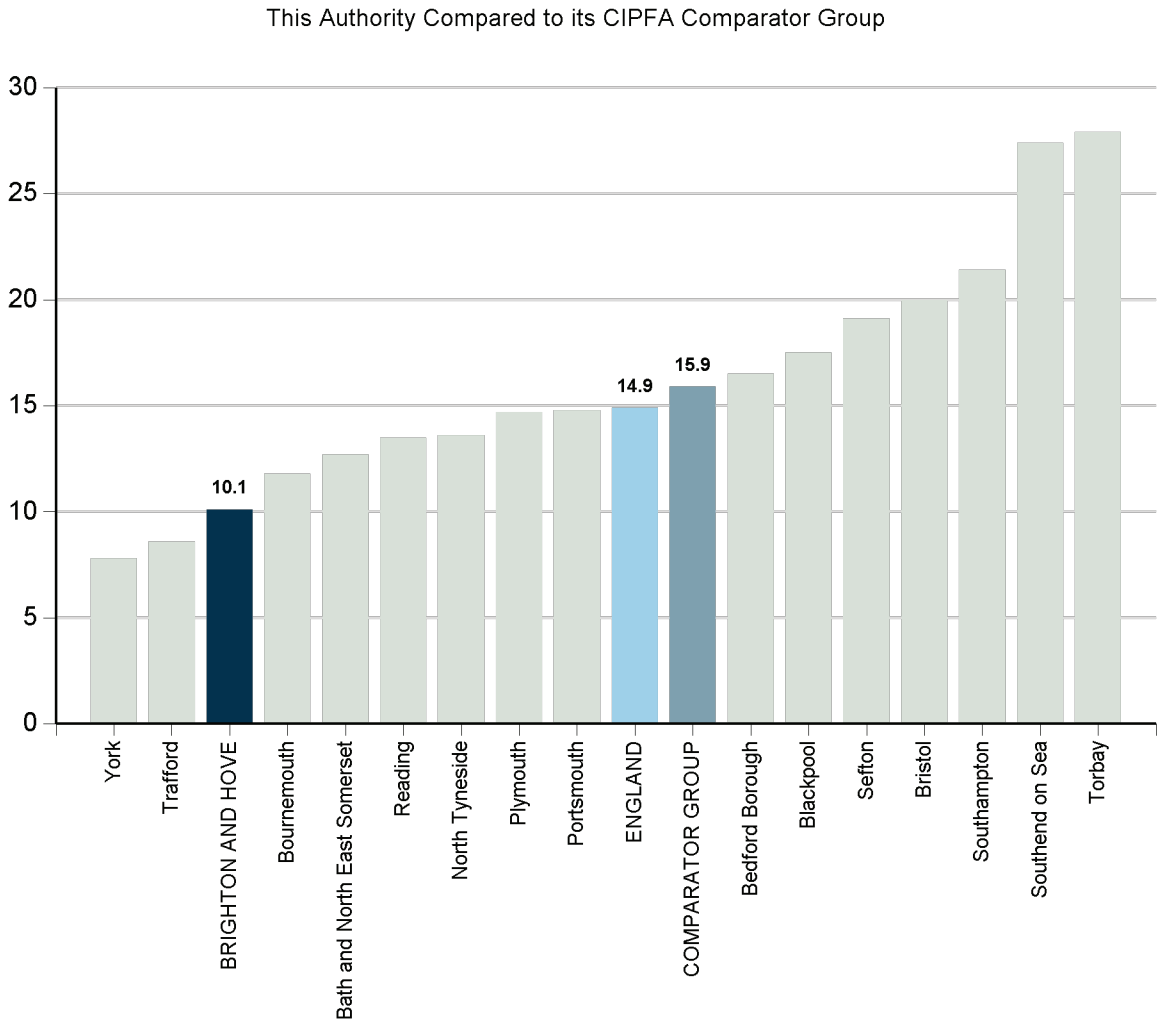
2A part 1- Permanent admissions to residential and nursing care homes for younger adults (18-64), per 100,000 population, 2012-13



Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency. Research suggests where possible people prefer to stay in their own home rather than move into residential care.

Sources
Numerator: ASC-CAR.
Denominator: ONS 2011 mid-year population estimates (aged 18-64).

Data for 2012-13 is based on provisional data.

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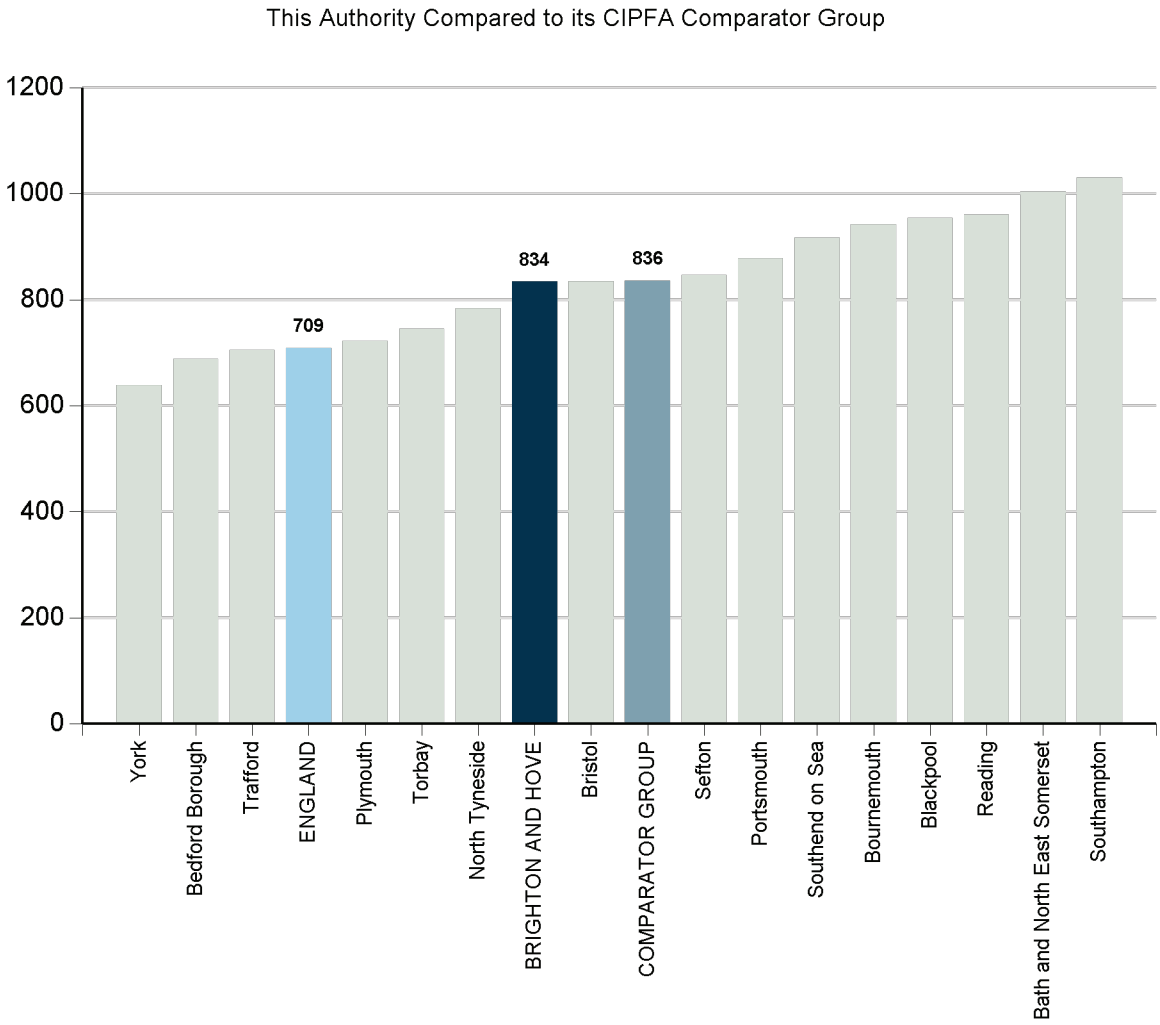
2A part 2 - Permanent admissions to residential and nursing care homes for older people (65 and over), per 100,000 population, 2012-13



Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency. Research suggests where possible people prefer to stay in their own home rather than move into residential care.

Sources
Numerator: ASC-CAR.
Denominator: ONS 2011 mid-year population estimates (65 and over).

Data for 2012-13 is based on provisional data.

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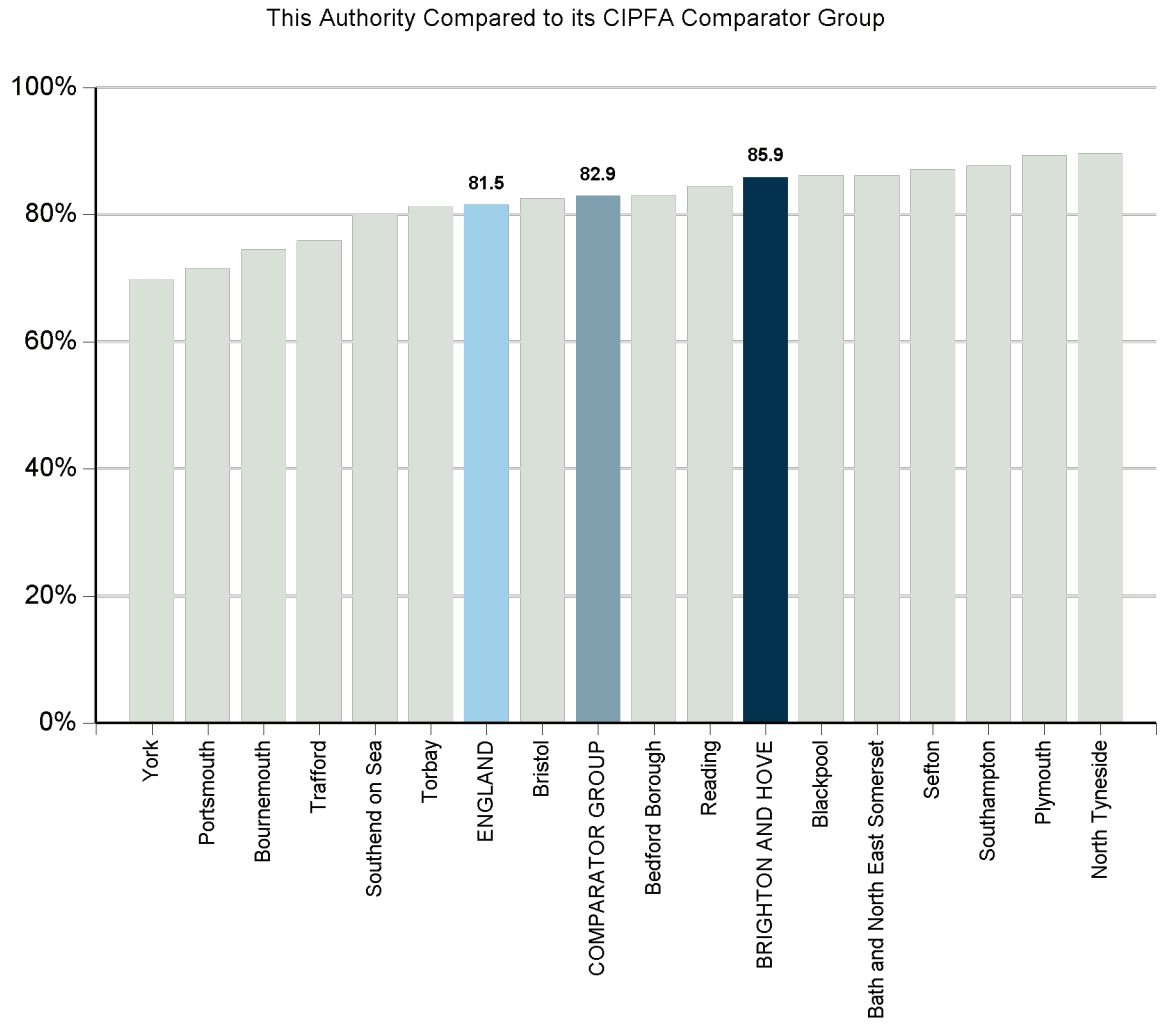
2B part 1 - Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, expressed as a percentage, 2012-13



Remaining living at home 91 days following discharge is the key outcome for many people using reablement services.

Sources
Numerator and Denominator: ASC-CAR.

Data for 2012-13 is based on provisional data.

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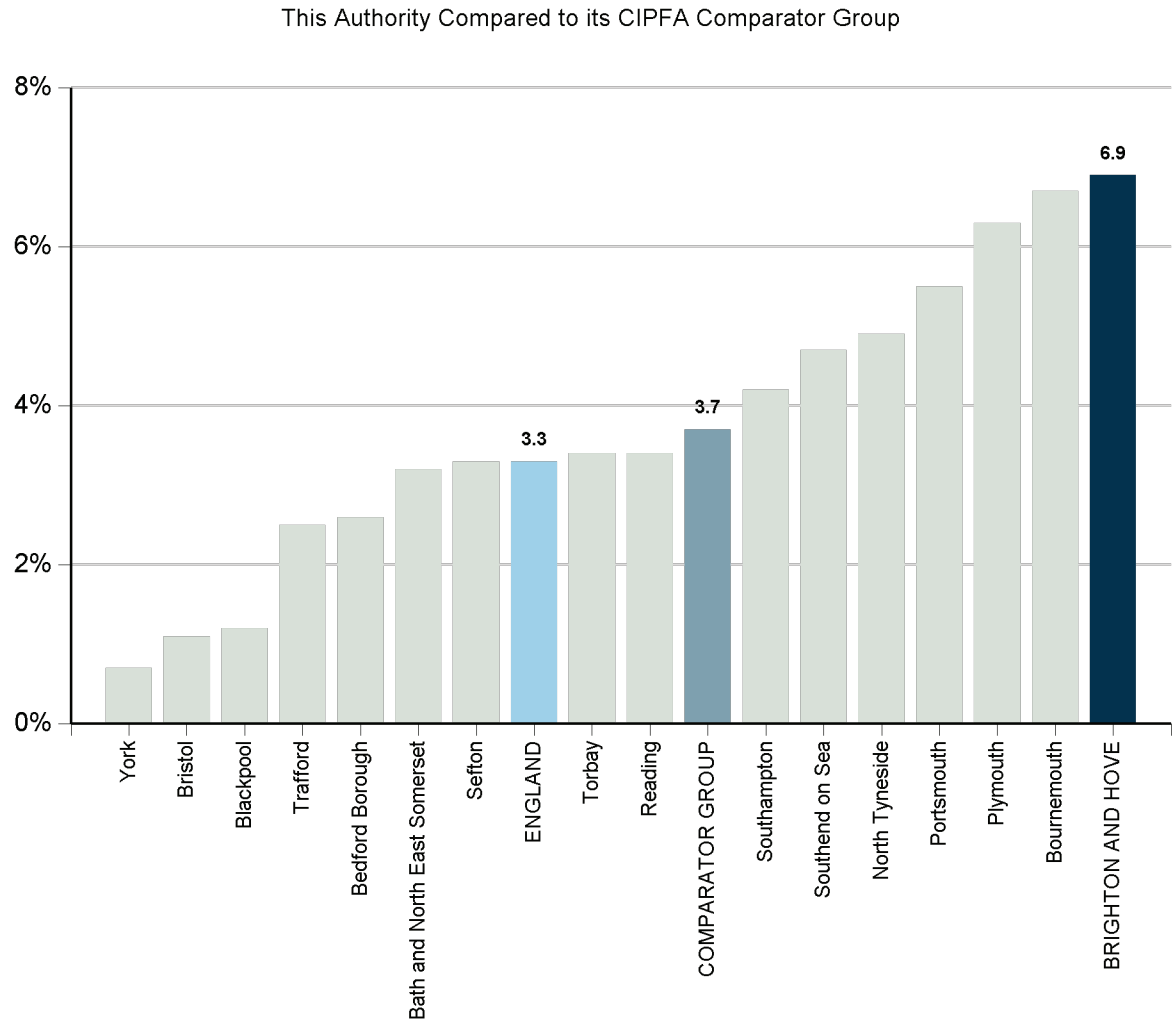
2B part 2 - Older people (65 and over) who were offered reablement services following discharge from hospital, expressed as a percentage, 2012-13



This measure indicates the volume of reablement offered.

Sources
Numerator: ASC-CAR.
Denominator: HES.

Data for 2012-13 is based on provisional data.

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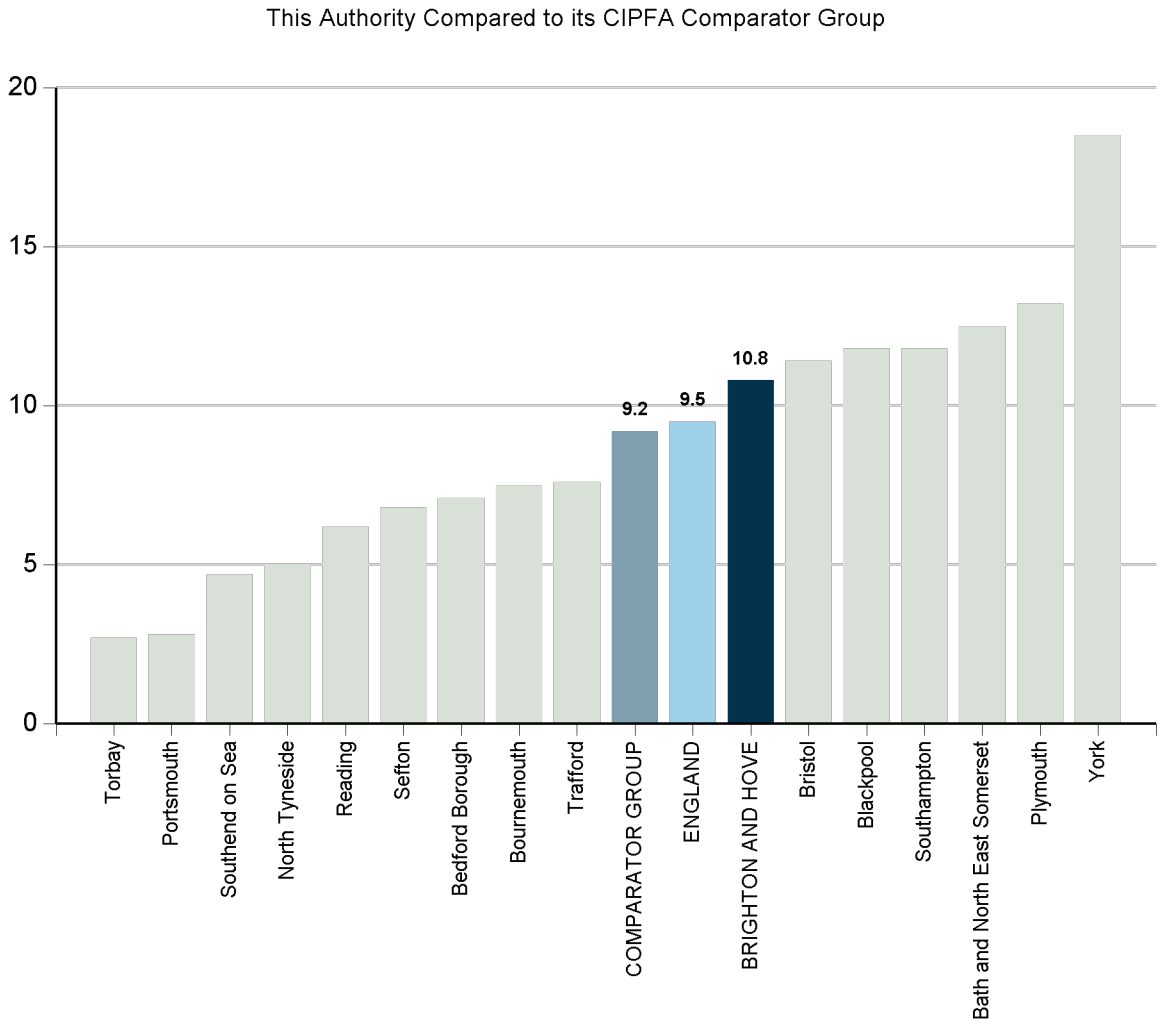
2C part 1 - Delayed transfers of care from hospital, per 100,000 population, 2012-13



The impact of hospital services and community based care in facilitating timely and appropriate transfer from all hospitals for all adults.

Sources
Numerator: DToC.
Denominator: ONS 2011 mid-year population estimates (18 and over).

Data for 2012-13 is based on provisional data.

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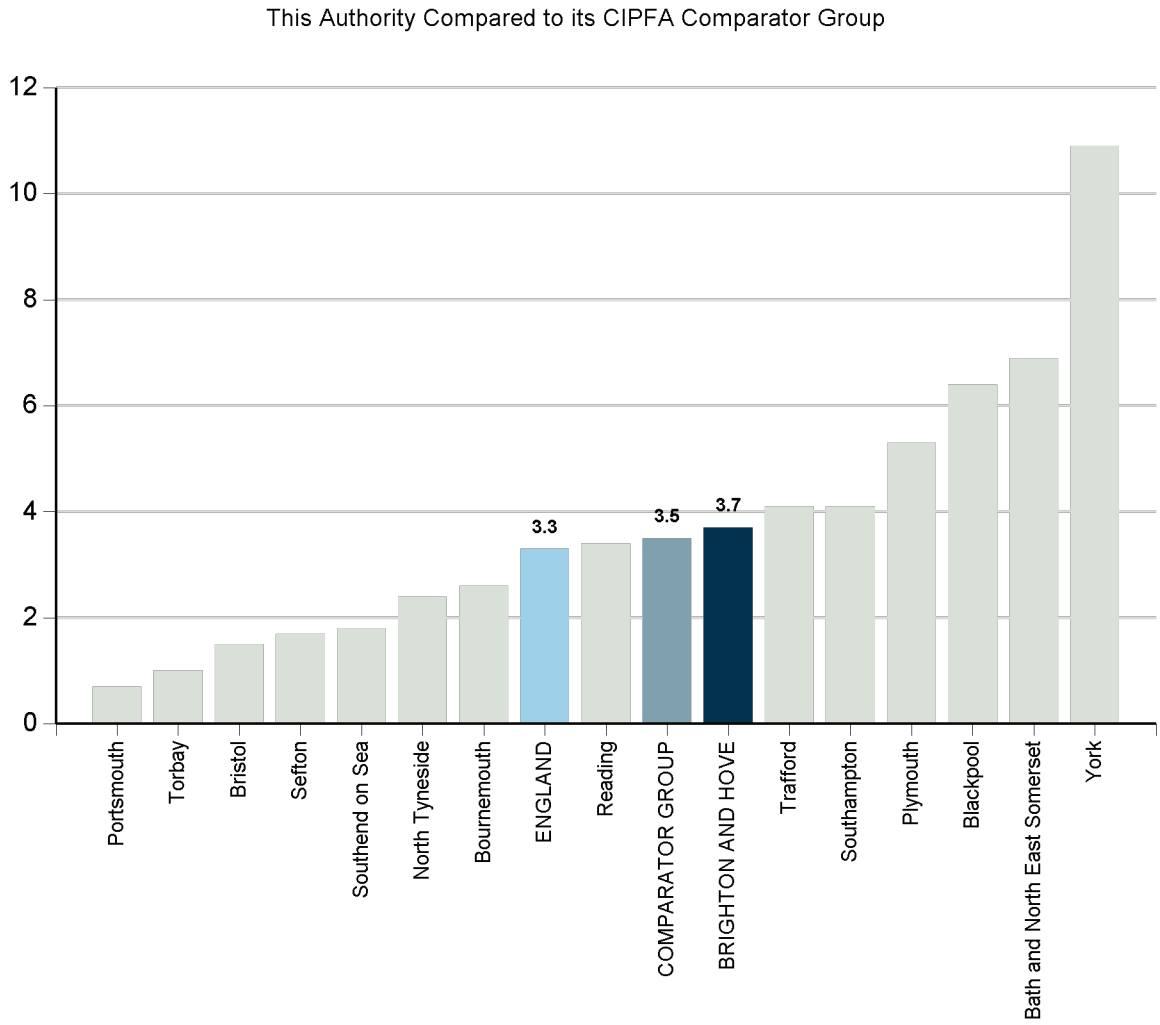
2C part 2 - Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population, 2012-13



The impact of hospital services and community based care in facilitating timely and appropriate transfer from all hospitals for all adults.

Sources
Numerator: DToC.
Denominator: ONS 2011 mid-year population estimates (18 and over).

Data for 2012-13 is based on provisional data.

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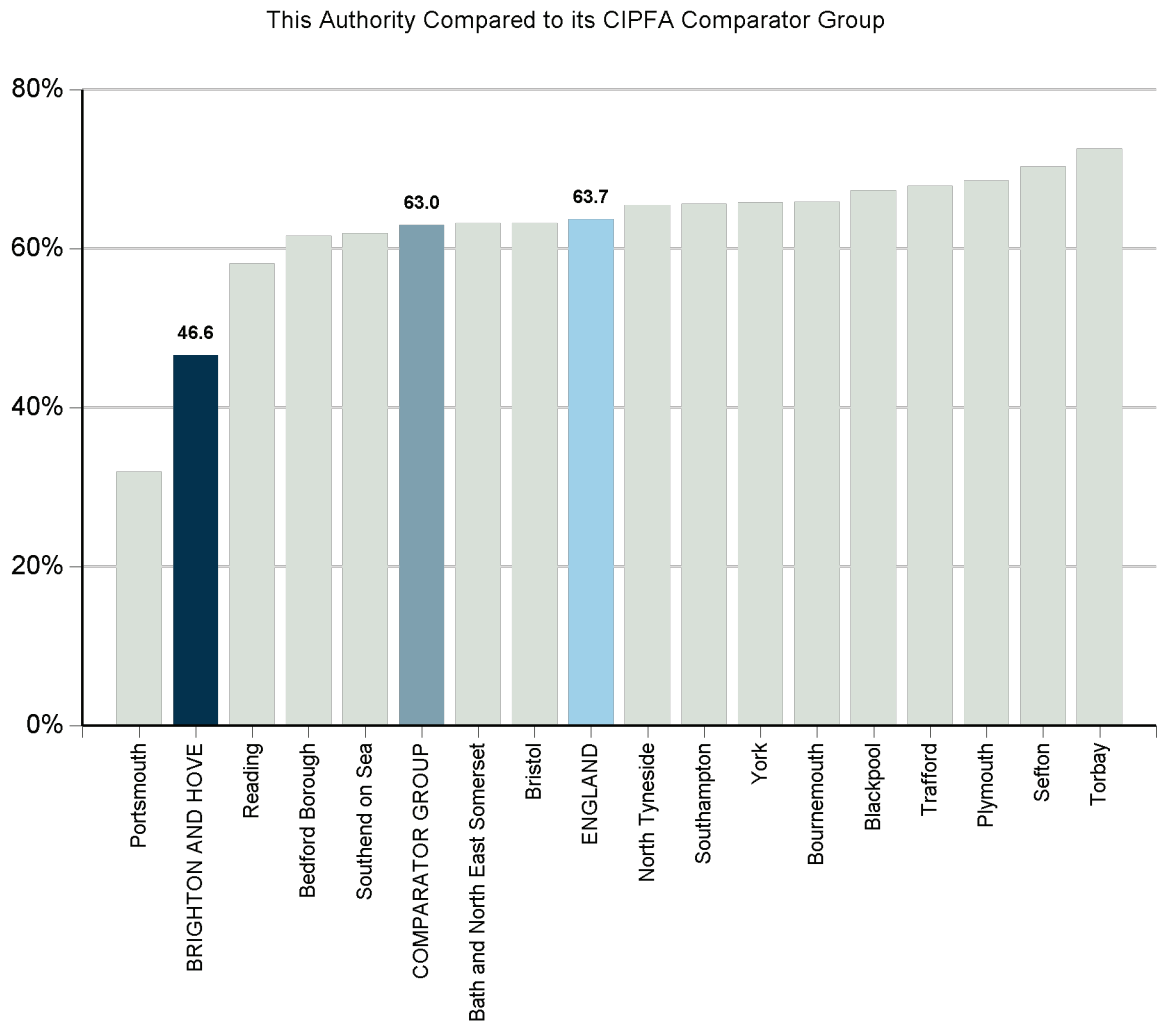
3A - Percentage of adults using services who are satisfied with the care and support they receive, 2012-13



The satisfaction with services of people using adult social care is directly linked to a positive experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of the overall experience of services and quality.

Sources
Numerator and denominator: ASCS.

Data for 2012-13 is based on provisional data.

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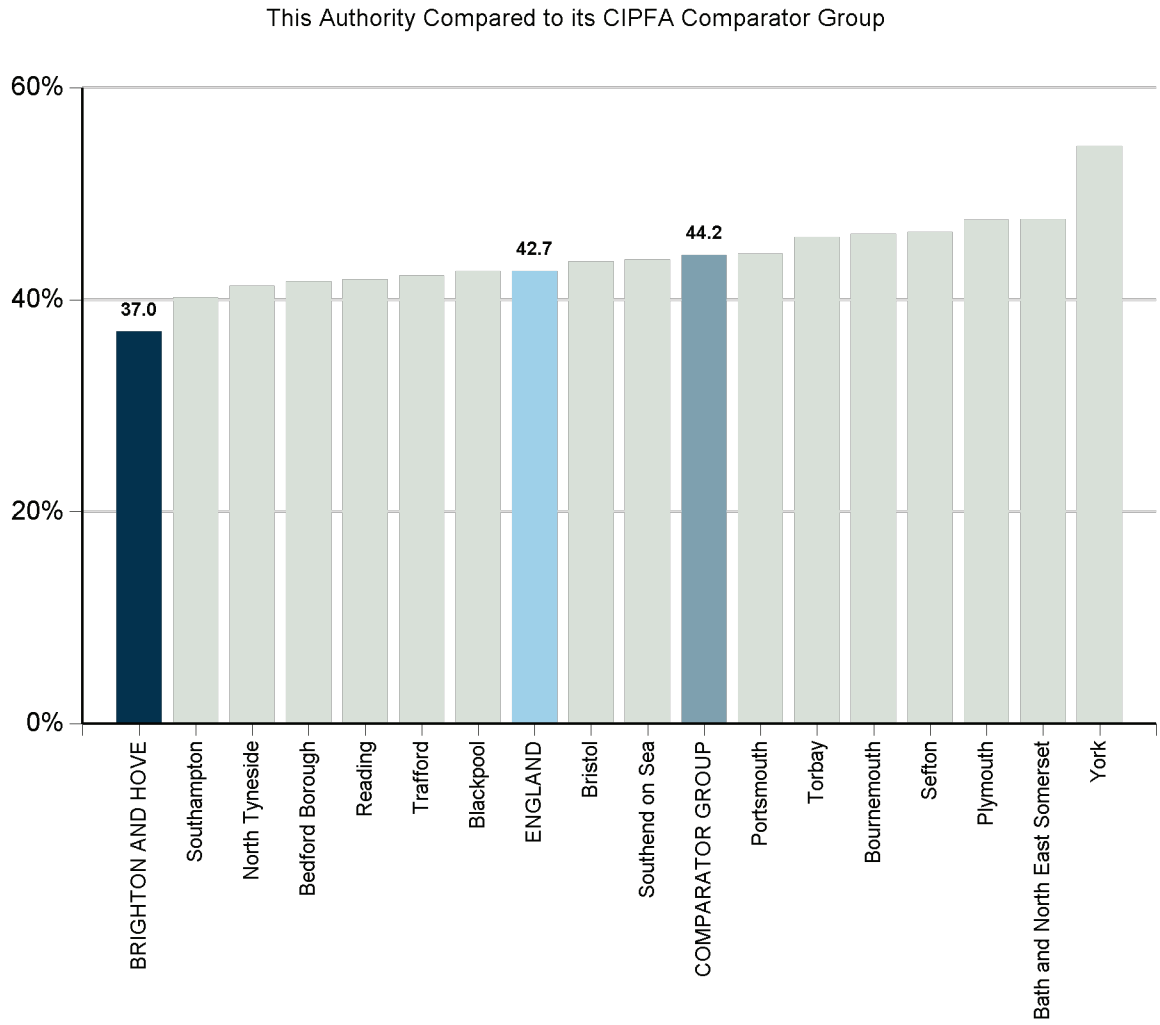
3B - Overall satisfaction of carers with social services, expressed as a percentage, 2012-13



The satisfaction with services of carers of people using adult social care is directly linked to a positive experience of care and support. Analysis of user surveys suggests that reported satisfaction with services is a good predictor of the overall experience of services and quality.

Sources
Numerator and denominator: CS.

Data for 2012-13 is based on provisional data.

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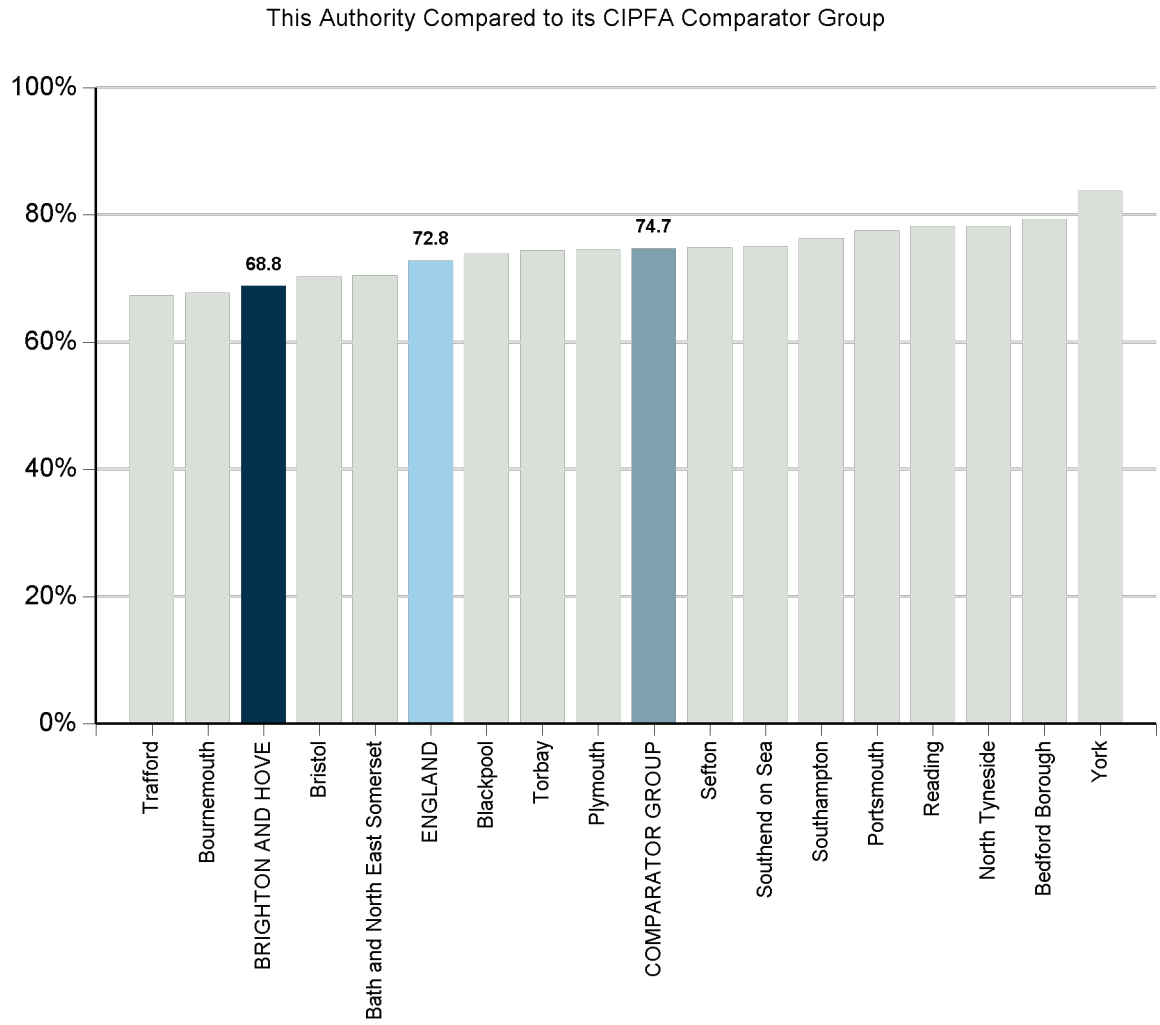
3C - The proportion of carers who report that they have been included or consulted in discussion about the person they care for, expressed as a percentage, 2012-13



Carers should be respected as equal partners in service design for those individuals for whom they care – this improves outcomes both for the cared for person and the carer, reducing the chance of breakdown in care. This measure reflects the experience of carers in how they have been consulted by both the NHS and social care.

Sources
Numerator and denominator: CS.

Data for 2012-13 is based on provisional data.

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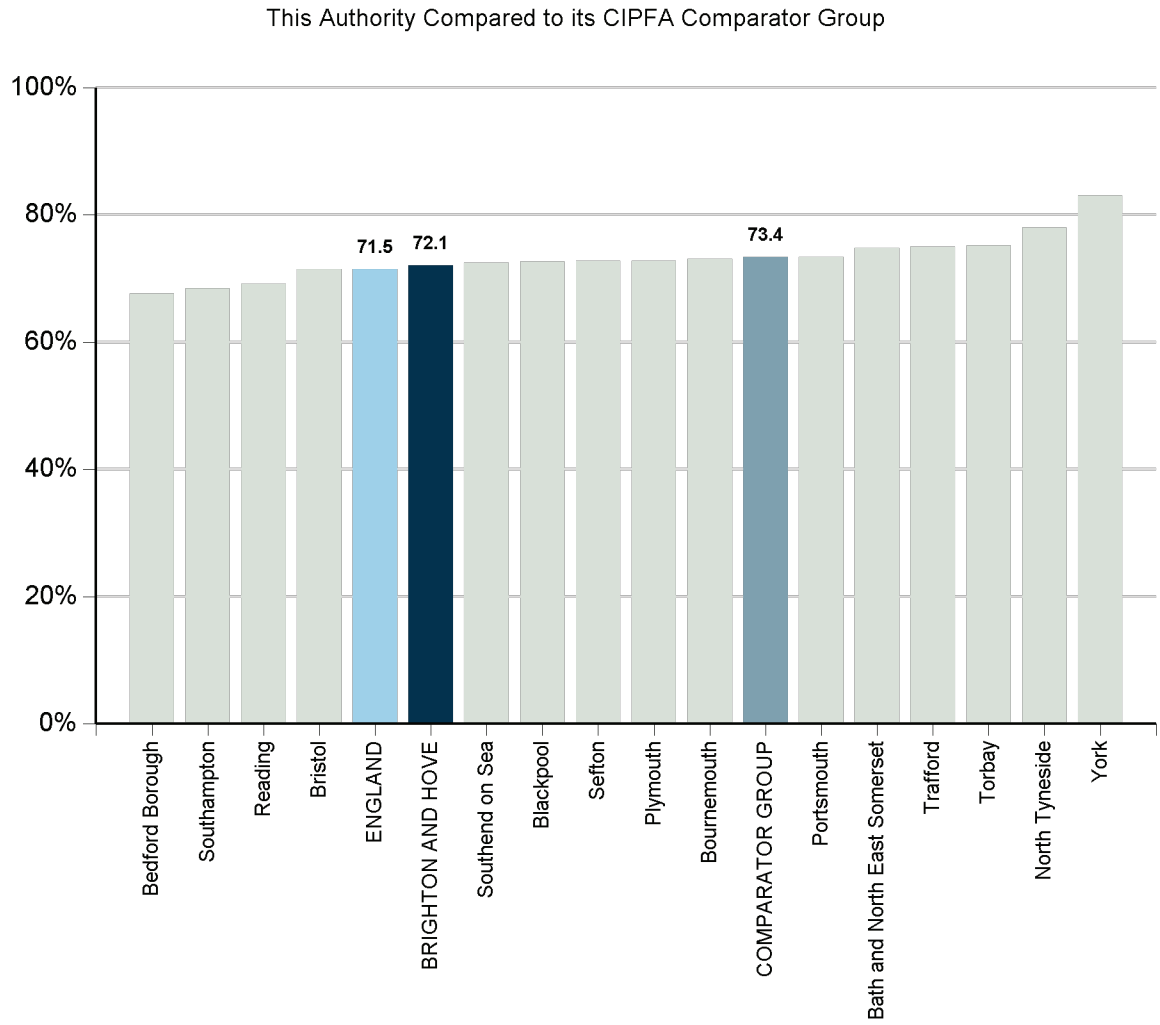
3D - The proportion of people who use services and carers who find it easy to find information about services, expressed as a percentage, 2012-13



This measure reflects social services users' and carers' experience of access to information and advice about social care in the past year. Information is a core universal service, and a key factor in early intervention and reducing dependency. Improved and/or more information benefits carers and the people they support by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through for example, reduction in stress, improved welfare and physical health improvements. These benefits accrue only where information is accessed that would not otherwise have been accessed, or in those cases where the same information is obtained more easily.

Sources
Numerator and denominator: ASCS and CS.

Data for 2012-13 is based on provisional data.

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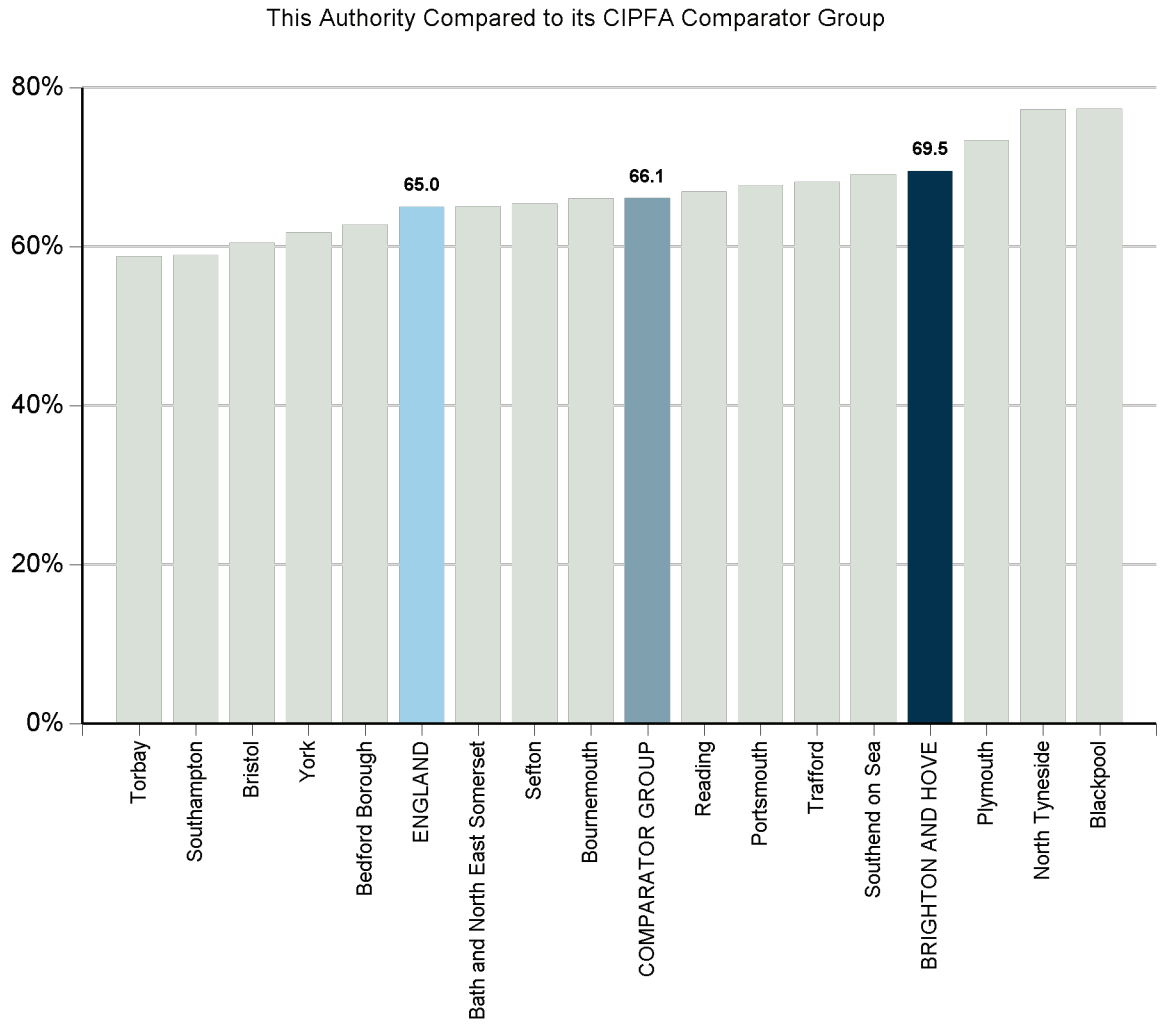
4A - The proportion of people who use services who feel safe, expressed as a percentage, 2012-13



Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality. There is also a vital role of being safe in the quality of the individual's experience.

Sources
Numerator and denominator: ASCS.

Data for 2012-13 is based on provisional data.

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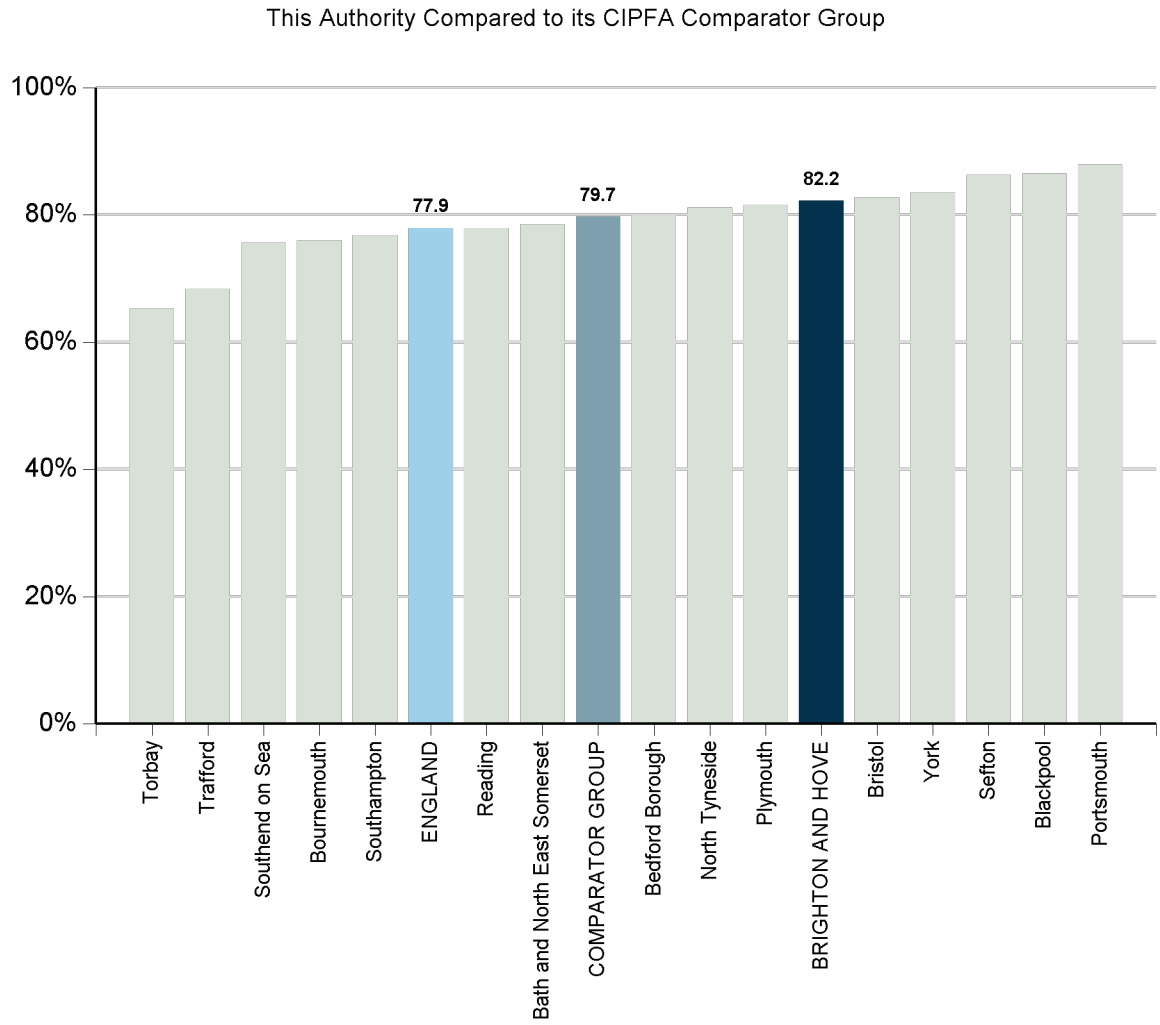
4B - The proportion of people who use services who say that those services have made them feel safe and secure, expressed as a percentage, 2012-13



Safety is fundamental to the wellbeing and independence of people using social care (and others). There are legal requirements about safety in the context of service quality.

Sources
Numerator and denominator: ASCS.

Data for 2012-13 is based on provisional data.

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Appendix 1: Data sources, numerators, denominators and NASCIS guidance

The charts and tables featured in this report are listed in the table below, with sources for the numerators and denominators and how to find them in the On-Line Analytical Processor (OLAP) on NASCIS. To access the OLAP, visit the NASCIS website:
http://www.hscic.gov.uk/nascis

To obtain data using the OLAP, where the *total* of a dimension is required, ensure that totals are displayed by selecting the view totals button at top left

For further guidance on using the OLAP, please consult the OLAP user guidance:
https://nascis.ic.nhs.uk/Portal/OLAPGuidance.pdf

The annexes to the ASCOF, Carers Survey and Adult Social Care Survey publications provide additional data which are not available via the OLAP. Please consult the HSCIC publications catalogue at http://www.hscic.gov.uk/searchcatalogue for the data annexes to the following publications:

Measures from the Adult Social Care Outcomes Framework - England
Personal Social Services Adult Social Care Survey - England
Personal Social Services Survey of Adult Carers in England

Indicator	Numerator(s)	Denominator(s)
1A - Social care-related quality of life score The quality of life of users based on outcome domains of social care related quality of life. The maximum positive score for the outcome is 24.	**Adult Social Care Survey:** 1. Sum of the scores for respondents who have answered all Qs 3a to 9a and Q11. **OLAP:** Adult Social Care Survey is not available via OLAP.	**Adult Social Care Survey:** 1. Total number of respondents who answered all the Qs 3a to 9a and 11. **OLAP:** Adult Social Care Survey is not available via OLAP.
1B - The proportion of people who use services who have control over their daily life Control is one of the key outcomes derived from the policy of personalisation.	**Adult Social Care Survey:** 1. Number of respondents who answered "I have as much control over my daily life as I want" and "I have adequate control over my daily life" to Q3a. **OLAP:** Adult Social Care Survey is not available via OLAP.	**Adult Social Care Survey:** 1. Total number of respondents to Q3a. **OLAP:** Adult Social Care Survey is not available via OLAP.

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1C part 1 - Number of adults, older people & carers receiving self-directed support in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services	**RAP return:** 1. SD1, line 10, column 5 2. SD3, line 6, column 5. **OLAP:** 1. RAP SD1, Ageband dimension: Total 18 and over; SDS status dimension: Total (including 'not self directed support' - direct payments. 'Self directed support' – direct payments, CASSR services, or both). 2. RAP SD3, Carer Ageband dimension: Total all ages; SDS status dimension: Total (same as RAP SD1).	**RAP return:** 1. P2f, page 1, line 11, column 1 2. P2f, page 3, line 11, column 1 3. C2, page 1, line 5, column 1. **OLAP:** 1. RAP P2f, client type dimension: Total clients; Service dimension: Total Services (Ageband dimension: total 18 and over). 2. RAP C2, Carer Ageband dimension: Total all ages; Services dimension: services only.
1C part 2 - Number of adults, older people & carers receiving self-directed support via a direct payment in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services Measure per 100,000 population	**RAP return:** 1. SD1, line 10, columns 1+2+4 2. SD3, line 6, columns 1+2+4. **OLAP:** 1. RAP SD1, Ageband dimension: Total 18 and over; SDS status dimension: 'not self directed support' - direct payments, 'self directed support' - direct payments, or both direct and CASSR. 2. RAP SD3, Carer Ageband dimension: Total all ages; SDS status dimension: same as RAP SD1.	**RAP return:** 1. P2f, page 1, line 11, column 1 2. P2f, page 3, line 11, column 1 3. C2, page 1, line 5, column 1. **OLAP:** 1. RAP P2f, client type dimension: Total clients; Service dimension: Total Services (Ageband dimension: total 18 and over). 2. RAP C2, Carer Ageband dimension: Total all ages; Services dimension: services only.
1D - Carer-reported quality of life score	**Carers' Survey:** 1. Sum of the scores for respondents who have answered all Qs 7 to 12. **OLAP:** Carers' Survey is not available via OLAP.	**Carers' Survey:** 1. Total number of respondents who answered all the Qs 7 to 12. **OLAP:** Carers' Survey is not available via OLAP.
1E - Adults with learning disabilities in paid employment	**ASC-CAR return:** 1. L1, line 1 to 5, column 9. **OLAP:** ASC-CAR L1, Worker status dimension: Total working as a paid employee (first five categories); Services dimension: Total services.	**ASC-CAR return:** 1. L1, line 9, column 9. **OLAP:** ASC-CAR L1, Worker status dimension: Total number of Adults of Working Age (18-64); Services dimension: Total services.

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1F - Adults in contact with secondary mental health services in paid employment	**Mental Health Minimum Data Set:** 1. Number of adults aged 18-69 who are receiving secondary mental health services and who are on the Care Programme Approach known to be in employment at the time of their most recent assessment, formal review or multi-disciplinary care planning meeting. Table 3. **OLAP:** The Mental Health Minimum Dataset is not available in OLAP.	**Mental Health Minimum Data Set:** 1. Number of adults aged 18-69 who are receiving secondary mental health services and who are on the Care Programme Approach, at any point in the financial year. **OLAP:** The Mental Health Minimum Dataset is not available in OLAP.
1G - Adults with learning disabilities who live in their own home or with family	**ASC-CAR return:** 1. L2, line 21, column 3. **OLAP:** ASC-CAR L2, Accommodation type dimension: Total settled accommodation.	**ASC-CAR return:** 1. L2, line 22, column 3. **OLAP:** ASC-CAR L2, Accommodation type dimension: Total (working age known to the council).
1H - Adults in contact with secondary mental health services living independently, with or without support	**Mental Health Minimum Data Set:** 1. Number of adults aged 18-69 who are receiving secondary mental health services and who are on the Care Programme Approach recorded as living independently (with or without support) at the time of their most recent assessment, formal review or multi-disciplinary care planning meeting. Table 4. **OLAP:** The Mental Health Minimum Dataset is not available in OLAP.	**Mental Health Minimum Data Set:** 1. Number of adults aged 18-69 who are receiving secondary mental health services and who are on the Care Programme Approach, at any point in the financial year. **OLAP:** The Mental Health Minimum Dataset is not available in OLAP.
2A part 1- Permanent admissions to residential and nursing care homes for younger adults (18-64), per 100,000 population	**ASC-CAR return:** 1. S3, page 1, line 14, columns 1+2+3. **OLAP:** ASC-CAR S3, Ageband dimension: Age 18 to 64; Client type dimension: Total clients; Residential type dimension: Total - Residential care and Nursing care only (Age 18 to 64 Total).	**Population data:** 1. ONS mid-year population estimates. Total Aged 18-64 2. (numerator/population estimate) *100,000. **OLAP:** Per 10k and Per 100k population measures are available on OLAP. ONS mid-year population estimates are not available in OLAP.

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2A part 2 - Permanent admissions to residential and nursing care homes for older people (65 and over), per 100,000 population	**ASC-CAR return:** 1. S3, page 1, line 15, columns 1+2+3. **OLAP:** ASC-CAR S3, Ageband dimension: Age 65 and over; Client type dimension: Total clients; Residential type dimension: Total - Residential care and Nursing care only (Age 65 and over Total).	**Population data:** 1. ONS mid-year population estimates. Total Aged 65+ 2. (numerator/population estimate) *100,000. **OLAP:** Per 10k and Per 100k population measures are available on OLAP. ONS mid-year population estimates are not available in OLAP.
2B part 1 - Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	**ASC-CAR return:** 1. I1, lines 1, column 9. **OLAP:** ASC-CAR I1 - Discharge Data Dimension: Number of discharges in denominator where person was still at home 91 days later (Numerator) Measure – Number of discharges.	**ASC-CAR return:** 1. I1, lines 2, column 9. **OLAP:** ASC-CAR I1 - Ageband dimension: Total (65 and over) Measure – Number of discharges.
2B part 2 - Older people (65 and over) who were offered reablement services following discharge from hospital	**ASC-CAR return:** 1. I1, lines 2, column 9. **OLAP:** ASC-CAR I1 - Ageband dimension: Total (65 and over) Measure – Number of discharges.	**Hospital Episode Statistics:** 1. The number of people discharged alive from hospitals in between 1 October and 31 December in reporting year. This includes all specialties and zero-length stays. **OLAP:** HES Data is not available via OLAP.
2C part 1 - Delayed transfers of care from hospital, per 100,000 population	**Delayed Transfers of Care (DToC):** 1. Total number of delayed discharges (aged 18 and over). This is the average of the 12 monthly snapshots collected in the monthly reports. **OLAP:** Delayed Transfers of Care (DToC) data is not available via OLAP.	**Population data:** 1. ONS mid-year population estimates. Total Aged 18 and over 2. (numerator/population estimate) *100,000. **OLAP:** Per 10k and Per 100k population measures are available on OLAP. ONS mid-year population estimates are not available in OLAP.

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2C part 2 - Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population	**Delayed Transfers of Care (DToC):** 1. Total number of delays attributable to Social Care or jointly to Social Care and the NHS (aged 18 and over). This is the average of the 12 monthly snapshots collected in the monthly reports. **OLAP:** Delayed Transfers of Care (DToC) data is not available via OLAP.	**Population data:** 1. ONS mid-year population estimates. Total Aged 18 and over 2. (numerator/population estimate) *100,000. **OLAP:** Per 10k and Per 100k population measures are available on OLAP. ONS mid-year population estimates are not available in OLAP.
3A - Percentage of adults using services who are satisfied with the care and support they receive	**Adult Social Care Survey:** 1. Number of respondents who answered 'I am extremely satisfied', 'I am very satisfied', 'I am very happy with the way staff help me' to Q1. **OLAP:** Adult Social Care Survey is not available via OLAP.	**Adult Social Care Survey:** 1. Total number of respondents to Q1. **OLAP:** Adult Social Care Survey is not available via OLAP.
3B - Overall satisfaction of carers with social services	**Carers' Survey:** 1. Number of respondents who answered 'I am extremely satisfied' or 'I am very satisfied' to Q4. **OLAP:** Carers' Survey is not available via OLAP.	**Carers' Survey:** 1. Total number of respondents who answered Q4. Minus those who answered 'we haven't received any support'. **OLAP:** Carers' Survey is not available via OLAP.
3C - The proportion of carers who report that they have been included or consulted in discussion about the person they care for	**Carers' Survey:** 1. Number of respondents who answered 'I always felt involved / consulted' or 'I usually felt involved / consulted' to Q15. **OLAP:** Carers' Survey is not available via OLAP.	**Carers' Survey:** 1. Total number of respondents who answered Q15. Excluding those who answered 'there have been no discussions'. **OLAP:** Carers' Survey is not available via OLAP.

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3D - The proportion of people who use services and carers who find it easy to find information about services, expressed as a percentage	**Adult Social Care Survey:** 1. Number of respondents who answered 'Very easy to find', 'Fairly easy to find' to Q12. **Carers' Survey:** 2. Number of respondents who answered 'Very easy to find', 'Fairly easy to find' to Q13. **OLAP:** Adult Social Care Survey & Carers Survey is not available via OLAP.	**Adult Social Care Survey:** 1. Total number of respondents to Q12. Minus / excluding those who answered 'I've never tried to find info/advice'. **Carers' Survey:** 2. Total number of respondents to Q13. Excluding those who answered 'I've never tried to find info/advice in the last 12 months'. **OLAP:** Adult Social Care Survey & Carers Survey is not available via OLAP.
4A - The proportion of people who use services who feel safe, expressed as a percentage	**Adult Social Care Survey:** 1. Number of respondents who answered 'I feel as safe as I want' to Q7a. **OLAP:** Adult Social Care Survey is not available via OLAP.	**Adult Social Care Survey:** 1. Total number of respondents to Q7a. **OLAP:** Adult Social Care Survey is not available via OLAP.
4B - The proportion of people who use services who say that those services have made them feel safe and secure, expressed as a percentage	**Adult Social Care survey:** 1. Number of respondents who answered 'Yes' to Q7b. **OLAP:** Adult Social Care Survey is not available via OLAP.	**Adult Social Care Survey:** 1. Total number of respondents to Q7b. **OLAP:** Adult Social Care Survey is not available via OLAP.

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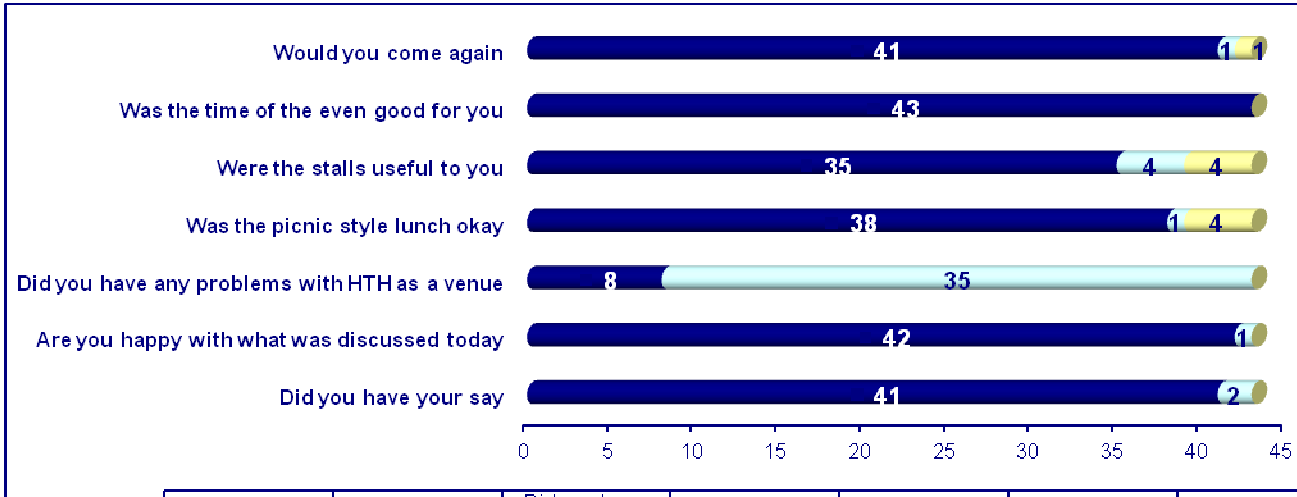
Appendix 1

The table below represents feedback from 43 responses



	Did you have your say	Are you happy with what was discussed today	Did you have any problems with HTH as a venue	Was the picnic style lunch okay	Were the stalls useful to you	Was the time of the even good for you	Would you come again
Yes	41	42	8	38	35	43	41
No	2	1	35	1	4	0	1
No Response	0	0	0	4	4	0	1

Appendix 3

Comparative Adult Social Care Outcomes Framework Performance

Indicator	Brighton & Hove 11/12	Brighton & Hove 12/13	Comparator Group	England	Comment
1a Social Care Quality of Life	18.9	19.5	19.0	18.8	High is good
1b Proportion of people who use services who have control over their daily lives, expressed as a %	81.4	80.5	78	75.9	High is good
1C part 1 - Number of adults, older people and carers receiving self-directed support in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services,	61	65.6	52	55.6	High is good
1C part 2 - Number of adults, older people and carers receiving self-directed support via a direct payment in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services, 2012-13	16.4	17.3	14.6	16.4	High is good
1D - Carer-reported quality of life score, 2012-13	NA	7.8	8.3	8.1	High is good
1E - Adults with learning disabilities in paid employment, expressed as a percentage, 2012-13	12.8	13.3	7.5	7.2	High is good
1F - Adults in contact with secondary mental health services in paid employment, expressed as a percentage, 2012-13	5.4	5.9	6.2	7.7	High is good

Employment					
1G - Adults with learning disabilities who live in their own home or with family, expressed as a percentage, 2012-13	**72**	**78.1**	**72.4**	**73.3**	**High is good**
1H - Adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2012-13	**54.4**	**58.7**	**50.7**	**59.3**	**High is good**
2A part 1- Permanent admissions to residential and nursing care homes for younger adults (18-64), per 100,000 population, 2012-13	**17.6**	**10.1**	**15.9**	**14.9**	**Low is good**
2A part 2 - Permanent admissions to residential and nursing care homes for older people (65 and over), per 100,000 population, 2012-13 Avoiding	**831**	**834.1**	**835.7**	**708.8**	**Low is good**
2B part 1 - Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, expressed as a percentage, 2012-13	**88.9**	**85.9**	**82.9**	**81.5**	**High is good**
2B part 2 - Older people (65 and over) who were offered reablement services following discharge from hospital, expressed as a percentage, 2012-13	**5.4**	**6.9**	**3.7**	**3.3**	**High is good**
2C part 1 - Delayed transfers of care from hospital, per 100,000 population, 2012-13	**7.5**	**10.8**	**9.2**	**9.5**	**Low is good**

2C part 2 - Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population, 2012-13	**2.4**	**3.7**	**3.5**	**3.3**	**Low is good**
3A - Percentage of adults using services who are satisfied with the care and support they receive, 2012-13	**62.4**	**37**	**44.2**	**42.7**	**High is good**
3B - Overall satisfaction of carers with social services, expressed as a percentage, 2012-13	**NA**	**37**	**44.2**	**42.7**	**High is good**
3C - The proportion of carers who report that they have been included or consulted in discussion about the person they care for, expressed as a percentage, 2012-13	**NA**	**68.8**	**74.7**	**72.8**	**High is good**
3D - The proportion of people who use services and carers who find it easy to find information about services, expressed as a percentage, 2012-13	**72.1**	**72.1**	**73.4**	**71.5**	**High is good**
4A - The proportion of people who use services who feel safe, expressed as a percentage, 2012-13	**64.8**	**69.5**	**66.1**	**65**	**High is good**
4B - The proportion of people who use services who say those services have made them feel safe and secure, expressed as a percentage, 2012-13 Safety	**79.4**	**82.2**	**79.7**	**77.9**	**High is good**

ADULT CARE & HEALTH COMMITTEE	Agenda Item 26 Brighton & Hove City Council

Subject:		**Connaught Day Service Update Report**	
Date of Meeting:		**23rd September 2013**	
Report of:		**Executive Director Adult Services**	
Contact Officer:	**Name:**	**Naomi Cox**	**Tel: 29-6400**
	Email:	**naomi.cox@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE/ EXEMPTIONS

1. SUMMARY AND POLICY CONTEXT:

1.1 In October 2012 the Childrens and Young People Committee received a report which recommended the expansion of West Hove Infant School to enable the council to help provide the increased number of primary school places required in the Hove area.

1.2 To facilitate this expansion the relocation of the Connaught Day Service for adults with learning disabilities would be required.

1.3 A Report was submitted to Adult Care & Health Committee in June 2013 with proposals to consult on moving Connaught Day Service to Patcham House School. This option was withdrawn by Childrens Service prior to their Committee Meeting on 16th July 2013.

2. RECOMMENDATIONS:

2.1 That Committee note the decision to consult users of the Connaught Day Service on the proposed relocation to Belgrave Day Options base in Portslade made by the Executive Director of Adult Services in consultation with the Committee Chair Cllr Jarrett and in accordance with Part 6 of the Constitution of the Council.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Connaught Learning Disability Day Options Service currently provides a service for 20 people with a range of complex needs including challenging behaviours.

3.2 In the light of the council's requirement for an increase in primary school places in the Hove area Officers from Adult Social Care Provider Services and Children's Services have worked closely together to identify potential options for a relocation of the Connaught Day Options Service.

3.3 As described above the proposal contained within the June Committee Report to relocate the Connaught Day Service to Patcham House is no longer proceeding.

3.4 The revised proposal is that Connaught relocates to Belgrave Day Options base in Portslade. The current proposed timescale for these changes is that Connaught Day Options would move to the Belgrave Day Options site in March 2014. Children's Services have adjusted their timescales to fit with this revised plan and they will be able to achieve the required works at Connaught to support the Autumn 2014 intake of pupils.

3.5 To facilitate the required 12 week consultation period in consultation with the Chair of Adult Care and Health Committee Cllr Rob Jarrett, the Executive Director of Adult Services using her constitutional Delegated Authority approved the decision to consult regarding the proposed move in March 2014.

3.6 A letter was sent out to service users and carers in week beginning 29th July 2013. The letter outlines the reason for the proposed relocation of Connaught Day Options Service to the Belgrave Day Options site in Portslade, and includes a feedback form for service users and carers to give their views and ask any questions they might have. The consultation ends on 25th October 2013. Any delays will impact on achieving the necessary primary school places in the Hove area. The Executive Director will then make the decision informed by the consultation process regarding the proposed move and ensure that appropriate funding is in place.

3.7 The Belgrave Day Options base is well known to day options service users and their families. It can provide a service all on one level and within easy reach of shops and community facilities of Portslade.

3.8 Staff will be supporting service users to understand the proposals and will seek their views. Additionally Speak Out [Independent Advocacy] will be hosting two sessions with service users about the proposed changes to day services.

3.9 A Carers meeting was held on 15th August 2013 and a further follow up meeting was held on 19th September 2013.

3.10 Officers from Adult Social Care are working closely with colleagues in Children's Services and Property and Design to ensure plans are in place for the required building adaptations.

3.11 All Connaught service users will be offered a reassessment of their needs. Family carers will be fully involved in the reassessment process as will staff who know the service users well.

3.12 Staff have been kept fully informed about the proposals and there is a Day Options Staff Focus Group that meets monthly.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 All current Connaught Day Options service users and their carers were sent a letter explaining the proposal and seeking their views. In light of the specific vulnerabilities of service users appropriate support is being provided to ensure

they can fully participate in the consultation process. As described above two carers meetings have taken place

4.2 Service Users and Carer views will be collated at the end of the consultation period which is due to end on 25th October 2013.

4.3 Officers will answer queries and questions raised by service users and carers as part of the consultation process and will ensure regular communication via a news letter with the opportunity to meet with officers to discuss any specific concerns.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The 2013/14 gross revenue budget for the In-House Learning Disabilities Day Options is £1.93 million, which includes Connaught Day Centre and the 3 other Learning Disabilities Day Centres.

Estimates of the 2013/14 capital costs for the remodelling of the Belgrave Centre and any consequent sites are being obtained and will be reported to Policy & Resources Committee for approval, if appropriate, in due course. As the move is in response to the need for school placements funding for the adaptations to accommodate the move are expected to be met from Children's budgets.

Any impact on revenue costs are expected to be managed within the existing 2013/14 Learning Disabilities Day Options budgets and built in to 2014/15 budget planning

Finance Officer Consulted: Anne Silley Date: 06/09/13

Legal Implications:

5.2 Part 6 of the Constitution of the Council provides the Executive Director Adult Services with delegated authority to make decisions regarding Day Care accommodation. Committee were informed in June 2013 of a consultation process with Connaught day service users on the proposal to move the service to Patcham House. Following withdrawal of that option the Executive Director Adult Services exercised her delegated authority to approve a new consultation on the proposal to move the service to Belgrave. A new full 12 week consultation is required in accordance with national guidance and to ensure a fair process given that whilst the proposal to move the service remains the alternative location is different. All potentially affected persons are being consulted with provision made to support service users with learning disabilities. In accordance with Part 6 the Executive Director for Adult Social Care may make a decision regarding the proposed move at the end of and informed by the outcome of the consultation process and upon the basis of any necessary funding being made available for the work required to make the building suitable to host the day centre service.

Any decision arising following the conclusion of the consultation must have regard to the impact on service users and any Human Rights Act implications.

Lawyer Consulted: Name Sandra O'Brien Date: 28 August 2013

Equalities Implications:

5.3 An Equalities Impact Assessment has been carried out as part of the Review of Day Activities and this will take account of the proposal to relocate Connaught to Belgrave Day Options Base.

Sustainability Implications:

5.4 There are no specific sustainability implications relating to this proposed service relocation.

Crime & Disorder Implications:

5.5 There are no specific implications in relation to the Councils duty to prevent Crime and Disorder.

Risk and Opportunity Management Implications:

5.6 The Day Activities Commissioning Board is overseeing the risk management of the Day Activities Review to ensure that risks are carefully considered.

Public Health Implications:

5.7 Adult Social Care has clear interconnection with the wider public health agenda and the proposed Vision reinforces the aim to support equality, health and well-being in the city.

Corporate / Citywide Implications:

5.8 The relocation of Connaught Day Options Service supports the city priority to increase primary school places in the Hove area. Relocating to the Belgrave site enables Adult Care to continue to provide a day service for people with learning disabilities and complex needs.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The original proposal was that the Connaught Day Service relocate to Patcham House – this option was withdrawn and new potential sites were explored. After site visits to Montague Place currently used as part of Children's Services' Pupil Referral Unit (PRU) it was concluded that Montague Place would be a good base for the Day Options 'Our Art' work project which was planned to move to

Belgrave which would then free up the Belgrave site for the relocation of Connaught.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To inform Committee of the Decision taken by the Executive Director of Adult Care in compliance with the Constitution and to seek a decision on the process for determining the outcome of the consultation and related Children's Services decision.

SUPPORTING DOCUMENTATION

Appendices: None

Background Documents

1. Day Activities Review Progress Committee Reports March 2013 & June 2013.
2. Connaught Report June 2013

ADULT CARE & HEALTH COMMITTEE/SECTION 75 JOINT COMMISSIONING	Agenda Item 28 Brighton & Hove City Council

Subject:		**Integrated Community Equipment Service**
Date of Meeting:		**23rd September 2013**
Report of:		**Executive Director of Adult Services**
Contact Officer:	**Name:**	**Gemma Scambler** **Tel: 29-5045**
	Email:	**Gemma.Scambler@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

NOTE: This report was originally published as a Part Two item as it contained exempt information as defined in paragraphs 1 and 4 of schedule 12A, Part 1 to the Local Government Act 1972. The Committee agreed that the report could now be published as staff have been consulted on the proposals contained in the report.

1. SUMMARY AND POLICY CONTEXT:

1.1 This report sets out options for the future delivery of equipment services currently provided by the Integrated Community Equipment Service.

1.2 The Integrated Community Equipment Service (ICES) is commissioned jointly between BHCC and Brighton & Hove Clinical Commissioning Group. The service has been provided via a Section 75 agreement with Sussex Community NHS Trust since 2004.

1.3 Sussex Community NHS Trust manages the integrated service, delivering daily living and community health equipment and minor adaptations to adults and children who meet the accessibility criteria for the service.

1.4 The service is located at the Belgrave Centre in Portslade (BHCC owned building), with a satellite store based at Brighton General Hospital.

2. RECOMMENDATIONS:

2.1 That Committee agree to Option 4 in this report: To enable ASC to formally approach West Sussex County Council (WSCC) to discuss the feasibility of working in collaboration to tender for a new service model for the provision of community equipment services.

2.2 That subject to WSCC agreeing to a joint tender, the Committee agrees to delegate authority to the Executive Director of Adult Services to award a contract to the successful bidder following the completion of the procurement process.

2.3 That in the event of the Committee deciding to adopt Option 3 (in house tender for new ICES service), the Committee agrees to delegate authority to the

Executive Director of Adult Services to award a contract to the successful bidder following the completion of the procurement process

2.4 That until such time as a new contract is awarded, the Committee agrees that their services shall continue to be delivered by with Sussex Community NHS Trust (SCT), and that commissioners will work with SCT to develop the requirements of the existing service specification.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 ICES procure, provide, deliver, fit, collect, clean and recycle equipment for Health and Social Care. The service supplies equipment and fittings to people in their own homes and/or within intermediate settings (such as care homes or nursing homes), supporting timely discharge from hospital and helping people to maintain their independence at home. The following equipment is provided for adults and children:

- Home nursing and daily living equipment
- Minor adaptations
- Sensory (hearing and visual) aids
- Communication aids
- Electronic assistive technologies

3.2 Under a Section 75 agreement, Brighton and Hove Clinical Commissioning Group (CCG) and Brighton and Hove City Council (BHCC) jointly commission and fund Sussex Community NHS Trust (SCT) to provide the service.

3.3 ICES provide equipment to Sussex Community Trust services, Adult Social Care services, Children's services, Sussex Partnership Foundation Trust services and Brighton & Sussex University Hospital Trust services.

3.4 There is a section 75 provider agreement between BHCC and SCT regarding staff and buildings:

- ICES have been located in premises attached to the Belgrave day centre in Portslade for several years. The Council own and maintain the building.
- There are a total of 25 staff who work in ICES: 15 SCT staff and 10 BHCC staff.
- The service is managed by SCT.

3.5 Budget

The ability to recycle equipment is a major factor related to managing the current equipment budget, as is the increasing demand for daily living equipment as an increasing number of people are supported within the community.

3.5.1 The current Service Specification was developed in 2012/13, and has been refreshed for 2013/14. The service is currently improving with regard to their performance data and there is positive feedback from both staff that access the support of ICES, and customer satisfaction is reported as high.

3.5.2 The equipment budget for ICES was overspent in 2012/13. The BHCC budget overspent by £70,000, and the SCT budget by £100,000. It was initially identified that the discrepancies within the account data related to the fact that the formula

developed to calculate actual spend and predict the recycling rate was over ambitious. The initial recycling rate was defined at 30%.

3.5.3 Further analysis of the spend and activity for 2012/13 and 2013/14, is currently being completed by SCT. The current hypothesis is that the increased expenditure by roughly a third compared 2011/12 relates to the following:

- the increasing number of people being supported within the community with complex needs;
- Increase on the number of people supported by Short Term Services at home (as opposed to bed based services)

3.5.4 The data to support these potential reasons is still under analysis. Further work is required by commissioners and managers in SCT to produce performance and financial information to produce an improvement plan to ensure the budget is managed more effectively.

3.5.5 The forecast spend for 2013/14 is £67k over budget (for BHCC) at August 2013. A mitigation plan is under discussion with SCT.

3.6 **Building Issues**

There have been a number of on going issues which relate to the building that ICES currently work from:

3.6.1 The building is too small for the storage of equipment, and ICES have to store equipment at Brighton General Hospital.

3.6.2 There are a number of security issues at the current building.

3.6.3 The building has a number of maintenance issues which affect its ability to manage good infection control, predominately this relates to the roof. In addition to the roof, there is a need for the walls and floor surface to be completely replaced in order to be raised to a hygienic standard. However this can only be done once the roof is completed and would result in the need to empty the building for several weeks.

3.6.4 SCT has a business continuity plan for short term issues, but does not have an alternative building for storing all the current equipment and completing the “deep cleans” for the recycling of equipment.

3.6.5 The overall estimated budget needed to update the building is **£193,000.**

3.6.6 The BHCC Asset Management Surveyor has stated that there isn’t a current risk of the building collapsing, but that without investing in the refurbishment the fabric of the building will continue to be damaged resulting in the cost of the works increasing.

3.6.7 Additionally currently there are concerns regarding the hygiene standards, due to the walls and floors of the building, and this impact on the recycling rates.

3.6.8 Overall the current building, even if refurbished, is not of a suitable size or condition to provide the long term premises for the ICES to deliver an effective and regulation compliant service.

3.6.9 SCT feel there are real issues with continuing to maintain the service within the current location. The current contract provides for a six month notice period and can cease any time after that. SCT has stated that they fully support the Commissioners to identify alternative solutions to the provision of community equipment.

3.7 Involvement of Sussex Community Trust

3.7.1 Commissioners in the CCG and Adult Social Care have been working with Sussex Community NHS Trust to develop this report to Adult Care & Health Committee. SCT have had discussions at their Executive Leadership Board with regard to the issues facing ICES. SCT have actively contributed to the options described in this paper.

3.8 Initial Scoping Exercise

3.8.1 An initial scoping exercise was completed, by the ASC Commissioner, to explore potential options with regard to alternative service provision for ICES. This identified a range of approaches across the local authorities within the Southern region. Additionally it showed that some areas are achieving much higher recycling rates, over 70% in some areas, as opposed to 30% in Brighton & Hove.

3.8.2 As a result of this work it was identified that WSCC are considering entering a procurement for their Community Equipment Service, and that this maybe an opportunity for joint working. There have been some initial informal discussions regarding this option.

3.8.3 Members will be updated on the outcome of these discussions.

4. OPTIONS FOR THE FUTURE OF THE SERVICE

4.1 Option 1

Maintain the current service and refurbish the building – continue with the current contract, with SCT providing the service from the current ICES building. This will mean that BHCC would have to continue to "patch up" the building and accept the risks related to hygiene. These risks relate not only to the new equipment that is stored at the building, but the recycled equipment that is "deep cleaned" on the premises.

Implications:

- This option does not address the on going issues related to the fabric of the current building.
- The council do not have the capital funding available (£193k) to refurbish the building.

- Even if the decision was made to make some improvements, the building would still not be entirely fit for purpose (i.e. not enough storage space etc).
- This option would also involve the service be shut for at least 6 weeks and, at present there is no contingency for shutting service for that period of time.

4.2 Option 2

Identify an alternative building – continue to contract with SCT but within a new building, which is fit for purpose in terms of hygiene standards, as well as size.

Implications:

- An alternative building would need to be commercially rented (no current BHCC stock that is appropriate) – this could result in a "warehouse" being rented.
- Such a building would need to be internally designed to meet the needs of the service – repairs area, storage, office staff, and the "deep clean" area.
- There would be the initial costs of setting up the building and the on going costs: Estimated cost of an appropriate size warehouse within Brighton and Hove from £65,000 - £80,000 PA, or out of Brighton and Hove from £20,000 - £35,000 in Newhaven, with an additionally estimated budget of between £50,000 and £80,000 to make the building fully functioning.

4.3 Option 3

Tender for a new ICES service - complete a tender procurement exercise. There is an expectation that the tender would take up to 12 months, and a further 6 months for the new service to commence.

Implications:

- A tender would test the local market (price and provision) and provide security regarding the service provision for a number of years.
- A tender for the new service would specify that the provider would have to provide their own premises that would meet requirements
- BHCC and SCT staff working in ICES will see their employment potentially transfer under TUPE from the council to the new provider (Transfer of Undertaking – Protection of Employment). This is addressed in the legal implications paragraph below.
- Breadth of potential tender would have to be clarified in terms of what would be included in the specification.
- The recycle rate for equipment would be higher as a new provider would have the specialist resources to met this target
- Considerable time would be required to commission & procure a new service.

4.4 Option 4:

ASC to formally approach West Sussex County Council to discuss the feasibility of working in collaboration to tender for a new service model for the provision of equipment services.

West Sussex County Council working with SCT will be taking a decision to WSCC Cabinet in Dec'13 to seek permission to commence a procurement process for Community Equipment Services. Brighton & Hove City Council, as lead commissioner on behalf of B&H CCG, could potentially join this tender process for community equipment services for the city.

Implications:

- The advantage of this approach would be that two local authorities would be working together on a tender process rather than undertaking two separate processes, sharing the related costs and resources
- As part of the SE7 Partnership arrangements (Partnership arrangements across 7 South East Local Authorities), this joint procurement approach is advocated as a way of making more efficient use of procurement resource and offers economies of scale
- BHCC and SCT staff working in ICES will see their employment potentially transfer under TUPE from the council to the new provider (Transfer of Undertaking – Protection of Employment) as referred to previously, this is addressed in the legal implications paragraph below.
- If this option was agreed, we would have further detailed discussions with WSCC once they have agreement to go to tender, to develop further the service specification and the management arrangements between BHCC and WSCC.
- The potential joint tender process would commence post December 2013 (if WSCC Committee agree), the contract would be awarded to the new provider for a start date of April 2015.

5. Interim Arrangements

5.1 If committee agree to Option 3 or 4 above, it is proposed that Commissioners form both the B&H CCG and the Council will work with Sussex Community NHS Trust to develop the requirements of the current service specification. This will include an increase in the recycling rate for equipment and a budget management system which will ensure accurate information for all the organisations using the service to inform a plan both to mitigate the pressures on the 2013/14 budget and to support the development of the 2014/15 budget. Until such time as a new contract is awarded, SCT will continue to deliver the service.

5.2 STAFF and TRADE UNION CONSULTATION

Staff in ICES and recognised trade unions will have been briefed (13.9.13) on the content of this paper. Consultation will follow the outcome of Committee and potential tender process.

6. FINANCIAL & OTHER IMPLICATIONS:

6.1 <u>Financial Implications:</u>

ICES is managed under S75 arrangements and has a total budget of £1,420,000 for 2013/14 of which the CCG contributes £779,000 and BHCC £641,000.

Joining the West Sussex County Council's tender process (Option 4) is expected to be the most cost effective option and the economies of scale are likely to deliver savings to social care, Health and other partners in the procurement of equipment and should not require capital investment.

Options 1 and 2 will require BHCC to contribute capital refurbishment costs and/ or warehousing costs. Option 3 could be considered but is unlikely to deliver the same level of efficiencies as Option 4.

Interim arrangements will need to be set up to ensure that the service is delivered to agreed standards and budget whilst the procurement processes are underway. The budgetary challenges are set out in paragraph 3. These arrangements are likely to be required until April 2015.

Finance Officer Consulted: Anne Silley *Date: 02/09/13*

6.2 Legal Implications:

The services are Part B services for the purposes of the EU Procurement Rules. As such, the Council is required to apply principles of fairness, transparency and non discrimination in the way in which it awards contracts. The rules are otherwise 'light touch'. The Council's Contact Standing Orders (CSO's) require that contracts for this type of service must be able to demonstrate obtaining value for money. It is considered that the proposals outline above comply with these requirements.

It is understood ICES has no directly appointed staff but that formally or informally staff have been seconded to it or rather than, which may have been more correct, previously transferred in under TUPE (Transfer of Undertaking - Protection of Employment Regulations). If the services to be performed by the new provider under this option were to be similar to and carried out in a similar way to the services currently carried out, , then, TUPE is likely to apply to those staff.

Lawyer Consulted: Jill Whittaker, Ian Younge and Sandra O'Brien Date 6th September 2013

6.3 Equalities Implications:

An Equalities Impact Assessment (EIA) will form part of this potential procurement exercise. The EIA will draw on the equalities action plans with regard to the current ICES provision, as well as ensuring that the future development of a new model will ensure equality of access for all groups within the community as a central objective.

6.4 Sustainability Implications:

Through potentially joining the procurement exercise with West Sussex County Council we are aiming to share resources related to the tender process, as well as explore related economies of scale from a joint venture, and have a greater emphasis on the recycling activities with regard to a potential new model.

6.5 Crime & Disorder Implications:

There are no crime and disorder implications arising from this work.

6.6 Risk and Opportunity Management Implications:

All relevant risks will be identified and managed through the procurement process and related potential joint arrangements for scrutiny.

6.7 Public Health Implications:

The provision of community equipment is central to enabling individuals to remain in their own homes for as long as possible maintaining their health and independence. This potential joint procurement exercise will draw on the intelligence and evidence base of the Joint Strategic Needs Assessments.

6.8 Corporate / Citywide Implications:

An efficient community equipment service is essential to help support people to live healthy independent lives.

7. EVALUATION OF ANY ALTERNATIVE OPTION(S):

7.1 The implications of each of the four options have been outlined earlier within the report.

8. REASONS FOR REPORT RECOMMENDATIONS

8.1 To inform the Committee of the issues related to the current provision of the ICES service, and to seek a decision to formally approach West Sussex County Council to explore further the potential for a joint procurement exercise.

SUPPORTED DOCUMENTATION

Appendices: None