



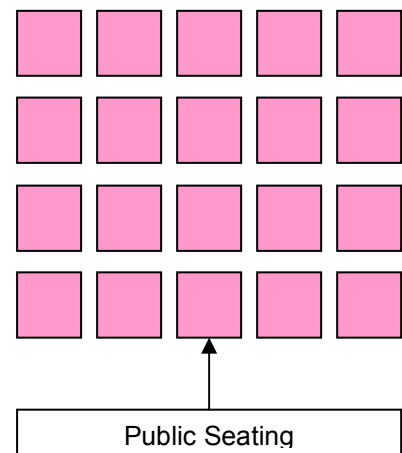
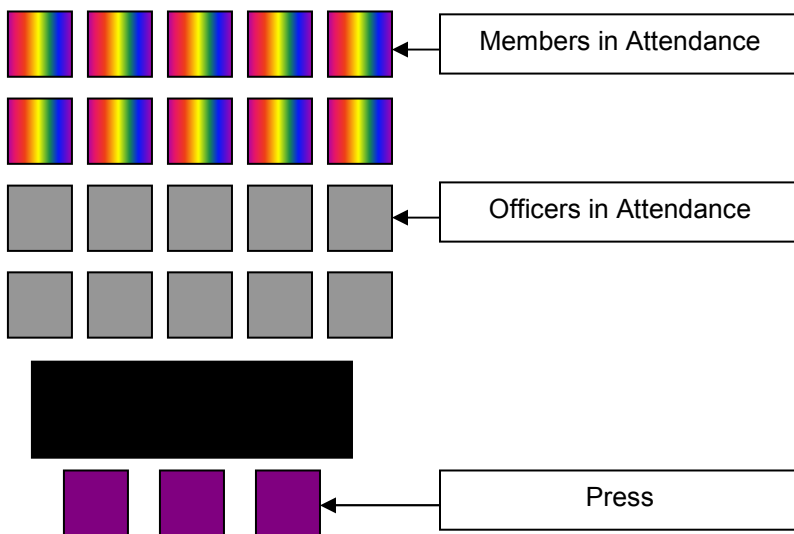
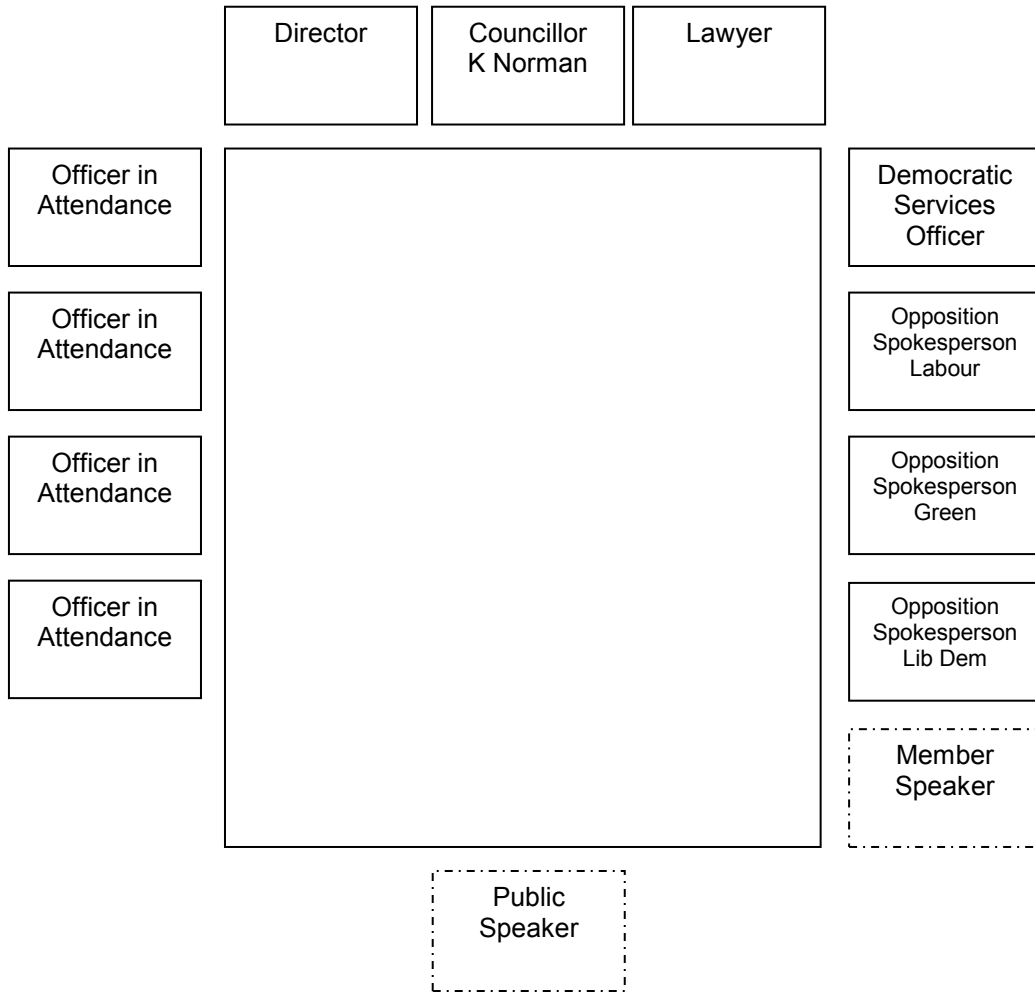
Brighton & Hove
City Council

Cabinet Member Meeting

Title:	Adult Social Care & Health Cabinet Member Meeting
Date:	14 March 2011
Time:	4.00pm
Venue	Committee Room 3, Hove Town Hall
Members:	Councillor: K Norman (Cabinet Member)
Contact:	Caroline De Marco Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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Democratic Services: Meeting Layout



AGENDA

44. PROCEDURAL BUSINESS

- (a) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (b) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading either that it is confidential or the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the categories of exempt information is available for public inspection at Brighton and Hove Town Halls.

45. MINUTES OF THE PREVIOUS MEETING

1 - 8

Minutes of the Meeting held on 10 January 2011 (copy attached).

46. CABINET MEMBER'S COMMUNICATIONS

47. ITEMS RESERVED FOR DISCUSSION

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

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

48. PETITIONS

9 - 10

Report of the Strategic Director, Resources (copy attached).

Contact Officer: Caroline De Marco Tel: 01273 291063
Ward Affected: All Wards

49. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 7 March

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

2011)

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

50. DEPUTATIONS

(The closing date for receipt of deputations is 12 noon on 7 March 2011)

No deputations have been received by the date of publication.

51. LETTERS FROM COUNCILLORS

No letters have been received.

52. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

53. NOTICES OF MOTIONS

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

54. FEE LEVEL FOR ADULT SOCIAL CARE SERVICES 2011/12 11 - 16

Report of Director of Adult Social Services/Lead Commissioner People (copy attached).

Contact Officer: Jane MacDonald *Tel:* 29-5038
Ward Affected: All Wards

55. CONTRACT UNIT PERFORMANCE AND MONITORING OF OLDER PEOPLE'S SERVICES, 1 APRIL TO 31 DECEMBER 2010 17 - 34

Report of Director of Adult Social Services/Lead Commissioner People (copy attached).

Contact Officer: Ambrose Page *Tel:* 01273 295341
Ward Affected: All Wards

56. CONTRACT UNIT PERFORMANCE AND MONITORING OF WORKING AGE ADULT (UNDER 65'S) SERVICES, APRIL 2010 TO DECEMBER 2010 35 - 48

Report of Director of Adult Social Services/Lead Commissioner People (copy attached).

Contact Officer: Judith Cooper *Tel:* 01273 296313
Ward Affected: All Wards

PART TWO

57. MONTAGUE HOUSE - CHANGE OF USE 49 - 56

Report of Director of Adult Social Services/Lead Commissioner People

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

(copy attached).

Contact Officer: Tamsin Peart, Jane
Simmons

Tel: 01273 295253, *Tel:*
01273 296112

Ward Affected: Queen's Park

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

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

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

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

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

Date of Publication - Friday, 4 March 2011

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 45

Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00pm 10 JANUARY 2011

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Councillor K Norman (Cabinet Member)

Also in attendance: Councillor Lepper (Opposition Spokesperson)

PART ONE

30. PROCEDURAL BUSINESS

30(a) Declarations of Interests

30.1 There were none.

30(b) Exclusion of Press and Public

30.2 In accordance with section 100A of the Local Government Act 1972 ("the Act"), the Cabinet Member considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the business to be transacted or the nature of the proceedings, that if members of the press and public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A(3) of the Act) or exempt information (as defined in section 100I(1) of the Act).

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

31. MINUTES OF THE PREVIOUS MEETING

31.1 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 18 October 2010 be agreed and signed by the Cabinet Member.

32. CABINET MEMBER'S COMMUNICATIONS

Welcome to Terry Parkin

- 32.1 The Cabinet Member welcomed Terry Parkin, Strategic Director Place to the Cabinet Member Meeting. He also welcomed other officers who were attending for the first time.

Visit from Serbian Representatives

- 32.2 The Cabinet Member reported that he had met with Serbian representatives who toured Craven Vale on an information mission. The Cabinet Member asked the representatives about care services in Serbia and it became clear that their care system was very different. He was informed that there were a number of large care homes. One had 1000 people, another had 900.

Public Service Awards

- 32.3 The Cabinet Member reported that Lifelines and Carelink had won awards.

Great South East Care Awards

- 32.4 The Cabinet Member reported that the Adult Care Team had won an award and would be nominated for a national award. Meanwhile Stephanie Anderson had won the Ancilliary Worker Award. The Homecare Manager had won the 2009 national award.

Tower House and Montague House Merger

- 32.5 The Cabinet Member reported that Tower House and Montague House had now merged. There would be an official launch in the future. A report on these services was on the agenda.

33. ITEMS RESERVED FOR DISCUSSION

- 33.1 **RESOLVED** – All items were reserved for discussion.

34. PETITIONS

- 34.1 There were none.

35. PUBLIC QUESTIONS

- 35.1 There were none.

36. DEPUTATIONS

- 36.1 There were none.

37. LETTERS FROM COUNCILLORS

- 37.1 There were none.

38. WRITTEN QUESTIONS FROM COUNCILLORS

38.1 There were none.

39. NOTICES OF MOTIONS

39.1 There were none.

40. FRAMEWORK AGREEMENT FOR PROVISION OF MINOR ADAPTATIONS WORKS TO THE HOMES OF DISABLED PEOPLE IN THE OWNER OCCUPIED AND PRIVATELY RENTED SECTORS.

40.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which sought approval for the creation of a framework agreement for minor adaptations works to the homes of disabled people, primarily in the owner occupied and privately rented sectors, but also (to a lesser degree) in the public sector. Minor adaptations works were structural and electrical works up to £1000. These works were currently undertaken for Adult Social Care by 4 separate contractors. The value of the framework agreement over three years was calculated to be £1.1 million.

40.2 The Service Development Occupational Therapist informed the Cabinet Member that the advantage of the framework was that there would be better value for money. It provided the opportunity to bring separate contracts into one overall contract. It was also a good time to negotiate a better contract due to the economic climate. Minor adaptations over £500 would be considered at a Scrutiny Panel. The Framework Agreement would speed up the process for the user.

40.3 Councillor Lepper asked who managed and monitored the work carried out. She referred to the Scrutiny Panel mentioned above, and asked what criteria was used to see who was carrying out the work. The financial comments in the report noted that the capital funding available for 2011/12 onwards had not been confirmed. Councillor Lepper asked if it was confirmed; how would it compare with last year's budget. Was it driven by budget reductions or was it an improvement to the service.

40.4 The Head of Commissioning Partnerships replied to explain that there were efficiencies to be made in how adaptations were delivered. In terms of hospital discharges it was important to provide a better service. The proposals were about making the service more efficient.

40.5 The Service Development Occupational Therapist stated that 96% of minor adaptations were performed within seven days. She stressed that sometimes staff encountered complex situations, such as dealing with adaptations within a conservation area. The Scrutiny Panel looked at issues such as equipment to see if it was providing best value for money and whether it was the best item for the service user. The number of minor adaptations over £500 was very small. The council was currently using housing contractors. The framework would be an opening to the private and voluntary sector. The work being carried out would be closely monitored.

40.6 The Cabinet Member stated that his experience was that adaptations were carried out very quickly by the department. Councillor Lepper replied that she knew of a case

where a handrail on a flight of stairs took 18 months to be installed. The Head of Commissioning Partnerships stated that she would be happy to speak to Councillor Lepper about these issues but her understanding was that the service was good.

- 40.7 The Operational Manager – Housing Adaptations Team informed the Cabinet Member that the Housing Adaptation Service was looking at the list of minor works and getting the work completed through the Neighbourhood Response Teams as quickly as possible. Redirecting the work to Adult Social Care was not always the best route.
- 40.8 The Lawyer asked for clarity about the framework agreement, which covered both the private and public sector. She noted that the Housing Revenue Account Disabled Adaptation budget funded approximately £80,000 per annum for minor adaptations to council dwellings. She asked if the Cabinet Member for Housing was content with the content of the report.
- 40.9 The Cabinet Member confirmed that the Director of Adult Social Services/Lead Commissioner People had been in contact with both the Cabinet Member for Housing and the Leader of the Council about this issue. They were both in agreement with the contents of the report.
- 40.10 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:
- (1) That the procurement of a new framework agreement for minor adaptations works to the homes of disabled people, in the owner occupied, privately rented and public sectors be approved for a term of three years subject to annual review within the term.
 - (2) That the Lead Commissioner be authorised to enter into the framework agreement with contractors following a compliant procurement process.
 - (3) That the Lead Commissioner of Adult Social Care Delivery Unit be authorised to take all steps necessary or incidental to the implementation of recommendations 2.1. and 2.2 and including the awarding of the framework agreement.

41. ANNUAL PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE

- 41.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which presented the Care Quality Commission's Annual Performance Assessment which summarised progress in relation to 7 outcomes for social care set out in the white paper "Our Health, Our Care, Our Say".
- 41.2 Brighton & Hove had been judged a council that is performing well overall. Within this the Council was judged to be performing excellently in relation to 3 outcomes and performing well in relation to 4 outcomes. This replicates exactly the performance achieved by the Council in 2008/09.
- 41.3 The Strategic Director People informed the Cabinet Member that the Council had done well in raising standards. A significant number of services were excellent. Those performing as good formed part of the Performance Action Plan.

41.4 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendation:

- (1) That the Annual Performance Assessment and related Improvement Plan be noted.

42. PERSONALISATION AND DAY SERVICES

42.1 The Cabinet Member considered a report of the Director of Adult Social Services/ Lead Commissioner People which provided updated information on the need to become more efficient and make maximum use of all day centre buildings, resources and staff to offer effective and responsive day services across the city that offer value for money. The report also provided information relating to Craven Vale Day Centre, Ireland Lodge Day Centre and work with commissioners that might affect the development of day services in the city. The report proposed further consultation.

42.2 Councillor Norman referred to Table 1 in paragraph 5.2 of the report. He corrected the headings. Craven Vale should read September 10 and Ireland Lodge should read October 10. Councillor Norman remarked that there had previously been substantial consultation and a great deal had been learnt from that process. As there was low occupancy, it was important to obtain best value for money and to make best use of the service. The merger of Montague House day services into Tower House was working well. There was no reason stage 2 of the process should not work.

42.3 Councillor Lepper expressed concern at the proposals, and said she was aware of the value of day services. She stressed that the reasons for under occupancy should be investigated to see whether there was another way forward. She considered day services could be of value to many people. She suggested that the council should consider a wider range of consultation, including outside organisations. Councillor Lepper said she would like to see more people attending day services.

42.4 Councillor Norman replied that the council were encouraging independence to help people get back to normal life. Personalisation was the way forward, rather than day services that people did not want.

42.5 The General Manager Provider Services remarked that the personalisation agenda had led to people voting with their feet. People wanted a different service now. The council was increasingly providing for people with a higher level of need. People with the most need should be targeted. She had been talking with commissioning colleagues so that older people could access services locally, rather than sit on a bus for an hour. Specialist services often meant long journeys for the clients.

42.6 Councillor Lepper asked if service users would have to face long journeys if services were merged. Councillor Norman replied that the intention was to cut down the travel time. The Council needed to provide the best service it could for residents. The Assistant Director, Adult Social Care stated that officers were very aware of the issues around transport and that the General Manager Provider Services was working on this issue.

42.7 The Strategic Director People remarked that the council should be proud of the work done on re-ablement. Many councils had failed to consider what the service users

wanted. The services offered to service users were the ones that they wanted. It was difficult to make traditional services attractive to service users.

- 42.8 Councillor Lepper asked if provision would be increased if the demand for day services should increase in the future. The Head of Commissioning and Partnerships explained that the council was engaging with service users. They were saying that they did not want to go to day services and would rather do something else. Assessment staff would help people make decisions for themselves. A recent example was a older lady who had set up a book club at Tower House. People were now running their own groups.
- 42.9 Councillor Lepper questioned the consultation process and asked for a wider consultation to include organisations like Age UK and the Alzheimer's Society. The General Manager Provider Services stated that there had already been a wide consultation. The Strategic Director People asked for clarity regarding this issue. He asked if the proposed consultation would extend to the groups the council normally consulted.
- 42.10 Officers stated that this was stage two of the process. Officers had already carried out a wide consultation. Stage two of the process was about the impact of the changes on users of the service. Councillor Norman stated that he was happy to agree the recommendations set out in the report.
- 42.11 The Head of Commissioning and Partnerships informed the Cabinet Member that she chaired the Day Activity Commissioning Group. She suggested that the discussion regarding this issue should be an item for that meeting.
- 42.12 The Lawyer emphasised that the consultation process had to be fair. Affected parties had to be consulted. Her understanding was that there had previously been a very wide consultation that had formed a two stage process. There were a range of organisations that represented service users across the city that had had a chance to give their opinions. This was a follow on report from a number of previous reports. The General Manager Provider Services agreed that this was correct. She stated that organisations like the Alzheimer's Society would be consulted again.
- 42.13 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:
- (1) That the Increase in demand for day opportunities, and more flexibility that promotes citizenship and independence be noted.
 - (2) That continued low occupancy and under utilisation of staff, buildings and transport at Craven Vale and Ireland Lodge be noted.
 - (3) That there be a period of consultation with a view to the creation of two Community Resource Services in the city, each with a satellite service.

43. SAFEGUARDING VULNERABLE ADULTS

- 43.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which presented the Safeguarding Adults Board Business Plan, updated since August 2010, in order to show the progress made in improvement planning for safeguarding vulnerable adults.
- 43.2 Councillor Lepper informed the Cabinet Member that she was pleased to see the Business Plan as safeguarding vulnerable adults was a matter of tremendous concern. Every council had come across people who had been abused; sometimes by family members.
- 43.3 Councillor Norman stated that he was involved with the Safeguarding Adults Board, and stressed the importance of this work to ensure that vulnerable adults were not abused. Councillor Norman mentioned that there was a Brighton & Hove Safeguarding Conference at Hove Town Hall each year. He invited Councillor Lepper to attend the conference as Opposition Spokesperson. The Acting Head of Assessment Services said she would ensure Councillor Lepper received an invitation.
- 43.4 **RESOLVED** – Having considered the information and the reasons set out in the report, the Cabinet Member accepted the following recommendations:
- (1) That the updated Business Plan for safeguarding vulnerable adults be noted.
 - (2) That that this information will be included, with a further update, in the Safeguarding Vulnerable Adults Annual Report for April 2010/11.

The meeting concluded at 5.13pm

Signed

Cabinet Member

Dated this

day of

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 48

Brighton & Hove City Council

Subject:	Petitions		
Date of Meeting:	14 March 2011		
Report of:	Strategic Director, Resources		
Contact Officer:	Name:	Caroline De Marco	Tel: 29-1063
	E-mail:	caroline.demarco@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 To receive any petitions presented at Council, any petitions submitted directly to Democratic Services or any e-Petitions submitted via the council's website.

2. RECOMMENDATIONS:

2.2 That Cabinet responds to each petition and in each case gives consideration to a range of options, including the following:

- taking the action requested in the petition
- considering the petition at a council meeting
- holding an inquiry into the matter
- undertaking research into the matter
- holding a public meeting
- holding a consultation
- holding a meeting with petitioners
- referring the petition for consideration by the council's Overview and Scrutiny Committee
- calling a referendum
- writing to the petition organiser setting out the council's views about the request in the petition

3. PETITIONS

48. (i) Safeguard Carers' Funding

To receive the following petition submitted to Cabinet on 17 February 2011 by Mr Nick Fry and signed by 318 people agreeing with the following statement:

"I believe that funding for carers allocated to Brighton & Hove City Council from central government should be ringfenced and used for the purpose it was intended for."

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 54

Brighton & Hove City Council

Subject:	Fee Level for Adult Social Care Services 2011-12
Date of Meeting:	14 th March 2011
Report of:	Director Adult Social Services/Lead Commissioner People
Contact Officer:	Name: Jane MacDonald Commissioner Tel: 29-5038 E-mail: jane.macdonald@brighton-hove.gov.uk
Key Decision:	Yes Forward Plan No. ASC18817
Wards Affected:	All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report concerns fees paid to independent and voluntary sector providers that supply care services on behalf of Brighton and Hove City Council. The report covers fees paid to providers of older people, people with physical disabilities, adults with mental health needs (including HIV and substance misuse) and learning disability services.

2. RECOMMENDATIONS:

The recommendations are:

1. To hold the fee levels at the 2010/11 rates for 2011/12, for all independent and voluntary sector providers
2. To hold direct payment rates at the 2010/11 level for 2011/12
3. To match the applicable host authority set rates for new care home placements out of the city

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Brighton & Hove current financial position

The Council will set the budget for 2011/12 at Budget Council on 3 March 2011 within the funding parameters of Council Tax levels and the Local Government Financial Settlement. All service areas have been asked to identify how reductions in their net budget could be achieved to address the budget gap, consistent with a set of budget principles. The Adult Social Care budget strategy and savings proposals assume that the funds available for fees remain at 2010/11 levels and that this can be achieved through working in partnership with providers alongside other Value for Money initiatives.

3.2 Brighton and Hove previous fee levels and support provided

Locally fee levels for 2010/ 11 were in the main held at 2009/10 levels, see Appendix One. Brighton & Hove provides a range training that is free to access and which is much appreciated by providers. Indeed at the Registered Care Home Association annual conference in July 2010 providers were asked if they would prefer an additional fee increase or the training provided by the Council, the overwhelming majority of providers opted for the training.

There is health, safety and fire support and the first two years of Contractors Health and Safety Accreditation is paid for by the council. Contract support and advice is provided by Adult Social Care Contracts Unit to all contracted services.

3.3 Fees regionally and Funded Nursing Care

Early indication from the region is that few if any councils are planning uplifts; this includes both East and West Sussex. A minority of councils are considering a reduction in fees in some service areas.

Care homes providing nursing care receive Funded Nursing Care payments. Health will not be increasing payments and the rates will remain at £108.70 (standard rate) and £149.60 (higher rate).

3.4 Representation from providers

Providers represented by the Registered Care Homes Association stated that their minimum requirement is for any increase in costs to care homes, incurred through central government policy, to be reflected in fee levels. In October 2010 the National Minimum Wage rate was raised from £5.80 per hour to £5.93 for workers aged 21 and over. This will affect pay for many workers in the sector.

Provider representatives said that they would expect any basic client contribution increase related to benefits including pension increases, to be passed on to them. They also highlighted the rise in food and energy costs. Providers have been alerted to the financial position and will be encouraged to make efficiencies in areas that do not directly impact on service user care. They are aware of the Council's financial position and the need to balance the constraints on its own resources.

3.5 Commissioning and contractual arrangements

If providers are unable to meet the assessed need of a specific individual within the specified fee rates they are expected to contact the Council.

Intelligent commissioning and a review of contractual arrangements will increasingly deliver efficiencies across independent and voluntary sector care services. This is within the context of significant savings being made within the Council's own care provision.

Independent and voluntary sector services that experience financial difficulties are expected to make the Council aware and they will be offered advice and support. This includes Business Rates Assistance, the Be Local, Buy Local Campaign and other measures in the 'recession relief' package.

3.6 Set rates for all service areas

Currently there are no set rates for adults under 65. In order to provide clarity for providers, to assist everyone with forward planning and to move towards equity across service areas work is beginning on agreeing set rates for additional service areas. It is anticipated that this work will be aligned to Fee Levels 2012-13.

4. **CONSULTATION**

4.1 The Director Adult Social Services/Lead Commissioner for Adult Social Care and Health has discussed this issue and made presentations to a number of provider forums. In making this recommendation, providers' concerns have been taken into consideration, alongside the Councils overall budgetary situation.

4.2 Sussex Partnership NHS Foundation Trust welcomes the recommendations outlined in this Report.

4.3 NHS Brighton & Hove, Continuing Health Care also welcomes the recommendations in this Report.

5. **FINANCIAL & OTHER IMPLICATIONS:**

5.1 Financial Implications:

Better commissioning of services from independent sector providers will drive out efficiencies of approximately £1.4 million by holding fees at 2010/11 rates and reviewing contract specifications and activity levels. This will enable us to achieve reductions in unit costs and bring spend in line with comparator authorities.

Mike Bentley

Date: 1 March 2011

5.2 Legal Implications:

Consultation has been undertaken with affected and interested parties as described in the body of this report. Providers' views have been taken into account and as set out in the body of the report provision is already in place for free practical support, training and advice to assist providers with their individual or specific requirements.

Lawyer Consulted: Sandra O'Brien

Date 1 March 2011

5.3 Equalities Implications:

A separate Equalities Impact Assessment has been completed.

5.4 Sustainability Implications:

There are no specific sustainability implications set out in this report

5.5 Crime & Disorder Implications:

There are no specific crime and disorder implications set out in this report

5.6 Risk and Opportunity Management Implications:

The financial risks have been set out in the Financial section. Providers have been alerted to the financial position and will be encouraged to make efficiencies in areas that do not directly affect service user care.

5.7 Corporate / Citywide Implications:

The recommendations of this report are in line with the Council's Corporate Priority, 'Better Use of Public Money' and the need to keep the costs of delivering services under careful review.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S)

6.1 Within the context of the current financial pressures and efficiency savings being requested of the public sector, the Council would not be in a position to be able to award an inflationary increase for 2011/12.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The report recommendations are made within the context of predicted national fee increase trends, low rates of inflation and the need for the public sector to make efficiency savings.

SUPPORTING DOCUMENTATION

Appendix 1

Residential Cares Homes for Older People	2010/11 Weekly Rate for NON PREFERRED PROVIDERS	2010/11 Weekly Rate for PREFERRED PROVIDERS
Low Need - single room	£322	£325
Low Need – shared room	£288	£291
Medium Need - single room	£391	£394
Medium Need – shared room	£355	£358
High Need - single room	£434	£438
High Need – shared room	£399	£403

Residential Cares Homes for OPMH	2010/11 Weekly Rate for NON PREFERRED PROVIDERS	2010/11 Weekly Rate for PREFERRED PROVIDERS
OPMH - single room	£476	£480
OPMH – shared room	£441	£445

Care Homes with Nursing for Older People	2010/11 Weekly Rate (inc Social Care Rate and Funded Nursing Care [FNC]) for NON PREFERRED PROVIDERS	2010/11 Weekly Rate (inc Social Care Rate and FNC) for PREFERRED PROVIDERS
Single Nursing Band Shared Room	£504.40	£509.40
Single Nursing Band Single Room	£539.40	£544.40

Care Homes with Nursing for Older People with Mental Health needs	2010/11 Weekly Rate (inc Social Care Rate and FNC) for NON PREFERRED PROVIDERS	2010/11 Weekly Rate (inc Social Care Rate and FNC) for PREFERRED PROVIDERS
Single Nursing Band Shared Room	£546.40	£552.40
Single Nursing Band Single Room	£581.40	£587.40

*The High Nursing Band rates relate to those service users who are already receiving the high level of FNC prior to 1st October 2007.

Documents In Members' Rooms

None

Background Documents

None

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 55

Brighton & Hove City Council

Subject:	Contract Unit Performance and Monitoring of Older People's Services, 1 st April to 31 st December 2010		
Date of Meeting:	14 th March 2011		
Report of:	The Director of Adult Social Services and Lead Commissioner People		
Contact Officer:	Name: Ambrose Page	Tel: 295341	
	E-mail: Ambrose.page@brighton-hove.gov.uk		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 To report on the performance and monitoring of Older People (OP) and Older People Mental Health (OPMH) care homes and home care, for the period 1st April to 31st December 2010.
- 1.2 For the report to cover both independent sector and council run care homes and home care.

2. RECOMMENDATIONS:

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

3. RELEVANT INFORMATION PERFORMANCE

Performance in Care Homes

3.1 Numbers of care homes and beds

- The number of OP care homes and beds available in the city has remained unchanged since. However, a new OPMH nursing home has opened providing an additional 37 beds (See [Appendix 1](#): Breakdown of OP and OPMH long stay care home places 31st December 2010).

3.2 Overview of care homes with nursing

- Nursing homes provide 24 hour nursing care for the most vulnerable older people. Though the trend since April 2008 has been for a gradual reduction in the number of new long term placements, within the current reporting period this trend has reversed with an additional 74 long term placements. However because the period covered by this report is nine months, instead of the previous six, the actual percentage increase is 10.81 per cent. Breaking this down into OP and OPMH admissions, whilst

there has been an increase of 12.22 per cent in new OP nursing home placements, this is less for OPMH nursing home placements where the increase is 8.31 per cent. (See [Appendix 2](#): Number of New Nursing home placements).

3.3 Overview of residential care homes

- Residential care homes provide accommodation, meals and personal care such as help with washing and eating. Unlike nursing homes, the trend regarding new long term placements into residential care homes has remained the same in comparison with the previous reporting period of 1st October 2009 until 31st March 2010. Whilst there have been 51 additional placements in this period compared with the previous reporting period, because this reporting period is nine months, instead of the original six, there is no percentage increase. Breaking this down into OP and OPMH admissions, however, there has been a 17.76 per cent increase in OP residential admissions, but a 22.22 per cent decrease in OPMH residential care home ones (See [Appendix 3](#): Number of new Residential Placements).
- The council currently has three resource centres which provide residential and other services e.g. day care. One resource centre is registered for OP and two are registered for OPMH. These are increasingly moving to provide short stay beds, and there are no long-stay beds in OP services and 19 in OPMH services.

3.4 Short stay Intermediate Care and Reablement services

- There continues to be an emphasis on short stay rehabilitation and reablement services. When consulted many older people say that they want to remain independent for as long as possible. Though the Intermediate Care Beds at Roan, and Caburn House Residential Care Homes came to an end in October 2010, this was part of the Primary Care Trust's plans to rationalise the way such services are delivered throughout the City (see [Appendix 4](#): Short term beds).

3.5 Out of area care home placements

- As there is a lack of capacity in the nursing home market the council also contracts with providers outside the city. Currently there are about 71 OP and OPMH who if given the choice probably would have chosen to stay in a nursing home within the city (see [Appendix 5](#): A snapshot of nursing home beds to show those in and outside the city). This figure represents an increase from the previous report, though this may be partly attributed to the ongoing suspension of new placements in one of the in City older people nursing homes due to concerns there, and consequently needing to place more people out of the City instead. With the opening of the new OPMH nursing home, it is envisaged that the number of people placed outside of the City who require this category of care will decrease.

3.6. Reflections on care home performance information

- No single reason can be attributed to the increase in new placements to OP nursing homes, OPMH nursing homes and OP residential care homes.
- However, there have been nine waivers agreed in the reporting period where residents who were previously self funding, have experienced a

depletion in their assets, making them eligible for council funding. Waivers have had to be agreed as the care homes in question would not accept the local authority set rate. This figure suggests that there may be other cases in this category coming through the system, but which do not come through as a waiver, since in these instances the care homes have accepted the local authority set rate.

- The increase in these placements may be budget led, in view of it being more expensive to maintain people at home, or maybe the Council has supported more people in the community for longer, with this no longer being sustainable for a cohort of these people.
- Regarding the increase in OPMH nursing home placements, this is in part attributed to a growth in OPMH nursing home capacity within the City, allowing a backlog of those service users who have been waiting for long term in City placements, especially in the acute wards, to be thus accommodated.
- Additionally the increase in OPMH nursing home placements could be because service users are now maintained at home longer, because of the availability of more robust community support; but because their needs are more acute at the point they require long term care, an OPMH residential care home is no longer able to meet their needs. This may also account for the reduction in OPMH residential care home placements.
- Regarding the reduction in OPMH residential care home placements, this could also be attributed to a greater degree of Care Quality Commission (CQC) flexibility around registration categories, allowing service users who might historically have been placed or transferred to OPMH care homes, now being maintained within mainstream settings.
- Another factor informing these trends may be the role of the Psychiatric Liaison Nurse who supports OP care homes to maintain residents with mental health needs such as dementia within their setting, thus avoiding or delaying admission to OPMH care homes.
- Clearly these trends need further exploration, so systems will be developed to capture future placement patterns so as to inform subsequent reports.

3.7. Waivers

- Sometimes the Council has to place service users in care homes that are requesting fees in excess of the set rates, and there are two situations where a request for such a waiver can be agreed. Either because the service user's needs cannot be met within the set rates, or because there are currently no suitable vacancies at the appropriate set rate.
- Within the reporting period there have been a total of 29 waivers which constitutes 8.35 per cent of all placements made, which is a significant reduction from the previous reporting period. Appendix 6 provides a breakdown of these figures as they apply to each type of care home.
- There have been a higher percentage of waivers for nursing homes and OPMH residential care homes. However, the percentage of nursing home waivers, when compared with the previous reporting period, has decreased dramatically, since it was previously 37.50 per cent of all placements made. There has also been a similar trend for OPMH nursing home waivers which in the previous reporting period were 26 per cent of

the total number of placements made. The latter may be due to the increase in OPMH nursing home capacity in the City.

Performance in Home Care

3.8 Number of Home Care Packages

- Numbers of service users receiving Home Care from Approved Providers has decreased slightly over the last nine months; it has gone from 1403 to 1352, a reduction of approx 4%. In the previous reporting period the reduction in service user numbers was approximately 9%. Direct payment increases and the impact of Intermediate Care Services and reablement maybe positive factors in this. (See Appendix 7: Number of People receiving Home Care).

3.9 Hours of Home Care Provided

- Reports from independent providers demonstrate that hours of care have reduced in the last nine months. If this is broken down, the numbers of people supported by intensive home care packages has increased and this is line for the national trend for larger, more complex packages of care provided to people in their own homes (see Appendix 8: Home Care: Hours delivered weekly).

3.10 Overview of Home Care Market

- All of the Approved Home Care Providers have maintained their “Good” or “Excellent” rating by the Care Quality Commission and have completed the process of re-registering with CQC.
- The early part of December 2010 presented challenges due to the snow and the providers followed the traffic light risk assessment process (part of the contingency plans) to prioritise care provision.
- Following agreement at the Personalisation Board that the Outcome Based Commissioning (OBC) Home Care model will be rolled out to all providers a two day training programme was arranged in October 2010. This was attended by the training representatives from each provider with the intention that they will cascade the training to their teams.
- Further training will arranged for staff in assessment teams to ensure that the approach is carefully monitored and this will enable people who are receiving a home care package to have greater autonomy and a more flexible service.
- The process of banking hours to provide a more flexible service has proved to be difficult and labour intensive for providers, it also caused some difficulties for the invoicing and payments process. This has proved to be a barrier in the roll out of the Outcome Based Home Care model. However with the imminent introduction of the Electronic Care Monitoring System it is anticipated that this issue will be resolved and Providers will be expected to take on this model once ECMS is in place later in 2011.

3.11 Reflections on Home Care Performance information

- The decrease in the numbers of service users receiving Home Care from Approved Providers is indicative of the impact of personalisation, and Intermediate Care Services and reablement. Although there continues to be a downward trend in numbers the rate of decline is less.

- The council's own home care team is focusing on working towards a reablement approach for service users which is in line with national research that confirms benefits for service users and may result in reduced numbers of referrals for home care.
- It is envisaged that reablement will feature as part of the 2102 home care contract.

MONITORING

Monitoring in Care Homes

3.12 Monitoring by the SCCU within the reporting period

- In the reporting period the Social Care Contracts Unit (SCCU) has continued to undertake desk top reviews (DTR) on care homes in the City, gathering a range of intelligence from key stakeholders, including the outcomes of the latest Care Quality Commission (CQC) report. From this information each provider was then risk rated. This determined the intensity of future monitoring, with those providers rated as high risk receiving a focused audit to check compliance against the CQC requirements; and with those where there are serious concerns being subject to ongoing and intensive monitoring. For low to medium risk providers, they would either be written to, seeking confirmation that they have met any outstanding requirements, or would receive a contract review visit.
- In total 9 DTR's were completed in this period, the outcomes of which are detailed in Appendix 9. In this respect one nursing home in the City required ongoing and intensive monitoring (and still does), on a weekly basis in order to maintain a regular presence as a way of scrutinising quality standards.
- Aligned to this is the role of the Clinical Quality Review Nurse (CQRN) who is employed by NHS Brighton & Hove and whose role it is to undertake a clinical audit on all in City nursing homes. The CQRN routinely undertakes these visits, and throughout the reporting period there has been a marginal variation in clinical quality (See Appendix 10).
- The views of service users using care home services continue to be sought through the review of those service users living in care homes, and residents continue to express high levels of satisfaction in this respect, with the majority of people stating that they are either satisfied or very satisfied with the services received.
- Social care assessors also comment positively both on the quality of services being provided and on whether or not the service user is receiving good outcomes as outlined in their care plans.

3.13 Current changes in monitoring arrangements

- Whilst the CQRN will continue to monitor nursing homes in the same way as before, the SCCU needs to adapt its way of monitoring care homes in response to the changes in CQC which took place from October 2010.
- In this respect a Service Provider Profile (SPP) is currently being developed. The SPP will gather all information about the quality and safety of a service provider in one place, enabling the SCCU to assess where risks lie and prompt monitoring activity proportionate to the level of risk. The SPP will replace the existing Desk Top Review process, and will provide a consistent framework across all in City care homes for

monitoring the quality and safety of service provision. The SPP will identify potential issues more quickly, because new information will be added and reviewed regularly. It will also provide a more comprehensive picture of each care home; thereby spotting patterns that may demand attention and may have been missed if only looking at one piece of information. This system will allow the SCCU to make robust judgements about the quality of services, and the action that needs to be taken to address any shortfalls.

- More specifically the SCCU will use the SPP to ;
 - Inform Contract Unit activity
 - Terminating Contract
 - Suspension of placements
 - Full Audit visit to service
 - Focused Audit visit to service
 - Preferred provider status
 - Requirement for specific improvement actions and evidence completed
 - Recommendations for specific training
 - Inform Commissioners and assessment staff regarding the quality of service provision
 - Inform Safeguarding Adult investigations at Level 3 and 4
 - Share information with CQC in line with protocol
- A key challenge will be how this information can be stored, accessed and analysed to enable a 'live' and dynamic model.
- The Council is in discussions with CQC regarding the implementation of an information sharing protocol and CQC development of a Quality Risk Profile on each provider.
- The Council has implemented a Care Governance Panel and this is now meeting regularly. The panel provides a forum and a developing framework to support systematic monitoring of the quality of social care services within the city, and outside of the city where local people are using services. This includes in house and contracted services. The panel also informs the improvement actions and priorities. The panel is still in a formative stage and future reports will provide more detail on the outcomes from this panel.

3.14 Fairer Contracting

- The changes in CQC have also had an impact on the current framework for Fairer Contracting which will now need reviewing in light of the abolition of the rating system.
- Interim arrangements will need to be put in place pending the development and implementation of a new national quality rating system in 2011.
- In this respect all care homes with existing good and excellent judgements from CQC will be recognised as preferred providers during this period. However, this preferred provider status will be reviewed if either the CQRN subsequently judges any nursing home to be poor or adequate in relation to its clinical care; a CQC Compliance Review identifies major/ moderate issues in the service and imposes compliance/ enforcement action; or the Contract Unit profile of service quality indicates significant concerns about service quality. A review will involve a full desk top analysis of all available information and an audit visit to the service.

- For those care homes whose existing CQC judgement is poor or adequate, they will be able to apply to the SCCU to have their non-preferred status reviewed. To initiate this review providers must evidence that all improvement requirements from the previous CQC inspection have been met; that there are no major/moderate issues and related compliance conditions still outstanding with CQC; and that they are approved providers. The review will include a full desk top analysis of available information and an audit visit to the service, and for nursing homes the CQRN must confirm a clinical rating of good or excellent for the service.
- For those care homes who registered with CQC after quality ratings were terminated, these providers will be able to apply to the SCCU to have their non-preferred status reviewed. To initiate this review, providers must evidence that there are no major/moderate issues and related compliance conditions still outstanding with CQC, and that they are approved providers. The review will include a full desk top analysis of available information and an audit visit to the service, and for nursing homes the CQRN must confirm a clinical rating of good or excellent for the service.
- Decisions on approving a preferred provider will be delegated to the Head of Contracts, who will take account of the views of the Care Governance Panel. Providers who wish to challenge the outcome may appeal to the Director of Adult Social Services.

3.15 Safeguarding Adult Alerts

- Proportionate to the number of homes, Safeguarding Vulnerable Adult alerts have been most prevalent in OPMH nursing homes, though statistically, given the needs of this particular service user group, there is an expectation that a greater number of alerts will be received homes providing care for this category of resident. Nursing homes have also had a high number of alerts, with 67 in total, including three level 4's.
- There have been 112 recorded alerts altogether, with [Appendix 11](#) giving a breakdown of how these are distributed across the different categories of care homes. The SCCU is closely aligned to the safeguarding process, and also uses information gathered in this respect to inform its monitoring processes, though is mindful that the receipt of alert information is dependent on other teams forwarding these to them. The SCCU will also pick up on any quality standard issues which need following up once the safeguarding process has reached closure.

3.16 Health and Safety Monitoring

- Health and Safety: The Service Level Agreement continues to operate between the SCCU and the Health, Safety and Well-being Team to facilitate better health and safety compliance within the independent and voluntary sector. To-date the benefits with regard to care home provision have been as follows:
- The Health and Safety Business Partner (Fire) is continuing to audit fire compliance in care homes and improving standards in this respect. To-date he has visited all providers, and has assessed the average level of compliance as being 90 per cent throughout the sector. The most prevalent areas of non compliance is providers not having in place a Personal Emergency Evacuation Plan (PEEP), which currently stands at 36.5 of care homes. As with all areas where homes are found wanting, he

will support and work with them to become compliant. If non compliance continues to become an issue, and service users are at potential risk, he will consult with the East Sussex Fire and Rescue Service who have a stronger legal mandate to take enforcement action.

- He has also continued to return to those care homes which he previously visited to audit more general health and safety compliance; and has also offered where appropriate to review current Fire Risk Assessment, carry out Fire Risk Assessments where it is deemed not to be suitable or sufficient, and offer to carry out new Fire Risk Assessment where one is not available.
- The majority of care homes are now CHAS compliant, though there are still 16 care homes not accredited, and are now past the deadline of 30th September 2010 in which they had to achieve compliance. In view of this, the SCCU has now written to these providers, offering further assistance, but stipulating that they are in breach of Contract. For those providers who are in the process of making a CHAS application, this will involve the need to review making any further placements should they not achieve compliance by 31st March 2011. For those providers who have not engaged with the SCCU regarding becoming accredited, all further placements will be suspended as from 31st March. If residents are currently placed in those establishments, SCCU will be asking the Health, Safety and Wellbeing Team to do a site visit to review what Health and Safety systems are currently in place.

Monitoring in Home Care

3.17 Council-led quality assurance activities

- There is a robust approach to the contract management of Home Care Contracts: this process includes audits that are carried out annually and timescales are given to providers to meet any requirements made in the audit report. Monitoring service user views are also part of the quality assurance process and these are obtained through the Impetus (previously Sixty plus action group), service user questionnaires received from care managers and other feedback. Complaints, safeguarding adults' investigations and other information are also constantly monitored.
- The SCCU carried out 10 audits and 8 Contract Reviews in the period April 2010 to December 2010.
- 4 incidents or complaints have been reported to the Contract Unit in the period April 2010 to December 2010 (see [Appendix 12](#) Incidents and complaints reported from Service Users who receive Home Care). All of these complaints and incidents are investigated and contribute to the Audit and Contract Review process.
- The Impetus, Lay Assessors Group have reported on 7 surveys from service users who have an independent provider in the last 9 months. There continues to be high levels of satisfaction.
- There have been 11 cases involving home care staff where there have been Safeguarding Vulnerable Adult Alerts, 7 of which were substantiated. All Safeguarding alerts are monitored and any themes are highlighted and are discussed with the relevant provider (see [Appendix 13](#) for level of investigation for Home Care Services).

3.18 Carer continuity

- Carer continuity is one of the most important measures of quality of service as identified by service users. Independent providers continue to submit reports on the cases where at least one worker has been consistently working with an individual service user for the previous six months. Across the sector, approximately half the service users have this level of continuity. Adult Social Care will continue to strive to increase levels of continuity and the introduction of the Electronic Care Monitoring System will provide accurate, transparent reports to monitor this key measure of quality and will assist in driving improvements to this standard.

3.19 Workforce developments

- **Recruitment, retention and staff turnover**
Recruitment, retention and turnover of staff continue to be an issue, more particularly in the independent sector; however 9 of the 10 Approved Home Care Providers have a staff turnover of less than 17%, which is the National Average.
- **Training**
There continues to be a high level of training activity across the home care sector, not least in response to meeting the induction and training needs of the 38 new workers who started in the last three months. The government target for the achievement of 50% of home care staff NVQ2 has been met by the majority of Home Care Providers, though CQC have yet to publish targets for the new vocational qualification that replaces NVQ2. The government NV2 target is slightly higher than with national reports on current levels of NVQ achievement. The providers who have had the longest presence in the city tend to have a higher level of NVQ qualification, probably reflecting at least in part their higher proportion of staff who have been with them for say more than 2 years.
- The workforce development unit has supported the SCCU in developing a Reablement Resource Book for the trainers within the independent sector organisations and a similar process will be put into place for the OBC.

3.20 Personalisation Developments

- **Reablement:**
- As part of the personalisation process the Approved Home Care Providers completed a trial in the provision of reablement service to service users. Senior carers, management and training staff were trained in the theory of reablement and how to provide a reablement care package for a six week period.
- **Electronic Monitoring system:**
- The procurement process for an Electronic Care Monitoring System (ECMS) was agreed in September 2010. It was decided to bring together the tender process for both ECMS and the Rostering System for the Independence at Home (in-house) home care team to achieve maximum value for money.
- The tender documents were issued via the ESPO framework on 22-10-2010 and responses were received from seven organisations.
- Evaluation, including reference site visits was undertaken by two teams and the tender was awarded subject to contract on 17th December.

However the preferred provider withdrew from the process and the tender has now been awarded, subject to contract, to the second placed bidder.

- Implementation of ECMS will begin in Feb 2011. There is potential to deliver major efficiencies from more accurate invoices with savings made on the difference between contracted hours and actual hours delivered.
- The system will be trialled with two independent providers and the in-house home care service before being rolled out to all the approved providers.

4. CONSULTATION

- 4.1. All monitoring arrangements relating to care homes have been agreed with the Registered Care Homes Association and the Care Quality Commission.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

Services referred to in this report involve spend of approximately £43.4 million per annum, of which £16.6 million is funded by client contributions, health and other joint arrangements.

Actions from the 'Personalisation' programme have helped to both reduce the number of clients requiring support and unit costs. The budget strategy for 2011/12 includes further Value for Money savings from Personalisation.

Finance Officer Consulted: Mike Bentley
Date: 15th February 2011

5.2 Legal Implications:

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

Lawyer Consulted: Sonia Likhari, Contracts Lawyer
Date: 16th February 2011

5.3 Equalities Implications:

Equalities underpin all social care contractual arrangements.

5.4 Sustainability Implications:

There is a sustainability clause contained in the contracts underpinning these services. More specifically, the Home Care arrangements promote the sustainability agenda through the adoption of district based provision.

5.5 Crime & Disorder Implications:
None identified

5.6 Risk and Opportunity Management Implications:

The monitoring arrangements detailed in this report are in place to ensure that the Council purchases good quality services, with positive outcomes for service users. These arrangements will reduce risk, both to the service users and the Council.

5.7 Corporate / Citywide Implications:

Measuring the performance and quality of care homes and home care providers helps towards meeting the council priority of ensuring better use of public money.

6. EVALUATION OF ANY ALTERNATIVE OPTIONS

6.1. None considered.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The reasons for the report recommendations are to keep members informed about the levels of older people care home and home care provision, and its usage; along with information on the quality of provision and how this is being monitored.

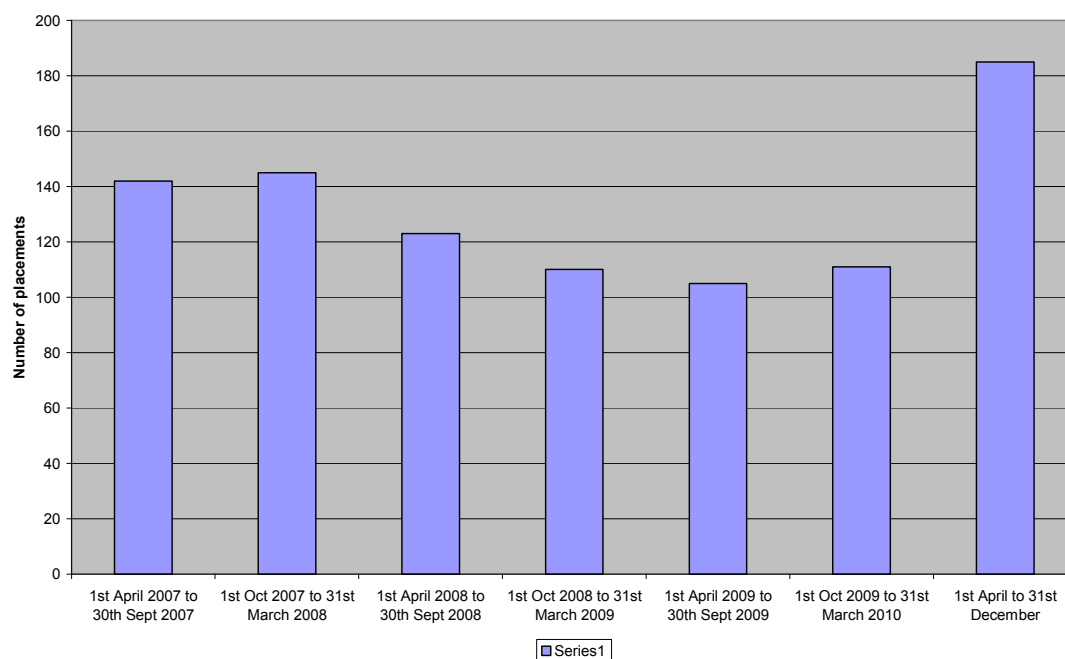
SUPPORTING DOCUMENTATION

Appendices:

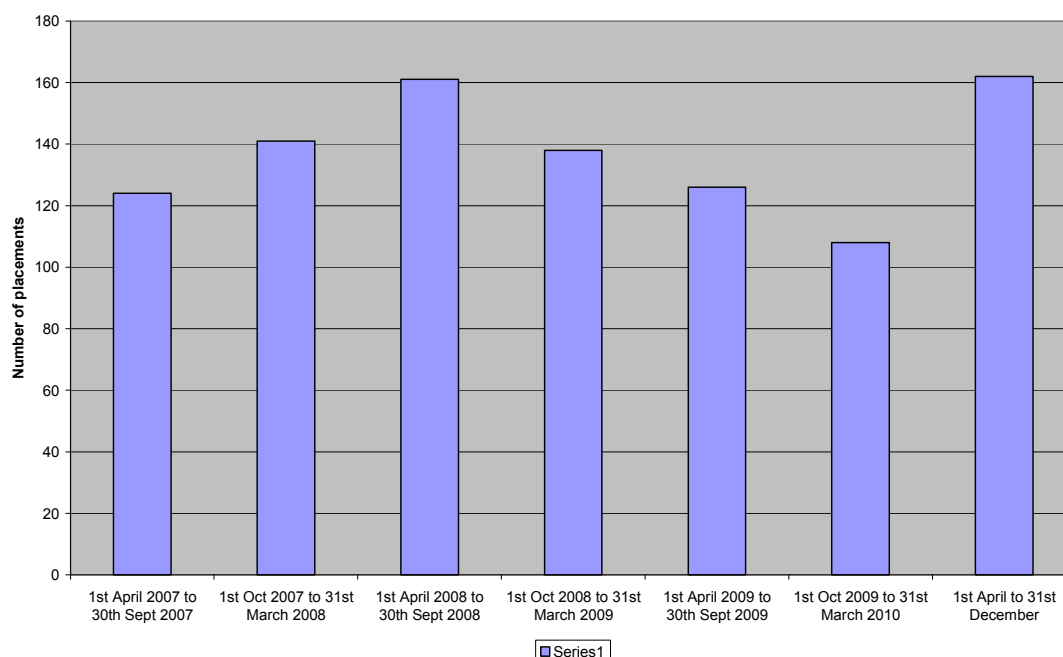
1. Breakdown of OP and OPMH long stay care home places 31st December 2010

Type of provision	Total number of predominantly long stay beds in the city		Number of homes by primary category (note some homes are registered for more than one category)		Number of Preferred Providers	
	OP	OPMH	OP	OPMH	OP	OPMH
Residential care home	681	192	30	8	27	7
Brighton & Hove City Council resource centre	0	19	0 Note Craven Vale is short stay care only	2	n/a	n/a
Care home with nursing	669	163	25	5	16	2
Totals	1348	374	55	15	43	9

2. Number of new nursing home places



3. Number of new residential home places



4. Short term beds

Location	Type of provision	Type of facility	Number of beds
Glentworth nursing home	Independent older people nursing home	Transitional beds	7
Sycamore nursing home	Independent older people nursing home	Transitional beds	7
Ireland Lodge	Mental Health resource centre (organic)	Transitional beds	10
		Respite beds	11
Wayfield Avenue	Mental Health resource centre (functional)	Respite beds	5
Somerset Point	Sheltered Housing	Re-ablement flats	1
Sanders House	Sheltered Housing	Re-ablement flats	1
Craven vale	Older people resource centre	Transitional beds	7
		Respite	7
TOTAL			56

Rehab beds i.e. predominantly Health

Location	Type of provision	Number
Newhaven rehab Centre	Community Beds	32
Knoll House	Specialist ICS provision	20
Highgrove nursing home	Independent older people nursing home	16
Craven vale	Older people resource centre	17
Total		85

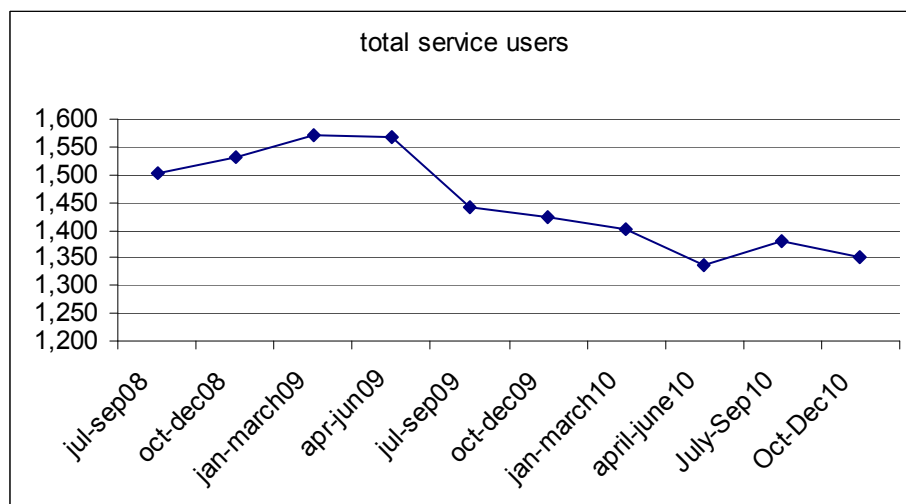
5. A snapshot of nursing home places to show those in and out of the city

Date	Total	In the City	Boundary of City	Out of City by Choice	Out of City not by Choice
31/3/2007	429	302	27	57	43
1/10/2007	444	315	30	60	39
31/3/2008	425	298	28	59	40
1/10/2008	419	302	25	52	40
31/3/2009	388	274	21	51	42
1/10/2009	393	287	20	46	40
31/3/2010	362	262	14	36	57
31/12/2010	351	243	12	25	71

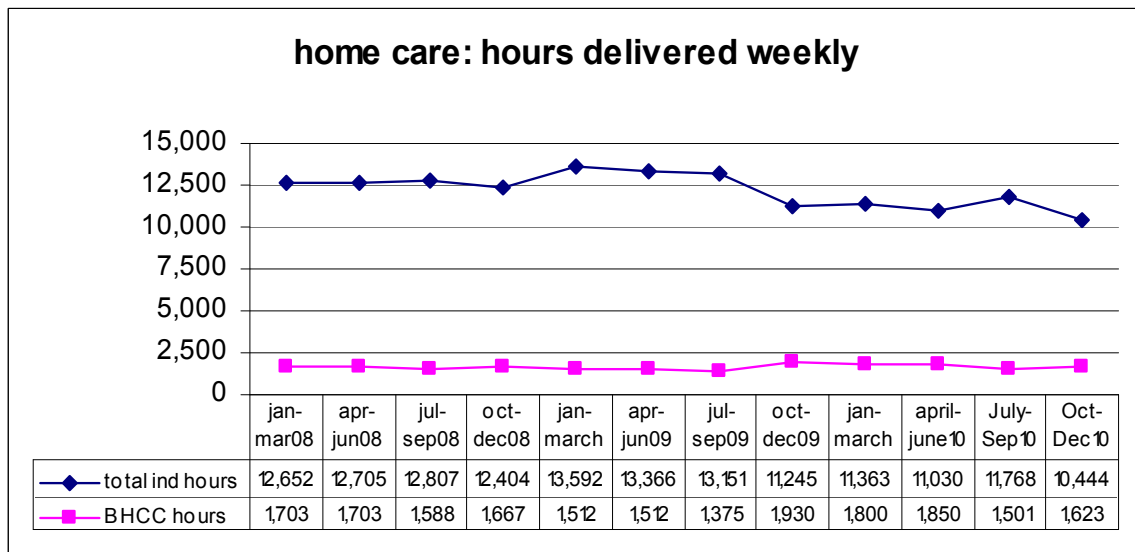
6. Number of waivers agreed compared with the total number of placements made

Registration Category of care home	Number of waiver requests	Total number of new placements made	% of waivers compared to total placements made
Rest Home	5	106	4.71
Nursing Homes	14	133	10.52
OPMH Rest Homes	6	56	10.71
OPMH Nursing Homes	4	52	7.69
Totals	29	347	8.35

7. Number of People receiving Home Care



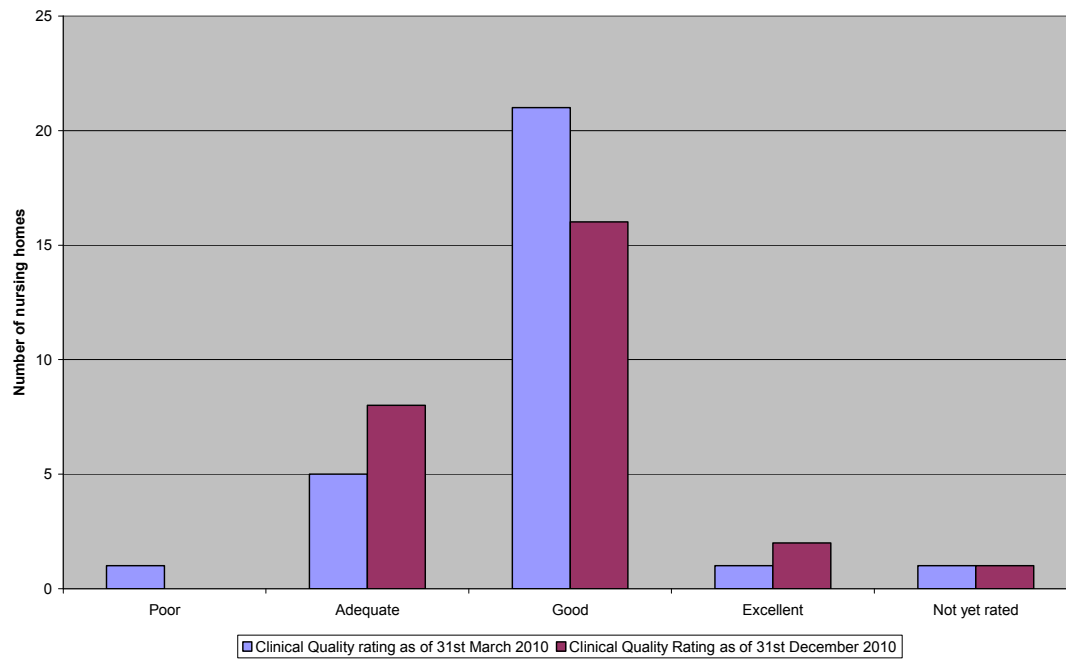
8. Home Care: Hours delivered weekly



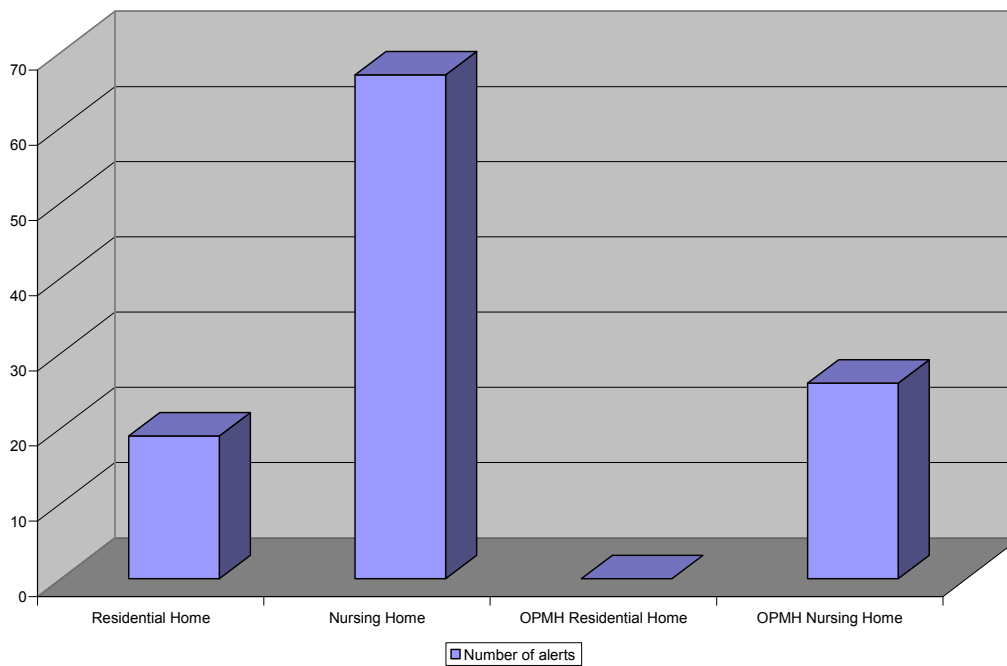
9. Care Homes: Number of Desk Top reviews completed and resulting follow up actions

Registration category of care home	Number of care homes	Number of Desk Top Reviews completed	Number of positive letters sent	Number of letters sent requesting evidence of compliance	Number of contract reviews held	Number of focused audits held	Number of homes where continuous monitoring is required
Rest home	30	3	0	1	0	2	0
OPMH rest home	8	0	0	0	0	0	0
Nursing home	26	5	1	2	0	1	1
OPMH nursing home	3	1	0	0	0	1	0

10. Trends in the Clinical Quality of nursing homes and OPMH nursing homes



11. Number of alerts received by the SCCU for categories of care homes



12. **Incidents and complaints reported from Service Users who receive Home Care**

There have been 4 incidents/complaints reported to the Contract Unit in the nine months April 2010 to December 2010. They have been spread across 4 of our 10 main providers. The issues in summary have been:

Issue	Frequency
Missed calls or late calls	1
Poor communication with office	1
Failure to maintain confidentiality	1
Poor quality care	1
Total	4

13. **Levels of safeguarding investigations for Home Care**

Level Of Investigation	Number of Investigations carried out
Level One	8
Level Two	1
Level Three	2
Level Four	0

Documents In Members' Rooms

1. N/A

Background Documents

1. None

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 56

Brighton & Hove City Council

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

Date of Meeting: 14th March 2011

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

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

Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 To provide governance information on the performance and monitoring of Under 65s (working age adult) services to people with learning disabilities, mental health issues, physical disabilities and sensory loss, across the city of Brighton and Hove for the period 1st April 2010 to 31st December 2010, in order to drive up quality and performance through robust and transparent monitoring procedures.
- 1.2 *"Putting people first: a shared vision and commitment to the transformation of adult social care"* (December 2007) provides the key policy context of Personalisation. This agenda is fundamental to the BHCC commissioning and contracting processes and supports people to be able to live their own lives as they wish; confident that services are of high quality, are safe and promote their own individual needs for independence, well-being, and dignity.

2. RECOMMENDATIONS:

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

3. RELEVANT INFORMATION

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

LEARNING DISABILITIES

3.1 RESIDENTIAL CARE HOMES

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

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

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

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

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

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

Snapshot on 31/12/10

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

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

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

3.1.6 More specifically the SCCU will use the SPP to:

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

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

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

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

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

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

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

3.2 SUPPORTED ACCOMMODATION AND SUPPORTED LIVING

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

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

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

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

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

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

3.3 SHARED LIVES

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

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

3.4 HOME CARE & COMMUNITY SUPPORT SERVICES

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

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

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

3.5 DAY SERVICES

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

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

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

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

MENTAL HEALTH

3.4 RESIDENTIAL CARE HOMES

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

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

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

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

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

Snapshot on 31/12/10

3.4.3 The number of care homes and beds available in the city for people with mental health needs has remained stable over the last few years. It is not predicted that this will change but if the throughput of people in residential care home placements increases there will be a reduction in use of Out of City residential care.

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

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

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

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

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

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

3.5 HOME CARE

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

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

3.6 DAY SERVICES

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

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

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

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

PHYSICAL DISABILITIES & SENSORY SERVICES

3.7 RESIDENTIAL CARE & NURSING HOMES

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

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

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

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

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

Snapshot on 31/12/10

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

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

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

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

3.8 HOME CARE AND COMMUNITY SUPPORT

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

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

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

3.9 DAY SERVICES

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

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

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

3.10 **SAFEGUARDING**

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

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

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

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

4. **CONSULTATION**

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

5. **FINANCIAL & OTHER IMPLICATIONS:**

5.1 **Financial Implications:**

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

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

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

5.2 Legal Implications:

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

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

5.3 Equalities Implications:

Equalities underpin all social care contractual arrangements.

5.4 Sustainability Implications:

None identified

5.5 Crime & Disorder Implications:

None identified

5.6 Risk and Opportunity Management Implications:

None identified

5.7 Corporate/Citywide Implications:

Measuring the performance and quality of care homes and home care providers helps towards meeting the Council's priority of ensuring better use of public money.

6. **EVALUATION OF ANY ALTERNATIVE OPTIONS**

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

7. **REASON FOR REPORT RECOMMENDATIONS**

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

SUPPORTING DOCUMENTATION

Appendix 1 - Definitions:

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

Direct Payments	A critical part of the government's personalisation agenda as stated in "Putting people first: a shared vision and commitment to the transformation of adult social care" (December 2007). DPs allow people to have greater choice and control over their lives as they make their own decisions about how their care is delivered.
Personal budgets	Another aspect of personalisation, Personal Budgets are designed to bring about independence and choice for people receiving care or support by giving people a clear, up front idea about how much money is available for their support. Thus, people are empowered to take control and make decisions about the care that they receive.
Desk Top Reviews	DTRs are a performance tool used by the Contract Unit to assess residential care homes. They take place after a Care Quality Commission report has come out. A DTR includes an analysis of all available information including the CQC report, Service User, relative and advocates questionnaires, feedback from reviewing officers, Safeguarding alerts and health and safety issues. A risk assessment is then made (low, medium, high) and recommendations may be made, including whether to continue placing at a home.
Individual Service Fund	A way of managing an individual's budget within a service provider. It is a good way of organising Self-Directed Support when someone cannot or does not want to manage their own money.
Care Quality Commission	The CQC is the independent regulator of health and social care in England.

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