Brighton & Hove City Council

Cabinet Member Meeting

Title:	**Adult Social Care & Health Cabinet Member Meeting**
Date:	**16 January 2012**
Time:	**4.00pm**
Venue	**Committee Room 1, Hove Town Hall**
Members:	**Councillor:** Jarrett (Cabinet Member)
Contact:	**Caroline De Marco** Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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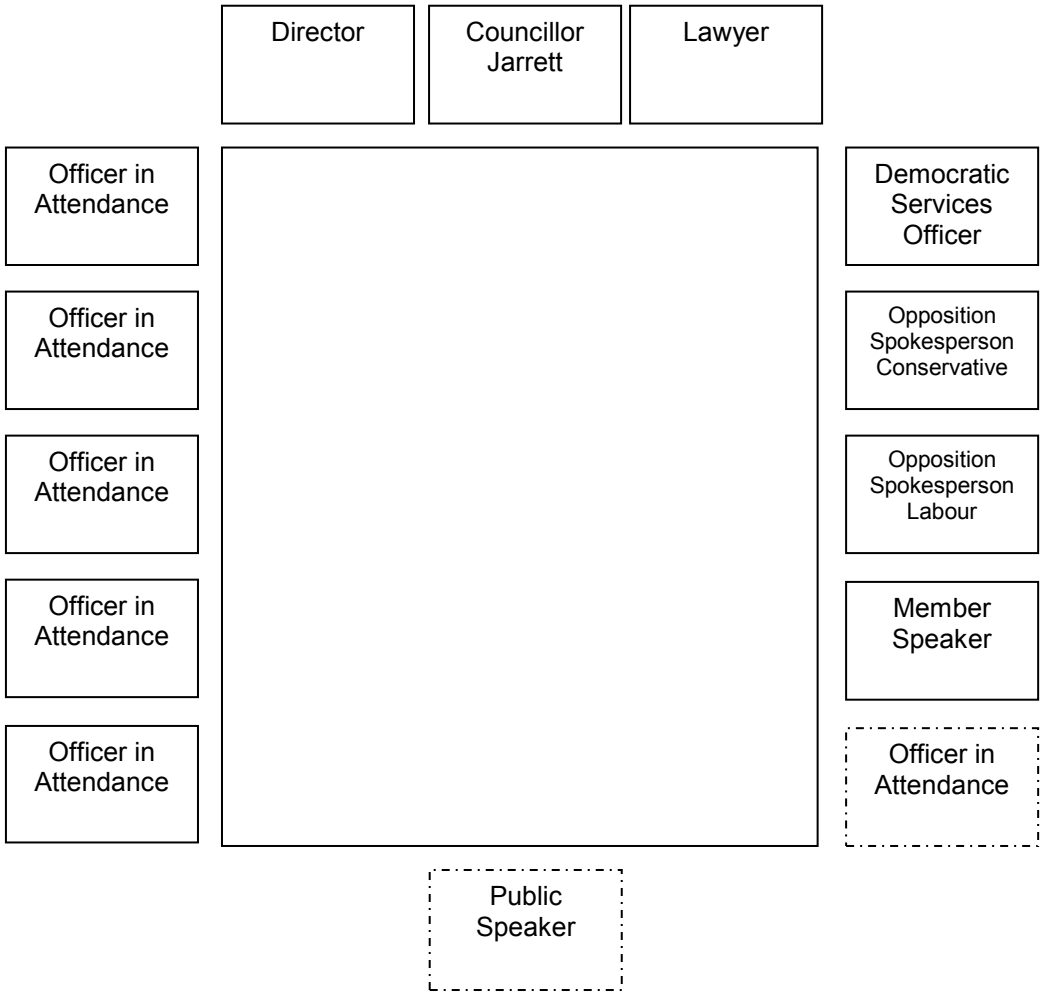

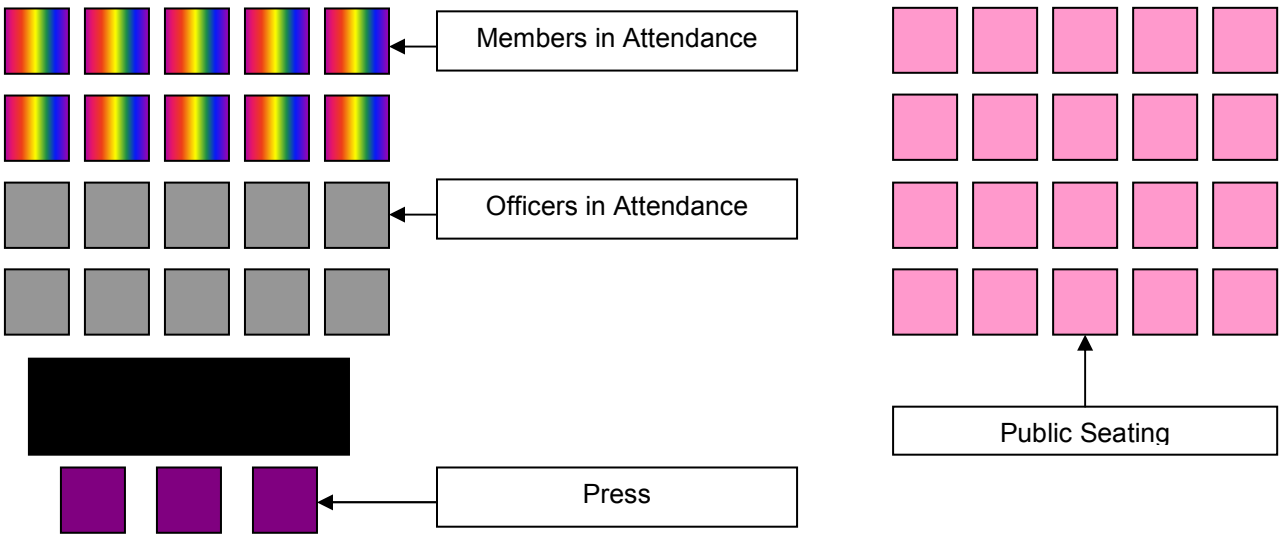

AGENDA

Part One **Page**

25. 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.

26. MINUTES OF THE PREVIOUS MEETING 1 - 4

Minutes of the Meeting held on 17 October 2011 (copy attached).

27. CABINET MEMBER'S COMMUNICATIONS

28. 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.

29. PETITIONS

No petitions have been received by the date of publication.

30. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 9 January 2012)

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

31. DEPUTATIONS

(The closing date for receipt of deputations is 12 noon on 9 January 2012)

No deputations have been received by the date of publication.

32. LETTERS FROM COUNCILLORS

No letters have been received.

33. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

34. NOTICES OF MOTIONS

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

35. THE ADULT SOCIAL CARE LOCAL ACCOUNT **5 - 34**

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

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

36. PROVISION OF EQUIPMENT TO CARE HOMES POLICY **35 - 64**

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

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

37. ADULT SOCIAL CARE CHARGING POLICY (NON-RESIDENTIAL SERVICES) **65 - 70**

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

Contact Officer: *Angie Emerson* *Tel: 01273 295666*
Ward Affected: *All Wards*

38. SAFEGUARDING ADULTS AT RISK **71 - 118**

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

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

39. RE-MODELLING IN HOUSE ACCOMMODATION FOR PEOPLE WITH A LEARNING DISABILITY **119 - 140**

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

Contact Officer: *Karin Divall* *Tel: 29-4478*
Ward Affected: *All Wards*

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

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

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

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

Date of Publication - Friday, 6 January 2012

Adult Social Care & Health Cabinet Member Meeting	Agenda Item 26 Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00pm 17 OCTOBER 2011

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Cabinet Member)

Officers Members present: Sandra O'Brien (Senior Lawyer), Anne Silley (Head of Finance-Business Engagement), Diana Bernhardt (Lead Commissioner- Learning Disabilities), John Peel (Democratic Services Officer)

Members of public present: (1)

Apologies: Councillor K Norman

PART ONE

14. PROCEDURAL BUSINESS

14(a) Declarations of Interests

14.1 There were none.

14(b) Exclusion of Press and Public

14.2 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(I) of the Act).

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

15. MINUTES OF THE PREVIOUS MEETING

15.1 **RESOLVED** – That the minutes of the Adult Social Care & Health Cabinet Member Meeting held on 13 June 2011 be agreed and signed by the Cabinet Member.

16. CABINET MEMBER'S COMMUNICATIONS

Making a Difference Award

16.1 The Cabinet Member congratulated Michelle Perry, Care Officer at Ireland Lodge who had recently won Brighton & Hove City Council's 'Big Difference Award'. His congratulations were also passed to Carelink Plus who had been recognised for their work in winning The Argus Achievement Awards in the category of Public Service.

Support with Confidence

16.2 The Cabinet Member announced a new council initiative, 'Support with Confidence' which was a partnership between Adult Social Care and Trading Standards services. The scheme provided a register of approved Personal Assistants. He heralded the scheme and expressed his hope that it would develop and grow.

17. ITEMS RESERVED FOR DISCUSSION

17.1 **RESOLVED** – That all items be reserved for discussion.

18. PETITIONS

18.1 There were none.

19. PUBLIC QUESTIONS

19.1 There were none.

20. DEPUTATIONS

20.1 There were none.

21. LETTERS FROM COUNCILLORS

21.1 There were none.

22. WRITTEN QUESTIONS FROM COUNCILLORS

22.1 There were none.

23. NOTICES OF MOTIONS

23.1 There were none.

24. ACCOMMODATION AND SUPPORT PLAN FOR PEOPLE WITH LEARNING DISABILITIES

24.1 The Cabinet Member considered a report of the Director of Adult Social Services/Lead Commissioner People which presented the local plan and budget strategy for accommodation and support services for people with learning disabilities.

24.2 The Joint Strategic Needs Assessment (JSNA) for learning disabilities 2011, highlighted the need for a local accommodation and support plan in order to meet expected increases in need of between 54-135 people over the next 5 years with a greater increase (2%) expected for those with the most complex needs who would need a high level of 24 hour specialist care.

24.3 The Director of Adult Social Services added that the report who also be presented to the Joint Commissioning Board (JCB). In addition, as the project progressed further, consultation would become more focussed on individuals.

24.4 **RESOLVED** - (1) That the report and the 3 year Accommodation and Support plan (Appendix 1) be approved.

The meeting concluded at 4.14pm

Signed Chair

Dated this day of

# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING	**Agenda Item 35** Brighton & Hove City Council

Subject:		**Adult Social Care Local Account**	
Date of Meeting:		**January 16th 2012**	
Report of:		**Director of Adult Social Services / Lead Commissioner People**	
Contact Officer:	**Name:**	**Philip Letchfield**	**Tel: 29-5078**
	Email:	**philip.letchfield@brighton-hove.gov.uk**	
Key Decision:	**No**		
Ward(s) affected:		**All**	

FOR GENERAL RELEASE/

1. SUMMARY AND POLICY CONTEXT:

1.1 From 2012/13 the Department of Health and the 'Promoting Excellence in Councils' Adult Social Care Programme Board' are proposing that every Council develops and publishes a 'local account' each year regarding adult social care services. This should say what adult social services have been doing over the past year, how successful they have been and what they plan to do in the future. Councils are encouraged to publish a Local Account' in 2011/12 on a voluntary basis.

1.2 This report outlines the approach taken in Brighton & Hove to the voluntary publication of a 'Local Account' in 2011/12 and includes a draft 'Local Account' document (appendix 1) that could be published as part of a continuing programme of consultation.

2. RECOMMENDATIONS:

2.1 That the Cabinet Member approves the Local account for publication and further consultation

2.2 That the Cabinet Member receives a further report in 2012 with proposals on the future process for delivering an annual Local Account.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 From 2012/13 the Department of Health and the 'Promoting Excellence in Councils' Adult Social Care Programme Board' are proposing that every social services department publishes a 'local account' each year. This should say what social services have been doing over the past year, how successful they have been and what they plan to do in the future. In previous years how well social

services were doing was judged through the national regulator, the Care Quality Commission but this has now ceased. The intention with local accounts is to allow local people to have a stronger voice in deciding how well their local social services are doing and what they should be reporting on.

3.2 Councils are being encouraged to produce a 'short, accessible' local account in 2011 on a voluntary basis. There is no national guidance on how to produce a local account and each Council will be trying their own approach this year if they decide to produce such an account. The learning from this will be shared nationally with other Councils to help in the production of a further local account in 2012.

3.3 In Brighton & Hove our approach is to :

3.3.1 produce a brief local account of our performance so far during 2011 by January 2012
3.3.2 consult with some key local organisations on the drafting of this local account ,given time and resource constraints
3.3.3 publish the final local account on our website and consultation portal to enable more people and local groups to give their views
3.3.4 present the local account at two key public meetings, the Cabinet Members Meeting and the Adult Social Care and Housing Scrutiny Committee
3.3.5 produce a full local account that takes account of the local consultation and national learning in 2012/13 and thereafter annually.

3.4 Inevitably this first local account is still shaped by the previous national reports we provided to the Care Quality Commission. The performance information we collect and report has been developed within the previous national framework. We have tried to make it informative and interesting. We have also tried to be honest and be clear about the challenges that face us as well as the successes. We are committed to listening to local people as part of the consultation process so that future local accounts reflect better what they want to know about.

3.5 The local account is in 3 parts.

3.6 The first part gives some broad general information about social care services and the national context within which the services operate.

3.7 The second part of the local account provides information on what we have been doing in social care and how well we think things are going. For the first year we have used the 4 national outcomes for social care services set out by the Department of Health as headings through which to report on our performance. This is because these are things people say have the most impact on their lives. The 4 outcomes are :

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care & support
- Ensuring people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable

Within the local account we have given particular importance to what local people are telling us about services either through surveys, complaints, plaudits and more general customer feedback.

3.8 The third part of the local account is a consultation which we hope as many local people and groups will respond to as possible. This will help us to make future local accounts better so they provide the type of information that local people are interested in and are in a format that allows people to hold the Council to account.

3.9 We have provided as many hyperlinks as possible in the local account so that if they want people can quickly access more detailed information on a subject. This has enabled us to keep the document relatively brief.

3.10 Although no national guidance is in place it is of note that documents which may assist in the future development of Local Accounts have been emerging recently, these include; 'Making It Real' (appendix 2), brief 'guidance' from the 'Promoting Excellence in Councils' Adult Social Care Programme Board' and most recently an advice note from ADASS on how safeguarding matters maybe included in the Local Account.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 We are undertaking a two phased approach to the consultation process in relation to the Local Account. We have shared the draft document with the LINK and the Older Peoples Council to obtain some initial views on the content and approach to this. These have been included in the document.

4.2 The intention is to consult more broadly once the document is published on the Councils website and to use the consultation portal as a vehicle for this. We have a contact list of key stakeholders across the city who will be notified of the consultation and the use of the portal.

4.3 Nationally there will be a review of Councils experience in 2011/12 and this will help identify best practice. There maybe further national guidance and support following this.

4.4 Our plan is to draw on both the local and national experience to develop a local process for developing and producing a Local Account in future. If the Local Account is to be a local and transparent document then the process of production and opportunity for challenge is of as much importance as the content. This will take time and resources to develop effectively.

4.5 The recent publication of 'Making it Real' may assist in the development of a future Local Account and this brief document is attached at appendix 2.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The development of the local account has been achieved through existing resources. Resources required for further development and production of an annual report will be considered as part of the 2012 report.

Finance Officer Consulted: Anne Silley Date: 08/12/11

Legal Implications:

5.2 As set out in the body of this Report the Local Authority is responding to central government invitation to produce a Local Account ensuring service provision is informed by effective consultation and transparency of processes involved in Adult Social Care provision. There are no specific legal or Human Rights Act implications arising from this report.

Lawyer Consulted: *Sandra O'Brien* *Date: 12/12/2011*

Equalities Implications:

5.3 Local Accounts were proposed through the Department of Health's 'Transparency in Outcomes' paper and this was subject to a full Equality Impact at the national level. This is available on line at the Department of Health website. A local equalities impact assessment will be undertaken once the consultation process is completed and a future model for local accounts is developed and proposed.

Sustainability Implications:

5.4 The development of a genuinely local account provides the opportunity to focus more on sustainability which was not a strong element of the previous national framework.

Crime & Disorder Implications:

5.5 There are no specific crime and disorder implications.

Risk and Opportunity Management Implications:

5.6 The opportunity management implications are covered in section 6 of the report.

5.7 Without effective local consultation there is a risk the Local Account will simply replicate the previous framework of national reporting. It will lack a genuine local focus and challenge.

5.8 Effective consultation does require resources and this development needs to be viewed alongside other competing priorities.

Public Health Implications:

5.9 The issues of well being and inequalities could well be a more significant feature of the Local Account as it develops.

5.10 Although no national guidance is yet in place some of the national discussions have considered the future role of the Health & Well Being Board in signing off Local Accounts.

Corporate / Citywide Implications:

5.11 The development and production of a local account supports the Councils priorities of tackling inequality (particularly promoting health and well being) and

engaging people. There is an opportunity to develop a local process for adult social care services that is transparent, is open to local challenge and is responsive to local consultation.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 There is an option not to produce a Local Account as it is voluntary in nature this year. This was discounted as a lost opportunity given the importance of the broader agenda that Local Accounts cover such as transparency, local engagement and challenge.

6.2 Resource and time constraints have been recognised and an achievable process put in place to deliver a voluntary local account this year.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The recommendations support the Councils priorities in relation to tackling inequality and engaging people.

7.2 The recommendations support the opportunity to participate in and influence the national development of Local Accounts following the first years experience through a voluntary approach.

SUPPORTING DOCUMENTATION

Appendices:

1. Local Account

2. Making it Real

Documents in Members' Rooms

1. None

Background Documents

1. Transparency in Outcomes

Adult Social Care Services

'What's happening in adult social care services in Brighton & Hove 2011 ? A local account'

What is a local account ?

From 2012/13 the Department of Health and the 'Promoting Excellence in Councils' Adult Social Care Programme Board' are proposing that every adult social services department publishes a 'local account' each year. This should say what adult social services have been doing over the past year, how successful they have been and what they plan to do in the future.

In previous years how well adult social services were doing was judged through the national regulator, the Care Quality Commission but this has now ceased. The intention with local accounts is to allow local people to have a stronger voice in deciding how well their local social services are doing and what they should be reporting on.

Developing a local account in Brighton & Hove

Councils are being encouraged to produce a 'short, accessible' local account in 2011 on a voluntary basis. There is no national guidance on how to produce a local account and each Council will be trying their own approach this year if they decide to produce such an account. The learning from this will be shared nationally with other Councils to help in the production of a fuller local account in 2012.

In Brighton & Hove our approach will be to

1. produce a brief local account of our performance so far during 2011 by January 2012
2. consult with some key local organisations on the drafting of this local account (given time and resource constraints)
3. publish the final local account on our website and consultation portal to enable more people and local groups to give their views
4. present the local account at two key public meetings, the Cabinet Members Meeting and the Adult Social Care and Housing Scrutiny Committee
5. produce a full local account that takes account of the local consultation and national learning in 2012/13 and thereafter annually.
6. confirm the process for the production of future annual account so that this supports transparency, local engagement and challenge

Inevitably this first local account is still shaped by the previous national reports we provided to the Care Quality Commission. We have tried to make it informative and interesting. We have also tried to be honest and be clear about the challenges that face us as well as the successes. We are committed to listening to local people as part of the consultation process so that future local accounts reflect better what they want to know about.

What's in this Local Account ?

The local account is in 3 parts.

The first part gives some broad general information about social care services and the national context within which the services operate.

The second part of the local account provides information on what we have been doing in adult social care and how well we think things are going. For the first year we have used the 4 national outcomes for adult social care services set out by the Department of Health as headings through which to report on our performance. This is because these are things people say have the most impact on their lives. The 4 outcomes are :

- Enhancing quality of life for people with care and support needs
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We have provided as many hyperlinks as possible in the local account so that if they want people can quickly access more detailed information on a subject.

Part 1

The National Context

Adult Social Care services, along with other public services, have been going through a period of major change over the past few years with a focus on the 'personalisation' of services. This policy involves making sure the individual is at the centre of the process of identifying their needs. It's about giving people the maximum possible choice and control in their lives, promoting their independence and supporting them to play a full part in society. Personal budgets offer people who use services the flexibility to identify for themselves what outcomes they are seeking and to purchase their own care and support to meet these.

If you would like to read more about the national context for adult social care please follow this *link to the Think Personal Act Local website.*

Adult Social Care in Brighton & Hove

In Brighton & Hove we have been working with local partners and people who use services to deliver more 'personalised' services for several years. We set out a vision for services in the city in 2007

> *"Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals' needs and aspirations and support them in leading fulfilled and healthy lives .Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well being are at risk of abuse and neglect."*

Adult Social Care services include the commissioning and provision of home care, meals, equipment and adaptations, day services, residential and nursing home care. It also includes the ways that people can get these services, such as individual and carer assessments, personal budgets and direct payments, and adult protection procedures.

For more information on local services follow *this link to our web site* and read 'A Quick Guide to Adult Social Care in Brighton & Hove' and a range of information guides.

We continue to work closely and jointly commission with our NHS colleagues. We are working with the emerging Clinical Commissioning Group (CCG) on joint plans and arrangements. The Local Authority is also leading on the development of a local Health and Wellbeing Board. A shadow board will be set up for April 2012 and pending legislation will become a statutory function in April 2013

Part 2 How well are we doing

Enhancing quality of life for people with care and support needs

One of the most important things we can do to enhance quality of life is give people who use our services as much choice and control as possible in the services and support they receive.
One important element of this is making sure that we involve people as fully as possible in identifying what their needs and aspirations are and how these can best be met. This includes making clear to people how much money is available to meet their needs, offering them the direct management of that money (a direct payment) or if they request it arranging services for them but with the user maintaining control and flexibility. This way of working is called 'self directed support'.

We set a target for March 2011 that 30% of all people receiving social services in the community would do so through a self directed support route. We are pleased that we achieved that target and by March 2011 33% of people benefitted from this new service approach. We know that our achievement was similar to many other Council's, though some did less well and others better than we did. The challenge for us over the next year is to enable at least 45% of people by March 2012 to benefit from self directed support. By April 2013 we want to be in a position where nearly all people who receives services do so through a self directed support process. As of October 2011 our performance had reached the 42% level. However within the overall numbers of people receiving personal budgets the numbers who elect to receive direct payments are not increasing at the same rate. We need to investigate with service users why this is and what we can do to better support more people choosing a direct payment option.

In promoting self directed support, particularly when people choose direct payments, we also have to be sure that people are safe and that they are receiving care that is of good quality. There can be a tension sometimes between promoting choice and control and ensuring that people are safe. We have arrangements in place to support people who choose to have direct payments and control their own care. We are reviewing these arrangements in December 2011 to ensure they are robust and that people are protected.

We recognise the importance of getting the views of people using services on whether our services actually do support them having more choice and control. Our annual survey of people using services (see page 7 below) asks people about the level of choice and control they experience in general in their lives. This year 75% of people reported having either 'adequate' choice and control or 'as much as they wanted' with a further 21% reporting they have 'some' choice and control. A further question which asked whether care services specifically support them to have control in their lives found that 56% of people thought they did. In relation to the quality of their life 55% reported

that it was ‘good/very good/couldn’t be better’ and a further 32% reported it was ‘alright’.

We will be running this survey again next year. We will also be working with the local LINK to support them undertaking a more detailed survey of people’s experience of self directed support and the impact it has had on their lives. In the next local account we will comment on how this information has helped us improve our services. This is an important piece of work , although we are please that the numbers of people receiving self directed support are increasing we also need to be assured that this is having a positive impact on their lives.

For many people who use social care services the quality of their life can be improved by employment or training and volunteering opportunities. We have a range of services in place that support people with a learning disability to gain employment and support them to keep the job once they are in it. We are pleased by our performance in 2010/11 when we supported 110 number people to be in work and a further 99 people in voluntary work. This is a better performance than most other Councils. In the current economic climate it will be a challenge to improve or even sustain this level of performance over the next few years.

We will be tendering out for some of our most important services over the next year as existing contracts come to an end. This includes home care, community meals and residential services. The consultation on home care has been completed and we consulted widely with people for their views on how these services should be delivered and how we can ensure they are support a personalised approach. Issues such as consistency of carer, time keeping and early notification of changes to the care plan were evident in the feedback. We will also be carrying out an assessment to understand how this re tender might affect the diverse communities within the city (we call this an Equalities Impact Assessment). We will ensure that this informs our specifications for services.

We know that where possible most people would like to live in their own home in the community rather than be placed in long term residential or nursing home care. Through our development of community based services such as home care, reablement services, transitional care, extra care housing and day options we are seeking to enable more people to live at home for longer and with more independence. In 2011 we added to these services, for example through the opening of a new extra care scheme at Vernon Gardens for people with physical disabilities. This new scheme provides an opportunity for people to organise their own support through individual budgets to complement the on-site support. We monitor the numbers of people we are admitting to residential and nursing home closely and these have been reducing steadily year on year. In 2010/11 714 older people (per 100,000 population) were admitted to permanent residential and nursing home care, compared with 801 the previous year and 887 the year before that. Our comparator authorities admitted 783 people to permanent residential and nursing home care (per 100,000 population) in 2010/11. However the overall

numbers of older people living in residential and nursing home care remain relatively high in the city. This is a legacy of our previous high admission rates , so whilst we are making progress there is still farther to go.

We developed a single Access Point for all social care services two years ago, with one telephone number, in response to requests to make accessing social care services easier. In September 2011 this service received 1759 enquiries. Over the past year we have been developing the Access Point further by advertising drop in services at different locations in the community to improve local face to face access. We have also been improving the mechanisms we have in place to capture feedback from people who use the services following a CQC survey which identified this as an area of weakness.

Delaying and reducing the need for care & support

We have been changing our services and training our staff so that when people are needing social care services our first priority is to support that person to regain as much independence as possible in their lives. We do this by working with them over a short period to help them get their skills and confidence back. We call this approach to services reabling. This is clearly important as people want to remain in their own homes and be as independent as possible. It also significantly delays or reduces the need for care and support, so it also provides value for money. We are promoting this reabling approach across all our services and we have dedicated services in place which focus on reablement, such as the Independence at Home and Intermediate Care Services (an integrated services with the Sussex Community Trust).

One way we measure how well we are doing is to contact everyone who received Intermediate Care Services after leaving hospital to see if they are still in their own homes after 90 days rather than being in residential care. In 2011 over 87.9% of people were still in their own homes and this is a higher rate than most other Councils have achieved.

Another measure we use in our Independence at Home service is to see how much care and support someone requires at the start and at the end of a period of reablement. In the 3 month period Jan to March 2011 over 80% of people who completed a reablement period required less support and some of these people no support at all.

All Councils set thresholds that determine whether people can receive public funded social care, this is linked to national guidance called Fair Access to Care Services. *Follow this link* if you would like to know more about FACS. In addition in Brighton & Hove Adult Social care fund a range of preventive type services for people who do not meet our eligibility criteria and who have low level needs. These are services that can be accessed directly without having to contact social services and be assessed. They include services such as information, advice, advocacy and neighbourhood support schemes. Despite the difficult financial circumstances for all public services we have not increased our threshold for services nor reduced our investment in preventive

services this year. However the financial savings required over the coming years will present us with a severe challenge going forward.

We recognise the vital role of informal carers who provide support to people with social care needs. By informal carers we mean family, friends or neighbours. We offer a range of support services to carers including an assessment of their needs.

This year we have introduced a new service, the Carers Card. Access to leisure services for carers was identified as a priority in the 2009/12 Carers Joint Commissioning Strategy. Brighton & Hove City Council commissioned the development of the Carers Card and funds the issuing of the card plus some ongoing development support. The Carers Card is available for all carers in the city including carers of adults, parent carers and young carers. There are no actual subsidies for any of the services offered through the card, these are all subsidised by the providers themselves.

The Carers' Card is an initiative by the Council to offer discounts on a range of activities across the city to help carers to look after their own health and wellbeing. Carers' Card holders are offered a range of discounts on leisure and wellbeing activities across the city including discounted theatre tickets, hair and beauty, massage, complementary therapies, council and private gyms, golf etc.

In the coming year we will be looking at how we could provide improved services to support carers in/return to work and how we commission home based respite care services.

Providing people with simple household aids and pieces of equipment (such as grab rails and kitchen aids or raised toilet seats) can all help keep people safe and independent and reduce or delay the need for more intensive care and support. Social care equipment is provided through an integrated service managed through Sussex Community Health Trust. In the month of July 2011the Integrated Community Equipment Service received 336 social care referrals for equipment, which resulted in 478 items of equipment being delivered and 95% of these were delivered within a week

Ensuring people have a positive experience of care and support

We undertook a major survey of people using our services this year following national guidance provided through the Department of Health. All Councils completed the same survey so it allows for results to be compared. In total 360 people responded to the survey. *Please follow this link* if you would like to see the full list of survey questions. Although we have to ask all the questions set nationally we do have some discretion to set additional local questions. Please let us know as part of the consultation if you think there are additional questions we should be asking. The survey will be run every year. In addition we will be running a bi annual survey aimed at those people who provide informal care across the city. More details on this can be *found at the following link.*

The analysis of the survey shows that overall 83% of people were either quite, very or extremely satisfied with the services they receive and a further 7% were neither satisfied nor dissatisfied. The survey asked a range of more detailed questions about peoples quality of life more generally and their experience of care. *For more details on the results of the user survey please follow this link.*

More broadly we ensure that all services have arrangements in place to obtain the views of people who use their services on a regular basis with the expectation that this information will be used to improve services. For example, people with learning disabilities said they wanted more information about healthy eating choices and cookery skills. We therefore worked with the Food Partnership to provide training and support to people with learning disabilities. Each year we pull this information together to produce an annual report on what users have been saying and the responses we have made. *To access a copy of the most recent report please follow this link.*

We promote a positive and open approach to complaints in relation to social care. It is important that people are clear about their right to complain, that they can make complaints easily and most importantly that we as an organisation respond positively to complaints, seek an early resolution and make sure we learn from each complaint. During the year 2010-2011 there were 69 ASC complaints received. These are made of up 30 from our Assessment services and 39 from our Provider services.

Some examples of what we have learned from these and improvement action we have taken include :

- Provision of a Mentor to support a service user.

- Implementation of a traffic light telephone system so that staff can prioritise telephone calls received by service users to one of the contracted home care providers. Additionally more staff employed to cover the volume of telephone calls received and an answer phone to pick up overspill calls. Each service user to be given a named point of contact to ensure continuity.

- Develop and run a series of training sessions for Provider Managers who complete Level 1 Safeguarding Investigations to improve the quality of their investigations and the confidence and skills of the managers who undertake them. This includes providers across the sector and across all client groups.

- Ensure that all Carers in our shared lives service have access to safeguarding training and information and develop a customised course for Shared Lives Carers to support fuller understanding of safeguarding both in terms of alerting and having an allegation made which needs to be investigated.

- Merging our Hospital Discharge Reviewing Team into the main Reviewing Team with the aim that once someone is receiving a package of care, a named worker will be following that person through the system – whether that is at hospital, at home or in a placement.

When people are well enough to leave hospital but health or social care services are needed to support this, it is important that they are able to be discharged from hospital quickly and safely with the support they need. People do sometimes get delayed in hospital for a range of reasons , some of them linked to NHS services and some of them to social care , these people are sometimes referred to as 'bed blockers' in the media. This is clearly a negative experience for people. We have been working with our colleagues in the NHS and with other care providers to improve our services in order to avoid delay. One example of this is that we have now implemented an integrated hospital discharge service operating extended hours over 7 days a week. Some years ago we compared poorly with other Councils when performance in this area was measured. We have been steadily improving over the years, in 2007/08 the average number of delays per week was 41, last year it was 26 and currently (October 2011) it is running at 10.

We recognise that a timely response is an important part of ensuring a positive experience. One target that we set if the percentage of assessments that are completed within 4 weeks (this was a national standard). In 2010/11 we achieved 77%, which was disappointing and this year we have set a target of 90%. Our Access Point which is the key service for people accessing adult social care carries out a telephone survey of people who have made enquiries. In the most recent survey over 50% of people rated their experience10 out of 10 and only 2% scored 6 or below out of 10.

Safeguarding adults whose circumstances make them Vulnerable

Many organisations across the City have a role in safeguarding vulnerable adults. The Council has a lead role in co-ordinating this activity and we work in close partnership with all those involved. Every year we produce an Annual Safeguarding Report which details all the activity, the key challenges and the improvements we have made.

The annual report publishes data of numbers of alerts and investigations in the City. Last year 1,154 concerns about an adult at risk (vulnerable adult) were raised. This October we have launched an awareness campaign to raise awareness with the public about adult abuse, the forms it can take, and how to report concerns. We have updated the Council website to make reporting easier for members of the public. We have produced posters, postcards, and leaflets and hope to have local news stories to continue to raise people's awareness. There are multi agency procedures for Safeguarding Adults at Risk, and these are endorsed by all member organisations of the Safeguarding Adults Board, including police and health trusts, to ensure a

multi-agency approach to safeguarding adults in the City. These procedures are *available through the Council website*. There are also links from the Safeguarding Adults Board to the Local Safeguarding Children's Board and Community Safety Partnership.

Follow this link to see a full copy of the most recent Annual Safeguarding Report.

We monitor the quality of care provided by all social care services in the city, those we provide ourselves and those we provide through a contract. We collect as much information as possible and give particular weight to what service users and their families are telling us. We work closely with providers to improve the quality of care through initiatives such as

- Promoting Dignity in Care
- Working with organisations to promote good internal Quality Assurance systems
- Providing a comprehensive Training & Development programme
- Supporting national initiatives such as My Home Life which promote best practice in residential care
- Providing additional support where service providers are having difficulty with implementing key policies; for example this year we have done some additional work with providers regarding issues of mental capacity.

Historically the quality of care in the city has been of a good standard. Until CQC ceased rating care services in 2010 almost 85% of services were rated good and excellent by CQC. If we are not satisfied with the quality of care we will take action. This year we have suspended 12 services from taking on more customers, taken action to ensure existing users are safe and worked with the service provider to ensure they improved the quality of the service. Services have responded to this by taking improvement action and at this point in time (December 2011) we have only 2 services currently suspended.

In the period when we had severe snow and ice across the city we worked with colleagues from across many different services to ensure that people who needed services were safe and received the services they needed. This included the use of 4 wheel drive vehicles driven by volunteers, service providers being willing to be flexible in visiting users at home, staff working longer hours, regular media briefings and increasing the level of service available. We are already reviewing our plans for this year in case we have a recurrence of this weather.

We have two care homes in the city which were run by Southern Cross, a national provider who ran into well publicised financial difficulty during the year. We worked with all those concerned to ensure we had a robust contingency plan to cover all eventualities and in the end we were involved in the successful transfer of these two homes to a new service provider. This was achieved without any disruption to residents or staff.

The government introduced safeguards for people in circumstances where the care they are receiving is so restrictive it amounts to a deprivation of their

liberty. Such restrictions have to be in the best interests of the person and require a thorough assessment by professionals. We have rigorous systems in place for investigating, approving and monitoring any such applications.

Part 3 Consultation

If we are to develop a local account in future years that is of value to local people, which is relevant and through which people can question our performance it's important that you give us your views.

Please could you take just a couple of minutes to let us know:

- How would you rate our local account? Mark 1 for poor and 5 for excellent
- Did you find the annual report interesting?
- Which parts of the annual report did you find most interesting?
- Why did you find these most interesting?
- Which parts of the annual report did you find least interesting?
- Why did you find these least interesting?
- Was there anything in the annual report you would like to see more of in future?
- Was there anything in the annual report you would like to see less of in future?
- Do you think there are additional questions we should be asking people who use services as part of our annual survey
- How could we involve people more in the production of the local account
- How could we involve people more in providing a challenge to the performance information we report
- Do you have any other comments about the annual report?

Glossary

Care Quality Commission The national regulator for health and social care

Eligibility We have to make sure that the resources available to provide services are used in the best way possible. To help us do this, we have guidelines to work out if people are eligible or not for services. These are called eligibility criteria. The eligibility criteria help us make sure that we treat everyone fairly and that the people most in need of our help receive it. The eligibility criteria are based on national guidance and are used by all councils providing Adult Social Care Services. There are four bands, which describe the seriousness of the risk to independence or other consequences, if people's needs for community care services are not addressed. The four bands are

• Critical • Substantial
• Moderate • Low

Each local authority decides where it will set the threshold for who is eligible for help in that local authority. Councils decide this by taking into account the resources they have available to them to pay for social care services. Currently, subject to exceptional circumstances, Brighton & Hove City Council has decided that it can only afford to commit resources to people who fall within the Critical and Substantial bands.

Personalisation Putting the individual at the centre of the process of identifying their care needs and helping them make choices about how they are supported to live their lives.

Personal Budget Is a clear allocation of funding which service users and carers are able to control. They can use the budget to buy support which meets their outcomes. These are agreed as part of an assessment and self directed support planning process. Personal budgets can be taken as direct cash payments.

Reablement Social Care Reablement is the name we give to services offering short-term support designed to help people recover skills and confidence, so they can retain your independence. By short term support we mean support from a few days to several weeks. The length of the service depends on circumstances and needs.

Shared Lives Service Shared Lives is a model of adult placements that offers personalised services. The schemes recruit, assess and support carers who offer accommodation or care and support in their family home to people who are unable to live independently.

think local act personal

MAKING IT REAL

Marking progress towards personalised, community based support.

What is Making it Real?

"A truly honestly co-produced product – extremely good practice"

Bill Davidson member of the National Co-production Advisory Group and co-chair of Think Local Act Personal

***Think Local, Act Personal* is the sector wide commitment to transform adult social care through personalisation and community-based support. It committed over 30 national organisations to work together and to develop, as one of the key priorities, a set of markers. These markers will be used to support all those working towards personalisation. This will help organisations check their progress and decide what they need to do to keep moving forward to deliver real change and positive outcomes with people.**

The result is *Making it Real*, a framework developed by the whole Partnership, but very much led by members of the National Co-production Advisory Group, which is made up of people who use services and carers. This signals a new phase in which we use a citizen-focussed agenda to change the kind of information that the sector values, and the way in which we judge success.

Making it Real highlights the issues most important to the quality of people's lives. It helps the sector take responsibility for change and publicly share the progress being made.

Making it Real is built around "I" statements. These express what people want to see and experience; and what they would expect to find if personalisation is really working well. We are using these statements, for example, to guide our response to the government's current *Caring for Our Future* engagement exercise and the members of our Partnership will use it to check their progress and guide their actions.

We now want to make *Making it Real* available to everyone committed to achieving progress with personalisation.

What it is not...

Making it Real is not a performance management tool. *Think Local, Act Personal* is a voluntary movement for change – the sector taking on

ownership and responsibility for personalisation. We think that councils and organisations will want to sign up to *Making It Real* as a way of helping them to check and build on their progress with personalisation, and also as a way of letting others know how they are doing – especially their local community and the people they serve.

How will it help?

The markers are a practical tool grounded in the expectations of citizens that can be used to develop business or improvement plans, and can help with putting together local accounts from individual services to wider systems.

Using *Making it Real* means that councils, organisations and all partners can look at their current practice, identify areas for change and develop plans for action. It can be used by any organisation involved in providing care and support including councils, providers of home based support and those providing residential and nursing care.

Making it Real can also be used by people who use services and carers to check out how well their aspirations are being met. *Making it Real* supports co-production with local commissioners and providers.

Links with the work of our partners

We are very pleased that the Association of Directors of Adult Social Services (ADASS) and key national service provider groups have endorsed *Making it Real* as part of their membership of the *Think Local, Act Personal* Partnership. They will be encouraging their own members to make good use of *Making it Real* in their work.

Strong connections are being made with the work of the Excellence in Councils Adult Social Care Board which is leading support to councils and joint Department of Health, ADASS and Local Government Group work on "personal outcomes".

The Care Quality Commission are undertaking a mapping exercise to see how the markers fit with relevant essential standards of safety and quality.

As part of the "zero-based review" of performance data being undertaken to reduce the burden on councils, a working group will be looking at personalisation and it will be informed by *Making it Real*.

The Department of Health have also declared their intention that the work on *Making it Real* will complement and inform the development of their Outcomes Framework – ensuring that citizen experience and sector leadership is central.

What does it mean for you?

After a short period of testing with different kinds of organisations from various parts of the sector, we will be offering everyone involved in social care the opportunity to:

- declare a commitment to use the markers, and to
- publicly share actions they will be taking to make progress towards achieving them.

A simple method to do this is being devised by the *Think Local, Act Personal* Partnership. Not all the markers will be relevant to all, so your organisation will be able to sign up to the ones that are the most meaningful for the people who use your support and your organisation as a whole.

If you sign up to report on your action plan and progress, you will also be authorised to display the *Think Local, Act Personal* logo as a signal that you are fully committed to moving forward with personalisation.

What's next?

From early 2012, you will be able to sign up and declare your commitment to personalisation and to use *Making it Real* to report on your progress. You don't have to wait though, you can start looking at *Making it Real* and building the markers into your plans and activities in advance of the formal declaration. Register your interest by emailing: *thinklocalactpersonal@scie.org.uk*. We will send you information about the process when it becomes available.

What will happen to the information?

The key to *Making it Real* is that progress is reported publically – most importantly for your local community and the people who use your services.

Think Local, Act Personal is also working to develop a citizen survey that will be available for use by summer 2012.

Using the information from organisations signing up to report on their progress through *Making it Real*, the results of the citizen survey and information from other sources will be used to build a national picture of progress and challenges requiring action.

For more information visit: *www.thinklocalactpersonal.org.uk*

Marking progress towards personalised, community-based support

To demonstrate commitment to personalisation and community based support, we invite councils, sector organisations and groups to sign up to *Think Local, Act Personal's Making it Real* markers. This means a commitment to:

- Ensuring people have ***real*** control over the resources used to secure care and support.
- Demonstrating the difference being made to someone's life through open, transparent and independent processes.
- Actively engaging local communities and partners, including people who use services and carers in the co-design, development, commissioning, delivery and review of local support.
- Ensuring that leaders at every level of the organisation work towards a genuine shift in attitudes and culture, as well as systems.
- Seeking solutions that actively plan to avoid or overcome crisis and focus on people within their natural communities, rather than inside service and organisational boundaries.
- Enabling people to develop networks of support in their local communities and to increase community connections.
- Taking time to listen to a person's own voice, particularly those whose views are not easily heard.
- Fully consider and understand the needs of families and carers when planning support and care, including young carers.
- Ensuring that support is culturally sensitive and relevant to diverse communities across age, gender, religion, race, sexual orientation and disability.
- Taking into account a person's whole life, including physical, mental, emotional and spiritual needs.

Marking Progress – Key Themes and Criteria

"I" statements include people who use services, including self-funders and carers.

WHAT I WANT...

1) Information and Advice: having the information I need, when I need it

"I have the information and support I need in order to remain as independent as possible."

"I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date."

"I can speak to people who know something about care and support and can make things happen."

"I have help to make informed choices if I need and want it."

"I know where to get information about what is going on in my community."

IN PRACTICE...

- Trusted information sources, are established and maintained that are accurate, free at the point of delivery, and linked to local and community information sources.
- Skilled and culturally sensitive advisory services are available to help people access support, and to think through support to think through their options and secure solutions.
- A range of information sources are made available to meet individual communication needs, inluding the use of interactive technology which encourage an active dialogue and empower individuals to make their own choices.
- Local advice and support includes user led organisations, disabled people's and carer's organisations, self advocacy and peer support.
- Local, consistent information and support that relates to legislation around recruitment, employment and management of personal assistants and other personal staff is available.

2) Active and supportive communities: keeping friends, family and place

"I have access to a range of support that helps me to live the life I want and remain a contributing member of my community."

"I have a network of people who support me – carers, family, friends, community and if needed paid support staff."

WHAT I WANT...

"I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."

"I feel welcomed and included in my local community."

"I feel valued for the contribution that I can make to my community."

- People are supported to access a range of networks, relationships and activities to maximise independence, health and well-being and community connections (including public health).
- There is investment in community activity and community based care and support which involves and is contributed to by people who use services, their families and carers.
- Effective programmes are available that maximise people's health and well-being and enable them to recover and stay well.
- Longer term community support and not just immediate crisis is considered and planned for. A shift in resources towards supportive community activity is apparent.
- Systems and organisational culture support both people and carers to achieve and sustain employment if they are able to work.

IN PRACTICE...

3) Flexible integrated care and support: my support, my own way

WHAT I WANT...

"I am in control of planning my care and support."

"I have care and support that is directed by me and responsive to my needs."

"My support is coordinated, co-operative and works well together and I know who to contact to get things changed."

"I have a clear line of communication, action and follow up."

- People who use services and carers are able to exercise the maximum possible choice over how they are supported and are able to direct the support delivered.
- Support is genuinely available across a range of settings – starting with a person's own home or, where people choose, shared living arrangements or residential care.
- Processes are streamlined so that access to support is simple, rapid and proportionate to risk. Assessments are kept to a minimum, are portable, where possible, and do not cause difficulty or distress.
- People who access support and their carers, know what they are entitled to and who is responsible for doing what.
- Collaborative relationships are in place at all levels so that organisations work together to deliver high quality support.
- Support is 'joined-up', so that people and carers do not experience delays in accessing support or fall between the gaps, and there are minimal disruptions when making changes.

IN PRACTICE...

- Transition from childhood to adulthood support services are pre-planned and well managed, so that support is centred on the individual, rather than services and organisational boundaries.
- Commissioners and providers of services enable people who access support to build their personal, social and support networks.

WHAT I WANT...

4) Workforce: my support staff

"I have good information and advice on the range of options for choosing my support staff."

"I have considerate support delivered by competent people."

"I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers."

"I am supported by people who help me to make links in my local community."

IN PRACTICE...

- People who receive direct payments, self-funders and carers are supported in the recruitment, employment and management of personal assistants and other personal staff including advice about legal issues. People using council managed personal budgets have maximum possible influence over choice of support staff.
- There is development of different kinds of workforce and ways of working, including new roles for workers who work across health and social care.
- Staff have the values, attitude, motivation, confidence, training, supervision and tools required to facilitate the outcomes that people who use services and carers want for themselves.
- The workforce is supported, respected and valued.
- There are easy and accessible processes to enhance security and safety in the employment of staff.
- The formal and informal workforce is increasingly focused on and able to help people build and sustain community connections.

5) Risk enablement: feeling in control and safe

WHAT I WANT...

"I can plan ahead and keep control in a crisis."

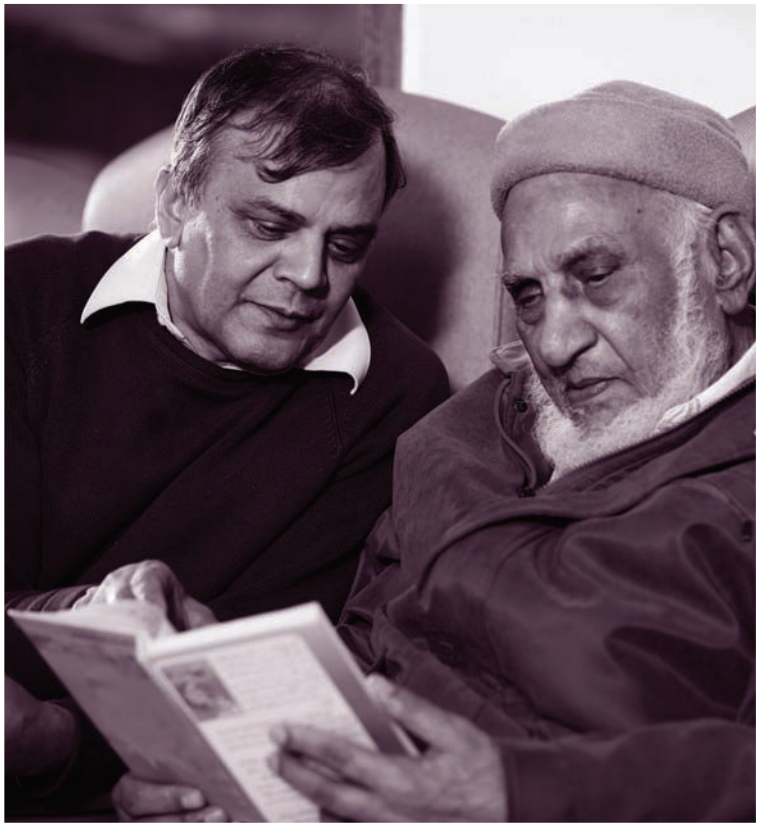
"I feel safe, I can live the life I want and I am supported to manage any risks."

"I feel that my community is a safe place to live and local people look out for me and each other."

"I have systems in place so that I can get help at an early stage to avoid a crisis."

IN PRACTICE...

- People who use services and carers are supported to weigh up risks and benefits, including planning for problems which may arise.
- Management of risk is proportionate to individual circumstances. Safeguarding approaches are also proportionate and they are co-ordinated so that everyone understands their role.
- Where they want and need it, people are supported to manage their personal budget (or as appropriate their own money for purchasing care and support), and to maximise their opportunities and manage risk in a positive way.
- Good information and advice, including easy ways of reporting concerns, are widely available, supported by public awareness-raising and accessible literature.
- People who use services and carers are informed at the outset about what they should expect from services and how to raise any concerns if necessary.



6) Personal budgets and self-funding: my money

"I can decide the kind of support I need and when, where and how to receive it".

"I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, direct payment, or a council managed personal budget)."

WHAT I WANT...

" I can get access to the money quickly without having to go through over-complicated procedures."

"I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this."

IN PRACTICE...

- Everyone eligible for on-going council funded support receives this as a personal budget. Direct payments are the main way of taking a personal budget and good quality information and advice is available to provide genuine and maximum choice and control.
- Council managed personal budgets offer genuine opportunities for real self-direction.
- People who use social care (whether people who use services or carers) are able to direct the available resource. Processes and restrictions on use of budget are minimal.
- There is a market of diverse and culturally appropriate support and services that people who use services and carers can access. People have maximum choice and control over a range of good value, safe and high quality supports.
- People who use services and carers are given information about options for the management of their personal budgets, including support through a trust, voluntary or other organisation.
- Self-funders receive the information and advice that they need and are supported to have maximum choice and control.
- Councils understand how people are spending their money on care and support, track the outcomes achieved with people using social care and carers, and use this information to improve delivery.

To sign up to Making it Real, email: *thinklocalactpersonal@scie.org.uk* **or visit:** *www.thinklocalactpersonal.org.uk*

Think Local, Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 36

Brighton & Hove City Council

Subject:		**Provision of Equipment to Care Homes policy**
Date of Meeting:		**Adult Social Care & Health Cabinet Member Meeting 16 January 2012**
Report of:		**Director Adult Social Services/Lead Commissioner People**
Contact Officer:	**Name:**	Jane MacDonald Tel: 29-5038
	Email:	Jane.macdonald@brighton-hove.gov.uk
Key Decision:	**No**	
Ward(s) affected:		All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The purpose of the 'Provision of Equipment to Care Homes' policy 2011 is to give guidance to equipment prescribers, care home providers and care managers regarding who is responsible for providing specific items of daily living or community nursing equipment.

In the past these decisions have often been based on verbal advice and negotiation, with no written guidance as reference. On occasion, this has caused unnecessary delays in equipment provision while funding issues are resolved.

The current policy has been widely consulted on via equipment prescriber leads, Registered Care Home Association, care managers and Integrated Community Equipment Store (ICES). It now has sign up by all stakeholders. It is based on relevant legislation and best practice guidance from across the country.

2. RECOMMENDATIONS:

2.1 To seek Cabinet Member approval for the Provision of Equipment to Care Homes Policy'

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The principles of the policy are unambiguous. They state that legislation clearly makes both residential and care homes with nursing (known as 'care homes') responsible for providing **standard** equipment to meet their resident's assessed needs. Standard equipment is that which can be generally used by

a range of residents. This equipment should be provided to accommodate a range of needs i.e. it must be available in a range of heights, weights, widths.

Brighton and Hove City Council Adult Social Care, Brighton and Hove City Council Children's Services and NHS Brighton and Hove are responsible for providing non-standard equipment either through the Integrated Community Equipment Store budget or other relevant funding source identified by senior managers to meet the eligible need. **Non Standard** equipment is that which is bespoke i.e. specifically designed for the needs of a particular individual and which cannot be used by other residents.

A detailed list of equipment and who is responsible for providing it can be found at the back of the policy. This is probably the most important part of the policy for equipment providers/prescribers.

3.2 The policy also gives advice to prescribers/providers about what to do with equipment when a service user is transferring from a community to a care home setting, between care home settings or needs equipment when they are already in a care home. There is also information about loan arrangements between the Integrated Community Equipment Store and care homes.

3.3 The policy will be available in full version on the Council website. It is expected that prescriber leads will be familiar with the full policy version and be able to advise teams accordingly. The policy will also be referenced in the new generic care home contract.

3.4 It is recognised that in order for a policy to be useful it needs to be current and relevant. Situations may arise which have not been foreseen. Feedback is welcome and will be encouraged via the Commissioning and Partnership email address. The policy is due for formal review in April 2013

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Key stakeholders from Health and Social Care have been involved with the development of the policy. These include:

- Integrated Community Equipment Store team
- Care home managers and owners represented by the Registered Care Homes Association
- Assessment teams
- Adult Social Care Commissioning Support Unit
- Continuing Health Care team
- Multi disciplinary nursing home forum
- Head of Clinical Quality & Risk and Clinical Quality Review Nurse

4.2 The policy was agreed at senior managers in Adult Social Care on 10th November 2011. It is tabled at the Clinical Operations group on 7th December 2011.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

The latest budget allocated for equipment against the Adult Social Care ICES budget is £0.350 million. The recommendation in this report will help to streamline current processes and should result in efficiencies in the prescribing of equipment.

Finance Officer Consulted: Michael Bentley Date: 29/11/12

5.2 Legal Implications:

The Appended Draft Policy contains in specific detail the legislation and statutory guidance relevant to the provision and funding of standard and non-standard equipment. The draft policy provides clarity for prescribers and users and has been the subject of consultation ensuring a fair process. There are no specific Human Rights Act implications arising from this report.

Lawyer Consulted: Sandra O'Brien Date: 12/12/2011

5.3 Equalities Implications:

Equalities implications have been considered. The main purpose of the policy is to clarify duties of provision for equipment to care homes. It is anticipated that the impact on the service user will be provision of a more efficient and timely service. It has therefore been deemed that an equalities assessment is not required in this instance.

5.4 Sustainability Implications:

The policy is in line with the requirements for the reuse and recycling of equipment set out in the current section 75 ICES service specification.

5.5 Crime & Disorder Implications:

There are no crime and disorder implications

5.6 Risk and Opportunity Management Implications:

There is a risk that stakeholders may not have read and remembered the detail of the policy which could become an issue when it is implemented. This risk has been highlighted and stakeholders have been urged to engage with the detail set out in the Equipment table.

5.7 Public Health Implications:

An effective Provision of Equipment to Care Homes policy will mean that provision in the city ceases to be based on custom and practice and becomes

transparent and equitable. The risk of safeguarding issues arising decrease and equipment should be provided in a timely way which will facilitate hospital transfers.

5.8 Corporate / Citywide Implications:

The policy is intended to give guidance to equipment prescribers, care home providers and care managers regarding who is responsible for providing specific items of daily living or community nursing equipment. It is intended to streamline current practices.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The option of the status quo was considered, but the imperative to resolve the current confusion was significant, hence the recommendation to seek Cabinet Member approval for the policy.

6.2 Various configurations of who should be responsible for providing what equipment were considered. The Equipment table included in the policy was widely consulted upon and is in line with current legalisation.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The policy clears clarity to the current system. At present within the city there is a lack of clarity with regard to who provides Daily Living equipment in Care homes. Locally there is no written policy to underpin current practice. This means that provision in the city is based on custom and practice which can be inequitable and at times dangerous.

SUPPORTING DOCUMENTATION

APPENDIX ONE

Draft Policy for the Provision of Community Equipment in Care Homes

1. Introduction

1.1 This policy clarifies the relative responsibilities for the provision of community equipment between Councils/Directorates with Social Services responsibilities, the National Health Service (NHS) and all care homes (both residential and care homes with nursing) in the city of Brighton and Hove.

1.2 The policy applies to:

- Adults who are registered with a GP practice within the NHS Brighton and Hove boundary and/or
- Publically and privately funded adults who are in a long stay placement within the Brighton and Hove Local Authority boundary:
  - Where an adult has been **placed in Brighton and Hove by another local authority**, funding of services remains the responsibility of the placing authority.
  - Where adults move into permanent residential accommodation under private arrangements and are **funding their own care**, responsibility for provision of services usually transfers to the area in which they are now resident (LAC(98)19)

1.3 The outcome of the policy is for residents in care homes to have their needs appropriately assessed and the necessary equipment provided that will enable them to participate in personal care, leisure and social activities, access environments of their choice and maintain their health and independence.

2. Purpose of document

2.1 The purpose of this document is to:

- clarify the relationship between community equipment services and care homes
- provide a basis for local protocols and contracts
- enable lead commissioners of integrated community equipment services (ICES) to identify their obligations in relation to all care homes
- enable care home owners to identify their obligations around community equipment provision
- identify relevant Department of Health guidance and references
- clarify the assessment process

2 .2 This policy should be read in conjunction with *'Getting Started' Community Equipment and Care Homes (last updated October 2004)*. The document

states that 'organisations responsible for commissioning community equipment …..must ensure that clear policies and auditable procedures are in place. These are particularly necessary so that disputes do not arise when a service users condition or situation changes." p5

2.3 This policy also draws on best practice from a range of local guidance produced by other Councils.

3. Definition of terms

3.1 *Care Home*: In this document the term 'care home' is used generically for all care homes. 'Residential home' is used for a residential/rest home and 'nursing home' for a care home with nursing.

3.2 *Integrated Community Equipment Service***:** In Brighton and Hove this service is jointly commissioned by the PCT and the council to provide equipment to service users who have an assessed eligible need.

3.3 A reviewer of equipment needs must also be an authorised prescriber of community equipment. A list of authorised prescribers is available from ICES.

4. Overarching duties of care homes for community equipment provision

4.1 The starting point in determining who is responsible for provision of equipment is that to meet the National Minimum Care Standards**,** care homes should be 'fit for purpose'. To be 'fit for purpose' the home must be able to demonstrate that it is successful in meeting its stated aims (*Section 23 (1) of the Care Standards Act 2000*.

4.2 Under Standard 1, each care home must produce a *Statement of Purpose* to ensure that it is meeting the needs of its residents.
For example, if a home states that it caters for the needs of people with physical disabilities in order to be 'fit for purpose' it must have good wheelchair access and a range of equipment which is likely to be needed by people with physical disabilities.

4.3 In order to meet these needs, the expectation is that the care home should have an adequate supply of equipment/medical devices to fulfil their obligations to residents and to their workforce for health and safety. Account must be taken of variations in size i.e. height, width and weight of residents.

4.4 Residents in Council, independent, voluntary or charity owned care homes have the same rights to services, including the provision of equipment, as people living in their own homes.

4.5 Care homes should not care for residents whose assessed needs they cannot meet.

5. Assessment for community equipment

5.1 Many disputes about equipment provision can be avoided by good practice in assessment (Community Equipment and Care Homes 2004 p5)

5.2 Under the Community Care Act 1990, all residents have the right to an assessment of their needs by the local authority regardless of how the provision of services (including equipment) is to be funded. *Standard 3 National Minimum Standards* similarly requires that all residents have a full assessment regardless of the way in which their care is funded.

5.3 The assessment should lead to a support plan for short and longer term outcomes including arrangements for monitoring and review if needs change.

5.4 When a person is being considered for a place, assessment of their needs should include consideration of the equipment that is required to support their 24 hour care. The responsibility for provision of this equipment should be explicitly documented in an individual's support plan. If no equipment is needed this must also be documented.

5.4 When a care home accepts a resident, they should make their own assessment and compile a resident's plan of care, based on the care management support plan provided by NHS/Council. This care plan should include more detailed information on the practical considerations around the use of equipment such as training, maintenance and storage arrangements etc.

5.5 If, as part of the assessment (and using the agreed local risk assessment tool), the resident is identified as at risk of developing pressure injuries, the support plan must include the provision of equipment to prevent and/or treat these injuries and it must be reviewed regularly. This is likely to include amongst other things, equipment such as pressure reducing and relieving overlays and replacement mattresses/seat cushions to maintain tissue viability (static and dynamic systems)

.

6. Common assessment scenarios:

6.1 There are three common scenarios where assessment or review of needs in relation to equipment may occur:

Scenario 1: Equipment is identified as required to support long term admission to a care home:

A review of the person's needs and their equipment requirements for use in the care home must be undertaken prior to admission.
This review should be undertaken by an authorised prescriber of community equipment. The following procedure should then be followed:

- Reviewer to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the support plan

- If the care home **has the appropriate equipment available,** the reviewer should ensure that ICES are requested to pick up any surplus equipment from the person's home

- If the care home **does not have the appropriate equipment** the reviewer should ensure its provision by establishing whose responsibility it is to provide the equipment using Appendix C of this document.

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- If the responsibility for equipment provision is with the care home, equipment **should not be taken into a care home from a person's private home** unless the prescriber obtains a formal agreement from ICES.

Scenario 2: Equipment is identified as required for a resident already living in a care home

A review of the person's needs and their equipment requirements for use in the care home must be organised by the care home and undertaken by an authorised prescriber of community equipment. The support plan/plan of care should be amended accordingly. The following procedure should then be followed:

- Reviewer to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the amended support plan/plan of care

- If the home **does not have the appropriate equipment** the reviewer to ensure provision by checking whose responsibility it is to provide the equipment using Appendix C of this document

Scenario 3: Equipment is required for transfer from one type of care home to another:

Following a review if the decision is for a resident to be transferred from one type of care home to another, it should be classed as critical. If a care home cannot manage a resident's care needs there are issues of safety. It is contrary to good practice and regulatory standards and at worst, may cause safeguarding issues. The following procedure should be followed:

- Reviewer to liaise with the future care home to establish whether the home has the appropriate equipment available as identified in the support plan

- If the home **does not have the appropriate equipment** the reviewer to ensure provision by checking whose responsibility it is to provide the equipment using Appendix C of this document

7. General principles for provision of equipment through ICES

- Residents should meet local *Fair Access to Care Services* 2010 (FACS) or Health criteria for equipment provision.
- The equipment provided must be issued as part of a risk management process and staff competently trained.
- Loaned equipment should be properly maintained and returned promptly.
- Where equipment is for a designated user as part of a care plan, it must not be used by others.
- Residents must not be asked to fund equipment even if they are privately funding their care package. The requirement to provide equipment free of charge regardless of residence is set out in the *Community Care (Delayed Discharges etc) Act 2003*. This is further spelt out in *LAC(2003)14* which states:" Any item of community equipment which a person (or their carer) is assessed as needing as a community care service and for which the individual (or their carer) is eligible, is required to be provided free of charge".

8. Additional principles for provision of community equipment through ICES to care homes:

The principles outlined in this section are those which have been used to produce the Equipment Table at Appendix C

9. Equipment that care homes are expected to provide - 'standard' equipment

9.1 For the purposes of this guidance, 'standard equipment' refers to equipment which is suitable in design for a range for residents.

9.2 The equipment is adaptable and flexible and could be used to meet a person's general care needs. Full details of responsibility for standard items of equipment are contained in Appendix C of this document

9.3 Getting Started Community Equipment and Care Homes 2004 outlines the type of equipment which should be provided by care homes in order to be fit for purpose. T he document refers to 'standard equipment' as that which is widely available to people living in their private homes.

9.4 There is additional guidance for nursing homes provided by *The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - July 2009* - "It is expected that care homes providing nursing care will be fit for purpose, which, in the main, means they will have in place basic handling, mobility, and lifting equipment and adaptations". Equipment for the preventative care and relief of pressure ulcers should also be provided for the resident concerned.

10 Equipment that care homes are not expected to provide' Non-standard' equipment

10.1 For the purposes of this guidance, non standard equipment refers to equipment which is bespoke i.e. designed or adapted or bio-engineered and manufactured for a specific individual.

10.2 By definition it can not be used to meet another resident's care needs. Full details of responsibility for non standard items of equipment are contained in Appendix C of this document. It is important to note that this is not the same as the category 'special' equipment currently used by Brighton and Hove ICES to cover a broader range of items.

10.3 *HSC 2203/006 LAC 2003 (7)* states that 'it would be unreasonable to expect care homes to provide items of equipment that, by the nature of their design, size and weight requirements need to be specifically tailored to meet the individuals needs and are not capable of being utilised by other care residents'. The expectation is that this type of equipment would not be provided by the care home and would be loaned from the ICES store. *Getting Started* (p2) terms this equipment 'non standard' and advises that council agreements should determine the exact nature of the items which fall in the category of non standard equipment.

10.4 Non standard or bespoke equipment will be provided if it is not an item which the care home has undertaken to supply under the terms of its Statement of Purpose or in its service user plan of care.

10.5 In order for ICES to supply, there must be an assessment by an equipment prescriber who is authorised to prescribe specialist equipment i.e. not an enhanced assessor.

10.6 The equipment will be provided by ICES for the resident's assessed needs and will not be used for any other residents. It will be returned to ICES when it is no longer needed. There is no time limit on how long this non standard equipment can be used by the resident to meet their needs

10.7 For both standard and non standard items, the care home is responsible for ensuring that the equipment continues to meet the needs of the residents. If there are any concerns, the care home manager should contact the Access point on 01273 295555 or accesspoint@brighton-hove.gov.uk to, organise a review of care and invite an authorised equipment prescriber.

11 Exceptions to Standard Equipment Guidance

11.1 Exceptions to standard equipment guidance

In exceptional circumstances i.e. where the provision of equipment would facilitate a discharge from hospital, or the resident to stay in the care home, then standard equipment loans may be considered under the following criteria:

- The equipment may be loaned for a period of no more than 6 weeks. In exceptional circumstances it may be possible to extend the temporary loan beyond 6 weeks but only if approved by a senior ICES manager and on a week-by-week basis. All such extensions will be in writing and detail the reason for the extension.

- The prescriber of the equipment must authorise the loan and put in place a review of the resident's needs. If the responsibility for the resident moves from one team to another, then a transfer of the review process must be established by the prescriber

- Within 5 working days of the end of the 6 week loan period, ICES will collect the equipment. If the home is not in a position to return the equipment, they may risk being invoiced for any charges ensuing for continued use

11.2 Exceptions to non standard equipment guidance:

The exception to the above terms of provision are non standard or bespoke items of daily living equipment required by residents who are in receipt of Continuing Health Care funding. This is subject to local funding procedures and protocols which are currently under development.

11.3 Exceptions for temporary care needs arrangements:

Provided the care home can meet a persons needs, it is against the ethos of care to move a person from their current care home if they have a new condition that requires equipment for a temporary period. In these cases ICES will be expected to provide equipment on loan. It is likely that charges for this service will be introduced.

ICES are therefore expected to provide equipment on loan for some short term care services. This includes:

- End of life care (not inc. pressure area care for nursing homes)
- Short term care including intermediate care, reablement, transitional, interim etc in any care home
- Treatment for pressure ulcers following discharge from hospital for a new or current resident in a residential care home

Regular and rolling respite – arrangements should be made to allow equipment to accompany the person into the care home from their home environment. This equipment must only be used by the person for whom it is prescribed.

12. Seating

12.1 It is the care home's responsibility to provide a range of seating options suitable for the service user group normally admitted. The range of seating to be supplied by care homes would include high chairs, ejector chairs, riser recliner chairs. As a resident's needs change, so should seating provision be

updated. It is important to note that there are more stringent rules for fire retardant materials in a care home setting compared to a domestic setting. Manufacturers will be able to give advice.

12.2 This means that chairs normally provided for domestic use are likely not to be suitable for care homes. On occasions there may be the need to provide individual posturally moulded seating; an assessment will be required by one of the following as appropriate: occupational therapy/wheelchair/ nursing service and/or physiotherapy.

13. Pressure prevention/relieving equipment

13.1 Nursing homes are responsible for the provision of all equipment such as pressure reducing mattresses, cushions and overlays and/or pressure relieving overlays, cushions and replacement mattresses to maintain tissue viability (static and dynamic systems) for those residents assessed to be at risk of developing pressure related damage or have existing pressure damage. Residential homes may request the loan of this equipment from ICES via an assessment of the residents needs by the District Nurses.

13.2 It is the responsibility of the care home to ensure that all beds, mattresses and cushions are fit for purpose and in good condition. Equipment should be inspected regularly and cleaned according to the manufacturers instructions, to avoid any cross infection. Dynamic mattresses and cushions should have an annual maintenance check

13.3 In order to assist in determining which service users may be vulnerable to developing pressure related damage, an informal risk assessment should be carried out to help identify the intrinsic risk factors and an formal risk assessment using the appropriate agreed risk assessment tool. This must be undertaken by a professional who has had the appropriate training. Once risk has been identified action must follow to reduce risk wherever possible. These actions must be fully documented in the resident's records.

13.4 If the resident is identified as at risk of developing pressure injuries or has existing areas of pressure damage, the support/care plan must include the provision of equipment to prevent and/or treat these injuries and it must be reviewed regularly. As residents needs change the provision of equipment also needs to be updated.

13.5 All staff involved with residents who are vulnerable to pressure damage should access relevant training or education in pressure ulcer risk assessment, prevention and treatment.

14. Wheelchairs

14.1 It is the responsibility of the care home to provide standard transit (attendant propelled) wheelchairs and pressure relieving cushions for their residents. Subject to assessment, the NHS wheelchair service will loan self propelling and powered wheelchairs to residents to support independent mobility. For

pressure ulcer prevention, safety and comfort, residents who are not independent wheelchair users should not be left sitting in a transit wheelchair. Residents should be supported to transfer into a supportive armchair with an appropriate pressure relieving cushion.

14.2 Residents who have a need for a transit wheelchair, but due to complex physical disability, could not safely sit in a standard transit chair are eligible for assessment by the NHS wheelchair service. Consideration will then be given to NHS provision of a wheelchair with specialist postural supports to meet the complex postural needs of the resident. An example of this is where a resident leans heavily to one side in sitting and is unable to independently correct their position.

15. Operational guidance on the issue and use of community equipment in care homes

15.1 It is important to consider the weight of a resident in relation to the upper weight limits on equipment. Manufacturers' specifications vary and safe working loads should be checked against manufacturers' specifications.

15.2 Where the equipment has been provided through the ICES store it is the responsibility of the prescriber to demonstrate or arrange for the demonstration of the equipment to the user and a nominated person within the care home and advice re maintenance required. Thereafter it is the responsibility of the nominated care home staff to provide instruction and training to any other people who require it. A record should be maintained of appropriate instruction together with any method statement and any visual prompts

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15.3 When the care home has privately purchased an item, it is their responsibility to arrange the appropriate training according to the relevant legislation/guidance. This should be available through the equipment supplier or the Daily Living Centre can be contacted for information on 01273 296132. Community equipment services may be willing, subject to capacity, to help care homes with advice on sourcing and replacing privately purchased equipment

15.4 When a resident purchases equipment privately, they must assume full responsibility for arranging training, maintenance and insurance.

15.5 Day to day operational cleaning and decontamination of loan equipment is the responsibility of the care home and must follow the manufacturer's instructions and instructions provided by the community equipment service

15.6 The care home or resident will need to meet the cost of all repairs arising from negligence, damage or inappropriate use of loan equipment or the cost of replacement if it is lost or beyond repair.

15.7 All repair and maintenance of ICES loan equipment should be coordinated and carried out by the ICES staff or authorised service provider. Appropriate records need to be maintained for tracking and traceability of the loan items by

ICES. The care home manager must notify ICES on 01273 294629 to arrange collection in the following circumstances involving loaned equipment:

- Resident no longer requires a loaned item of equipment
- Resident has died or moved to another location
- Resident needs have changed and the loaned item may need to be replaced
- Equipment breakdown or repair required

15.8 Equipment risks need to be managed in the context of advice from the Medical Health products Regulatory Agency (MHRA)

15.9 The loan of equipment is non-discriminatory, in line with legislation, policies and guidance. Ethnic and cultural aspects must be considered. It may be necessary to seek appropriate advice.

16. General legal responsibilities of the care home re community equipment provision

All equipment must meet requirements of:

- *Health & Safety at Work Act (1974)*
- *The Lifting Operations and Lifting Equipment Regulations (1998) – LOLER*
- *The Provision and Use of Work Equipment Regulations (1998) – PUWER*
- *The Manual Handling Operations Regulations (1992)*
- *Care Standards Act (2000*)

And any other relevant legislation according to the type and usage of the item as appropriate

17. References and guidance

1. The Care Standards Act 2000 http://www.legislation.gov.uk
2. Care Homes for Older People: National Minimum Standards 3rd edition *http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005819*
1. Department of Health. Guidance on Free Nursing Care in Nursing Homes. HSC 2001/17: LAC (2001)26. Department of Health. London. 2001. http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4003954
2. The national framework for NHS continuing healthcare and NHS-funded nursing care - July 2009 (revised) http://www.dh.gov.uk/
3. Health and Safety at Work Act 1974**.** *http://www.hse.gov.uk*
4. Community Care (delayed discharges etc) Act (Qualifying services)(England) regulations 2003 http://www.legislation.gov.uk
5. 'Getting Started' Community Equipment and Care Homes last updated 12 October 2004 www.icesdoh.org.

6. The Management of Health and Safety at Works Regulations 1992 www.opsi.gov.uk
7. The Lifting Operations and Lifting Equipment Regulations 1998 – LOLER www.opsi.gov.uk
8. The Provision and Use of Work Equipment Regulations 1998 – PUWERwww.opsi.gov.uk
9. The Manual Handling Operations Regulations 1992 www.opsi.gov.uk

Appendix A

Care Standards Regulations and equipment
The relevant ***regulations*** are:
• Regulation 12/13 – health and welfare of service users
• Regulation 14 – assessment of service users
• Regulation 15 – service user plan
• Regulation 16 – facilities and services including equipment
• Regulation 17 – records
• Regulation 18 – staffing eg qualified, competent, experienced includes training
• Regulation 19 – fitness of workers

Minimum standards expected of individual care homes
Some relevant minimum ***standards for younger adults*** include:

• Standard 6 – service users plan
• Standard 17 – personal and healthcare support
• Standard 29 – adaptations and equipment

Some relevant minimum ***standards for older people*** include
• Standard 6 – intermediate care
• Standard 7 – service user plan of care
• Standard 8 – service users health care needs are fully met eg tissue viability
• Standards 22 – specialist equipment to maximise independence
• Standard 38 – safe working practices

Note this list is not exhaustive

Appendix B

Continuing Care:
'The care which people need over an extended period of time as the result of disability, accident or illness to address both physical and mental health needs. It may require services from the NHS and/or social care. It can be provided in a range of settings, from an NHS hospital to a nursing home or residential home and peoples own home'
From: HSC 2001/015: LAC (2001)18.

Fitness for purpose: The regulatory powers provided by the CSA are designed to ensure that care home managers, staff and premises are 'fit for their purpose'. In applying the standards, regulators will look for evidence that a home – whether providing a long-term placement, short-term rehabilitation, nursing care or specialist service – is successful in achieving its stated aims and objectives.

Meeting assessed needs. In applying the standards, inspectors will look for evidence that care homes meet assessed needs of residents and that individuals' changing needs continue to be met. The assessment and service user plan carried out in the care home should be based on the care management individual care plan and determination of registered nursing input (where relevant) produced by local social services and NHS staff where they are purchasing the service. The needs of privately funded service users should be assessed by the care home prior to offering a place.

From: National Minimum Standards document page ix

Appendix C : Equipment table

The table below is provided to assist community equipment services determine the arrangements for funding, provision and maintenance in the case of examples of equipment for care homes. **Not all of the items listed are provided by community equipment services nor is the list exhaustive**. Some health items may be provided directly by primary care trusts. Care homes will need to meet the minimum standards for provision of equipment for users as well as health and safety for users and staff etc

Equipment provided by care home must be able to accommodate a range of heights, weights and widths

Use the following abbreviations: **CH = Care Home ICES = Integrated Community Equipment Service CHC= Continuing Health Care**.

Short-term provision of equipment: **When a person's condition or situation changes, it is against the ethos of care to move people from their present settings if their new condition is short term. In these cases, ICES may be expected to provide equipment on loan. Examples of such changes of condition are outlined in the Guidance - section 8.**

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
BATHING EQUIPMENT							
Bath seats	CH	CH	CH	CH	CH	CH	
Bath boards	CH	CH	CH	CH	CH	CH	
Bath lift	CH	CH	CH	CH	CH	CH	
Fixed and free standing shower chairs	CH	CH	CH	CH	CH	CH	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
Shower stools	CH	CH	CH	CH	CH	CH	
Bath step	CH	CH	CH	CH	CH	CH	
Bath rails	CH	CH	CH	CH	CH	CH	
Swivel bather	CH	CH	CH	CH	CH	CH	
Non-standard, customised shower/commode chairs/ trolleys for people with individual and complex management needs.	CH/ICES/ CHC	ICES	CH/ICES	ICES	CH/ICES	ICES	ICES will only provide where it is clear that provision by the care home has not been agreed as part of the support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor or review of support plan and where it is to meet an identified, eligible need. The request will need to be considered by the BHISEP panel. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
Wall fixed shower seat	CH	CH	CH	CH	CH	CH	
BEDS							
General beds	CH	CH	CH	CH	CH	CH	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
Standard hospital beds-variable height, profiling	CH	CH	CH	CH	CH	CH	
Standard electric profiling	CH	CH	CH	CH	CH	CH	
Non-standard, customised beds for people with individual and complex management needs.	CH/ICES/ CHC	ICES	CH/ICES	ICES	CH/ICES	ICES	ICES will only provide where it is clear that provision by the care home is not required as part of the agreed support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. The request will need to be considered by the BHISEP panel. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
BED ATTACHMENTS							
Back rests/bed cradles	CH	CH	CH	CH	CH	CH	
Bed raisers	CH	CH	CH	CH	CH	CH	
Cantilever tables	CH	CH	CH	CH	CH	CH	
Bed grab rails	CH	CH	CH	CH	CH	CH	
Lifting poles	CH	CH	CH	CH	CH	CH	
Bed side Rails/bumpers	CH	CH	CH	CH	CH	CH	N.B consideration should be given to the MHRA guidance for use of bedside rails.
Pillow lift	CH	CH	CH	CH	CH	CH	
Mattress variators	CH	CH	CH	CH	CH	CH	
CHAIR EQUIPMENT							
Chair and settee raisers/	CH	CH	CH	CH	CH	CH	
Chair Risers	CH	CH	CH	CH	CH	CH	
Footstool/leg rest/ electric leg elevators	CH	CH	CH	CH	CH	CH	
PERSONAL-DRESSING AND EATING AND LEISURE							
Equipment e.g. plate accessories, adapted	CH	CH	CH	CH	CH	CH	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
cutlery,jar/bottle opener etc							
Kitchen Trolleys	CH	CH	CH	CH	CH	CH	
Perching stools	CH	CH	CH	CH	CH	CH	
Easy reacher	CH	CH	CH	CH	CH	CH	
Dressing aids	CH	CH	CH	CH	CH	CH	
Tap turners	CH	CH	CH	CH	CH	CH	
Hobby/ Activity tables, Leisure accessories	CH	CH	CH	CH	CH	CH	
MOBILITY EQUIPMENT - WALKING EQUIPMENT							
Range of walking sticks	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Walking frames with or without wheels in a range of heights and widths	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Wheels for walking frames	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Walking frame gutter	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							assessment by a qualified assessor.
Range of crutches	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Rollators/Delta frames	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Ferrules	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Fischer sticks	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Walking sticks- wooden and metal	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor
WHEELCHAIRS							
Wheelchairs for multi-person use / transit with appropriate cushion	CH	CH	CH	CH	CH	CH	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	**Non-Nursing Care**	**Nursing Care**	**Non-Nursing Care**	**Nursing Care**	**Non-Nursing Care**	
Attendant wheelchairs, including wheelchairs with tilt-in space facility with appropriate cushion.	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	
Self-propelled wheelchairs with appropriate cushion	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	
Electric indoor or indoor /outdoor wheelchairs with appropriate cushion	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	
WHEELCHAIR ACCESSORIES							
Ramps	CH	CH	CH	CH	CH	CH	
RAILS							
Grab rails-inc Devon, natural grip, newel	CH	CH	CH	CH	CH	CH	
Mopstick rails and fittings	CH	CH	CH	CH	CH	CH	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
PATIENT REPOSITIONING							
Moving and handling equipment e.g transfer boards, glide sheets, bed turning sheets, handling belts etc	CH	CH	CH	CH	CH	CH	
Hoists: ceiling track	CH	CH	CH	CH	CH	CH	
Range of hoists:manual/electric	CH	CH	CH				
Range of slings	CH	CH	CH	CH	CH	CH	
Standaid/turntable	CH	CH	CH	CH	CH	CH	
Non-standard slings/ Standing Hoists/ for people with individual and complex management needs.	ICES/CHC	ICES	CH/ICES	ICES	CH/ICES	ICES	ICES will only provide where it is clear that provision by the care home is not required as part of the agreed support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. The request

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							will need to be considered by the BHISEP panel. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
SEATING							
Standard	CH	CH	CH	CH	CH	CH	
Non-customised seating e.g. riser /recliner chairs	CH	CH	CH	CH	CH	CH	
Non-standard, customised seating for people with individual and complex management needs	CH / ICES/ CHC	ICES	CH/ICES/CHC	ICES	CH/ICES/ CHC	ICES	ICES will only provide where it is clear that provision by the care home is not required as part of the agreed support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. If the person is in receipt of

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
TOILETING							
Fracture pan (bed pan)	CH	CH	CH	CH	CH	CH	
Range of commodes-including adjustable height, wheeled, extra wide	CH	CH	CH	CH	CH	CH	
Toilet seats-standard raised (2",4",6")	CH	CH	CH	CH	CH	CH	
Toilet Risers	CH	CH	CH	CH	CH	CH	
Urinals/bottles	CH	CH	CH	CH	CH	CH	
Bottom wiper	CH	CH	CH	CH	CH	CH	
Range of toilet frames	CH	CH	CH	CH	CH	CH	
Removeable Wash/ Dry toilet systems (Biobidet)							*Needs to be agreed at stakeholders meeting*
PREVENTION THERAPY AND MANAGEMENT OF PRESSURE SORES							
Mattresses: static with stretch vapour permeable cover	CH	ICES	CH	ICES	CH	ICES	
							ICES will only provide where it is clear that

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							provision by the care home is not required as part of the agreed support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
Foam overlay	CH	ICES	CH	ICES	CH	ICES	
Repose air filled overlay	CH	ICES		ICES			
MATTRESSES : DYNAMIC							
Alternating mattress overlay system	CH	ICES	CH	ICES	CH	ICES	ICES will only provide where it is clear that provision by the care home is not required as part of the agreed support plan. Provision will be
Alternating mattress replacement system	CH	ICES	CH	ICES	CH	ICES	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
PRESSURE CUSHIONS							
Foam/gel for low/medium/high risk and treatment	CH	ICES	CH	ICES	CH	ICES	
Electric alternating cushions –high risk	CH	ICES	CH	ICES	CH	ICES	As above

Use the following abbreviations: CH = Care Home ICES = Integrated Community Equipment Service

Documents in Members' Rooms

1. NONE

2.

Background Documents

1. NONE

2.

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 37

Brighton & Hove City Council

Subject:		**Adult Social Care Charging Policy (Non Residential Services)**
Date of Meeting:		**16th January 2011**
Report of:		**Director of Adult Social Services/Lead Commissioner People**
Contact Officer:	**Name:**	**Angie Emerson** **Tel: 29-5666**
	Email:	**Angie.emerson@brighton-hove.gov.uk**
Key Decision:	**Yes**	**Forward Plan No: ASC 25966**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 Most Adult Social Care services are chargeable subject to a means test. Most people use services provided by the independent sector and maximum charges to service users are subject to the fees charged by those organisations. However, the charging policy for Non-Residential Care includes maximum charges and fixed rate charges for in-house services. These rates are usually reviewed in April of each year. This year the recommended charges are increased by approximately 2% and are listed in the next section.

1.2 The charging policy takes account of regulations and relevant Government Guidance.

2. RECOMMENDATIONS:

2.1 The following table of charge increases be agreed with effect from 9th April 2012

	From	To:	**No. Affected**	**Extra Income**
Means-tested			**£**	Estimate
In-house home care	£21 per hour	£21.50 per hour}		Full year
In-house Community Support	£21 per hour	£21.50 per hour}	100	£7,800
In-house Day care	£23 per day	£23.50 per day }		
Max Weekly charge	£900 per week	£920 per week }		
Direct Payments	100% Actual cost	max £920 pw }		
Independent Home Care	100% Actual Cost	max £920 pw }		
Social Care services				
Fixed Rate Transport	£2.10 per return	£2.15 per return	280	£2.200
Fixed Meals charge at DC	£3.00 per meal	£3.10 per meal	170	£2,700
Open Services				
Fixed Meals charge at Home	£3.00 per meal	£3.10 per meal	300	£4,700
Fixed Carelink charge	£14 per month	£14.50 per month	1470	£8,800

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Charges for Adult Social Services are discretionary under Section 17 of HASSASSA 1983 (Health and Social Services and Social Security Adjudication Act). This policy is compliant with the requirements of that Act and the Department of Health's "Fairer Charging" and "Fairer Contributions" Guidance.

3.2 A package of non-residential care can include home care, day care, community support, adaptations and direct payment services. One financial assessment covers all services and the amount a person must pay will depend upon their income, savings and expenditure, (except for the fixed charges for meals, transport and carelink which are additional to the means tested charge)

3.3 This report recommends that the maximum charge for in-house home care is increased to £21.50 per hour but most people have a home care service from the independent sector where fees are generally lower.

3.4 There are approximately 1900 service users with non-residential care services. Around 43% of those people have minimal savings and very limited income from state benefits and they are not required to pay anything for care services. This proposal will not affect this group.

3.5 Around 49% of service users are assessed to contribute an average £25 to £55 per week, usually based on their entitlement to extra disability benefits. The proposed new maximum charges will not generally affect this group of service users unless they have a very small care package.

3.6 The remaining 8% of service users currently pay the maximum charge and around 100 of those people who use in-house home care and day care provision will be affected by the increases. These maximum charges apply mainly to 2 groups of people :

a) People with savings over the capital/savings threshold **of £23,250 (£46,500 for couples)***
b) People with higher private incomes who are required pay the full hourly or daily maximum charges.

* We are awaiting updated government guidance on the savings threshold for 2012/13

3.7 Compared to the 60% of Local Authorities who apply a weekly maximum charge for a package of non-residential care services, Brighton and Hove's maximum weekly charge is the highest. This has attracted comment in the press. However, 40% of Local Authorities do not apply any maximum weekly charge and therefore service users with high cost services in their areas would have to pay the actual full cost of all services with no cap. Only one or two people will actually be affected by the proposed increase from £900 to £920 per week.

3.8 Although charges are means tested under the "Fairer Charging" Guidance, they are also subject to an appeals procedure for exceptional circumstances.

3.9 The proposed increases for means tested charges have been increased by around 2%. However, most people affected by charges are in receipt of state benefits and disability benefits which will increase by CPI (Consumer Price Index) at 5.2%.

3.10 The increases for fixed rate charges have also been set at approximately 2%, including the transport contribution though fuel costs have risen by a much higher percentage.

3.11 The council's income from charging for these services is estimated for this financial year at around £3.5 million. This revised charging policy is estimated to increase this income by around £26,000 for the financial year 2012 – 2013. Overall this is well below 2%.

3.12 It should be noted that there will be a scrutiny and re-commissioning process for community meals commencing in January 2012 which could have an effect on charges later in the financial year.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 When the Department of Health first issued the "Fairer Charging" Guidance in 2002, the council carried out public consultation as required in that guidance. Further public consultation took place several years later relating specifically to charges for Learning Disability services.

4.2 This report is not recommending any fundamental changes to the current means test but only seeks to update the maximum charge rates, it is, therefore, not considered to be necessary to consult further with the public on this occasion.

4.3 Consultation with members relevant officers and service managers has taken place.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 Charges for Adult Social Care non residential services are reviewed annually in line with the Corporate Fees and Charges policy. The annual income from charging for these services is approximately £3.5 million, out of the estimated fees across Adult Social Care of £17.8 million. The proposed increases are in line with the inflation assumption within the 2012/13 Council budget proposals but only apply to those who are assessed as having the income to cover the charges and are expected to generate additional income of £26,000.

The draft budget savings proposals for 2012/13 and 2013/14 presented to Cabinet on 8 December include the proposal to review and respecify Community Meals, options being considered by Scrutiny include the level of subsidy and current cost recovery through charges as identified in paragraph 3.12 of the main report. Council will consider the budget on 23 February 2012 and the impact on charges of any changes in the savings requirement will be reflected.

Finance Officer Consulted: Anne Silley Date: 15/12/11

5.2 Legal Implications:

As described in the body of this report charges for Adult Social Care Services are discretionary under Section 17 of HASSASSA 1983. This policy is compliant with the requirements of that Act and the Department of Health's "Fairer Charging" Guidance. In the interests of transparency and fairness the Report further describes how discretion has been exercised.

There are no specific Human Rights Act 1998 implications arising from this Report.

Lawyer Consulted: Nicole Mouton *Date: 15/12/11*

Equalities Implications:

5.3 All service users are subject to the same means test and will only be affected by this revised policy if they are able to pay. An updated EIA will be available shortly.

Sustainability Implications:

5.4 There are no sustainability issues

Crime & Disorder Implications:

5.5 There are no identified implications

Risk and Opportunity Management Implications:

5.6 No implications have been identified

Public Health Implications:

5.7 No implications have been identified

Corporate / Citywide Implications:

5.8 This policy will take effect across the city.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The option of making no increases to maximum charges was considered but this would lead to a loss of income which would effectively result in a reduced budget to spend on social services.

6.2 The option of making higher increases was considered but these would be difficult to justify with regard to the current level of inflation and the general economic downturn that our service users are experiencing.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 Charges for non-residential services are usually increased in April of each year in line with the general increase in state benefits.

7.2 Those who are unable to pay the maximum charge rates are means tested and will only be required to pay in relation to the outcome of their financial assessment.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

None

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 38

Brighton & Hove City Council

Subject:		**Safeguarding Adults at Risk**	
Date of Meeting:		**16.01.12**	
Report of:		**Director of Adult Social Services/Lead Commissioner People**	
Contact Officer:	**Name:**	**Michelle Jenkins**	**Tel: 29-6271**
	Email:	**Michelle.jenkins@brighton-hove.gov.uk**	
Key Decision:	**No**		
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

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

1.2 This report shows the Safeguarding Adults Board's annual report for 2010-11, outlining the work carried out during that time, a progress report of the Board, and agreed actions for 2011-12. This is a yearly progress report, and is published on the city council website, and circulated to all member organisations of the Safeguarding Adults Board.

2. RECOMMENDATIONS:

2.1 That the Cabinet Member notes the safeguarding work carried out in 2010-11, and the work planned for 2011-12.

2.2 That the Cabinet Member agree the report for circulation.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The Annual Report is set out in Appendix 1

4. COMMUNITY ENGAGEMENT AND CONSULTATION

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

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 Safeguarding work is supported through and integrated within the budgets for adult social care and partner organisations.

Finance Officer Consulted: *Anne Silley* *Date: 12/12/11*

Legal Implications:

5.2 There are no specific legal or Human Rights Act implications arising from this report which is for noting. The work and practice of the Local Authority as Safeguarding Lead as reported in the Annual Report is informed by and in the context of its statutory duties to vulnerable adults.

Lawyer Consulted: *Name Sandra O'Brien* *Date: 12/12/2011*

Equalities Implications:

5.3 An Equality Impact Assessment has been carried out for safeguarding work. Any actions from the assessment have been included in the work completed and 2010-11 and in the work planned for 2011-12

Sustainability Implications:

5.4 There are no sustainability implications

Crime & Disorder Implications:

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

Risk and Opportunity Management Implications:

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

Public Health Implications:

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

Corporate / Citywide Implications:

5.8 Safeguarding work is carried out with adults at risk across the City.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Safeguarding is a core statutory responsibility and it is important that there is good monitoring and oversight of performance, and that this is presented publicly each year. .

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To ensure the Cabinet Member has an overview of safeguarding performance.

SUPPORTING DOCUMENTATION

Appendices:

1. Safeguarding Adults Annual Report 2010-11

Documents in Members' Rooms

1. None

Background Documents

1. Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk July 2011

Brighton & Hove

Safeguarding Adults Board

ANNUAL REPORT

2010/2011

TABLE OF CONTENTS

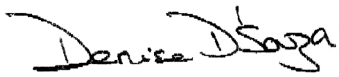
1. Foreword from Denise D'Souza, Chair Brighton & Hove Safeguarding Adults Board.

I am pleased to introduce this annual report of the Brighton & Hove Safeguarding Adults Board. This report sets out the work that has been achieved over the last year to help keep vulnerable adults at risk of harm or abuse in Brighton and Hove safer from being abused or neglected, and makes clear the priorities for the year ahead. It also shows data on the referrals and investigations that have been undertaken over the last year, showing the types of abuse that vulnerable people suffer, and where the abuse is alleged to have taken place and how we are receiving reports about abuse.

This year has seen the launch of the revised Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk. This required a joint piece of work between the East Sussex, West Sussex and Brighton & Hove Safeguarding Adults Boards, and has resulted in clear agreement across Sussex as to the process for alerting and investigating concerns, which gives consistency for residents, and for organisations which are working across the 3 areas. The Policy and Procedures are now available via the internet, and are able to be updated regularly, so they can reflect any National changes and local arrangements. This is the key document for all staff working with adults at risk of harm or abuse to be aware of, to have read and to be working to, so the Brighton & Hove Safeguarding Adults Board would expect all staff to have read the relevant sections for their role, and to have familiarised themselves with the key changes from the previous procedures.

The quality of safeguarding work remains a key priority, and there has been an ongoing focus on the auditing of safeguarding work this past year. Any required improvements such as changes to staff training, are fed back to the Board for action. For the year ahead we want to continue as a Board to oversee improvement in this area, and will start to undertake multi-agency audits so that any wider lessons as to how organisations work together can be learned and acted upon.

It is really important that the message continues to be heard that safeguarding is everyone's business. The Board wants to ensure that everyone across the City knows how to recognise abuse, and report concerns, be that members of staff, family members and friends, and most importantly adults at risk themselves. We are therefore planning a campaign this year to raise awareness of adult abuse, and how to report it. It is essential we continue to raise our own and others' awareness of these issues and of the things each of us can do about this if we are to ensure Brighton & Hove is a safe place to live for everyone in our community.



Director of Adult Social Services / Lead Commissioner People

2 Progress Report

2.1 Progress on Key Priorities Identified by the Safeguarding Adults Board in 2010-11

Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk
The revised Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk were published in July 2011, following a final consultation phase in March 2011and are available on http://pansussexadultssafeguarding.proceduresonline.com/index.htm

These are web based and there is a planned yearly update to ensure any changes in national policy and guidance are included, as well as any emerging local practice issues and organisational learning, such as from Serious Case Reviews. A printable version of the procedures is available on the website, though it is the responsibility of staff to ensure they have the most up to date version if using a hard copy.

The next planned update for the procedures is May 2012.

Quality Assurance
Auditing of safeguarding investigations undertaken in Adult Social Care is now well established, and is reported quarterly to the Safeguarding Adults Board. Practice issues are fed back to investigating staff, so as to ensure ongoing improvement, and any training issues identified are raised in the Multi-Agency Training Group, so as to ensure that training and practice forums focus on improvements needed.

Training
In March 2011 the 6th Multi-Agency Safeguarding Adults Conference was held. This was attended by 120 staff from all partner organisations. The focus of the conference was the experience of a person who is subject to the safeguarding process, ensuring their views are sought, and heard and acted upon throughout. The main speaker was Liz Sayce from the Royal Association for Disability Rights with a talk entitled 'Rights, Protection and Independent Living'. Lucy Bonnerjea from the Department of Health also attended and gave a talk on safeguarding and empowerment, with messages coming directly from people consulted as part of the No Secrets review, as to what they want from safeguarding guidance and practice. A local Hate Incident awareness campaign was also launched at the conference, and various workshops were held including one called 'Hearing and Listening' led by Brighton Housing Trust staff and a resident representative, which focused on ways of ensuring that the views of adults at risk are sought and acted upon. A conference for March 2012 is in the process of being planned.

The Safeguarding Adults Competency Framework for social care and health staff continues to be completed for all staff in Adult Social Care, and all current staff, including senior managers, will have completed this according to their role in safeguarding work by April 2012.

Data Collection
From 1st May 2010, Adult Social Care staff started to use the database Care Assess for safeguarding work. Data collected is now more detailed and accurate. Care Assess also ensures a robust management sign off for all safeguarding investigations. Section 75 staff working within mental health teams in the Sussex Partnership Foundation NHS Trust do not have access to Care Assess database, but improvements have been made this year to ensure that accurate data is collected within the Trust, and that data collected meets national requirements.

Data for 2010-11 was reported to the NHS Information Centre for the first national mandatory collection of information regarding safeguarding and adults at risk. It was therefore possible to

benchmark data from Brighton & Hove with other comparison areas, and this data will be used as part of planning of safeguarding work.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

Mental Capacity assessments undertaken by Adult Social Care staff were audited this year, and the key messages were reported to the Safeguarding Adults Board, and the MCA/DoLS Monitoring and Development sub group. Sessions for Adult Social Care managers were run by the MCA lead to pick up learning points, and a further audit is planned for the year ahead to ensure ongoing practice improvement.

2.2 Key Priorities for 2011-12

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

The revised Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk will be effectively implemented across all organisations who support adults at risk. All relevant staff will be aware how to access the procedures, and will familiarise themselves with any key changes from the Key Changes briefing, including revised guidance as to when to raise a safeguarding alert.

All training material and the Safeguarding Competency Framework will be reviewed and updated in line with changes to the procedures, including e-learning packages and accredited training.

The consistency of the implementation will be monitored mainly through the audit process and safeguarding data reported to the Safeguarding Adults Board.

Quality Assurance

The audit process is to be updated to include a requirement for a multi-agency audit. Currently the audit considers the quality of the investigation undertaken and overseen by adult social care staff. It is planned to complete at least 2 audits per year that look at the role of all organisations involved in the investigation, such as police, health, housing or community safety teams. This learning will then be reported back to the Safeguarding Adults Board, and will be able to show how well the multi-agency procedures are being complied with, and what work needs to be undertaken to improve joint working and communication.

The audit process will also include a requirement to audit a certain number of concerns that are alerted, in which the decision is taken not to investigate under the safeguarding procedures, but for other actions to take place. The audit will look at the rationale for this decision, and whether the actions taken were appropriate.

Community Engagement and Raising Awareness of Adult Safeguarding

A public awareness campaign will be planned to encourage greater understanding of adult abuse, how to recognise it and how to report concerns. Posters will be published, in consultation with various community groups, showing different scenarios of adult abuse in order to increase understanding as to the type of concerns people could gain support for. These will also be published as postcards with reporting contact numbers, so people can pick them up and keep them handy. The Safeguarding Adults section of the Brighton & Hove City Council website will give more information about each scenario, so people can read what happened next once the people depicted in the posters got support. The posters will also be shown on video screens in the Accident and Emergency areas of the Royal Sussex County Hospital.

Data monitoring the source of safeguarding alerts will be monitored to report on the effectiveness of this campaign, particularly focusing on the number of alerts from adults at risk,

family members and carers, and members of the public.

An information leaflet will be developed explaining how concerns are investigated under the safeguarding adults' procedures. This will help those people who require a safeguarding investigation to understand the process and what to expect.

Engagement of Adults at Risk and Carers in Safeguarding Work

There will be continued work to improve the mechanisms for seeking the views and feedback of adults at risk and carers.
Information gathered through customer surveys and community groups regarding whether people feel safe in their community, and what safeguarding issues concern them, will be collated and used to plan safeguarding prevention work.

Views of adults at risk gathered at the close of a safeguarding investigation, regarding the safeguarding process, and the outcome for them, will be collated and used to improve the practice of investigating staff, and will also influence training and updates of safeguarding procedures and guidance.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)
There will be a focus across all statutory organisations represented at the Safeguarding Adults Board on quality assurance of mental capacity work. This will include ensuring that there are methods in place to monitor the quality of recorded Mental Capacity assessments, and that staff training ensures that staff are able to understand their responsibilities of implementing the Act in practice in line with their role.

3. Performance and Practice

3.1 Summary of Main Points to Note

1) The total number of safeguarding alerts raised in Brighton & Hove for the year 2010-11 (April –end March) is **1,154**. Last year the total was 1,288, so this is a 10% **decrease** from 2009-10. This is the first decrease in alerts since 2004, when data monitoring began. The yearly increase in alerts had already started to reduce last year with a 2% increase only. Prior to that increases were much larger between, 20 - 60%.

2) The number of alerts which required a safeguarding investigation this year totalled **665.** Last year there were 1,065 investigations. The percentage of alerts not required to be investigated under the safeguarding procedures last year was 17.3%. This year is was **42%**, showing a significant increase. This is likely to be due mainly to change in the safeguarding procedures in March 2010, which clarified the required response for all levels of investigations. The main change in the revised procedures is that the presenting information should show that there is a concern that harm has occurred/or appears to have occurred to an adult at risk. In the previous procedures (orange book) the presenting information was that an incident had occurred that had 'not adversely affected the well being of the vulnerable adult'. The current increase therefore in the percentage of alerts raised that are deemed by the receiving assessment team not to require a safeguarding investigation under the procedures may be due to alerting staff not being fully aware of the revisions in the procedures.

Data on safeguarding alerts which are linked to Hate Incidents and Domestic Violence can now be collected through Care Assess from Adult Social Care Teams. This was not possible this year for alerts which are received by staff working within the Sussex Partnership Foundation Trust, but is now being collected for year 2011-12. 11 alerts were linked to Hate Incidents. 69 alerts were linked to Domestic Violence.

3.2 Performance Data 2010 – 2011

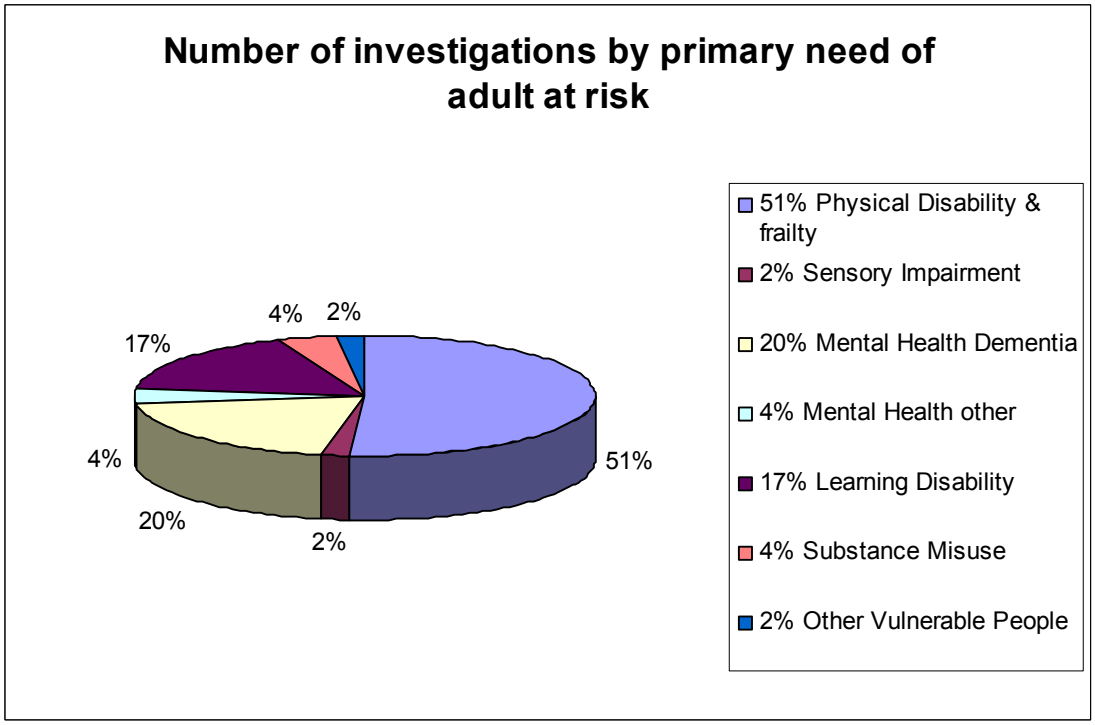


Figure 1: Number of Investigations by Primary Need of Adult at Risk

In figure 1 we can see that the primary need of the majority of people who require a safeguarding investigation is physical disability and frailty, followed by dementia and then learning disability.

This proportion has not changed significantly over the last few years. The only notable change is a decrease in the number of people with mental health needs requiring an investigation from 9% to 4%.

In 4% of all client groups the alleged victim was an informal carer. This is the same percentage as last year.

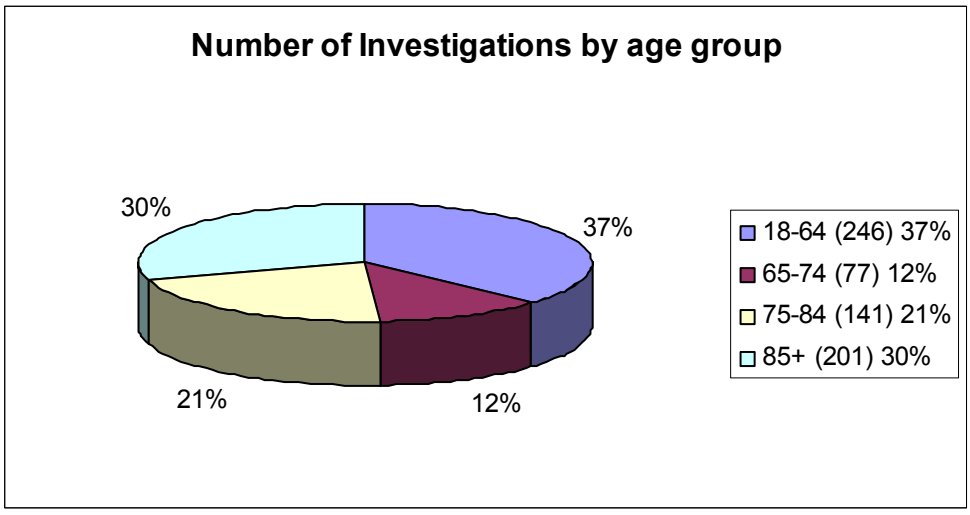


Figure 2: Number of Investigations by age group of adult at risk

In figure 2 we can see that risk of harm significantly increases into older age, particularly for

those over 85 years.
At over 85 years the most frequent category of alleged abuse is neglect, then financial. The most likely place for abuse of a person over 85 to take place is in the person's own home (49%) or a care or nursing home (42%). 7% of investigations into abuse of a person over 85 are in an acute hospital setting. This includes concerns about poor care and neglect.

In looking at the data for the person alleged to have caused harm to someone over 85 years, 36% are a family member or friend, 18% a Health Care Worker and 9% Domiciliary Staff.

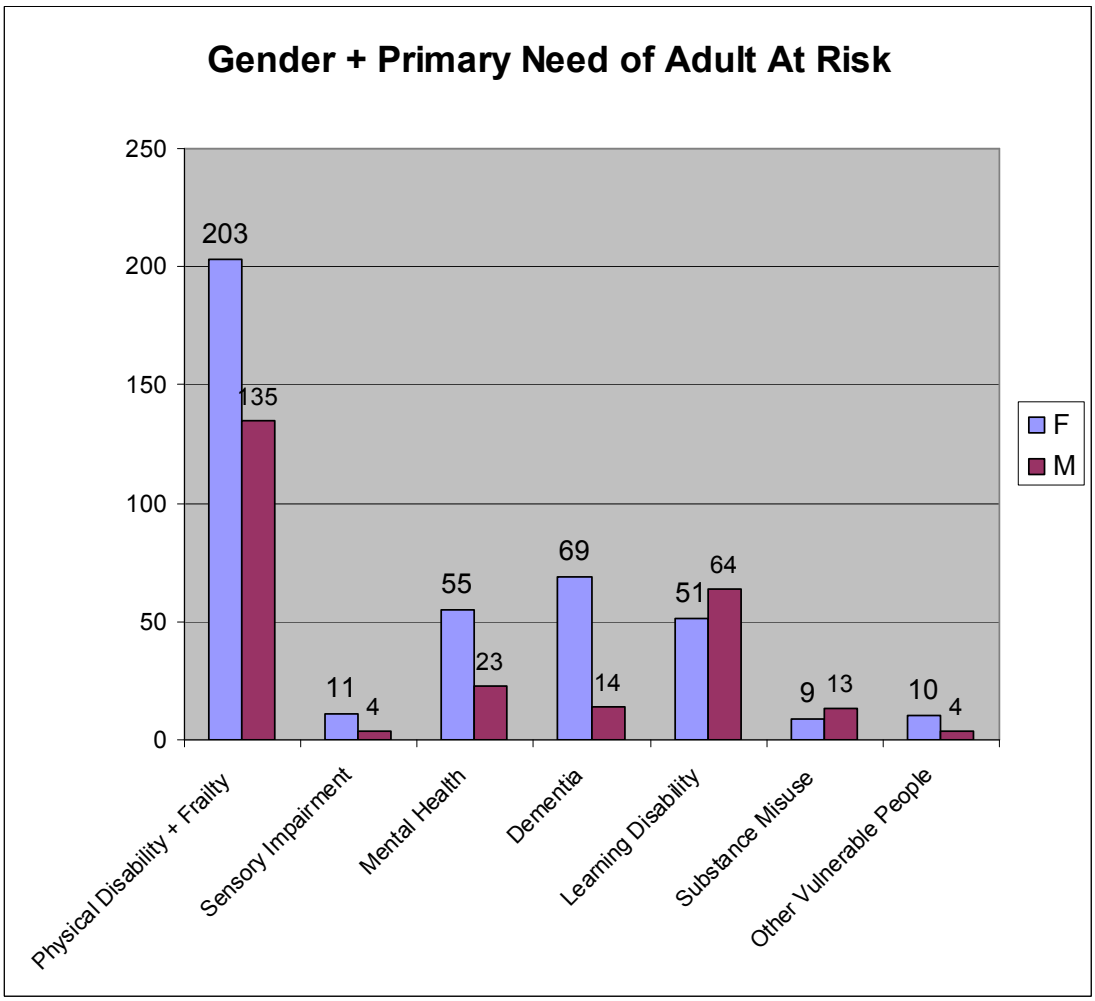


Figure 3: Number of Investigations by Gender and Primary Need of Adults at Risk

In figure 3 we can see the number of investigations undertaken divided into the gender and the primary need of the adult at risk. Out of a total of 665 investigations 408 of the adults at risk were female, and 257 were male. As a percentage that is 61% women, 39% men.

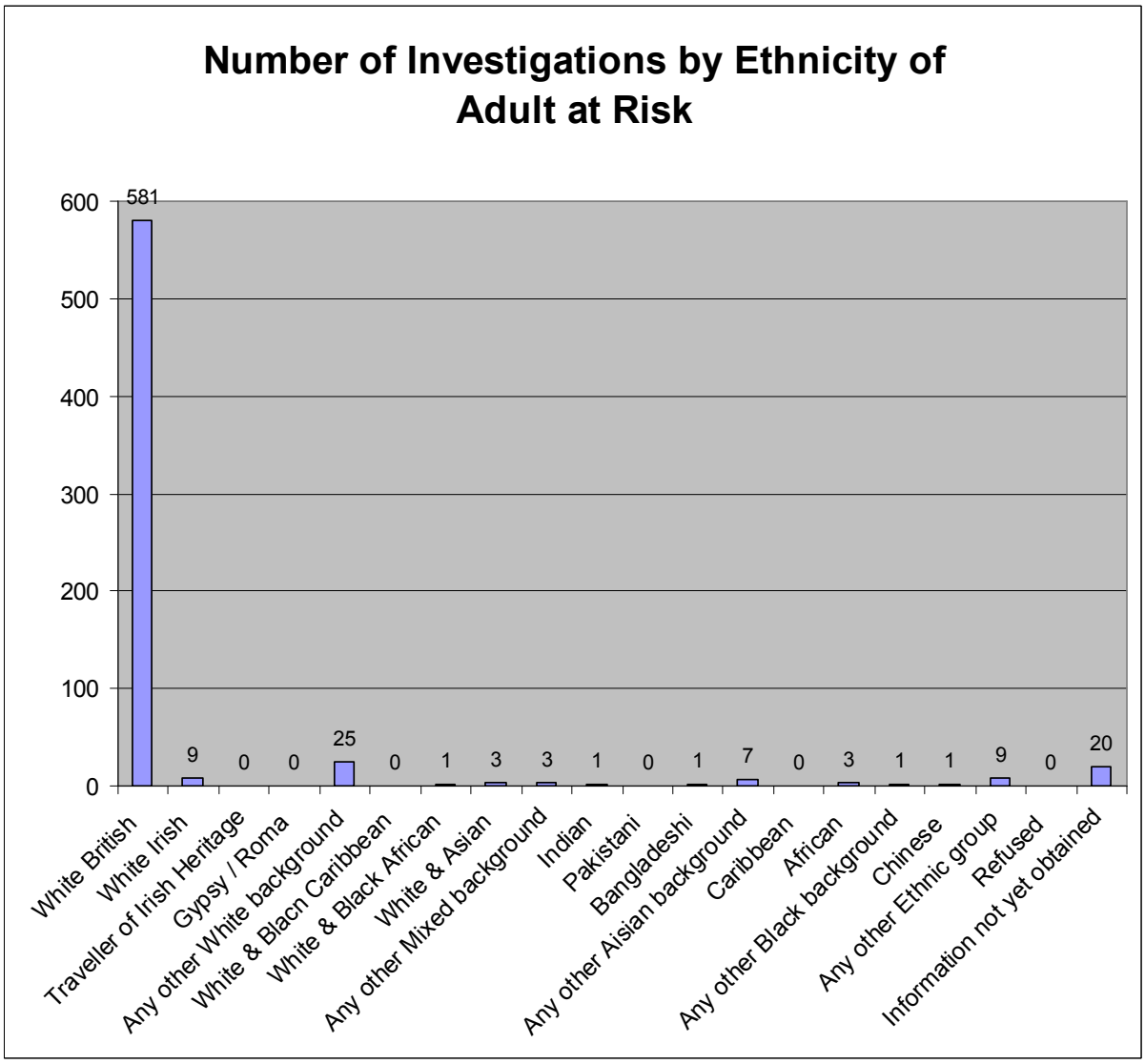


Figure 4: Number of Investigations by Ethnicity of the Adult at Risk

In figure 4 investigations for adults at risk with 'All White' ethnicity stand at 92%, all Black and Minority Ethnic (BME) at 5%. Not yet obtained is 3%.

The table below shows estimated resident population by broad ethnic group, mid 2009, figures are in thousands. (Source Office of National Statistics).

	Brighton and Hove		**South East**	**England**
	number	percentage	percentage	percentage
All persons	256.4			
All White	**227.1**	**89%**	**91%**	**87%**
White: British	208.1	81%	86%	83%
White: Irish	3.3	1%	1%	1%
White: Other White	15.7	6%	4%	4%
All BME	**29.3**	**11%**	**9%**	**13%**
Mixed	5.9	2%	2%	2%
Asian or Asian British	12.5	5%	4%	6%
Black or Black British	5.8	2%	2%	3%
Other	5.1	2%	1%	2%

From this we can see that investigations for adult at risk from black or minority ethnic (BME) groups is low at 5% compared to the percentage of residents from BME groups as a whole at

11%. However, this data does not take into account ages. A high percentage of safeguarding investigations are regarding people of 65 years and over, and this age group may locally include fewer people from BME groups. This needs exploring further, and awareness raising of adult abuse and reporting processes for BME groups and forums is required as part of the awareness raising campaign

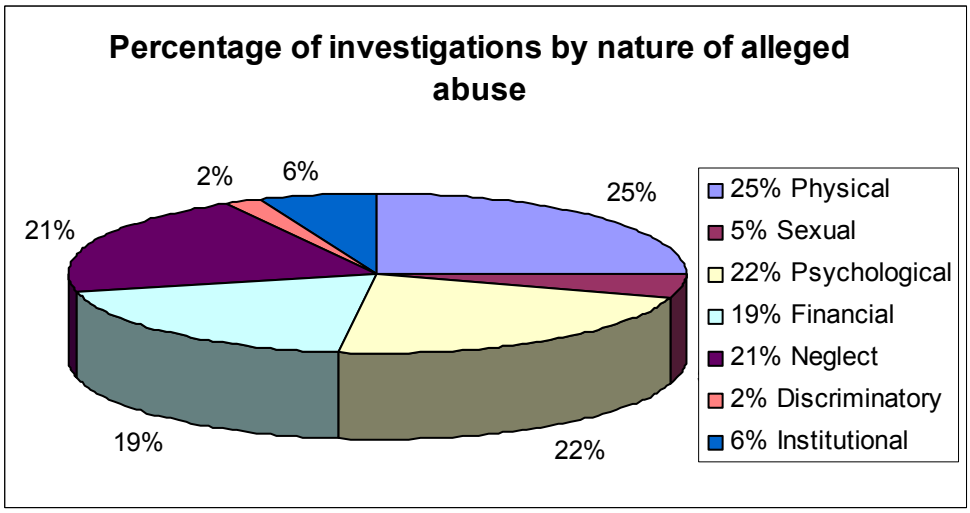


Figure 5: Percentage of Investigations by the nature of the alleged abuse

From last year investigations into allegations of neglect have increased from 15% to 21%. Investigations into discriminatory abuse have decreased from 9% to 2% and allegations of institutional abuse have increased from 1.7% to 6%.

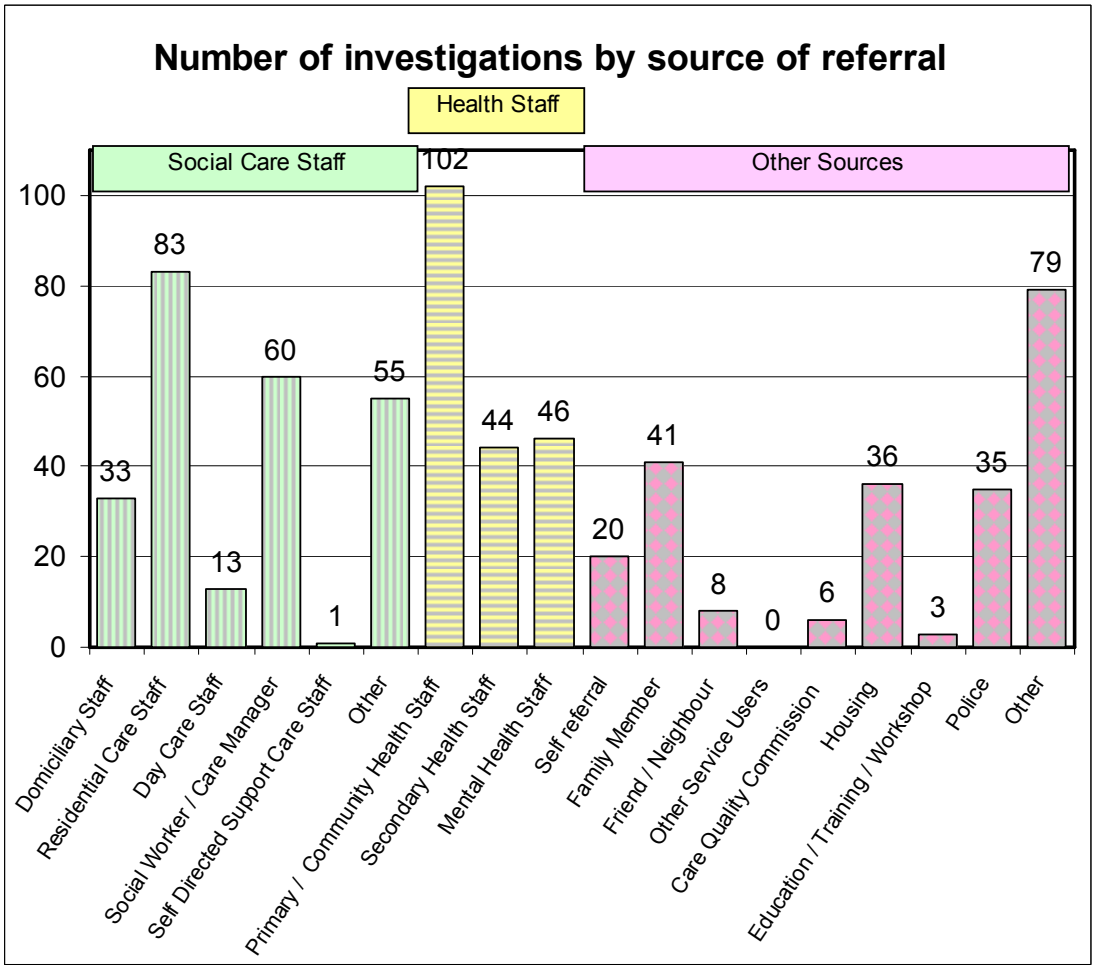


Figure 6: Number of Investigations by Source of Alert

In figure 4 the data shows the source of alerts which went on to be investigated under the safeguarding procedures. The total number of investigations was 665.

36% alerts came from Social Care Staff, which includes the voluntary and independent sector.

29% came from Health Staff, 5% police, 5% Housing.

3% were self referrals from the adult at risk, and when alerts from family members/friends are included it makes 10% of all alerts. This figure is to be reviewed following the planned adult abuse awareness raising campaign, and will hopefully show an increase in self referrals and referrals from family members and other members of the community.

Only 1 investigation was undertaken following an alert raised by Self Directed Support staff. This indicates that there requires to be further exploration of this. This may indicate a misunderstanding of staff who log this information, as they may not be considering Personal Assistants as part of this category. Further data is required regarding the proportion of people using a personal assistant service compared to other types of support. It may also show that the Risk Enablement panel is managing risk well, and reducing any requirement for alerts to be raised, or that personal assistants are supporting adults at risk to raise concerns them selves directly.

'Other' as a category is 12%. A sample has been taken and looked into of those logged as 'other'. Some genuinely fit this category such as Ambulance Service and banks and advocacy services. However, some from the sample seem to be due to a lack of understanding that independent sector should be included in social care staff categories, and Housing

Associations should be included in Housing category. All relevant staff have now been informed of this and reminded of the correct data entry.

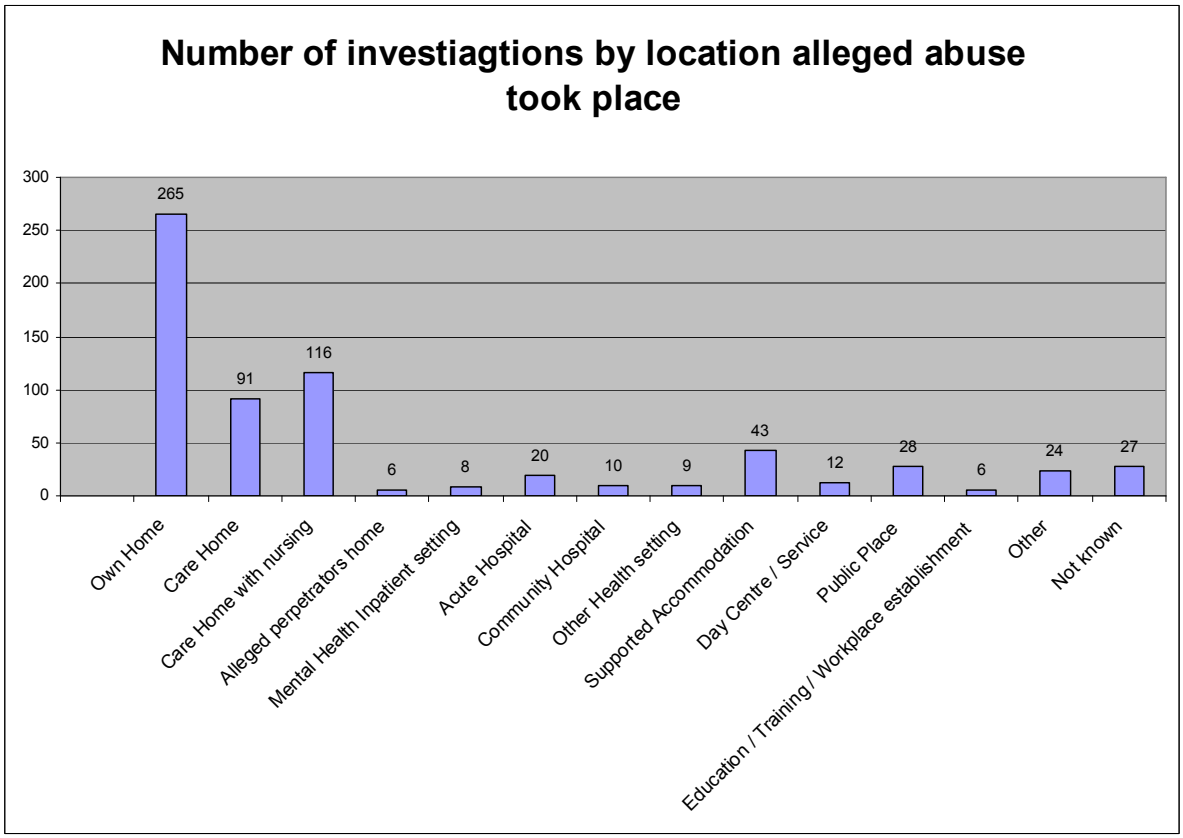


Figure 7: Number of Investigations by Location the Alleged Abuse Took Place

In figure 5 we can see that the person's own home is the most likely place for abuse to be alleged to take place, at 40% of all other logged locations.

If Care Homes and Care Homes with Nursing are combined, they come to 31%.

Acute and Community Hospitals come to 4.5%.

The majority of investigations where the adult at risk has supported accommodation are regarding people with learning disabilities, and are Level 1 investigations regarding incidents between residents, due to behaviour management issues.

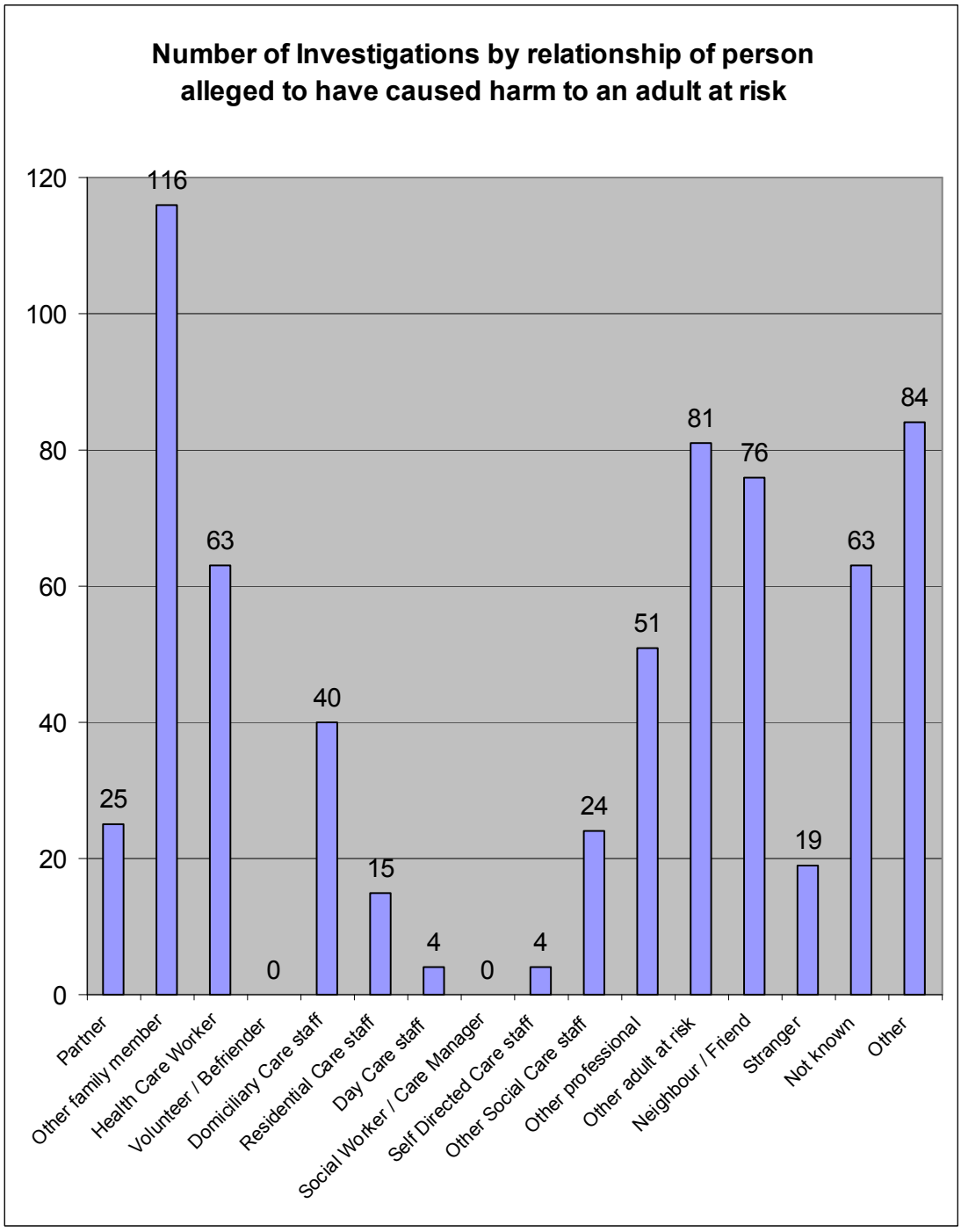


Figure 8: Number of Investigations by Relationship of the Alleged Perpetrator to the Adult at Risk

If the data regarding alleged abuse from a partner, family member, neighbour or friend are combined, this comes to 32% of all investigations.

Allegations about Social Care Staff, including staff from the independent and voluntary sector come to 13%, and Health Care Workers 9%.

Allegations regarding abuse or harm from other adults at risk are 12%.

The category 'Other' is high at 13%. A selection of these cases has been looked at, and in the main these appear to be due to errors in data entry, and to a lack of understanding of the categories. All relevant staff have now been informed of this and reminded of the correct data entry. This will be monitored in future data reports.

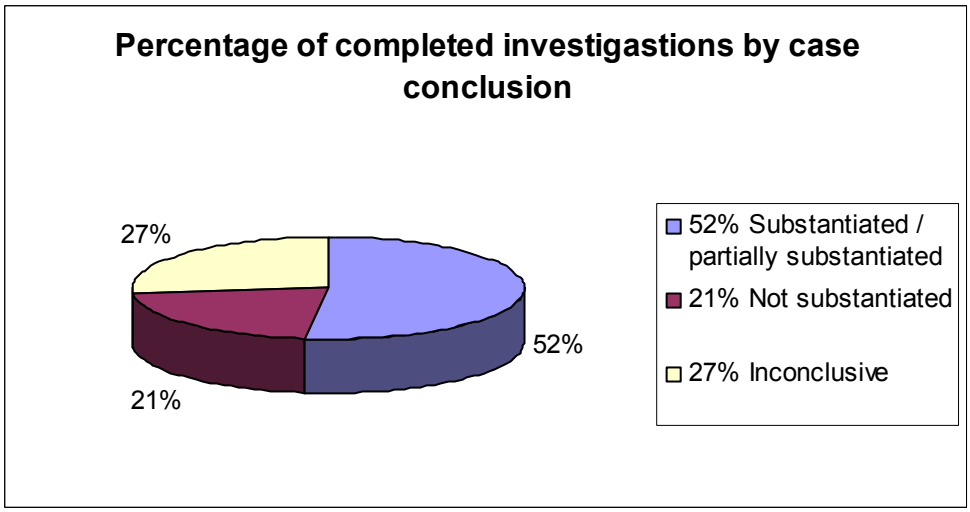


Figure 9: Percentage of Completed Investigations by Case Conclusion

Abuse or harm to an adult at risk has been substantiated in 52% of all investigations completed in 2010-11. This has increased slightly from 48.7% in the previous year.

Abuse or harm was not substantiated in 21% of all investigations undertaken, meaning that there was evidence, on the balance of probability, that abuse did not take place. This has decreased from 25.8% from the previous year.

Investigations that were Inconclusive have increased from 25.5% to 27%. This means that there was not enough evidence following these investigations to prove on the balance of probability that abuse happened or did not happen. This would still leave an element of doubt in these cases that abuse could have occurred, but was not proven.

Safeguarding audits will need to focus in the year ahead on investigations that are inconclusive, to reassure that they were robust and thorough investigations. This figure is to be monitored as part of the performance indicators for the Assessment Service, and the target for next year is 25% or less.

Benchmarking against other Local Authorities
Safeguarding data was submitted as required by the NHS Information Centre from Brighton & Hove City Council for the year 2010-11. This data can therefore now be 'benchmarked' against all other Local Authorities across the country.

The grid below show benchmarking against East and West Sussex, as we share the same safeguarding procedures with them, so therefore have the same process for undertaking investigations.

Other local authorities noted are from Brighton & Hove's comparator group.

Alerts and Investigations per 10,000 population – grid 1

	East Sussex	Brighton and Hove	West Sussex	
Alerts per 10,000 population 18+	69	55	44	
Investigations per 10,000 population 18+	36	32	25	
Comparator	Bournemouth	Bristol	Plymouth	Torbay

Group				
Alerts per 10,000 population 18+	93	Nil Return	35	47
Investigations per 10,000 population 18+	50	13	19	24

Proportion of investigations where the adult at risk was in receipt of self funded services – grid 2

	East Sussex	Brighton and Hove	West Sussex	Average across all LA's
	11%	7%	9%	12%
Comparator Group	Bournemouth	Bristol	Plymouth	Torbay
	7%	1%	9%	0%

Percentage of completed investigations by case conclusion of Inconclusive – grid 3

	East Sussex	Brighton and Hove	West Sussex	Target
	22%	27%	29%	25%
Comparator Group	Bournemouth	Bristol	Plymouth	Torbay
	36%	39%	47%	27%

Repeat investigations as a percentage of all investigations – grid 4

	East Sussex	Brighton and Hove	West Sussex	Average across all LA's
	10%	13%	16%	14%
Comparator Group	Bournemouth	Bristol	Plymouth	Torbay
	14%	32%	10%	7%

Grid 4 shows data of when there has been more than 1 investigation for an adult at risk during 2010-11. The data does not show what the further investigations were regarding, and could therefore not be related in any way. For example, an investigation could be undertaken regarding an allegation of financial abuse by a family member, but then some time later they could have a stay in hospital and there could be an investigation as to their treatment by hospital staff.

However, this percentage could also indicate that repeat investigations are required as the safeguarding plan in place is not working, for example someone who has had an investigation regarding financial abuse, may then require a further investigation regarding financial abuse because the safeguarding plan was not robust. For this reason it is felt useful to monitor data about repeat investigations. A performance indicator has therefore been agreed for the Assessment Service of a target to remain at 13% or below for 2011-12.

4. Safeguarding Adults Board Member Organisation Reports

4.1 Brighton & Hove City Council Adult Social Care Assessment Services

The year to 31 March 2011 saw some significant changes in management personnel, structures and reporting arrangements which have strengthened management arrangements and accountability for safeguarding adults at risk. The Head of Assessment Services now has

responsibility for all social work teams undertaking safeguarding assessments with much clearer lines of accountability leading to a more consistent response. Even in these times of severe financial restraint there is a commitment to protect our front-line services to deliver this critical work in keeping vulnerable people, at risk, safe.

Care Assess data base was introduced in May 2010 and this has ensured that recording around abuse of vulnerable adults is more detailed and leads to better auditing of work undertaken, giving better assurance to management and the Safeguarding Board. Unfortunately, at this stage not all areas of operation have access to Care Assess, but consistent documentation is in use enabling a robust approach to case file audits

Staff have been involved in consultation on the revised procedures which, in turn, leads to greater ownership.

Regular audits are undertaken and outcomes are reported to General/Operational Managers meetings and the Safeguarding Board.

The Head of Safeguarding regularly attends Assessment Services Management meetings where safeguarding is now a standing agenda item

Facilitated Practitioner Forums are to be established in Autumn 20011 and this will be an opportunity for staff to discuss common issues and improve practice. Senior Management training has also been organised directed at General Managers and Head of Service.

Building on the work of auditing safeguarding work, a similar approach is being adopted in relation to practice around Mental Capacity Act assessments.

As we continually roll out Self Directed Support (SDS), we are mindful of reviewing arrangements for safeguarding adults at risk in this new environment where our customers have greater control over the services they purchase.

The Head of Assessment is to also join the auditing process: this will give greater assurance to the Director of Adult Social Services and the Safeguarding Board as to the strength of the audit process.

The social care service within Assessment is to be restructured. The new arrangements are designed to achieve greater consistency across all service areas, with safeguarding adults at risk being the most important thing we do.

Staff from Substance Misuse services ran a successful workshop at the Safeguarding Annual Conference.

Ensuring robust arrangements are in place with services provided through S75 arrangements, where different IT systems are in use, continues to be a challenge and is subject to ongoing review

Brian Doughty
Head of Assessment Services
Brighton & Hove City Council

4.2 Sussex Police

In early 2011 the Specialist Investigation Branch (SIB) of Sussex Police amalgamated with the policy and review team, to form the Specialist Crime Directorate (SCD). Amongst other things the combined team now has responsibility for all crime review functions, including adult serious

case reviews and the newly implemented domestic homicide reviews. As the strategic lead for safeguarding adults, representatives from SCD continue to attend the Adult Safeguarding Board and the Quality and Audit Sub-Group as well as chairing the Pan-Sussex Adult Safeguarding Group.

The local police unit that is the single point of contact for adult safeguarding investigations is the Anti-Victimisation Unit (AVU) in Brighton police station. The AVU now has consistent terms of reference with the Adult Protection Teams across East and West Sussex.

During 2010/11 police investigators in Brighton and Hove video interviewed 161 vulnerable adult witnesses in the course of investigations; 19 (13%) of these were recorded as having been joint interviews with a police interviewer and a trained social worker, which although low is the highest percentage of joint interviewing in Sussex. Research was carried out amongst police interviewers to establish the reason behind the general lack of joint interviews and findings have been shared with the investigative training group.

During 2010/11 a total of 42 vulnerable adults from Brighton and Hove used the service of the Saturn Centre (sexual assault referral centre for Sussex). Safeguarding training has been made available to all the Saturn Centre staff including the forensic medical examiners.

Work has been underway to improve IT links between Sussex Police and the three local authority areas in Sussex. The introduction of secure email addresses has enabled sensitive information to now be emailed between professionals to speed up information sharing and improve the audit trail in safeguarding cases. Referrals from adult services are now being made by email to the Police Contact Centre which ensures the AVU has appropriate records of all alerts and subsequent strategy discussions.

The Sussex Police Vulnerable Adult at Risk form has been subject to continual improvement based on feedback from adult services teams. Work is now underway to upgrade this internal police system so that completed forms will be automatically emailed to a central account in Brighton and Hove Council. This will remove the need for police officers to print off and fax a paper version of the form to ensure quick and accurate exchange of information.

A new e-learning package has now been circulated to improve all police officers' general understanding of vulnerability and improve knowledge of police powers when dealing with people who are mentally unwell. The training is aimed at front line officers and should increase awareness of safeguarding and the need to share information.

Detective Superintendent Jane Rhodes
Specialist Crime Directorate, Sussex Police

4.3 Commissioning Support Unit (Adult Social Care)

The role of the Commissioning Support Unit (previously called the Social Care Contracts Unit) is not specifically mentioned in the recently revised *Pan Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk* as this document is generic, covering East and West Sussex as well Brighton and Hove. In view of this a separate link has been added to the document outlining the specific roles and responsibilities of the Unit which comprise:

1. Assisting and supporting operational colleagues in the event that safeguarding concerns are raised in settings where a person is receiving services under contract, such as in a care home or at home. Whilst the Unit does not directly investigate safeguarding concerns, they support the investigating team with information and knowledge about the service.
2. Helping operational colleagues determine the level of the alert, in view of the Unit holding information on all previous alerts and investigations regarding some contracted services.

3. Attendance at Strategy Meetings and Case Conferences for Level 3 and 4 investigations when these relate to a contracted service. Their role will be to advise in respect of contractual matters, and their knowledge of the provider in question.
4. Escalating safeguarding concerns to operational managers in the event that the Unit receive a number of level alerts, or other indicators, which give cause for concern.
5. After the conclusion of a safeguarding investigation, following up on any outstanding quality standard or clinical quality issues either as part of a dedicated improvement plan or through its routine monitoring of the provider in question.
6. Taking account of advice from the investigating team when considering the need or otherwise for a suspension of Adult Social Care Department placements or new work where sufficient concerns exist. This decision will normally be taken by the Head of Performance and Contracts (Adult Social Care) in consultation with the Head of Delivery (Assessment). Conversely, when the Unit is satisfied that evidenced and sustainable improvement has been delivered consideration will be given to lifting any suspension on new placements/work.

Throughout the period April 2010 to March 2011 has logged the following numbers of alerts for both care homes and domiciliary care agencies:

Service types	Level 1	Level 2	Level 3	Level 4	Level not stated
Care homes	28	14	41	20	24
Domiciliary agencies	16	6	6	Nil	3

This level of activity has resulted in a significant amount of the Units' resources being taken up with attendance at Strategy Meetings and Case Conferences, particularly in respect to the proportionately higher number of alerts received from Older People and Older People Mental Health nursing homes. In one instance, this involved the Unit in undertaking weekly visits to a particular nursing home ranging over a period of several months where there were quality issues aligned to the safeguarding concerns raised in that establishment.

The Unit also has a preventative role, through its monitoring of contracted services, and endeavours to pick up on issues at an early stage, thus averting the escalation of concerns to the degree that they might otherwise be raised as alerts. These concerns are now routinely fed into the Care Governance Panel whose aims include co-ordinating the quality monitoring of social care services.

A new development is the Service Provider Profile (SPP) which once completed will:
1. Gather all information about the quality and safety of a service provider in one place, enabling the Unit to assess where risks lie and prompt monitoring activity proportionate to the level of risk.
2. Provide a consistent framework across all in City care homes for monitoring the quality and safety of service provision.
3. Identify potential issues more quickly, because new information will be added and reviewed regularly.
4. 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.
5. Allow the Unit to make robust judgements about the quality of services, and the action that needs to be taken to address any shortfalls.
6. Inform safeguarding investigations as appropriate

In the year ahead the Commissioning Support Unit will continue to build on its existing roles, lead a review of the Care Governance framework , complete the development of the SPP, continue to develop relations operational teams, especially those who do not routinely engage with the Unit over safeguarding matters relating to contracted services and work with the CQC to improve the mutual exchange of information in line with national pilot sites.

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

4.4 Partnership Community Safety Team (PCST)

There are three main areas of the Partnerships Community Safety Team's (PCST) work that link closely to the work of the Adult Safeguarding board – work to address Anti-Social Behaviour, the work of the Hate Crime Team and the strategic work on domestic and sexual violence. There has been a lack of awareness in some adult social care teams of the services offered by the PCST and its partners. Equally, in some cases, caseworkers within the PCST have not been aware of the potential benefit of communicating with and sharing information about vulnerable clients with social workers in adult social care and working together to address their needs.

The actions identified below seek to progress our joint working over the coming year. This is in the context of a restructuring of the PCST which will bring together the work on Anti- Social Behaviour and hate crime into a joint casework team at 162 North Street. Over the coming year an appendix to the revised Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk will also outline a protocol for linking safeguarding processes work being undertaken for Anti-Social Behaviour incidents, hate incidents and domestic violence.

There is also a section on Older People within the Community Safety Strategy and the links between this section and the work of the Safeguarding Adults Board will be developed over the coming year.

Anti Social Behaviour
Following the recent and high profile tragic cases of Fiona Pilkington and her daughter Francecca Hardwick in Leicestershire and David Askew in Greater Manchester who suffered a combination of crime, hate crime and anti-social behaviour targeted at them, key failings and lessons were identified by the Independent Police Complaints Commission and Her Majesty's Inspectorate of Constabulary (HMIC). Very specifically, it is imperative that agencies need to better understand the impact and harm that individuals and communities face as a result of crime, hate crime and anti-social behaviour. Furthermore, agencies need to better respond to protect the most vulnerable from harm.

Overall, joint working between adult safeguarding agencies and the Anti-social Behaviour Team has gone from strength to strength. This productive relationship is primarily based on joint working practices which have been forged through robust casework developed with the Adult Social Care Access Point Team and good awareness amongst the team of safeguarding practices to protect vulnerable individuals. This has coincided with a shift of focus within the Anti-Social Behaviour and Hate Crime teams to focus much more on the impact of harm, risk and vulnerability caused anti-social behaviour and hate crime.

Over the year ahead we will continue to make sure all Adult Social Care staff are aware of the functions of the caseworkers within the PCST and are confident about how to refer cases in to the team. This will be done through briefings at team meetings and other means. We will also seek to make sure they understand and are able to access Neighbourhood Policing teams/Police Community Support Officers effectively to help monitor and protect vulnerable people.

The introduction of E-CINS (Empowering Communities), an innovative internet based case management solution in August 2011 will further support work to protect the most vulnerable victims of crime, hate crime and anti-social behaviour in the city, along with a Vulnerability Risk

Assessment tool. A partnership of agencies which includes Adult Social Care, the Anti-Social Behaviour Team, Police, Council Housing, Temporary Accommodation team and Affinity Sutton Housing Association have started using Risk Assessments and the E-CINS system as a real time 'tasking' and 'updating' tool to ensure the most vulnerable in communities do not fall through gaps between agencies/services.

A new Casework Team which incorporates both anti-social behaviour & hate crime will continue to work with all partners, including Adult Social Care, to share information to protect adults at risk in the community.

Hate Crime
The Safeguarding Adults Manager has joined the Disability Hate Incident Steering Group and was part of the strategy and action planning for the Hate Incident Section of the recent Community Safety Strategy. An explanation of 'Hate Crime' has also been included in the revised Safeguarding Procedures and the new Safeguarding Alert forms prompt a response about hate crime, enabling the analysis of cases where there is a link between the two areas.

Again, the work of the year ahead centres on ensuring that adult social care staff (in particular those staffing the Access Point) are aware of the Hate Incident Report Form, how to complete it and how this information will be used by the PCST. In response we will ensure PCST caseworkers (working on both Anti-Social Behaviour and hate incidents cases) habitually check whether there is a social worker working with their client and to ensure that the social worker is kept informed of reported hate incidents and how the case is progressing from this angle. This will ensure that duplication of work is avoided and that the care and support for the adult at risk of abuse and/or hate crime is provided as quickly and effectively as possible.

Domestic and sexual violence
The National Framework of Standards for good practice and outcomes in adult protection work (2005) emphasised the importance of adult safeguarding partnerships integrating their work with domestic violence partnerships and strategies; ensuring domestic violence is included in local safeguarding procedures and that all frontline adult social care staff should be able to identify and respond to domestic violence effectively. Adult social care services also have a statutory duty to comply with national guidance on forced marriage, using existing structures, policies and procedures designed to safeguard vulnerable adults and victims of domestic violence. Between December 2010 – February 2011, accompanying guidance to prevent people with learning disabilities being victims of forced marriage were also produced, alongside multi-agency guidance for responding to female genital mutilation (FGM), to help raise awareness of the issues and support practitioners to identify the warning signs and be able to respond to adults who have experienced these complex and often hidden practices.

In 2010/11, the Local Safeguarding Adults Board and Adult Social Care services were fully involved in the development of the Brighton & Hove Domestic Violence Needs Assessment, published in March 2011 to inform the city's Domestic Violence Intelligent Commissioning pilot. This involved conducting services and resources mapping to assess how each service identifies and responds to domestic violence and how much it costs public services and the city as a whole. A Domestic Violence Outcomes Framework and Commissioning Plan was agreed, and will be delivered by a new joint Domestic Violence Commissioning Group from April 2011 onwards, which includes representation from the Lead Commissioner for Adult Social Care.

The Community Safety Crime Reduction & Drugs Strategy 2011 found that both domestic violence and sexual violence are significantly under-reported to the police and other public services. Over 25,000 women and nearly 2,000 men locally are likely to experience repeat domestic violence in their lifetime, and it is estimated that in total, nearly half of all women locally will at some point in their lives be a victim of violence including rape, sexual assault, sexual harassment, forced marriage, trafficking and sexual exploitation. The Domestic Violence Needs Assessment estimated that in 2009/10, between 5,389 and 10,984 women in Brighton &

Hove could have experienced domestic violence; a further 2,736 women could have experienced sexual assault, and an additional 6,682 women could have been a victim of stalking. However, in 2009/10, only 3,359 domestic violence crimes and incidents were reported to the police in Brighton & Hove and there were 328 police recorded sexual offences in Brighton and Hove. Women are disproportionately the victims of these crimes, and the effects can be wide-ranging and can include long-lasting physical, mental and sexual health problems.

In 2010/11, adult safeguarding data indicates that there were 69 safeguarding alerts linked to domestic violence; six percent of all alerts received (p7). In addition, 141 of the 665 investigations carried out in the same year involved alleged abusers who were partners or family members, which means 17 percent of all investigations conducted were also linked to domestic violence (p14). Sexual violence is currently not identified as a reason for safeguarding adult alerts or investigations, however police data shows that 42 vulnerable adults from Brighton & Hove used the Sexual Assault Referral Centre (SARC) in Crawley in 2010/11 (p18).

The Safeguarding Adults Manager has been attending the Domestic Violence MARAC (multi-agency risk assessment conference for victims assessed as being high-risk of homicide or serious injury) since it was established, and also attends the Domestic Violence Forum and MARAC & Specialist Court Operational Working Group. There are currently low numbers of referrals from Adult Social Care into the MARAC process. The safeguarding adults' procedures locally include specific questions about domestic violence and it is during this initial assessment and decision making by the Investigation Manager that issues of domestic violence are most likely to be picked up and considered. The low level of referrals to the MARAC and to specialist domestic violence services will be explored further as it may indicate a lack of knowledge of domestic violence, of specialist services available, and of the MARAC process by social workers and other adult social care professionals. To begin to address this, adult social care and other professionals will receive a day's training (in May 2011) on the Domestic Abuse Stalking and Honour-Based Violence (DASH) Risk Indicator Checklist, to raise awareness of risks associated with domestic violence, the MARAC process and the roles of the specialist agencies in the city.

In the coming year the Safeguarding Adults manager and the Domestic and Sexual Violence Strategic Co-ordinator will be revising and updating the relevant elements of the Domestic Violence and Sexual Violence Action Plans. As a result of the Intelligent Commissioning Pilot, all city services and partnerships are expected to incorporate the domestic violence outcomes framework and performance indicators into compacts/contracts and performance management frameworks. In the coming year, Adult Social Care services are being encouraged to work with the city's Sexual Violence Reference Group and Domestic Violence Forum, and to contribute to the delivery of the Domestic Violence Action Plan and Sexual Violence Action Plan from April 2011. Further work is needed to ensure more accurate data on domestic and sexual violence within safeguarding adults processes, and to ensure the local adult safeguarding procedures and training incorporates good practice in identifying and responding to domestic and sexual violence, forced marriage and female genital mutilation. Further exploration is also needed to assess how domestic and sexual violence is identified and responded to by Access Point; by services for older people; services for adults with mental health problems; services for disabled people (physical and/or sensory); services for people with HIV or AIDS; services for people who are carers; and by services for people recovering from being in hospital.

Linda Beanlands
Commissioner Community Safety
Partnership Community Safety Team

4.5 Brighton & Hove City Council Adult Social Care Provider Services

Following a major re-structure within Brighton & Hove City Council, Adult Social Care (Provider) Services was established in November 2010, providing a range of registered services that enable vulnerable people to live independently. Services include Residential Care, Day Options, Domiciliary Care and Community Support for older people and people with learning disabilities.

Across our new Provider services we have begun to develop some good practice including a Falls Policy and to implement robust Quality Assurance systems.

Provider Services includes services for adults with a learning disability and for older people:

Learning Disability Services
Learning Disability Day Options continue to run the **'Feeling Safe'** course. This course supports people to feel safe at home and in the community to give confidence and practical skill in areas such as

- Keep your home safe
- Use public transport
- Know what to do if there is a fire
- Keep yourself and your belongings safe
- Know who to contact when you need help

We now offer **Hate Crime Reporting Centres** at Belgrave Day Options Base in Portslade and Wellington House Day Options Base in Elm Grove.

The **Safeguarding Competency Framework** is being used with staff across Learning Disability Provider Services.

Older Peoples Services
The links between the safeguarding process and HR processes have been highlighted as an issue and the Safeguarding Lead, HR, UNSION and managers in provider services are working on a protocol to address this.

Provider managers have been involved in level 1 investigations and this has been a satisfactory process.

There have been occasions when the response times to safeguarding alerts could have been carried out in a more timely fashion.
It is critical that the safeguarding process and the complaints process work in tandem where relevant.

Safeguarding Training
A separate report has been prepared by the Learning and Development Team for Adult Social Care services.

Provider Services: Actions that we want to work on next year

- Develop a performance framework for recording the numbers of safeguarding alerts in Provider services to enable us to monitor trends, issues, outcomes, to take action where required and focus on the learning and development needs of specific teams
- To provide quarterly reports on Safeguarding in Provider Services
- Achieve a more timely response for safeguarding and complaint investigations to be undertaken and finalise the Protocol with HR/ UNSION

- To work with colleagues in the contracts team to make sure we are gathering the same information across our services as the independent sector provide
- Work to improve the way that we as providers are fully included in the safeguarding process and informed of outcomes.

Karin Divall
Head of Provider Services
Brighton & Hove City Council

4.6 Brighton and Sussex University Hospital NHS Trust (BSUH)

The last year has seen an increase in the number of safeguarding alerts received and in particular the complexity of some of these cases. The consultation on the revision of 'No Secrets' (2001) document was published in the autumn of 2009. The publication of "Six lives – the provision of public services to people with learning disabilities' (2009) has been a lesson to all acute services in the way we care for very vulnerable people and ensure that they have proper access to all health services.

In addition, the Deprivation of Liberty Safeguards (DOLS) part of the Mental Capacity Act 2005, came into force on April 2009. This, along with the Mental Capacity Act, requires intensive training for all staff across the organisation. In August this year the Trust was subject to a Level 4 Safeguarding Investigation in relation to the application of the Mental Capacity Act. This Level 4 investigation was substantiated. As a result BSUH has reported a breech in outcome 2 (consent to treatment) to the Care Quality Commission (CQC). The CQC have received a weekly update in actions which have implemented following the case conference.

Since November 2010 there has been a renewed focus on Adult Safeguarding with the establishment of a weekly Adults Safeguarding Steering Group which is chaired by the Chief Executive. The Associate Director of Quality has become the Trust Senior Operational Lead for the agenda.

The Trust Board now receive a 6 monthly report which provides information about the governance arrangements for safeguarding, number of alerts, the amount of training that has taken place, and details the progression of the safeguarding work within the Trust.

Governance and Accountability
Brighton and Sussex University Hospitals Chief Nurse is the Executive Lead for Safeguarding Adults. Since December 2010 the Associate Director of Quality has become the Senior Operational Lead for Safeguarding Adults. There are plans to recruit a lead nurse for safeguarding. The Trust has a Safeguarding Adults Committee which reports to the Quality and Safety Committee. The Safeguarding Committee has a formal role in monitoring safeguard alerts and how they are dealt with and what lessons can be learnt.

The Associate Director of Quality is now producing weekly safeguarding reports for the Associate Chief Nurses regarding the number of alerts received that week, the number substantiated or unsubstantiated and the number of alerts which have not been investigated in the prescribed time frame. Safeguarding is now a standing agenda item on the start of the week and included within the nursing metrics.

The Associate Director is a member of Brighton and Hove Adult Safeguarding Board and is also a member of the sub committees on Safeguarding Training and Mental Capacity.

Progress during the year
In December 2010 the DATIX incident reporting system was reviewed to ensure a category of adults at risk was added. A system has been established to ensure that all incidents which

have the box filled in are forwarded to the Associate Director of Quality who will scrutinise the incident report to establish whether a safeguarding alert should be raised. A new access data base has been established to more thoroughly capture Safeguarding activity within the organisation. This database enables all information relating to the investigation to be held and for the monitoring of protection plans and any lessons learnt to be undertaken.

The Adults Safeguarding Policy was reviewed earlier this year and is available on the Trust Intranet Site.

The Associate Director of Quality has attended many external strategy meetings and case conference meetings and has been the Investigating Officer in a couple of complex cases. One of these cases was a level 4 investigation which has resulted in an individual being referred to the Independent Safeguarding Authority.

The Learning Disability Liaison Team work for Sussex Partnership and work within BSUH to support both patients with learning disabilities and provide staff with additional support. From recommendations agreed at the level 4 investigation and the need to integrate the Learning Disability Team into BSUH, from the 1st February the team will be managed by the Associate Director of Quality. The rationale for the move in line management is to integrate the team more into the BSUH and provide them with clear reporting lines when concerns need to be raised.

An external review has recently been undertaken by an independent nurse consultant into the Trusts Safeguarding arrangements with specific focus on mental capacity.

The process for Level 1 investigations has undergone review. There has been investment in investigators training and there are now a pool of 21 investigators (increased from 18), the majority of which are at matron grade. All Level 1 investigations are carried out by an investigator who is external to the area in which the alleged incident occurred to ensure greater objectivity and transparency.

A protocol has been devised to support and clarify the process for performing SVA investigation and internal BSUH Human Resources investigations concurrently, and is at the final consultation stage. This aims to ensure efficient and fair investigation of all aspects of an alert by eliminating duplications in the investigation process.

Training

Safeguarding Vulnerable Adults basic awareness training is mandatory for all clinical staff in BSUH. An introductory session is included in the corporate induction process and **1947** staff have attended this session. This briefing outlines everyone's responsibility for safeguarding adults at risk and how to raise a safe guarding alert. **236** staff have attended the mandatory basic awareness training during 2010 to date. It is felt that the number of changes in leadership has affected the uptake of the sessions, and there has been historical difficulty in ensuring that all training is reported via the OLM database.

Increasing the amount of training and awareness in safeguarding is a priority for 2011/12. The training package is being reviewed to include a more practical element. The Trust is also rolling out an e-learning safeguarding Adults module.
It has now been agreed that a two yearly update of Safeguarding training will now be mandatory.

Proactive safeguarding work

The Trust has undertaken a number of proactive safeguarding initiatives in the past year .These have included the introduction of Comfort Rounds five times a day. The Trust has worked in collaboration with West Sussex to develop a Care, Kindness and Compassion observation tool which provides the ward areas with feedback about the care that is being

given to patients on their ward. The Trust has also undertaken high impact actions relating to pressure area care, food and nutrition and privacy and dignity. We have also re-launched our older people and dignity champions. These are members of staff who act as an expert contact in the ward environment.

Future plans

- To explore how intelligence from monitoring and investigating alerts can be best used to focus support and effect improvement
- To introduce annual updates for trainers
- To introduce annual updates for investigators
- To develop and improve feedback mechanisms for alerters
- To hold a safeguarding conference in the summer
- To increase the numbers of staff who have received safeguarding training
- In October Learning Disabilities patients in the Acute Hospital will be the focus of a High impact action.
- To improve the training to all staff on the Mental Capacity Act.

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

4.7 Brighton & Hove City Council Housing and Social Inclusion

The Housing and Social Inclusion Delivery Unit has undertaken the following actions to further integrate Safeguarding Vulnerable Adults into our service:

- Introduced a comprehensive witness and victim vulnerability risk assessment that informs the need for safeguarding alerts – this applies to everyone reporting Anti-social behaviour to the tenancy management or social inclusion teams
- Revised the Domestic Violence procedures in line with citywide MARAC guidance to include assessment of the need for safeguarding alerts
- Raised the importance and process of safeguarding through team meetings
- Made several referral alerts as a result of both routine tenancy checks and where concerns have been raised about residents' welfare
- Undertaken Personal Emergency Evacuation Plans and welfare visits for as many vulnerable adults as possible. This is ongoing work
- Used non access, for example gas and tenancy checks, for enhanced welfare checks which result in safeguarding alerts where appropriate
- Promoted the Practitioners Alliance Against the Abuse of Vulnerable Adults (PAVA) meeting minutes to all our staff
- Attended the council sponsored conference on safeguarding
- Ensured that all Sheltered Housing staff were trained in safeguarding through the e-learning module.
- Launched the new Sussex Multi-agency Policies and Procedures for Safeguarding Adults at Risk working group in Sheltered Housing.
- Participated in the working group looking at issues of mental capacity and ending tenancies.
- Promoted the 'Care and Compassion' report in our service as a means of promoting the Dignity in Care campaign
- Started reviewing our safeguarding internal policies and procedures (including a listening exercise with those tenants where there was a substantiated allegation of abuse, so we can learn lessons of how to better support them)
- Piloted a 'significant incident' procedure as a management team to start to see how we can learn from error / issues that could have a safeguarding perspective

- Alerted 16 cases of suspected abuse (4 substantiated). All cases logged and case managed following our procedures.

Nick Hibberd
Head of Housing and Social Inclusion
Brighton & Hove City Council

4.8 South East Coast Ambulance Service (SECAmb)

General overview of the year:
The Trust has continued to develop links with all adult safeguarding boards across the Trust geographical area; this includes engaging with Serious Case Reviews (SCR) with 3 adult reviews involving SECAmb having been completed during the year 09/10.

The Trust has approved policy and procedures regarding both Child and Adult Safeguarding. These documents are the foundation for all referrals made by staff and complement local procedures which differ slightly across the geographical area covered by the Trust.

The Trust is also closely monitoring incidents where crews are called to care settings and a spreadsheet to log all incidents has been developed. This will enable identification of frequent issues being raised at particular establishments and closer working with adult social care around safeguarding all residents of these settings. This work is linked with an action plan formulated following a serious case review within East Sussex.

The total number of referrals has risen steadily over the past 12 months. The total number for adult referrals made during 2009-2010 is 1,695. This shows an increase of 174% on the previous year (976). In Brighton & Hove, the number of adult referrals has almost doubled over the same period, going from 55 in 2009-2010 to 101 in 2010-2011. At present it is not possible to separate social care concerns from those which became safeguarding investigations.

What is/has worked well / challenges:
Every referral is followed up and feedback is given to the reporting staff regarding the outcome. This work is currently undertaken by temporary staff and is reliant on appropriate staff being available. There have been periods during the financial year 10/11 where no support was available; this, along with the difficulty of identifying the person or team who may have managed the referral has had a negative impact on feedback being made to staff.

Developments, achievements & work undertaken (including any relevant data re activity):
A national safeguarding forum across the ambulance Trusts in England and Wales has now been developed. This group is specifically targeting the national agenda where increased value can be achieved through collaborative working. The Ambulance Trusts in Scotland and Northern Ireland have been invited to join this group.

Currently work is being focused on the development of national training requirements including appropriate levels for each skills group and competency level. Standards for adult safeguarding are being looked into and will be based on current guidance and best practice.

We have developed a new database to enhance the data collection processes that were already in place and which will also allow differentiation between types of concerns being raised in the future. This is vital for the continued development and targeting of training needs, awareness raising and learning for the Trust to ensure that referrals are appropriately being made to partner agencies.

Future plans / priority areas for 2011/12 &/or beyond:
The data captured by historic data gathering systems has not been sensitive enough to capture the information being requested. Work will continue with SECAmb's development team to enhance this bespoke system to ensure it meets all our data capture and reporting needs.

The new data gathering system identified some gaps in the parallel internal processes of risk management and safeguarding. Dialogue has been had with the risk management team and links are now in place. The Safeguarding policy and procedure will be reviewed to formally capture this new process. Investigations being carried out internally are now identifiable and will be possible to report on, the first year's data being 2011/12.

The development of an ambulance specific adult safeguarding training package is being undertaken by the National Ambulance Safeguarding Group with a planned launch in April 2012.

Review of staff training during year 2010/11, including overall percentage of staff trained. Please include relevant training for Mental Capacity Act and Deprivation of Liberty Safeguards:
I have been unable to access information around training numbers from our learning and development team. All staff received 'cascade' learning packs for both safeguarding and MCA during the financial year 10/11. The MCA information for SECAmb staff has very little reference to DoLS as we do not provide a service which would make a DoLS application.

Future plans for staff training, including targets for numbers of staff to be trained. Please include relevant training for Mental Capacity Act and Deprivation of Liberty Safeguards:
2012 will see the launch of a bespoke ambulance adult safeguarding package. This will expand to include MCA and how DoLS may impact on ambulance staff. Targets for numbers of staff to receive training in year are under review.

Any other information / areas / issues: (please add any examples of good practice)
Improvements have been made with communication between SECAmb and staff within the social care direct team. This has led to prompt acknowledgements of referrals being received and has encouraged dialogue over referrals, such as requests for further information if needed.

Jane Mitchell
Safeguarding & MCA lead
South East Coast Ambulance Service

4.9 Sussex Community NHS Trust (SCT)

General Overview of the year:

- The development of a dedicated Safeguarding Adults Department within SCT
- Since the formation of SCT in October 2010, the Trust have supported West Sussex County Council and Brighton & Hove City Council Adults Services in a number of safeguarding investigations
- In order to increase knowledge throughout the Trust, SCT have introduced Safeguarding Adults Basic Awareness Training at all statutory and mandatory annual update training for staff
- The Safeguarding Vulnerable Adults (SVA) Team within SCT led a workshop at the Brighton & Hove Safeguarding Conference on 4th March in Hove Town Hall
- In November 2011 SCT was invited to attend a Scrutiny Panel meeting at Brighton & Hove City Council to discuss and explore its experiences of the safeguarding adults processes
- The SCT SVA Team have working very closely with the Trust's Risk Team and the Care

Quality Commission to demonstrate compliance with Outcome 7 (Safeguarding people who use services from abuse) of the Provider Compliance Assessment framework

- Sussex Community NHS Trust (SCT) has been commissioned by NHS West Sussex to provide Health Investigating Officer support for Safeguarding Adult Investigations that require a health input for individuals living with the independent sector care homes, private hospitals and domiciliary care services

What went well:

- Smooth introduction of the dedicated SVA Team within SCT
- SCT has established a Safeguarding Adults Committee with agreed Terms of Reference. Memberships consists of senior clinical staff within SCT and has senior Safeguarding representation from B&HCC and WSCC
- Relationships with Brighton & Hove Adult Social Care Services have developed since the introduction of the dedicated SVA team within SCT. This has been formalised in the closer integration of Health and Adult Services by attendance by SCT at the Brighton & Hove Local Safeguarding Adults Board, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) monitoring and development group and the Brighton & Hove Safeguarding Training Sub Group.

Challenges

- In order to evidence compliance with CQC expectations SCT is working hard to develop governance frameworks to demonstrate that Safeguarding People is central to its philosophy.
- Through previous Safeguarding Adults investigations it has been recognised that awareness of the Mental Capacity Act and Deprivation of Liberty guidance has not been adequately implemented in all clinical areas within SCT. This needs to be addressed by improving access to the relevant training for SCT staff
- Changes in the structure of clinical services within SCT have had an impact on the capacity of previously trained Health Investigating Officers to support SVA investigations

Future Plans for 2011-12

- Continue to work closely with Brighton & Hove City Council and West Sussex County Council to provide Health Investigating Officers to support Safeguarding Adults at Risk investigations
- Continue to develop robust clinical governance frameworks that demonstrate that SCT are working hard to safeguard adults who access its services
- Develop and improve access to Mental Capacity and Deprivation of Liberty training for SCT staff – this will primarily focus on in-patient areas within SCT as previous safeguarding investigations have identified these areas to be at risk as existing processes need to be tightened
- Sussex Community NHS Trust needs to develop processes to record and benchmark safeguarding alerts and referrals and this needs to be integrated with clinical incident reporting, compliments and complaints
- Develop closer and more formal working processes with Safeguarding Adult Leads within Brighton & Hove and West Sussex.

Philip Tremewan
SVA Lead
Sussex Community NHS Trust

4.10 Sussex Partnership NHS Foundation Trust

In summary activities in the last twelve months have focused on delivering improvements in practice and adult safety through a number of mechanisms. The Trust is an active member of the Local Multi Agency Safeguarding Adults Board and sub groups. During 2010/11, the Trust has continued to work closely with Brighton-Hove Safeguarding Adults lead and adult social care to provide health and social care managers with additional training and support, as well as revised practice guidance and coaching to undertake investigation process and improve the quality of care and support available to vulnerable people.
The safeguarding case file audit process has also been refocused and strengthened to ensure that any variability in practice and recording is identified and supported by action plans for improvement which are tackled through to implementation swiftly. As part of the key priorities for the year a workshop was also organised and took place for SPFT and Adult social care mangers to look at the consistency of the audits across services. This shared learning and other similar approaches have been key in continuing to support practice improvement throughout the year.

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

Domestic Abuse:
The Trust participates in the Brighton-Hove MARAC, and this has lead to a number of effective interventions and protection plans being implemented.

SMS Hub:
SMS holds weekly multi agency meetings to review the most vulnerable substance misuser's in the city. This is an example of good preventative practice and mental health services are considering using this model to share information about the most complex cases in the city.

Training
Ongoing training continues to be provided for teams as required. All Investigation Managers and Investigating Officers attend training for their safeguarding role . SPFT Senior Managers attended bespoke training in safeguarding, which particularly focussed on issues such as quality assurance, joint working and risk management, and this is now part of the yearly training plan.

Performance Information & Data Collection.
The Trust is working closely with Adult Social Care to ensure information about alerts, categories of allege abuse and outcomes of investigations and reviews are recorded appropriately. Data collection is improving and information is submitted to the Council using the DH National minimum data set. Quarterly meetings are held with BHCC safeguarding lead and integrated managers in the Trust to analyse the data, improve on performance and support service improvement.

Competency Framework
A competency framework for safeguarding adults has been produced on behalf of Brighton-Hove Multi-Agency Safeguarding Board. This guidance is offered for managers to use when they are assessing the competence of their staff and will include Brighton-Hove integrated mental health and substance misuse services.

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

4.11 Practitioner Alliance against abuse of Vulnerable Adults (PAVA)

The Practitioners Alliance Against the Abuse of Vulnerable Adults works in partnership with practitioners in the statutory, voluntary and private sectors to generate positive outcomes in working with vulnerable adults who may suffer from abuse.

The Brighton and Hove PAVA Group is in its 5th year and meets quarterly. Meetings are attended by representatives from a wide range of organisations with an interest in Safeguarding Adults who take the opportunity to network, share information and good practice, receive updates on legislation and procedure and hear from a diverse range of speakers.

The terms of reference of the Group include increasing skills, knowledge and awareness of Safeguarding Adult issues. Input from the Brighton and Hove City Councils Safeguarding Adults Manager provides a unique opportunity for practitioners to liaise, raise concerns and share local practice. A PAVA group representative sits on the Safeguarding Adults Board and vice versa and this reporting mechanism formalises and strengthens the link between practitioners and those responsible for the safeguarding in the city.

Activities in the year
Updates on the revised Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk, sharing of safeguarding data for the Brighton and Hove area, and changes to the 'vetting and barring scheme' and the Independent Safeguarding Authority.

Discussion topics included; feedback on alerting and investigations, training, Safeguarding Adults Conference, as well as involvement from the group in the Abuse Awareness campaign, with feedback on the poster design.

Two meetings per year are held as workshops, with case studies being used for learning and reflection.

Workshops held have been

- The Mental Capacity Act Practice Lead for BHCC, giving a talk and interactive discussion on new guidance for staff working with people who choose not to engage with services, and severely neglect their health and care needs.
- Creation of Top 10 Tips to Keep Yourself Safe, for use as part of Adult Abuse Awareness and Prevention Campaign.

Speakers for this year

- Trading Standards, giving a talk on their role and how they link in with other organisations to keep people safe from abuse.
- Update from the Mental Capacity Act Practice Lead on Self Neglect guidance

4.12 Brighton and Hove Domestic Violence Forum

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

Key Responsibilities regarding Safeguarding Adults

- To give the Domestic Violence Forum perspective in the development of safeguarding adults policies and procedures

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

Summary of Activities for 2010-2011

- The Domestic Violence Forum representative regularly attended safeguarding adult meetings.
- Any issues relating to safeguarding adults raised by Domestic Violence Forum members are feedback to the Safeguarding Adult Board and vice a versa
- Information about national and local practices and procedures in relation to survivors of domestic violence is shared with board members when appropriate
- Representatives from adult services attend Multi-Agency Risk Assessment Conferences (MARAC)
- Representatives of domestic violence forum attended the annual Safeguarding Adults conference.
- Representatives of the Domestic Violence Forum presented information to the Local Authority Scrutiny Panel on Sexual violence.

Gail Gray
Chair Domestic Violence Forum

4.13 Deprivation of Liberty Safeguards in Brighton & Hove April 10- March 2011

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

In Brighton and Hove the Deprivation of Liberty Safeguards service is being run in partnership with the City Council and the Primary Care Trust (PCT -NHS Brighton and Hove) in order to meet the statutory requirements of both organisations in their role as Supervisory Bodies. In practice the Council arranges and carries out the assessments and reviews for both Supervisory Bodies but separate arrangements for authorisations and governance are maintained.

Figures & Trends

In the second year of the safeguards 34 referrals for full DOLS authorisation were received from Managing Authorities (care homes and hospitals). This is an increase of 62 %. (21 in 09-10). 09-10 figures in brackets to act as a comparison throughout the document.

Brighton & Hove City Council was the Supervisory Body for 22 (14) received from care homes.

NHS Brighton & Hove was the Supervisory Body for 12 (7) received from hospitals.

The numbers of authorisation requests relating to care groups were:

- Older people's mental health: 10 (5)
- Learning Disabilities: 5 (5)
- Adult mental health: 7 (4)
- Physical disabilities: 9 (2)
- Older people: 3 (0)

These figures would support national trends with the most significant numbers of referral relating to service users with a diagnosis of dementia. Whilst under the category of adult mental health all the service users subject to DOLS assessments had been diagnosed with an alcohol related cognitive impairment. There were no referrals for users of adult mental health services with a diagnosis of functional mental illness. The service users under the category of physical disabilities have received a diagnosis of acquired brain injury. Again supporting national trends it would appear a significant number of DOLS assessments relate to service users within a younger age profile with a diagnosis of cognitive impairment or brain injury and present with 'challenging behaviour' often characterised as making attempts to leave a care home or hospital.

In addition 12 DOLS reviews have taken place. In practice this is similar to a full DOLS assessment and often results in the granting of a further authorisation.

Numbers of assessments and reviews in Brighton & Hove have increased due to greater awareness of DOLS legislation during the second year of implementation. This is due to a combination of training, awareness raising, case specific advice and Managing Authorities improving their internal structures to ensure referrals are made in a timely manner. In addition there are several service users who have had repeated assessments in one of more environment due to a combination of clinical presentation and / or safeguarding adults at risk intervention.

Throughout 10-11 statistics relating to the cumulative numbers of assessments and location of assessments (for PCTs only) were reported to the DoH regional Mental Capacity Act & DOLS Lead on a monthly basis for both Supervisory Bodies. Further performance information is submitted quarterly via the NHS Omnibus system. This information is public and individual supervisory bodies can be identified. In 11-12 and going forward performance information will be submitted via the NHS Omnibus system on an increasingly less frequent basis.

47 % (48%) of referrals led to full DOLS authorisations and 53 % (52%) were assessed as not meeting the criteria. As can be seen this is almost exactly the same percentage as last year and evidences consistency in local decision making.
This is a higher rate of authorisation than anticipated by the Department of Health in the first year but in line with national trends. It was anticipated that only 30% of referrals would lead to authorisation. The higher rate of authorisation has continued into the second year of DOLS as reflected locally. This might be evidence of increasingly appropriate referrals as DOLS knowledge increases or perhaps indicative of an on-going cautious approach to interpreting the legislation.

67% of DOLS referrals were submitted as Urgent Authorisations, which require the full assessment process to be completed within seven calendar days. Similar trends were seen last year. This too is in line with national trends. The DoH anticipated far greater levels of Standard Authorisations than have materialised. Managing Authorities tend to identify deprivation of liberty during a change of events or following another professional's intervention and therefore issue an urgent with immediate effect. The DoH also anticipated Standard Authorisations to be used during discharge planning. There is little evidence of this locally to

date.

The Department of Health anticipated that 80% of authorisation requests would come from care homes and 20% from hospitals. In Brighton & Hove during 10-11 35% (33%) of DOLS referrals related to hospitals and 65% (67%) from care homes.

The Department of Health has paid particular attention to the numbers of authorisations from hospitals; both psychiatric and acute medical throughout the year. Whilst the percentage of referrals from hospital trusts has been maintained and the total number increased this is an area that requires significant development.
In 10/12 the PCT received 12 referrals from hospitals as stated above. These came from the following Managing Authorities:

1- Nevill Hospital- Hove (OPMH) Sussex Partnership NHS Foundation Trust
1- Martyn Long Centre- Horsham (LD) Sussex Partnership NHS Foundation Trust
7- Sussex Rehabilitation Centre, Princess Royal Hospital- Sussex Community Trust / Brighton & Sussex University Hospitals Trust
2- Specialist Services- Old Church (SWL & St G) and Vista Health Care Independent Hospital
1- Martlets Hospice

In the first two years of the DOLS legislation being active there have been no referrals from the RSCH site of BSUH and only three (1 in 10-11) from the organic older people's mental health ward serving Brighton & Hove.

Nationally Supervisory Bodies received fewer than planned number of referrals for DOLS assessments than the DoH anticipated. Within Brighton the numbers of DOLS assessments has followed the national trends and have increased in 10-11. The DoH anticipated a reduction in numbers of assessments over the first few years following an initial identification of all those patients eligible for the safeguards. To date the cumulative numbers appear to be increasing as the legislation becomes more imbedded into practice.

The Access Point in the Council's Adult Social Care department remains the publicised central point of contact for all DOLS referrals and enquiries on behalf of both the City Council and the PCT. In 10-11 83 DOLS enquiries were logged with the Access Point in addition to the assessment requests. The majority of these relate to clinical casework and are passed to the DOLS Lead to address. In addition to this the DOLS Lead and Best Interests Assessors have attended and advised on numerous best interests, planning and discharge meetings regarding DOLS and other MCA issues.

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

Towards the end of the first year of DOLS the Department of Health issued guidance relating to some early practice issues, which had clear implications for Safeguarding Adults work.

These included:

A Best Interests Assessor concluding that a service user is deprived of their liberty which is not

in their best interests. This would trigger an automatic safeguarding alert. To date there have been no such incidences to date but it has been considered in Brighton & Hove. Consideration should be given to supporting a Court of Protection application in these cases and legal services should be involved at the outset.

If the DOLS authorisation is a culmination of a dispute between family members and an NHS Trust or a Local Authority as to where a person without capacity should live it has been suggested that this should be resolved via the Court of Protection rather than via the DOLS process.

The Best Interests Assessor is able to recommend conditions which become binding for the Managing Authority on the granting of a Standard Authorisation. The conditions must relate directly to the deprivation of liberty and be in the service user's best interests. A safeguarding alert must be issued when the Managing Authority fails to comply with the conditions as the care being delivered may not be the service user's best interests and compromise the DOLS decision. This has been an area of much debate since the DOLS legislation started as Best Interests Assessors have articulated a sense of frustration at the lack of accountability for Managing Authorities if they do not comply with the DOLS conditions. This is in part due to a lack of understanding from the Managing Authorities themselves as to their responsibilities in this area.

Anecdotally the DOLS process has been used to manage contact issues between a person lacking capacity to make decisions to protect themselves from someone poses a risk of harm or abuse. Good practice would suggest that these matters are referred to the Court of Protection and the DOLS procedures used only as a short term measure. This is a frequent occurrence in the more serious safeguarding investigations. It has been suggested that DOLS does not provide any further clear legal framework for managing these situations than those already in existence. I would suggest that legal services are involved in these discussions at an early stage and a clear pathway for potential Court of Protection applications is sought to avoid last minute, ex-parte applications.

The year ahead

1. The Health and Social Care Bill has proposed that PCT responsibilities under DOLS pass to the Local Authority.
2. The Department of Health Mental Capacity Act Implementation Programme ceased at the end of March 2011. Regional support to Local Authorities, PCTs and Managing Authorities has stopped. This resource has been replaced by regional and national Community of Practice for Public Service website for the MCA & DOLS. To date there are 1000+ members.
3. The Department of Health and the CQC have paid particular attention to the numbers of authorisations from hospitals; both psychiatric and acute medical. Improving the numbers of DOLS assessments from hospital trusts is a challenge for the year ahead. BSUH have included DOLS in their MCA action plan for this year. SPFT have a dedicated training programme related to MCA. The Brighton and Hove Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Monitoring and Development Group will continue to monitor areas of underreporting and respond accordingly.
4. Although the numbers of assessments have increased Managing Authorities still require a great deal of guidance in relation to their responsibilities around DOLS particularly in relation to thresholds, reviews and general Mental Capacity Act issues. The Council continues to provide MCA & DOLS training available to all independent sector providers and health partners. Bespoke training can be provided and has been previously delivered to SPFT, BSUH, psychiatric liaison and some independent sector providers. Further briefings and letters will be sent to all Managing Authorities during the year to remind them of their DOLS responsibilities.
5. As mentioned above DOLS is often referred to in safeguarding casework as a solution regarding placement and contact due to carer / family disagreement. DOLS advice is

always provided but improved pathways with legal services to assist with these issues and advice re potential Court of Protection applications would be beneficial.

6. As Local Authorities consider their community care obligations and expenditure clarity may need to be sought as to the impact of the best interests framework of DOLS and the MCA on these proposals.
7. To continue to run a robust DOLS service ensuring that statutory responsibilities are met within the prescribed timescales and the cohort of Best Interests Assessors are adequately trained, supervised and supported in their decision making. Best Interest Assessor meetings are held quarterly and refresher training provided by the university.

John Child
DOLS Lead Brighton & Hove

4.14 Safeguarding Adults Multi-Agency Training Strategy Sub Group

This is a summary of the activities of the Training strategy Sub Group over the 2010-11 financial year. The training activity relates to training delivered by Brighton & Hove City Council.

Accreditation scheme continues. On behalf of the Board the Training Strategy Sub Group runs a scheme to accredit existing trainers in Safeguarding Adults Basic Awareness. There is a list of trainers whose courses have gained accredited status at http://www.brighton-hove.gov.uk/downloads/bhcc/socialcare/AccreditedTrainers_2011.pdf

Two additional trainers have joined the scheme of the year. A trainers' update session was held in autumn 2010.

Competency Framework shapes best practice. Bournemouth University in Conjunction with Learn to Care have produced a competency framework based upon the framework used in Brighton & Hove and East Sussex. The Safeguarding Adults Board has asked member organisations in Brighton & Hove to respond to the competency framework and it is recommended that the Board through its position of strategic leadership continues to encourage managers and staff in partner organisations to implement the competency framework within their organisations.

Net training figures are broadly in line with the previous year, i.e. around 1,000 places have been delivered on safeguarding courses. One significant change is that the uptake of places by people in the Sussex Partnership Foundation Trust has fallen from 94 in 2009-10 to 50 in 2010-11. The separate sheet shows progress towards meeting objectives. We are meeting objectives in most areas – the data shows that the percentage of staff undertaking Investigating Officer Role and also Investigating Manager Role is below target. The Workforce Development Team is not holding a significant waiting list for these courses, so the reasons for being below target are likely to stem from staff not being nominated for training. **Recommendation** – managers to check that staff are appropriately trained for role and to nominate for training.

Changes to training providers. There are new training providers for all higher level courses (above basic awareness). When these courses have run we have received positive evaluations and some favourable comparisons with the preceding training provider.

Multi agency conference held. 140 places were taken with a dramatic reduction of non-attendance. The theme was service user perspectives, and the conference was also used to raise awareness of disability hate incident reporting. A separate report has already been circulated to the Board. Some of the things participants said they would do as a result of the conference were:-

- Ensure people at risk are involved in the process
- Ensure training for all staff
- Service user involvement
- Implement competency framework
- Sign up to be a disability hate incident reporting centre
- Review procedures
- Follow up on new connections made with other agencies
- Consider linking to SMS safeguarding hub
- Nominate self to a sub committee looking at abuse

Mental Capacity Act Training is now recommended training by Skills for Care. This sector skills council guidance was released to clarify the training required to assist staff and managers of registered services to meet the Care Quality Commissions Essential Standards of Quality and Safety. This report includes, for the first time, figures on training on the MCA delivered by the Council.

4.14.1 Safeguarding Adults Training attendance to Brighton & Hove City Council organised courses April 2010 – March 2011 (inclusive)

	Course identifier	Number of courses	Local Authority Attendance	Local authority non attendance	SPFT Attendance	SPFT Non attendance	SDHT attendance	SDHT non-attendance	IVS attendance	IVS non-attendance	Other attendance	Other non-attendance	Total non-attendance	Total attendance
Safeguarding Adults Conference	AD05	1	28	0	6	0	5	0	84	7	17	2	9	140
Undertaking SVA Investigations (ABE)		2												4
SVA Investigating Managers	AD11	1	4	0	7	0	1	0	0	0	0	0	0	12
Undertaking SVA Investigations	AD34	1	11	1	8	0	1	0	0	0	0	0	1	20
Understanding Levels & Investigators Role	AD47	3	14	4	10	1	1	0	0	0	0	0	5	25
SVA Provider Managers	AD42	6	14	9	1	1	0	1	50	17	0	0	29	63
SVA Update (LD)	LDS18	1	9	1	0	0	0	0	6	0	0	0	1	15
SVA Basic (LD)	LDS13	9	25	3	0	1	0	0	72	12	0	2	18	97
SVA Trainers' Update	IND01	1	2	0	0	0	0	0	5	0	0	0	0	7
SVA Basic (Care Crew)	AD84	11	122	25	0	0	0	0	0	0	0	0	25	122
SVA Update(MH)	MH04	1	3	0	3	0	4	0	0	0	0	0	0	10
SVA Update	AD114	13	160	25	2	0	2	0	48	4	0	0	29	212
SVA Basic (Adults)	OP12	17	78	14	1	0	0	0	136	26	2	0	40	217
SVA Basic (MH)	MH13	5	8	1	11	7	0	1	28	2	0	0	11	47
SVA Update, MCA & DoLS Briefing	AD126	1	0	0	0	0	0	0	9	2	0	0	2	9
SVA Basic Housing	HOU102	3	24	9	0	0	0	0	0	0	0	0	9	24
SVA Single Team	OP40	2	23	0	0	0	0	0	12	0	0	0	0	55
Admin Spport	LDS50	1	5	0	1	0	0	0	0	0	0	0	0	6
SVA Totals		79	530	92	50	10	14	2	450	70	19	4	**179**	**1085**

Related & Mental Capacity Courses

Course Title	Course identifier	Number of courses	Local Authority Attendance	Local authority non attendance	SPFT Attendance	SPFT Non attendance	SDHT attendance	SDHT non-attendance	IVS attendance	IVS non-attendance	Other attendance	Other non-attendance	Total non-attendance	Total attendance
Related Courses														
Domestic Abuse Basic Awareness	AD125	1	12	2	0	0	0	0	2	0	0	0	2	14
Related Total		1	12	2					2				**2**	**14**
MCA Courses														
MCA Update	AD138	1	0	0	0	0	0	0	19	4	0	0	4	19
DoLS Briefing	AD26	13	31	3	9	3	15	3	82	14	7	0	25	144
MCA Briefing	AD35	14	60	26	3	7	10	2	96	33	23	2	70	192
MCA Housing	HOU145	1	25	6	0	0	0	0	0	0	0	0	6	25
MCA Total		29	116	35	12	10	25	5	197	51	30	2	**105**	**380**
Total SVA, + Related + MCA													**286**	**1479**

Accredited Trainers

Trainer	Numbers Trained
Lynda Felton- Scott	65
Southdown Housing	25 Basic Awareness; 35 Refreshers/updates
On Target Training	181
Outlook Foundation	23 (9 of whom, external to Outlook)
Victoria Nursing Homes	121 (Basic awareness and refresher)
Highbury House	109
Total	**524**

4.14.2 Brighton & Hove Multi-Agency Safeguarding Vulnerable Adults Strategic Objectives and Training Plan 2010-2011

Stage	Learning Intervention	Strategic Objective	Actions to Meet Objectives	Outcomes
1a	Safeguarding Vulnerable Adults Basic Awareness	40 % of frontline workforce to be trained to stage 1 awareness	16 courses (OPS) 7 courses (LDS) 12 courses (MH) 6 (Care Crew)	85% trained in BHCC staff
1b	Safeguarding Vulnerable Adults Basic Awareness Update	29 % of frontline workforce to have received stage 1 level training in preceding two years	9 courses	71% in BHCC staff
1c	Administrative Support for Safeguarding Vulnerable Adults Meetings	10 staff across services will have been trained to stage 1c. Minimum 1 per team.	Achieved	Achieved
2	Safeguarding Vulnerable Adults for Provider Managers	35 % of staff who manage other staff or who need to undertake level 1 investigations are trained to stage 2.	3 courses (BHCC & Independent & Voluntary Sector)	Achieved – 45%
3	Understanding the levels and the Investigators Role	50 % of people who undertake level 2 investigations will be trained to stage 3	2 courses	49% undertaken training
4a	Undertaking Multi-Agency Safeguarding Adults Investigations	90 % of staff in each social work team will be trained to stage 4a	1 course	75% undertaken training
4b	Safeguarding Vulnerable Adults for Investigating Managers	90 % of Investigating Managers will be trained to stage 4b	1 course	77% undertaken training
5	Undertaking Multi-Agency Safeguarding Adults Investigations - Advanced	100% of staff who undertake ABE interviews will have been trained to stage 5. 2 social workers in each social work team will have received training to level 5.	4 places in 2010	Achieved
6	ABE Investigators Update sessions	50 % of ABE Trained staff to have attended level 6 training in the preceding year.	2 sessions – programme to be informed by SVA Forum & Manager for SVA	1 session achieved

7		Training provision	BHCC to invite expressions of interest in undertaking courses 1c, 4a, 4b & 6	Achieved

* IV Sector = Independent & Voluntary Sector

5. Brighton & Hove Safeguarding Adults Board Members

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

Name	Title	Organisation
Vincent Badu	Strategic Director of Social Care & Partnerships	Sussex Partnership NHS Foundation Trust
Alexandra Barnes	LINk Representative	The Brighton & Hove LINk
Linda Beanlands	Commissioner – Community Safety	Partnership Community Safety Team
Karin Divall	Head of Provider Services	Brighton & Hove City Council
Jane Doherty	Head of Safeguarding Children's Services	Brighton & Hove City Council
Brian Doughty	Head of Assessment Services	Brighton & Hove City Council
Denise D'Souza	Director Adult Social Services / Lead Commissioner People Chair Brighton & Hove Safeguarding Adults Board	Brighton & Hove City Council
Marilyn Eveleigh	Head of Clinical Quality & Risk, Lead Nurse	NHS Sussex
Sherree Fagge	Director of Nursing	Brighton & Sussex University Hospital Trust
Sue Giddings	Deputy Director of Operations & Clinical Services/Deputy Chief Nurse	Sussex Community NHS Trust
Gail Gray	CEO, RISE	Domestic Violence Forum
Jackie Grigg	Money Advice & Community Support	PAVA Group
Nick Hibberd	Head of Housing & Social Inclusion	Brighton & Hove City Council
Councillor Rob Jarrett	Lead Councillor Adult Social Care	
Michelle Jenkins	Safeguarding Adults Manager	Brighton & Hove City Council
Philip Letchfield	Head of Contracts & Performance (Adult Social Care)	Brighton & Hove City Council
Jane Mitchell	Safeguarding Adults & Children Manager	South East Coast Ambulance Services
Andy Reynolds	Director of Protection and Prevention	East Sussex Fire & Rescue Service
DS Jane Rhodes	Specialist Crime Directorate	Sussex Police
Jugal Sharma	Lead Commissioner Housing	Brighton & Hove City Council
Stephanie Stockton	Head of Quality and Safeguarding	NHS Sussex

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING	Agenda Item 39 Brighton & Hove City Council

Subject:		**Re-modelling in-house accommodation for people with a learning disability**
Date of Meeting:		**16th January 2012**
Report of:		**Director of Adult Social Services/Lead Commissioner People**
Contact Officer:	Name:	**Karin Divall** **Tel: 29-4478**
	E-mail:	Karin.divall@brighton-hove.gov.uk
Key Decision:	No	
Wards Affected:	All	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This to report sets out proposals consult on the re-modelling of our in-house accommodation for people with learning disabilities.

1.2 The re-modelling of the in-house service is required to contribute to an increase in local services for people with challenging behaviour and other complex needs who are often at risk of being placed out of the City. The service currently provides some challenging behaviour services but at a higher unit cost when compared with other local authorities. It is therefore proposed to remodel the in-house service by making some changes to the accommodation, further increasing staff skills and flexibility, and by focusing the in-house service on those with the greatest needs.

1.3 This paper proposes that consultation commences with staff and service users to inform the development of a model of accommodation which delivers improved value for money in line with other authorities and focuses on providing specialist accommodation. The consultation will explore opportunities to improve value for money by consolidating our accommodation into larger properties and providing a staffing structure which is flexible, skilled, and which continues to meet the needs of people using our services.

1.4 The consultation process will ensure that people living in our services are appropriately supported in the context of their individual learning disabilities to engage and participate in the consultation. There will also be consultation with staff, unions, and family carers as appropriate.

2. RECOMMENDATIONS:

2.1 That the Cabinet Member agrees a period of 90 days consultation with all stakeholders.

2.2 The Cabinet Member agrees that following full consultation a further report is brought to Cabinet Member Meeting in June 2012.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS

3.1 The Learning Disability Accommodation and Support Plan 2011 set out three key objectives to meet the range of accommodation needs for people with learning disabilities in the City:

- Better commissioning of specialist services
- Reshaping the local market to better meet local need
- Maximising independence through move on, prevention, and building on support in the community

3.2 This plan builds on the Learning Disability Commissioning Strategy plan 2009-2012 that depicted how money should be spent on services for people with learning disabilities .The plan, explained how important legislative papers 'Valuing People', person centred plans and self directed support had impacted on individuals, to enable more choice and control over services received. 'Valuing People Now' (2009) key aims are to enable people to participate as fully as possible with a voice regarding decisions about their care.

3.3 The in-house Learning Disability Accommodation Services provide a mix of Residential Care and Supported Living Services. These are primarily in street properties, with two of the services being provided to residents of self contained flats. Some of the buildings are owned by the Council and others owned by Registered Social Landlords. The services currently range in size from 2 person services up to 8 person services. The current configuration is based on a response to the closure of large long stay hospitals (Foremost) about 20 years ago when the principle of "an ordinary house on an ordinary street" was applied. Since that time, people with learning disabilities have increased longevity, increasing complexity of need and increased expectations of independence and citizenship.

3.4 It is proposed to consult with our stakeholders to jointly model an in-house accommodation service which improves value for money, consolidates our existing properties, increases the capacity of our homes where practicable, maximises the use of technology and which builds upon a workforce with the skills to work with people with challenging behaviour and delivers financial efficiencies over the next two years.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

This report is recommending that a 90 days consultation period should commence and that this should include:

Staff
Unions
Service Users and residents
Families/Guardians
Carers
IMCA's [Independent Mental Capacity Advocates]/Advocates

And this will be achieved through:
Focus Groups
One-ones with service users and their advocates
Open evening event
Questionnaires
Staff Meetings
Regular Bulletins

For service users the following will be used: accessible communication formats, Makaton, individual person centred care planning.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

The draft budget proposals presented to Cabinet on 8 December 2011 include savings targets of £311,000 in 2012/13 (full year effect £415,000) and a further £415,000 in 2013/14 in respect of re-modelling of the in house accommodation service for people with learning disabilities. Council will consider the budget on 23 February 2012 and any changes in the savings requirement will be considered as part of the consultation and subsequent implementation plan. Delivery of these savings would reduce the unit costs of the in house service to be more comparable with services in other authorities and represent better value for money. The projected cost of providing these services in 2011/12 is approximately £2.47 million for learning disabilities accommodation services plus £1.92 million for supported accommodation, a total of £4.39 million. The detailed financial implications of the proposals, following consultation, will be included within the next report.

Finance Officer Consulted: Name: Anne Silley *Date: 20/12/11*

5.2 Legal Implications:

As set out in the body of this report the Local Authority has to fulfil dual functions in meeting its statutory community care duties to people with learning disabilities in the context of central and local Guidance on individual choice and control, and its duty to the public purse. The Local Authority also has a duty to consult with all interested and affected parties and properly seeks permission to do so from Cabinet Member thus ensuring compliance with the constitution of the Council. The consultation proposals also ensure compliance with the Human Rights Act 1998 [in particular Article 6 European Convention on Human Rights *Right to a Fair Trial]* and Equalities legislation. Any resulting proposals informed by the consultation process must ensure compliance with Community Care and Equalities legislation and the Human Rights Act 1998.

Lawyer Consulted: Name Sandra O'Brien Date: 12 December 2011

5.3 Equalities Implications:

An E.I.A is attached at appendix A and will be used to fully inform the proposed consultation. Further EIA work will support options for re-modelling the service.

5.4 Sustainability Implications:

The consultation will explore the opportunities to consolidate the service into fewer buildings which in turn would reduce fuel consumption and bills e.g. fewer food shopping trips, less vehicles.

5.5 Crime & Disorder Implications:

People living in larger housing accommodation may feel a greater sense of personal security. Use of assistive technology may also enable a greater sense of security for individuals e.g. alarms to inform door or windows left open etc.

5.6 Risk and Opportunity Management Implications:

The consultation will be carried out with all affected stakeholders in order to fully explore models for future accommodation and to develop and fully inform options in order for a decision to be made at a future CMM.

5.7 Public Health Implications:

People living in our in-house accommodation are some of the most vulnerable people in the City and staff work proactively with health colleagues to improve residents health and well-being.

5.8 Corporate / Citywide Implications:

Accommodation services are currently provided in fifteen buildings across the City.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

The consultation process will aim to explore alternative models of accommodation which will meet the needs of the service users whilst delivering improved value for money.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The decision is sought to carry out a full consultation with stakeholders before developing a 2 year plan that delivers a more cost effective service that is re-focused on supporting people with complex needs, and challenging behaviour, and supporting people to move-on and increase their independence.

SUPPORTING DOCUMENTATION

Appendices: Appendix A: Equalities Impact Assessment

Documents in Members' Rooms

1. None.

Background Documents

1. None.

Equalities Impact Assessment Template

Aim of Policy / Scope of Service:	**Consultation process- Re-modelling in-house accommodation for people with a learning disability**

Approach to the Impact Assessment:	This EIA will outline how the consultation process ensures that all groups covered under the Equality Act are consulted with as part of the re- model proposal. Findings from the consultation will be outlined in this EIA at its second stage and actions to minimise impacts across relevant groups will be taken forward as part of the re-modelling process itself. This EIA aims to ensure that issues identified as part of the consultation process will be incorporated into the re-modelling of Learning Disability Accommodation services. The consultation process itself will consist of: • A questionnaire will be sent to all service users, families, carers, staff, advocates, IMCA's and stakeholders with a letter explaining the consultation • Where appropriate Semi- structured interviews with the above • Advocates, IMCA's and families/cares will represent service users when necessary for interviews • Carers Events- evening & weekends • On-line survey/ letters for key stakeholder (including professionals- GP's, and appropriate members of the Community Learning Disability team • Staff meetings • Regular bulletins for all affected • Person Centred reviews to include Day Options key workers • Staff will have Union representation during the consultation process

Scope of the Assessment

Different groups included in scope	**Data[1] that you have**	**Community engagement exercises or mechanisms[2]**	**Impacts identified (actual and potential)[3]**	**Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations** (You will prioritise these below)
Community Cohesion (This is what must happen in all communities to enable different groups of people to get on well together. A key contributor is integration which enables new residents and existing residents to adjust to one another)	Demographic data from Care First Care Quality Commission Guidance & Standards of Care Framework Equalities Act 2010 Supporting People Framework Care Management Assessment reviews Compatibility Assessments	**Consultation Process** Semi- structured interviews with of current users, families, carers, stakeholders, staff and advocates/IMCA's Advocacy provided when necessary for interviews Carers Events- evening & weekends On-line survey for key stakeholder (including professionals- GP's, and appropriate members of the Community Learning Disability team)	**Consultation Process:** Owing to the complex communication needs of the people living in the services, it may not be possible to directly consult with service users. Representation for these people with be sought from families/carers or IMCA's. **Consultation Findings:**	**Consultation Process:** Ensure that all service users, staff, families and stakeholders are included in the Consultation Ensure peoples ethnic and religious needs are met. These will be identified through the assessment process to ensure that needs are met. **Consultation Findings:**

[1] 'Data' may be monitoring, customer feedback, equalities monitoring, survey responses…
[2] These may be ongoing links that you have with community and voluntary groups, service-user groups, staff forums; or one-off engagement sessions you have run.
[3] If data or engagement are missing and you can not define impacts then your action will be to take steps to collect the missing information.

Different groups included in scope	**Data[1] that you have**	**Community engagement exercises or mechanisms[2]**	**Impacts identified (actual and potential)[3]**	**Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations** (You will prioritise these below)
Age (people of all ages)	Occupational Health Assessments will be carried out where appropriate to seek advice regarding reasonable adjustments/redeployments Equalities Act 2010 CQC Essential Guidance for safety and Supporting People Framework Valuing People Now	The consultation exercises described above will involve talking to all people in receipt of a service within affected LDAS. Staff, families, advocates, IMCA's and stakeholders will also be included in the Consultation	**Consultation Process:** Potential for some people to miss the opportunity to engage in the consultation due to communication. Representation for these people with be sought from families/carers or IMCA's. Anxiety: Some service users and families may be anxious about a change or loss of continuity of care **Consultation Findings:**	**Consultation Process:** Ensure that all service users, staff, families and stakeholders are included in the Consultation. We will use clear & robust communication strategy- explaining the process & providing frequently asked questions. Total Communication tools will be used where appropriate **Consultation Findings:**
Disability (a person is disabled if they have a physical or mental impairment which has a	Occupational Health Assessments will be carried out where appropriate to seek advice regarding reasonable	The consultation exercises described above will involve talking to all people in receipt of a service within affected LDAS.	**Consultation Process:** Access to venues Transport issues	**Consultation Process:** Ensure that all venues identified to undertake focus groups in will be suitable for disabled access.

Different groups included in scope	Data[1] that you have	Community engagement exercises or mechanisms[2]	Impacts identified (actual and potential)[3]	Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations (You will prioritise these below)
substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)	adjustments/redeployments Access audit was carried out on all LDAS in 2011 Equalities Act 2010 Care First CQC Essential Guidance for safety and Supporting People Framework Valuing People Now As identified above	Staff, families, advocates, IMCA's and stakeholders will also be included in the Consultation	Communication needs-translations, deaf etc Availability of advocates **<u>Consultation Findings:</u>**	Where possible provide venues that are near to good public transport. We will be setting up meeting in both sides of the City. We will provide communication materials on request and a summary statement will be translated and form part of the communication materials. Need to explore Makaton/deaf awareness. Explore all options available for advocacy if required to support people in this process **<u>Consultation Findings:</u>**
Gender reassignment (a transsexual person is someone who proposes to, starts or has completed a process to change	Equalities Act 2010 and relevant info CQC Essential Guidance for safety and	Ensure that transgender groups are included in the consultation. We do not collect monitoring information regarding transgender service	**<u>Consultation Process:</u>** Potential that transgender users may fear being identified through consultation process	**<u>Consultation Process:</u>** Ensure findings are kept anonymous and publicity statements guarantee anonymity and protection of

Different groups included in scope	Data[1] that you have	Community engagement exercises or mechanisms[2]	Impacts identified (actual and potential)[3]	Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations (You will prioritise these below)
his or her gender. A person does not need to be under medical supervision to be protected)	Supporting People Framework Valuing People Now	users and therefore do not know if we have a significant number of transgender users (perhaps some anecdotal info regarding B&H large LGBT./transgender pop here-we need statistics of the community)	**Consultation Findings:**	characteristics **Consultation Findings:**
Pregnancy and maternity (protection is during pregnancy and any statutory maternity leave to which the woman is entitled)	Equalities Act 2010 Employment Law will protect staff There are currently 3 pregnant staff within the service	N/A	Staff rota's will be adjusted accordingly The consultation will take into account any staff members that are on/due to go on maternity leave to ensure that good communication is delivered and agreed prior to going on leave.	Adjust rota's as required to ensure that feedback is communicated
Race (this includes ethnic or national origins, colour or nationality, including refugees and migrants; and Gypsies and Travellers)	Equalities Act 2010 Existing Equalities clauses as standard in contracts-info required Race Relations (Amendment) Act 2000-	The consultation exercises described above will involve talking to people within LDAS, families and stakeholders asking them what they think of the proposed models.	**Consultation Process:** Arrange for Interpreter to attend focus groups with specific groups to ensure communication etc. Potential for some people to miss the opportunity to	**Consultation Process:** Any needs will be identified through the Assessment process to ensure that they are met

Different groups included in scope	Data[1] that you have	Community engagement exercises or mechanisms[2]	Impacts identified (actual and potential)[3]	Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations (You will prioritise these below)
	overridden by Equalities Act Equalities Act 2010 CQC Essential Guidance for safety and Supporting People Framework Valuing People Now	The consultation exercises described above will involve talking to people within LDAS, families and stakeholders asking them what they think of the proposed models.	engage in the consultation due to communication. Representation for these people will be sought from families/carers or IMCA's **<u>Consultation Findings:</u>**	**<u>Consultation Findings:</u>**
Religion or belief (religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.)	Equalities Act 2010 CQC Essential Guidance for safety and Supporting People Framework Valuing People Now	The consultation exercises described above will involve talking to all people in receipt of a service within affected LDAS. Staff, families, advocates, IMCA's and stakeholders will also be included in the Consultation	**<u>Consultation Process:</u>** Arrange for Interpreter to attend focus groups with specific groups to ensure communication etc. Potential for some people to miss the opportunity to engage in the	**<u>Consultation Process:</u>** Ensure that all service users, staff, families and stakeholders are included in the Consultation. We will use clear & robust communication strategy- explaining the process & providing

Different groups included in scope	Data[1] that you have	Community engagement exercises or mechanisms[2]	Impacts identified (actual and potential)[3]	Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations (You will prioritise these below)
			consultation due to communication needs. Representation for these people with be sought from families/carers or IMCA's **<u>Consultation Findings:</u>**	frequently asked questions. Total Communication tools will be used where appropriate **<u>Consultation Findings:</u>**
Sex (both men and women are covered under the Act)	Equalities Act 2010 CQC Essential Guidance for safety and Supporting People Framework Valuing People Now	The consultation exercises described above will involve talking to both men & women and asking them what they think of the proposed new model/changes.	**<u>Consultation Process:</u>** Arrange for Interpreter to attend focus groups with specific groups to ensure communication etc. Potential for some people to miss the opportunity to engage in the consultation due to communication needs. Representation for these people with be sought from families/carers or IMCA's	**<u>Consultation Process:</u>** Ensure that all service users, staff, families and stakeholders are included in the Consultation. We will use clear & robust communication strategy- explaining the process & providing frequently asked questions. Total Communication tools will be used where appropriate **<u>Consultation Findings:</u>**

Different groups included in scope	Data[1] that you have	Community engagement exercises or mechanisms[2]	Impacts identified (actual and potential)[3]	Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations (You will prioritise these below)
			Consultation Findings: Arrange for Interpreter to attend focus groups with specific groups to ensure communication etc. Potential for some people to miss the opportunity to engage in the consultation due to communication needs. Representation for these people with be sought from families/carers or IMCA's	Ensure that all service users, staff, families and stakeholders are included in the Consultation. We will use clear & robust communication strategy- explaining the process & providing frequently asked questions. Total Communication tools will be used where appropriate
Sexual orientation (the Act protects bisexual, gay, heterosexual and lesbian people)	Equalities Act 2010 CQC Essential Guidance for safety and Supporting People	The consultation exercises described above will involve talking to all people in receipt of a service within the affected LDAS.	**Consultation Process:** Arrange for Interpreter to attend focus groups with specific groups to ensure communication etc.	**Consultation Process:** Ensure that all service users, staff, families and stakeholders are included in the Consultation.

Different groups included in scope	Data[1] that you have	Community engagement exercises or mechanisms[2]	Impacts identified (actual and potential)[3]	Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations (You will prioritise these below)
	Framework Valuing People Now	Staff, families, advocates, IMCA's and stakeholders will also be included in the Consultation	Potential for some people to miss the opportunity to engage in the consultation due to communication needs. Representation for these people with be sought from families/carers or IMCA's **Consultation Findings:**	We will use clear & robust communication strategy- explaining the process & providing frequently asked questions. Total Communication tools will be used where appropriate **Consultation Findings:**
Marriage and civil partnership (only in relation to due regard to the need to eliminate discrimination)	Equalities Act 2010 CQC Essential Guidance for safety and Supporting People Framework Valuing People Now	The consultation exercises described above will involve talking to both & women and asking them what they think a good service should provide.	**Consultation Process:** Arrange for Interpreter to attend focus groups with specific groups to ensure communication etc. Potential for some people to miss the opportunity to engage in the consultation due to communication needs. Representation for these people with be sought from families/carers or IMCA's	**Consultation Process:** Ensure that all service users, staff, families and stakeholders are included in the Consultation. We will use clear & robust communication strategy- explaining the process & providing frequently asked questions. Total Communication tools will be used where appropriate

Different groups included in scope	Data[1] that you have	Community engagement exercises or mechanisms[2]	Impacts identified (actual and potential)[3]	Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations (You will prioritise these below)
			Consultation Findings:	**Consultation Findings:**
Other relevant groups, e.g.: Carers, people experiencing domestic violence, substance misuse, homeless people, looked after children etc .	Carers Survey 2009 Equalities Act 2010 CQC Essential Guidance for safety and Supporting People Framework Valuing People Now	The consultation exercises described above will involve talking to Carers and asking them what they think a good service should provide.	**Consultation Process:** Arrange for Interpreter to attend focus groups with specific groups to ensure communication etc. Potential for some people to miss the opportunity to engage in the consultation due to communication needs. Representation for these people with be sought from families/carers or IMCA's **Consultation Findings:**	**Consultation Process:** We are offering a variety of time for people to engage in the process – including evening & weekend sessions. If people are not available in the offered times then the opportunity to be interviewed on the phone outside this process will be provided. **Consultation Findings:** .

Different groups included in scope	**Data[1] that you have**	**Community engagement exercises or mechanisms[2]**	**Impacts identified (actual and potential)[3]**	**Potential actions to advance equality of opportunity, eliminate discrimination, and foster good relations** (You will prioritise these below)

Consultation

What consultation has been used or taken?	Date	Methods used	Findings

Action Plan

Agreed action	Timescale	Lead officer	Review date

Sign Off / Approval

Lead Equality Impact Assessment Officer: Date:

Departmental Equalities Lead: Date:

Head of Delivery Unit / Lead Commissioner: Date:

Corporate Equalities & Inclusion Team: Date:

(NB: Actions must now be transferred to service or business plans)

Equality Impact Assessment
Summary Template

Name of review:	
Period of review:	
Date review signed off:	
Scope of the review:	
Review team:	
Relevant data and research:	
Consultation: indicate who was consulted and how they were consulted	
Assessment of impact, outcomes and key follow up actions:	
Name and contact details of lead officer responsible for follow-up action:	
For full report contact:	