



5.00pm 3 February 2015

Council Chamber, Hove Town Hall

Minutes

Present: Councillor J Kitcat (Chair) Councillor K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald, Dr Jonny Coxon, Dr Christa Beesley, Geraldine Hoban, Dr George Mack, Denise D'Souza, Statutory Director of Adult Social Care, Pinaki Ghoshal, Statutory Director of Children's Services, Tom Scanlon, Director of Public Health, Mia Brown, Brighton & Hove Local Safeguarding Children's Board and Frances McCabe, Healthwatch,

Also in attendance: Councillors Shanks and Wealls.

Part One

54 PROCEDURAL MATTERS

54.1 There were no substitutes or declarations of interest.

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

54.3 **Resolved** - That the press and public be not excluded from the meeting.

55 MINUTES

- 55.1 **Resolved** - That the minutes of the Health & Wellbeing Board held on 9th December 2014 be agreed and signed as a correct record.

56 CHAIR'S COMMUNICATIONS**Eaton Place**

- 56.1 The Chair reported that one of the local GP Practices was in the process of purchasing the building at Eaton Place and intended to open a branch surgery and operate from that premises. The Area Team had supported this application in principle and was working closely with the GP Practice in question. It was unclear just now how long the purchase would take and when the branch surgery would be in a position to commence registering patients. In the short to medium term patients were therefore being advised to register with one of the 15 GP Practices within a 2 mile radius of Eaton Place to ensure continuity of care. It was hoped however, that in due course re-registering at Eaton Place would be an option for people in East Brighton.

Urgent Care

- 56.2 The Chair reported that The Royal Sussex County Hospital, like many others across the NHS, experienced a substantial increase in demand for urgent care services over the Christmas period. The numbers of very poorly, elderly patients in particular presenting at A&E and requiring admission to hospital was significantly higher than in previous years. The Hospital responded by opening additional beds, cancelling non-urgent operations and taking all the other actions required when in a high state of escalation. Other partner agencies in the local system increased their input to the Hospital over the Christmas period and into January, focusing their attention on avoiding unnecessary admissions and ensuring patients were appropriately but swiftly discharged. Higher levels of staff sickness across the whole health economy over the past month had also contributed to the challenges. The Hospital was beginning to recover from this period of intense pressure. Performance in A&E had improved from 75% of patients being seen and treated in A&E within 4 hours over the Christmas period to 80% in the last week.

Progress Report on Integrated Community Equipment Service Transfer

- 56.3 The Chair reported that it was agreed at Policy & Resources Committee on 17th November 2014 that the supply and delivery of equipment currently delivered by the Integrated Community Equipment Service (ICES) would be transferred to Nottingham Rehab Supplies (NRS), who were successful in the West Sussex tender.

Transition plans were in place and options were being explored to ensure a delivery and staff base within the Brighton and Hove City boundary. Some staff at ICES had visited potential sites for the replacement equipment store in Hove.

Current ICES staff who are employed by Sussex Community Trust and Brighton & Hove City Council were being kept up to date with progress via meetings and would receive regular information bulletins.

Nottingham Rehab Supplies were having discussions with Sussex Community Trust and the Council with a view to the staff and service being transferred on 1st October 2015.

Nottingham Rehab Supplies were very experienced in transfers of this nature and were working closely with staff in the Council, CCG and Sussex Community Trust to ensure a smooth transition that would not adversely affect the delivery and collection of community equipment.

The service specification was being finalised and included timed delivery slots and better access for customers. The West Service specification included delivery six days a week and discussions were also being held regarding the delivery of equipment 7 days a week for Brighton and Hove given the move towards increased seven day working.

Engagement with Brighton & Hove residents was taking place on 4th February to ensure that the specification for the new service took into account any specific local requirements.

South East Seven (SE7) letter

- 56.4 The Chair drew attention to a letter from South East 7, a partnership of seven upper tier authorities in the South East. The letter drew attention to a number of key issues about the current challenges facing health and social care. The SE7 Councils were fully committed to developing sustainable health and social care systems which reflected local need and circumstances, in partnership with organisations across the sector. The letter stressed the importance of shared system leadership via Health and Wellbeing Boards. The Chair stated that he would ensure that the letter was circulated to Board Members.

Representation on the Health and Wellbeing Board

- 56.5 The Chair stressed that in order for the Board to work effectively, it needed to be limited in size. Whenever a particular group was affected by a decision made by the Board, they would be fully consulted. The Board meetings were open to the public to attend and ways of having public involvement were being reviewed.

57 FORMAL PUBLIC INVOLVEMENT**Written Question**

- 57.1 Anthea Franks, Chair of the National Osteoporosis Service asked the following question:

Osteoporosis Service

“It has been found in the US that for women over 55, bone fractures due to osteoporosis lead to more hospitalisations and health costs than heart attacks, strokes or breast cancer, according to a new study. There, between 2000 and 2011 osteoporotic fractures accounted for 40% of hospitalisations. In the UK one out of four orthopaedic beds is occupied by a patient with a hip fracture. The mortality rate is 20% in the first year of a hip fracture. Morbidity and mortality increases with age for patients who have had a vertebral fracture.

In Brighton & Hove there were 247 fractures in 2013; in 2002 it was estimated that the cost of a hip fracture was £12,000 including social care. This brings the total conservative cost for hip fractures alone at £2,294,000 in Brighton & Hove at 2002 cost. This also affects Community Services.

Brighton & Hove Joint Health & Wellbeing Strategy Board Plan for Better Care includes many topics including healthy ageing. An osteoporosis service is not mentioned. Does the board not think that such a service would be beneficial by offering primary and secondary prevention of osteoporotic fractures, thereby decreasing hospital cost, attendance at A&E and social care, not to mention patients' wellbeing?”

- 57.2 The Chair replied as follows:

“I acknowledge that osteoporosis is a significant health issue for many older people and agree that with proper testing and preventive treatment the health impact and financial cost of treating fractures can be much reduced. The forthcoming strategy, as we will discuss at the Health & Wellbeing Board today is very likely to include a priority of ‘Giving Every Person the Best Chance of Aging Well’. The detail of this is still to be worked though, however the views of groups like Age UK, Alzheimer’s Society, National Osteoporosis Society and their local representatives will be considered in any development of this theme.”

- 57.3 Christa Beesley informed Ms Franks that a DXA scan service was available for people in Brighton & Hove. There was also a falls prevention service.

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

58 THE OUTCOME OF THE LEARNING DISABILITY REVIEW & 'A GOOD, HAPPY & HEALTHY LIFE. A STRATEGY FOR ADULTS WITH LEARNING DISABILITIES IN BRIGHTON & HOVE**Introduction**

58.1 The Board considered a report of the Executive Director of Adult Services which informed members that an independent review of Learning Disability services took place in October 2014, in order to inform the future commissioning and provision of services for adults with learning disabilities. The current paper presented both the outcome from the Learning Disability Review and a new vision and strategy for adults with Learning Disabilities in Brighton & Hove. The review made 26 recommendations, organised into four areas, Vision, Commissioning, Engagement and Providers. The report was presented by Denise D'Souza and the Commissioning Manager for Adults with Learning Disabilities.

Questions & Discussion

- 58.2 Pinaki Ghoshal stressed that this review was closely linked to the review of special educational needs and disability including behavioural emotional and social difficulties (considered earlier at the Joint Meeting).
- 58.3 Councillor Jarrett informed the Board that the report back from the Learning Disability Partnership Board had suggested quite a few changes to the language of the review, which had been written from the perspective of adults who did not have a learning difficulty. Representatives from Speak Out had been very definite that they wanted greater ability to make choices, have their say and do their own thing. Councillor Jarrett felt that some of the services on offer for adults did not always make that possible.
- 58.4 Councillor Jarrett stated that there was an appetite for change and improvement. The Partnership Board had a small number of representatives. There was a wider group of parents and carers across the city whose views also had to be taken into account.
- 58.5 Councillor Norman stressed the need to continually move forward and to be prepared to change and improve. He thanked everyone involved in preparing the report. Councillor Norman referred to the paragraph concerning political context on page 25 of the agenda. This stated that 'There has been a lack of decision making about the future of Learning Disability services ...' Councillor Norman stated that he was not sure if he agreed with that statement. There would always be political differences; however there was a need to make sure that these differences were kept to a minimum in order to move forward.
- 58.6 Councillor Norman referred to paragraph 2.2 on page 27 of the agenda in relation to commissioning. This referred to macro and micro commissioning. Not everyone

would know what this meant and Councillor Norman suggested that this should possibly be defined differently.

- 58.7 Councillor Morgan welcomed the report and acknowledged all the work carried out by officers. Councillor Morgan stated that outcomes mattered and that every individual should have the opportunity to be given the support to fulfil their individual potential. There was a need to keep parents and carers on board and to ensure that where Day Centres remain appropriate a provision should be available. Councillor Morgan stressed that supported employment and routes into work would be vital to the success of the strategy and he would like to see work within commitment from employers. There would be a decision in the budget with regard to Able and Willing and Councillor Morgan wanted to inform that decision with some indication of how that decision fitted into the strategy.
- 58.8 Denise D'Souza replied that Able and Willing and the shift of people's aspirations from day services were closely linked. There was a need to look at that relationship. There were some people who would need day services. However there was also a need to help more people with learning disabilities to gain employment.
- 58.9 Councillor Theobald thanked the Commissioning Manager for the honest independent report. Councillor Theobald recollected that last year a decision had been postponed with regard to making a decision about the reconfiguration of services. This related to 7 council supported living services, all in the voluntary and independent sector. The current report pointed out that the council services were 17% more expensive than those provided by similar councils. The council's in house provision came under particular criticism, with the report describing them as lacking ambition for service users and providing old fashioned paternalistic services rather than the personal ones that should now be the norm.
- 58.10 Councillor Theobald regretted the delay in making a decision to modernise the service and wanted to know whether the recommendations in the current report revived the plans from the June 2014 report to re-commission these services.
- 58.11 The Chair replied that he considered that the Board were better off as a result of having a review of the whole service. The review had been joined up with the review of young people's services and there was now a consistent approach for all people in the city who were affected by these disabilities.
- 58.12 Denise D'Souza stressed that with regard to personalised services, there would need to be a more holistic approach with individual assessments. As a result, services provided would need to be reviewed. It was necessary to consider what did the person need; whether they needed to be somewhere else; whether they wanted to be somewhere else; and what services they wanted. Recommendation 3.3 might result in some service changes. For example, there might be a need for more employment provision and fewer day services options. There might be a need for

more supported living and fewer residential services. These decisions would be brought back to the Board.

- 58.13 Frances McCabe was pleased to see that people with learning disabilities had the right to universal services. She questioned whether there were levers and sanctions for the local authority & health services to ensure this happened. With regard to markets and opportunities, Ms McCabe stressed that these opportunities and options should be available so that people could see that there was a different way of having the life they wanted. She asked what was being done to ensure this happened and to ensure that the right sort of staff, with the right kind of cultural attitudes, were in place to enable services to change.
- 58.14 The Chair stressed that the report was about a cultural shift that needed to be embedded.
- 58.15 Denise D'Souza concurred with regard to universal services. People with learning disabilities wanted to access the same services as everyone else. Meanwhile, there was a good diverse market in the city. As a result of changes at Buckingham Road, people had been able to visit these services to test them out before making choices.
- 58.16 The Commissioning Manager acknowledged that there had been much concern about the independent sector. However, when people experienced trying out these services the feedback had been positive. There had been massive growth in diversity, range and quality of provision in the independent sector.
- 58.17 Geraldine Hoban stressed that universal services were key. The Clinical Commissioning Group carried out an annual learning disabilities self-assessment which looked at the range of access across all health care services and identified where more work was needed in terms of targeted support. The CCG had a number of facilitated workers in primary care looking at GP access, care, and annual health checks for people with learning disabilities. There were also some facilitator posts within the acute trust in order to try and make all universal services as appropriate to the needs of people with learning disabilities as possible.
- 58.18 Ms Hoban noted that there were many similarities in terms of the personalisation agenda and what was being done through Better Care and in Children's Services. She questioned whether there was a way of joining up some of the challenges that were being tackled in terms of brokerage and developing the market rather than delivering different pieces of work in parallel.
- 58.19 **RESOLVED:**
- (1) That the Board approve "*A Good, Happy & Healthy Life*": *Adults with Learning Disabilities in Brighton & Hove* (Appendix 1), a Strategy for adults with learning disabilities in Brighton & Hove.

- (2) That delegated authority be granted to the Executive Director of Adult Services (Denise D'Souza) and, as appropriate, the Chief Operating Officer of the CCG (Geraldine Hoban), to develop a Delivery Plan in accordance with the aims and objectives set out in the Strategy and in this paper.
- (3) That it is noted that any aspects of the Delivery Plan that require specific decisions to be made by the Board will be presented at the relevant time.

59 FEES PAID TO PROVIDERS 2015/16

Introduction

- 59.1 The Board considered a report of the Executive Director of Adult Services which outlined current fees paid to independent, voluntary and community care providers. It made recommendations for fees to be paid in 2015/16. Those affected would be care providers and potentially the vulnerable for whom they provided care and support. The report was presented by Denise D'Souza and the Commissioning Manager.

Questions and Discussion

- 59.2 George Mack commented that this was a thorough piece of work. He referred to paragraph 4.6.2 in the report and asked why the response to the audit of local care homes fees was sparse with only 17% of homes submitting data. The Commissioning Manager replied that information was provided to a number of homes and the result was disappointingly low.
- 59.3 Geraldine Hoban reported that the fee increases had been discussed and agreed at the Clinical Commissioning Group in terms of mirroring the recommendations for the increase. There had also been a discussion about having a strategic approach to the care home market in the city. Ms Hoban stressed that the market was under pressure and capacity was becoming more restricted. There was a need to secure an appropriate number of care homes in the city and for the CCG to work with the Council over the next 3 to 5 years on managing the market. One focus of work would be to see how the need for care homes could be reduced by the work being carried out through Better Care.
- 59.4 Councillor Jarrett informed the Board that he had met with the Registered Care Homes Association and a number of concerns they raised were taken into account, particularly in relation to the level of support for dementia patients. The Registered Care Homes Association also had problems in engaging with care homes. It was possible that the homes were too busy running their businesses to take time to engage.

- 59.5 **RESOLVED:**

(1) That the proposed fee increases be agreed, as set out in the table below.

Description of service	Recommended fee increase
In city care homes for people needing physical support where set rates apply	1% increase
In city care homes set rate for people needing memory/mental health support, where set rates apply	2% increase
In city care homes/ supported living where no set rates apply	0% change
Out of city care homes/supported living where set rates apply	To reflect host authority set
Shared lives carers	1%
Out of city care homes where no set rates apply	0% change
Home care	2%
Direct payments	1%
Service contracts	0% change

(2) That providers supporting people with a diagnosis of dementia living in registered care homes where people needing physical support rates apply, should be rewarded appropriately. A 1% increase will apply until a policy for this is agreed.

60 ADULT SOCIAL CARE SERVICES CHARGING POLICY

Introduction

60.1 The Board considered a report of the Executive Director of Adult Services which provided recommendations to uprate maximum and fixed rate charges. The report was presented by Denise D'Souza.

60.2 The Board was informed that 3400 people were in receipt of these services and a high proportion were not charged. Some charges were discretionary. Carers would not be charged. There was a new responsibility with regard to deferred payments. An administration fee could be charged and interest could be charged on deferred payments. The Care Act which would come into effect in April 2015 would bring together all aspects of charging.

60.3 RESOLVED:

That with effect from 6th April 2015

- (1) That the council continues with the current charging policies for residential care and non-residential care services which are compliant with the requirements of Section 17 of the Care Act 2014.
- (2) Where applicable charges continue to apply for preventive services provided under Section 2 of the Care Act.
- (3) That no charge will be made to carers for any direct provision of care and support to them.
- (4) That an initial fee for setting up Deferred Payment Agreements should be set at £475 plus any additional costs incurred for property valuations.
- (5) That Deferred Payment Agreements are subject to the maximum interest rate as set by the Government and reviewed on an annual basis. This will be 2.65% from April 2015.
- (6) That the following table of charges are agreed with effect from 6th April 2015

Maximum Charges	2014/15	Proposed for 2015/16
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Means Tested Charges

In-house home care/support	£20.00 per hour	£21 per hour.
Day Care	£30.00 per day	£34 per day
Maximum weekly charge	£900 per week	£900 per week

Fixed Rate Charges

Fixed Rate Transport	£3.00 per return,	£3.50 per return
Fixed Meal Charge /Day Care	£3.90 per meal,	£4.30 per meal

Carelink:	£14.50 month – with 2 key holders,	£16.00
	£17.83 month – with 1 key holder -	£18.50
	£22.17 month – with key safe jointly	£22.17 (no change)

Additional telecare devices remain free of charge.

No increase for the mobile phone based service 'CareLink Anyway' at

£5 per month for existing CareLink Plus users and

£12 per month for people to have this service alone.

No increase for key safes at £50 per unit.

61 UPDATE ON THE DEVELOPMENT OF THE JOINT HEALTH & WELLBEING STRATEGY

Introduction

61.1 The Board considered a report of the Director of Public Health which summarised the results of engagement to date on the development of a new Joint Health and Wellbeing Strategy, and in particular the results of the first Health and Wellbeing Partnership meeting held on Thursday 27th November 2014. The report was presented by Tom Scanlon. The current strategy covered five discreet areas. In October 2014 the Board provisionally agreed on draft strategic priorities as set out in paragraph 4 of the report.

Questions and Discussion

- 61.2 Mia Brown referred to draft strategic priority 2 - Give every child in the city the best chance in life. She expressed surprise that there was no mention of the high number of looked after children or the numbers on drug section plans and repeat drug section plans. The Chair stressed that the report summarised suggestions made at the Health and Wellbeing Partnership meeting in November. The suggestions would not necessarily be included in the final strategy. The Chair agreed that the issues raised by Ms Brown were important.
- 61.3 Frances McCabe referred to Emerging Themes set out in Section 4 of the report - Build a resilient population. These themes resonated with matters picked up by Healthwatch and Ms McCabe hoped that the themes would be considered in the strategy. Ms McCabe referred to Further Considerations under section 4 on page 73 of the agenda concerning the severe pressures on national and NHS services both in primary and secondary care. The Health and Wellbeing Board was asked to consider whether the adoption of a separate priority on health service delivery was appropriate. Ms McCabe agreed that something along those lines was appropriate.
- 61.4 Councillor Shanks referred to the emerging themes section of 2 - Give a child the best chance of life on page 69 of the agenda. She made the point that home educated children had never been a priority before. Councillor Shanks asked where this suggestion had come from. The Chair replied that the report was outlining the comments made at the first Health and Wellbeing Partnership meeting held on 27 November 2014.
- 61.5 Councillor Morgan highlighted section 1 – Reduce inequalities across Brighton & Hove. This referred to BME issues and the LGBT community but not to financial inequalities. This was a big element missed out and it needed to be included. Matters of importance were inequalities with regard to GP provision and inequalities due to poor diet and use of food banks. Some of these issues were geographical.
- 61.6 Councillor Jarrett referred to education. There was an issue of people's knowledge and the ability to make the right choices for themselves. There was a need to look

at education very broadly and include wider adult community education. Many people did not know how to manage their long term health.

- 61.7 Denise D'Souza commented that when there was talk about the quality of care homes this was referring to the quality of care homes in neighbouring authorities. There was a capacity issue in Brighton & Hove rather than a quality issue. Ms D'Souza referred to the Further Considerations section of 4 - Give every person the best chance of aging well. She felt that mental health partners should be included in this section as they were under acute pressure.
- 61.8 The Chair summed up by stating that not everything reflected in the comments from the partnership meeting reflected the concerns of the Board. He entrusted Tom Scanlon and his colleagues to use the feedback from this meeting along with the wider data sets to develop draft thinking for the next meeting. The final strategy would be signed off post election.
- 61.9 Councillor Jarrett asked if there was a timeframe for further comments. Tom Scanlon replied that further comments could be received throughout February.
- 61.10 **RESOLVED:**
- (1) That the progress on developing the new Joint Health and Wellbeing Strategy be noted.
 - (2) That the emerging themes from the Health and Wellbeing Partnership event be noted.
 - (3) That a proposal that the Directors of Public Health, Children and Adult Social Care and the Chief Operating Officer of the CCG consider the information from the Partnership event in conjunction with the JSNA and local NHS pressures, be supported. They will then present a draft strategy for consideration by the Health and Wellbeing Board in March 2014. If approved, the draft strategy will go out for formal consultation with a view to final Health and Wellbeing Board approval following the May election.

The meeting concluded at 6.24pm

Signed _____ Chair
Dated this _____ day of _____