



4.00pm 2 February 2016
Auditorium - The Brighthelm Centre

Minutes

Present: Councillors Yates (Chair), K Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford and G Theobald Dr. Christa Beasley, John Child, Jenny Oats; Clinical Commissioning Group.

Other Members present: Graham Bartlett, Pennie Ford, NHS England, Denise D'Souza, Statutory Director of Adult Social Care, Dr. Tom Scanlon, Statutory Director of Public Health, Pinaki Ghoshal Director Children's Services, Frances McCabe, Healthwatch

Also in attendance: Councillor Penn, Head of Commissioning & Contracts Adult Social Care, Environmental Health Manager and Head of Public Health Intelligence, Stephen Ingram (Head of Primary Care NHS England South), Ms S MacDonald (Director of Commissioning NHS England South), Jane MacDonald (Performance and Commissioning Manager, Brighton & Hove City Council), Angie Emerson (Head of Financial Assessments and Welfare Rights, Brighton & Hove City Council), Kathie Felton (Commissioning Manager, Maternity & Acute and Community Paediatrics, CCG), A Hill (Public Health Consultant CCG); Claire Holloway, CCG.

Apologies: Dr. Manas Sikdar and Dr Xavier Nalletamby.

Part One

49 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

49.1 The Chair noted that the following were attending the meeting as substitutes for their respective colleagues:

Ms J. Oats for Dr. Sikdar

49.2 The Chair noted that there were no declarations of interest and that there were no items listed in Part 2 of the agenda and therefore sought agreement that the meeting should remain open to the press and public.

49.3 **RESOLVED:** That the press and public be not excluded from the meeting.

50 MINUTES

50.1 The minutes of the Health & Wellbeing Board held on 15 December 2015 were agreed and signed by the Chair as a correct record.

51 CHAIR'S COMMUNICATIONS

51.1 The Chair stated:

I would like to welcome John Child to this meeting. John started work as the Chief Operating Officer at the Clinical Commissioning Group on Monday. I would also like to thank Claire Holloway who has covered this role, for attending the Board, not only today but since October. Thank you Claire and we wish you well.

Tripartite Planning

Following the release of 2016/17 national planning guidance for the NHS this month, I recently attended the NHS England and NHS Improvement teams planning workshop for the south east. The objectives of the workshop were to provide:

- An understanding of the national planning guidance;
- An overview of how the joint assurance and triangulation of plans will work;
- An opportunity to explore and understand how operational and strategic plans should link with other plans, for example Better Care Funding plans, as well as understanding the importance of triangulation with the plans being developed between commissioners and providers; and
- A consolidated understanding of the local planning context alongside peers, local partners, regulators and other technical subject matter experts.

The agenda was designed to provide an opportunity for local health system leaders to work collaboratively during the afternoon session to consider the next steps to developing your Sustainability and Transformation Plans (STPs). This is the start of a longer process and no doubt reports will come to the Board in due course.

Sugar Smart

As you are aware we have been undertaking a consultation as part of the sugar debate. Over 1100 responses were received and we thank you all for your contributions. A report summarising the results and a sugar smart action plan will come to the Health and Wellbeing Board shortly.

Brighton and Hove Impetus

Impetus is an independent organisation delivering a range of services aimed at improving the well-being and quality of life of vulnerable adults across the City. Its work enables users to access appropriate statutory services, reduce their isolation and exercise positive choices about their lives. The service users include people with learning disabilities, people with mental health issues, older people, people with physical disabilities and people with autistic spectrum conditions. Impetus had a conference in January aimed seeing how other areas support parents who had learning needs and disabilities look after their children.

University Pharmacy contract update

I am happy to announce that the University Pharmacy has been awarded an ongoing Local Pharmaceutical Services (LPS) contract and will continue to meet the needs of local patients which includes a large number of students. The contract will allow the pharmacy to continue receiving additional funding to sustain the service at the university campus, which students rely upon. It also recognises the proactive approach the pharmacy is taking to support the ongoing provision of services at the site.

Community Meals

Brighton and Hove City Council currently purchases its Community Meals Service via a Contract with the Royal Voluntary Service ('the RVS'). RVS deliver meals to people in their own homes. The current Contract expires on the 31st of March 2016 and the RVS have stated that due to the costs of their current operating model, they do not intend to continue the Contract beyond this date. This tender is now in the market place and initial applications will be evaluated during the first week of February 2016; it will not be a closed list as organisations can apply to join at any time. It is envisaged that the outcome of the procurement is the development of a 'Community Meals Menu'; a single document providing a resource for residents in Brighton and Hove which will cover both meal delivery, a list of local lunch clubs and a list of local shops that provide delivery services. Adult Social Care is working closely with RVS to ensure a smooth transition to the new service from 1st April 2016. Assessment teams are identifying vulnerable people and plans are being put in place to ensure that people who need a well-being check continue to receive one. The Board will be updated as this progresses.

Transforming Care

Following on from fly on the wall documentary at Winterbourne View there have been a number of requirements on the NHS and Local Authorities to review and improve the care for people with complex learning disabilities, and or autism, mental health issues and or challenging behaviours who were being treated in hospitals.

Although a considerable amount of work had taken place, the review by the National Audit Office published in February 2015, highlighted a number of areas across the country where the ambitions had not been met. In the South there are few in-patient beds and, when required, people often end up receiving treatment a

number of miles away that can result in isolation from any existing family and/or friends. It is known that, those remaining in hospital for the South, are people who overall, have complex needs and require complex and costly packages of care in order to support them and those around them, safely in the community. There is a paucity of appropriate providers able to deliver this care and in order to ensure cost effective market development, joining together with partners is essential. Overall there is a need to radically change the management and delivery of support and care for people with learning disabilities and or autism and or mental health who display challenging behaviours from “birth to grave”. A multi CCG and tri Local Authority piece of work is underway to seek improvements in East, West Sussex and Brighton and Hove. Like the Mental Health Transformation Plan which came to the Board several times recently, this has a tight timeline with various submission dates. I have therefore asked the lead officer Soline Jerram, Lead Nurse, Director of Clinical Quality and Patient Safety, Brighton & Hove CCG to kindly present to the Board in June an update of the ‘Building the Right Support’ programme.

Healthy Child Programme 0-19 Public Health services

Result of market testing

Brighton and Hove City Council is planning and considering the options for the commissioning of Public Health services for children and young people in the city aged up to 19 years. This may include the procurement of these services during 2016. In January 2016 the Council conducted a market testing exercise to gauge interest from potential providers. Providers were not asked to provide their ideas for a service delivery model but were asked to provide details of their organisation’s experience and interest in providing services in relation to the Healthy Child Programme. Three providers responded. These providers deliver services locally, however not all have experience of delivering Public Health nursing services for the Healthy Child Programme. Providers expressed interest in developing an integrated Public Health service working with a range of partners. No providers from the private sector responded to the market testing. Commissioners and procurement officers will continue to consider the options for the future commissioning of these services. The Director of Public Health will bring a report to the Health and Wellbeing Board meeting on 15th March 2016 with recommendations on the way forward for the commissioning of these services from 1st April 2017.

Community Health and Wellbeing Network event

Tomorrow (Wednesday 3rd Feb) there is a network event to meet and engage with some of the many organisations in the City that provide and support the health and wellbeing of our residents. I know several members of the Board will be attending to meet over 50 health and wellbeing services, including those from the voluntary and community sector.

52 FORMAL PUBLIC INVOLVEMENT

52.1 The Chair noted that two public questions had been received.

52.2 The Chair invited Ms V Knight to put her question to the Board.

52.3 Ms Knight asked the following question:

A significant factor leading to closure of Promenade Ward at Mill View Hospital was the transfer of Substance Misuse Services from Sussex Partnership NHS Foundation Trust to Cranston/Surrey and Borders Partnership Foundation Trust. SPFT's loss of funding means it cannot support in-patient doctors on Promenade Ward. The short term "gain" in outsourcing SMS has resulted in:

- a dramatic decline in local SMS services
- the loss of many experienced staff
- B&H no longer having its own detox ward

Please explain why your initial impact assessment did not identify these outcomes and how you will repair these dangerous and unacceptable negative outcomes

52.4 The Chair replied:

Sussex Partnership Foundation Trust (SPFT) gave notice on the contract for the provision of substance misuse inpatient detoxification beds in December 2015. The service currently provided by SPFT is funded by a separate contract, commissioned on BHCC's behalf by the Clinical Commissioning Group. SPFT also receive funding from East Sussex and a number of London boroughs for the two inpatient detoxification wards they currently operate. The majority of staff previously employed by SPFT for the substance misuse community service transferred to the new provider and continue to work in this capacity. The local connection to third sector organisations involved in delivering substance misuse support is strong. Feedback from staff and patients to commissioners on the changes has in fact been generally very positive. Since receiving notice of SPFT's intention to withdraw from substance misuse services altogether, the Public Health Team of BHCC have been working with a range of providers, including SPFT, to secure alternative service provision from the 1st April 2016. As with all significant service changes, an Equalities Impact Assessment is being undertaken, to ensure that any negative impact of the changes are understood and reduced where possible. A paper is under development for the March 2016 Health and Wellbeing Board to provide more detail, and also to give the Board assurance regarding the continued provision of safe and effective in-patient detoxification services to this vulnerable client group

I am also happy to provide you with a more detailed response in writing.

52.5 The Chair asked Ms Knight if she had a supplementary question. Ms Knight asked: Those procuring from Promenade Ward have now lost those beds, and I wonder where those beds are being made up and where those who need the service go.

52.6 The Director of Public Health said: I think that SPFT may be better placed to give a full response, but I am sure they would not have abandoned that group and we are working with them to ensure this group of clients receive the correct care, and receive a smooth transition to another provider. For some patients it is better for them to receive care outside of their local area and away from influences which could impact on their recovery.

52.6 The Chair invited Ms Morley to put her question.

52.7 The Chair was advised that Ms Morley was not able to attend the meeting, and so Mr Vincent would ask the question.

52.8 Mr Vincent asked the following question:

Would the Board advise us what urgent steps it intends to take to ensure the continuity of all the current health services provided for patients at the five GP surgeries in Brighton and Hove covered by The Practice Group contract.

52.9 The Chair gave the following response:

Our first item on the Board agenda today will be a presentation from NHS England supported by the CCG. This will give us all an up to date report on the current situation following the decision by the Practice Group to withdraw from their contract to provide services at the five GP surgeries, and the next actions NHSE and the CCG will be taking. The Board will obviously wish to hear the presentation and ask questions prior to agreeing any action of its own. However I am sure all the Board is keen to ensure that there is a suitable solution found that meets the varied needs of the residents who use the 5 surgeries concerned.

52.10 The Chair asked if Mr Vincent had a supplementary question. Mr Vincent asked:

If the timetable overruns will the Board put in place a contingency plan for continuous care?

52.11 The Chair thanked Mr Vincent, and said that that issue would be covered in Item 53 on the agenda.

53 PERSONAL MEDICAL SERVICES GP CONTRACT REVIEW

53.1 The Board considered the report of the Chief Operating Officer of the Clinical Commissioning Group, which was introduced by Mr S Ingram (Head of Primary

Care NHS England South) and Ms J MacDonald (Commissioning & Performance Manager).

- 53.2 The report summarised the key findings emerging from a review of all General Practice Personal Medical Services (PMS) across England undertaken by NHS England during February 2014 and March 2016. In Brighton and Hove there were five GP Practices which operated under a PMS contract. All the practices in the city with a PMS contract were managed by The Practice PLC. PMS contracts were negotiated locally as opposed to the nationally negotiated General Medical Services (GMS) contracts. NHS England had written to the practices operating under a PMS contract outlining the approach to the review in accordance with the national guidance. Those reviews need to be completed and any proposals implemented by March 2016. The aim of the review was to ensure that any extra funding above and beyond what an equivalent GMS contract would receive was linked to providing extra services.
- 53.3 The Board were advised that The Practice PLC had given notice to NHS England that they would be bringing their PMS contract to an end. There was a requirement to give six months notice of a decision to end a contract, and NHS England were in discussions with the company to ensure that as much time as possible could be given to secure ongoing care arrangements for patients who would be affected. Patients and stakeholders had been informed and NHS England was working with NHS Brighton & Hove Clinical Commissioning Group (CCG) to identify alternative options. At this time patients did not need to take any action and would continue to receive care at their surgery as normal. Patients would be updated as soon as it was possible.
- 53.4 The Board were asked to note that paragraph 5.1 of the report should read that the PMS agreements were introduced in '1998' and not '2008'.
- 53.5 Dr C Beesley said that she worked as a GP in one of the Practice Group PLC surgeries. The percentage of NHS spend on general practices had gone down, which had resulted in practices being underfunded. A number of practices were financially vulnerable and there needed to be a change to the way practices worked. Brighton and Hove was a good place to work, but there was a problem with the retainment of general practitioners. Many young doctors did not want to become partners in practices, and that could be a problem as 60% of GP's in the city were due to retire in the next five years. The possible closure of five surgeries needed to be managed correctly as the dispersal of so many patients with the city could be disastrous.
- 53.6 Ms F McCabe agreed that the closures needed to be managed correctly, and continuity of care was important. Doctors needed to be encouraged to move to the city and join local practices. This was a difficult time, but with the right model there could be positive changes which would benefit patients.

- 53.5 Ms C Holloway said that lessons had been learnt from the recent closure of two other practices, and patients affected would be given independent advice and there would be a managed process to closing the surgeries.
- 53.6 Councillor Mac Cafferty was concerned at why The Practice PLC had withdrawn so suddenly from the contract, and hoped that the reasons were addressed to ensure that any issues were not repeated. He noted that six months notice had to be given to withdraw from a contract and suggested that that could be extended in future. The Commissioning & Performance Manager said that the six month period would end in June 2016, and that negotiations were taking place to try to stagger the closure of the surgeries over a longer period of time. Sometimes the closure of a surgery could create opportunities to improve the service, and it was hoped that a sustainable solution to the problems could be found.
- 53.7 Councillor G Theobald asked how vacancies in GP surgeries were advertised and asked if there was a list of all positions available in the city. Mr Ingram said all posts were advertised and there was no shortage of opportunities for doctors. The Director of Public Health said that it may be useful to look at the way posts were advertised and a more structured way could be used. The Commissioning & Performance Manager suggested that the Board may wish to invite Health Education England to attend a meeting, as they worked to encourage doctors to become general practitioners.
- 53.8 The Chair thanked Mr Ingram and Ms MacDonald for their presentation and asked if they could attend the next meeting of the Board to provide an update on the closure of the five surgeries.
- 53.9 **RESOLVED:** That the report be noted.

54 MULTIPLE BIRTHS - NOTICE OF MOTION

- 54.1 The Board considered the report of the Chief Operating Officer of the Clinical Commissioning Group and the Director of Public Health. The report was introduced by the Ms K Felton Commissioning Manager – Maternity, Acute and Community Paediatrics, NHS Brighton and Hove Clinical Commissioning Group and Mr A Hill, Public Health Consultant, Brighton & Hove City Council. The report provided a response to the Notice of Motion referred from the Full Council meeting held on 17 December 2015 regarding multiple births.
- 54.2 The Chair thanked them for the comprehensive report and said that it addressed many of the issues which had been raised. He said that one of the issues was the variation across the country in the way that the NICE guidance was being implemented and asked if it was felt that locally all was being done that could be. Commissioning Manager – Maternity, Acute and Community Paediatrics, NHS Brighton and Hove Clinical Commissioning Group said that there were a range of national and regional initiatives which were underway. The Royal College of

Obstetricians and Gynaecologists had come up with a number of clinical initiatives and nationally, and locally they had collaborated to produce a Care Bundle which highlighted four areas which together would have an incredible impact on those babies and their mothers. Those areas covered such things as smoking cessation, foetal growth and the additional support those with multiple births received. Those were areas which would be worked on locally and would be monitored carefully. The Hospital trust had shared their protocol best practice with us. There was also an active Maternity Liaison Committee which was led by parents, and who met every few months with the maternity services.

- 54.3 Councillor Norman thanked the officers for the report and the information provided. He supported the initiatives and that there would be a review of the latest data relating to multiple births and still births/neonatal deaths as part of the JSNA programme.
- 54.4 Councillor Theobald referred to paragraph 5.2.1 which said that every year in the UK over 6,500 babies died just before, during or just after birth and asked what percentage that was. The Director of Public Health said it was around 4% of all births.
- 54.5 RESOLVED – That the Board noted the initiatives and work being undertaken and that the local JSNA would be reviewed in 2016.

55 BRIGHTON AND HOVE CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS 2016/17

- 55.1 The Board considered the report of Ms C Holloway, Acting Chief Operating Officer, Brighton and Hove Clinical Commissioning Group (CCG), and Ms R Booth, Head of Planning and Delivery, Brighton and Hove Clinical Commissioning Group. The report set out the draft commissioning intentions of the CCG for the period 2016-17, and set out the requirements for the development of a longer term plan covering the period October 2016 to March 2021.
- 55.2 Ms McCabe noted that some areas such as maternity services and multiple births, didn't appear in next years plan and in terms of primary care there was information about being more resilient, but it didn't feel quite robust enough. Another area was cancer treatment, waiting times and accident and emergency and she felt that there was a lack of information about how those intentions would be achieved. Ms Booth said there were some gaps in this early version which would be addressed in the final version. With regard to multiple births that would be included in the final version. NHS England would test the plans to ensure they were deliverable.
- 55.3 The Executive Director Adult Services referred the Board to paragraph 4.4 of the report and asked them to note that the Sustainability and Transformation Plans were Health and Social Care Plans. With regard to the commissioning intentions for Personal Health Budgets, she welcomed it but noted the intention to work with

providers to develop the model and suggested that the issue should be that a personal budget was to enable people to make a choice and that needed to be considered when taking the plan forward.

55.4 Councillor Mac Cafferty said that it would have been a good opportunity for the CCG to talk about equalities, and how the commissioning intentions would be delivered in deprived areas. Ms Booth said that underpinning each of the commissioning intentions was a business case and that set out how the each of the specific items would be delivered and how they would tackle inequality in the city. When the Operating Plan was produced more detail would be provided and would set out how inequalities would be addressed.

55.5 The Chair said that a more developed version would come to the Board in due course.

55.6 **RESOLVED:** That the Board:

1. Noted the draft commissioning intentions of the CCG for the period 2016-17;
2. Agreed that the draft commissioning intentions 2016-2017 took account of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment;
3. Noted the requirement and timetable for the development of a longer term plan covering the period October 2016 to March 2021.

56 FEES TO PROVIDERS 2016

56.1 The Board considered the report of Ms J Macdonald, Commissioning and Performance Manager, Brighton & Hove City Council. The report outlined the current fees paid to independent, voluntary and community care providers, and made recommendations for fees to be paid from April 2016 and the dates those fees would be reviewed. The report was introduced by Ms D D'Souza, Executive Director Adult Services and Ms Macdonald.

56.2 Councillor Mac Cafferty asked if it was felt that a 2% increase would be sufficient to meet the needs of those in the city. He also referred to the City's duties under the Care Act and the need to look at what the city wanted and needed, and asked for assurance that that was being done. He was advised that the main bodies who provided care were Care Homes and Home Care Services. There would be an interim uplift of 2% between April and September of this year for in city Care Homes and the Home Care Service. For Care Homes we were doing further modelling and would like a clearer way of structuring the fees and were working with the providers and other stakeholders to do that. Part of that will be modelling the living wage and providing a better and more robust way of monitoring the service.

- 56.3 Ms F McCabe asked if recommendations would assist in the provision of beds for those suffering from dementia. The Commissioning and Performance Manager said that dementia was a huge issue and over 80% of those in Care Homes were living with the condition. Where there was under supply we were looking at ways of contracting beds, and there was a Dementia Strategy with a number of action plans to support all parties.
- 56.4 Councillor Norman noted that there had been a number of years with a 0% or very low uplift in fees and care homes had been struggling, and so it was good that there may be a rise now and another in September.
- 56.5 **RESOLVED:** That the Board agreed the recommendations for fees uplifts as set out in Table 1 to the report.

56A PERMISSION TO TENDER FOR HOME CARE

- 56a.1 The Board considered the report of Ms J Macdonald, Commissioning and Performance Manager, Brighton & Hove City Council, and Mr Barfoot, Adult Social Care Category Specialist Procurement, Brighton & Hove City Council. The report outlined the recommendations for the new home care (domiciliary) contract, which was a joint contract between the Council and the NHS Brighton and Hove Clinical Commissioning Group (CCG). The report was introduced by Ms D D'Souza, Executive Director Adult Services and Ms Macdonald. The Executive Director Adult Services apologised that the report was late.
- 56a.2 The solicitor advised the Board that Recommendations 1 and 2 should be amended to include the following wording, 'To recommend to Policy & Resources Committee'. The recommendations would therefore be:
- 1) To recommend to Policy & Resources Committee to agree to commence a tender process leading to the award of home care contracts to suitably qualified providers who are able to demonstrate that they can provide value for money, effective from September 2016 for a duration of five years, with provision for a further extension of up to two years, as outlined in this Paper;
 - 2) To recommend to Policy & Resources Committee to grant delegated authority to the Executive Director of Adult Services to approve the award of contracts, following the conclusion of the procurement process;
- 56a.4 Ms McCabe referred to paragraph 4.8, regarding the consistency of care workers visiting service users, and asked whether the entry and exit times would give an indicator on whether there was a regularity of workers, and how the organisation responded to things going wrong and asked if something more specific could be included. The Commissioning and Performance Manager said that the consistency of workers was being looked at, and the provision would be carefully monitored and included in the tender process.

56a.5 Councillor Mac Cafferty referred to New Larchwood and said that the unions continued to be concerned about the level of care provision and the impact on staff and conditions of employment. The Commissioning and Performance Manager said that there would be a TUPE for all staff working there, and whoever won the contract would be expected to adhere to the Unison Ethical Charter and payment of the national living wage and agree to new requirements in our Home Care specifications. The Executive Director Adult Services said that there were 19 staff at New Larchwood, and it should be remembered that the unit cost of in house service was considerably more than the rate paid to independent providers.

56a.6 Councillor Penn asked for reassurance that continuity of care for residents would continue. The Commissioning and Performance Manager said that there wouldn't be any break in care provision, and in the tender process the bidders would be asked to be explicit in what they would provide.

56a.7 Councillor Barford welcomed the tender, and asked for reassurance the Home Care providers would be monitored. Councillor Barford wanted to confirm that the living wage would be that set by Living Wage Foundation, rather than that set by the government.

56a.8 Ms P Ford welcomed the report and was pleased that the new model was being jointly modelled between the CCG and the Council. She asked that the issue of responsiveness for starting and restarting care packages at weekends was picked up and, with regard to training of staff, she suggested that it would be useful to include rehabilitative training for delivering care in the home. The Commissioning and Performance Manager said that there were a number of Key Performance Indicators and one of them was how quick parties could respond.

56a.9 Ms C Holloway said it was important that this tender went ahead, as good care packages were important. She said that continuity of carers was important and asked how that would be built into the contract and evaluated. The Commissioning and Performance Manager said that Key Performance Indicators related to continuity and consistency of the care.

56a.10 **RESOLVED:** That the Board agreed that –

1. To recommend to Policy & Resources Committee to agree to commence a tender process leading to the award of home care contracts to suitably qualified providers who are able to demonstrate that they can provide value for money, effective from September 2016 for a duration of five years, with provision for a further extension of up to two years, as outlined in this Paper;
2. To recommend to Policy & Resources Committee to grant delegated authority to the Executive Director of Adult Services to approve the award of contracts, following the conclusion of the procurement process;

3. That the above agreed recommendations be presented to the Council's Policy & Resources Committee on 17 March 2016.

57 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2016

57.1 The Board considered the report of the Head of Financial Assessments and Welfare Rights, Brighton & Hove City Council. The report sought approval of the Council's charging policy for Adult Social Care, which was compliant with the Care Act 2014.

57.2 The Chair reminded the Board that there were no significant changes to the charging policy, with the exception for Carelink Plus which was being made simpler and would retain the no charging which applied to for carers for the direct support given to them.

57.3 Council Mac Cafferty asked if a full equalities assessment had been conducted on how the changes may affect people, particularly those with multiple needs. The Head of Financial Assessments and Welfare Rights said that if the changes weren't made there would be inequality as the Personal Independence Payment (PIP) did not have a night time rate unlike the Attendance Allowance for older people and DLA for working age did. This meant that some people would be eligible for night time allowance and some would not which would be unequitable. The Board was advised that the changes would only affect those who would be claiming from April 2016.

57.4 **RESOLVED** - That the Board agreed that with effect from 11 April 2016:

1. That the council continued with the current charging policies for residential care and non-residential care services which were compliant with the requirements of Section 17 of the Care Act 2014;
2. To amend the charging policy to stop providing an income disregard for the night rate element of Attendance Allowance and DLA(care) for new service users;
3. To continue with the current decision that no charges should apply to carers for any direct provision of care and support to them;
4. The fee charged for setting up Deferred Payment Agreements should be increased by 2% to £485 plus any additional costs for property valuations;
5. The council continues to charge the maximum interest rate as set by the government for loans provided under the mandatory Deferred Payment Scheme;
6. That the table of charges as set out in the table in paragraph 3 be agreed.

58 **BETTER CARE FINANCE AND PERFORMANCE REPORT DECEMBER 2015**

58.1 The Board considered the report of the Interim Chief Operating Officer, Brighton and Hove Clinical Commissioning Group, which provided an overview of the Better Care Programme.

58.2 **RESOLVED:** That the Board noted the report.

The meeting concluded at 7.00pm

Signed

Chair

Dated this

day of

2016