



**4.00pm 19 April 2016**

**The Ronuk Hall,  
Portslade Town Hall**

### **Minutes**

**Present:** Councillors Yates (Chair), K Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford, G Theobald and PennDr. Christa Beasley, John Child, Dr. George Mack; Dr. Xavier Nalletamby, and Jennifer Oates, Clinical Commissioning Group.

**Other Members present:** Frances McCabe Healthwatch, , Pennie Ford, NHS England, Mia Brown, Adults and Children's Safeguarding Boards, Pinaki Ghoshal, Statutory Director of Children's Services Denise D'Souza, Statutory Director of Adult Social Care, Peter Wilkinson, Acting Director of Public Health and Geoff Raw, Chief Executive of Brighton & Hove City Council.

**Also in attendance:** Councillor Penn.

**Apologies:** Dr Manas Sikdar and Graham Bartlett.

### **Part One**

#### **68 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

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

Ms. Jenny Oates for Dr. Manas Sikdar  
Ms. Mia Brown for Graham Bartlett

- 68.2. The Chair also welcomed Peter Wilkinson to the meeting and noted that following Tom Scanlon's departure he was the Acting Director of Public Health.
- 68.3. The Chair noted that there were no declarations of interest in matters appearing on the agenda and that there were no items listed in Part 2 of the agenda, although confidential appendices relating to Items 72 and 73 had been circulated to Members of the Board. He hoped that discussions could be kept in the open session of the meeting but noted that should Members of Board wish to discuss specific matters there may be a need to move into closed session and ask members of the press and public to withdraw for the duration of the discussion. Otherwise he sought agreement that the meeting should remain open to the press and public.
- 68.4. **RESOLVED:** That the press and public be not excluded from the meeting subject to the exception highlighted by the Chair above.

## 69 MINUTES

- 69.1. The minutes of the last meeting held on the 15<sup>th</sup> March 2015 were approved as a correct record and signed by the Chair.
- 69.2. The Chair noted that at the last meeting of the Board, it had been agreed that a response to Mr. Kapp's question would be provided by NHS England which had been done. However, for the benefit of the Board and the record, he asked that a copy of the response be included in the minutes:

*"Dear Mr Kapp*

*Wish Park Surgery moved into new purpose-built premises in August 2015 and the practice is confident that this will provide them with the opportunity to expand services for their existing patients and to provide care to more local patients over the coming years.*

*After the closure of the former Goodwood Court GP practice, Wish Park Surgery confirmed that they would be able to register a number of patients from this practice if they wished to register with them. Some former Goodwood patients did subsequently register with Wish Park Surgery, although the majority of these patients have been able to remain being treated by Charter Medical Centre in Hove following initial arrangements that were made there for their ongoing care.*

*Following Wish Park Surgery's move to new premises, the practice has been working to increase the number of clinical staff employed at the surgery in order to support patient care. Unfortunately, the practice has not yet been able to recruit an additional permanent GP to work at the practice, but is continuing work to get additional clinical staff in place as soon as possible.*

*In order to ensure a continued safe and good quality service to their existing patients in the meantime, the practice has informed NHS England that they need to temporarily halt new patient registrations at the immediate time, while work takes place to secure the additional clinical staff necessary to enable the practice to treat additional patients.*

*The practice is however able to register the children of parents already registered at the practice, or any first degree relatives of patients already registered at the practice who live at the same address.*

*The practice is hoping to start accepting new patient registrations again as soon as possible.*

*NHS England is continuing to liaise with local GP practices in Brighton and Hove following the decision of the Practice Group to give notice on their contract to provide services at five local GP surgeries. We have determined a plan to secure the future care of patients who use the Brighton Homeless Healthcare Surgery and are continuing work to secure ongoing care for patients who use the other four surgeries affected.*

*We are mindful of the need to make sure we respond to this situation in a planned and managed way, which supports sustainability and does not have a detrimental impact on services for other patients in the city.”*

## 70 CHAIR'S COMMUNICATIONS

70.1. The Chair outlined the following as part of his Chair's communications.

### **The Power of Volunteering**

70.2. On 21<sup>st</sup> April there will be an event to celebrate the fantastic work being done across the city by our volunteers and organisations, as well as looking to the future and how we can continue to make Brighton & Hove a city which champions volunteering. If you wish to attend please contact Charmian Hay-Ellis on 01273 291036 or [charmian.hay-ellis@brighton-hove.gov.uk](mailto:charmian.hay-ellis@brighton-hove.gov.uk)

### **Martin Fisher Foundation**

70.3. Professor Martin Fisher who led the HIV services in Brighton and Hove passed away last year. Since then The Martin Fisher Foundation has been established to take forward the legacy of the incredible work which Martin led to treat with dignity, compassion and respect patients with HIV and focus on the development of new strategies for effective treatment and prevention.

70.4. I will be meeting with some of the Foundation Advisory Committee this month to get an understanding of their work and how the Board can support their activities.

**Brighton and Hove Impetus Peer review**

- 70.5. Impetus is engaging in a Peer Review of its BHCC-contracted NHS Independent Complaints Advocacy Service (ICAS) in the spring of 2016. The review will work with peer services in Bexley and Dorset to assess service delivery in relation to the LGA Practice Guidelines for Independent Health Complaints Advocacy Services, share best practice, consider value for money, and make recommendations for service improvements. It is thought this is the first review of its kind in the country, and look forward to using the process to continue to develop the service. Members of the Board may be involved and the Board would welcome an update on the review when it has been finished.

**The Practice Group**

- 70.6. As the Board are aware we had an open and informative Q&A panel at the last meeting which enabled a number of residents and Board members ask questions about the Practice Group and what may happen to their services. Following on from that meeting a range of activity has been undertaken to further understand the specific needs of local communities and their access to alternative services.
- 70.7. As Chair of the Board I will be attending a further meeting with the Chair of Overview and Scrutiny that is being convened on 25th April by NHS England, where the ongoing care of patients will be discussed further with local community and patient representatives.
- 70.8. NHS England will then update patients as soon as the final decision regarding their ongoing care has been made. Our next Board after today is not until 7th June. As decisions and information becomes known I will ask NHS England to inform me and I will circulate to Board members. I will also ensure that there is an update on the Councils website for residents.

**Progress Report on Community Meals End of Contract**

- 70.9. Brighton & Hove City Council's Community Meals Service contract (meals delivered to people in their own homes) with the Royal Voluntary Service ('the RVS') ended on the 31st of March 2016. This followed a significant reduction in numbers requesting the service year on year and lead to the RVS concluding that due to the costs of their current operating model, they could not continue the Contract without uplift in funding from the Council. This was not available.
- 70.10. In December 2015, following market research, the Council conducted a procurement exercise to seek new providers who operated meals delivery services. The intention was to find multiple providers who would be 'approved' by the council to ensure choice for customers. The goal of the service would still be to provide wholesome and nutritious meals to customers and to promote the health, wellbeing and independence of people living at home at risk of being malnourished.

Providers would be asked to offer nutritious meals, a Safe and Well check and meals would be available 365 days a year. The service would be solely funded by customers and there would be no subsidy.

- 70.11. At the end of February 2016 three providers had come forward, two providing hot & chilled meals (License to Freeze and Mother Theresa's) and one providing frozen meals (Oakhouse). The two providers of hot food were already on the approved list for East Sussex County Council. The applications were assessed in conjunction with the Brighton & Hove Food Partnership, all satisfying the criteria around nutrition and the Safe and Well check. In addition the two hot meal providers locally source their food.
- 70.12. In moving to a change of community meals provider, communication to existing RVS customers was clearly critical:
- The Adult Social Care Commissioning team engaged with the meal customers regularly, sending out letters and information about the meal changes once known, with phone numbers and emails to contact the council. The RVS delivered these communications personally
  - Letters were sent to any relatives who were involved and a series of FAQs were placed onto the council website.
  - All social work teams were informed and the commissioning team allocated a member of staff to analyse the client list and find support for as many clients as possible to transition to a new provider. This included Seniors Housing, home care providers, voluntary sector providers and the operational social work teams, particularly the SPFT Mental Health team.
  - The RVS also flagged vulnerable clients they considered would need support.
  - This was then followed up by the Commissioning team telephoning the 200 customers and in many cases their relatives. By 29th March there were only 21 people who had not been contacted (no phone number, wrong number, not returning calls) and during the first week of April they were all mailed with offers of support again.
- 70.13. AccessPoint, Carelink, Seniors Housing & homecare providers (independent & in-house) were alerted on 31st March that it was the last day of the RVS meal service in case of issues. Since this time AccessPoint have only informed of two customers contacting them with queries which were easily solved.
- 70.14. The commissioning team have also been keeping in close contact with the new providers to deal with queries. In summary, customers have mainly been positive about the changes, many of the older people phoning to inform what they are doing (including where to buy cheap microwaves). Fears around higher costs of the new

meals (at least £2 more for two courses) do not seem to have been realised as many customers had not realised that their meals were subsidised. Many have chosen one of the new providers – License to Freeze have taken on 60+ customers, Oakhouse 10 customers, and Mother Theresa's up to 20 customers. Others have chosen to use Coleman's (about 8) and Wiltshire Farm Food (about 13) – providers of chilled food neither of whom applied to be on our approved list. Marks & Spencer food also features. Feedback from License to Freeze confirmed that they think it is going well – each day the meals are getting there more quickly as the addresses are becoming known by the drivers. People receiving the meals are happy with the food and accept that there will be a delay whilst a new service beds in.

- 70.15. The commissioning team plan to do follow-up calls in about a month to see how the smooth the transition has been followed by a full report to HWB in July 2016

### **National Carers Week**

- 70.16. National Carers Week this year is from the 6th to 12th June, the theme builds on last years "Carer Friendly Communities" - places where carers feel supported to look after their family or friends, and recognised as individuals with their own needs. Focusing on four keys areas that need to become more Carer Friendly - Health Services; Care Services; Employers; and Education.
- 70.17. Adult Social Care will be co-ordinating a range of events in partnership with members of the local Carers Strategy Group - CCG, Children's Services, Public Health, and key third sector organisations - aiming to raise awareness of carers locally, surveying how carer friendly local services are, and promoting the range of services and opportunities that are available for carers.
- 70.18. We are planning 2 large events - one aimed at Young Carer, and one at Adult Carers, as well as a number of promotional events launching new initiatives for carers locally - new local Carers Guide; Carers Self Assessment; and the Carers Digital Offer. Should you wish to know more, or want to get involved please contact Gemma Scambler ([gemma.scambler@brighton-hove.gov.uk](mailto:gemma.scambler@brighton-hove.gov.uk), or 01273-295045)

### **Sustainability and Transformation Plan**

- 70.19. This is the name of the new planning framework for the NHS services that was announced in December. A draft initial submission has been made for our area and John Child will be giving us an update as part of the Board later.

### **South East Coast Ambulance Service – Patient Transport Service**

- 70.20. At the last Board we reported that the Chief Executive of SECamb is currently on a leave of absence and the Chair has resigned. Since this meeting, Sir Peter Dixon

has been appointed as Interim Chair. Sir Peter has been making contact with the various organisations and committees and we look forward to meeting him.

- 70.21. The Board is aware of the recent news items about SECamb and are also aware that Overview and Scrutiny will continue to monitor this. A letter from the Chief Operating Officer of the CCG has also been circulated and will be listed as a supporting document to the minutes of the meeting.

## 71 FORMAL PUBLIC INVOLVEMENT

- 71.1. The Chair noted that a total of 5 public questions had been submitted and that 3 of these related to Item 76, Sustainability and Transformation Plan. In view of this he proposed to take the questions when the item was reached so that they could be considered as part of the wider discussion on the issue.
- 71.2. The Chair then invited Mr. Kapp to come forward and to put his question to the Board.
- 71.3. Mr. Kapp thanked the Chair and asked the following, “Will Rough Sleepers be treated under the Better Care Fund Plan (item 75) and the Wellbeing Service Contract 2017/22 (agenda item 74)?”
- 71.4. The Chair replied, “Yes they are included under the model described on 115-116 of the papers (11-12 of the Better Care Plan). With regard to the Wellness Strategy, yes, we do we want rough sleepers to be able to access the support that is available both in the IAPT and the community wellbeing service and we think it is important that people with complex needs, including people who are homeless are supported to access these services and that the services are able to respond to their needs. This could include for example the provision of support to help people prepare for a course of treatment or offering flexible appointments in a range of locations.”
- 71.5. Mr. Kapp asked the following supplementary question, “Will persons receiving Personal Independence Payments (PIPs) be required to attend treatment under the Better Care Fund Plan (item 75) or the Wellbeing Service Contract (agenda item 74)?”
- 71.6. The Chair replied, “PIP funding is from the Department of Work and Pensions. It is a non means tested disability payment for either supporting activities of daily living (commonly called the care component) and / or mobility. It is paid via an independent assessment of needs that is not done by local social care or health services. While using such local services may be supportive of an application it is not a requirement nor essential.”
- 71.7. The Chair thanked Mr. Kapp for attending the meeting and invited Ms. Ingrid Ashberry to come forward and to put her question to the Board.

- 71.8. Ms. Ashberry thanked the Chair and asked the following, “Although the report recommends alternative providers for all services apart from Beaconsfield Villas it hints that this might not be possible either because of some service design to save money or some services becoming too expensive. How much explorations of these possibilities have been done already and what reassurance can we have that the Council are committed to working with the new providers to ensure residents can stay in their homes in the long term?”
- 71.9. The Chair replied, “We have carried out some soft market testing and further information regarding this is set out in the report in paragraph 6. There was good interest shown by providers, however until we tender for new service providers we do not know what the specific interest will be. The Council are committed to working with service users, their families and new providers to ensure that changes to services are managed in a planned and sensitive way with least disruption to service users.
- 71.10. We are expecting that most people will remain in their homes. However there may be some people whose needs could be met more effectively in alternative accommodation and until we carry out the procurement process we won’t know exactly what alternative accommodation or services might be available. Any changes to accommodation would only be made where people wanted to move, or where their existing accommodation did not meet their needs in the most effective way. It is important that people are given the opportunity to move to more independent living where this can meet their needs.”
- 71.11. Ms. Ashberry asked the following supplementary question, “Will the Board continue to offer real choice to users for their lives?”
- 71.12. The Chair stated that it was the council’s intention to involve all service users in the decisions that affected them and to consider their needs and engage with broader groups so that as much information as possible could be taken into account.
- 71.13. The Chair noted that there were no further questions and thanked Ms. Ashberry for attending the meeting.

## **72 TOWER HOUSE DAY SERVICES**

- 72.1 The Statutory Director for Adult Social Care introduced the report which detailed the outcome of a three-month consultation in relation to four options concern the future of the day centre at Tower House. She noted that the uncertainty around the future of the day centre meant that it was proving to be a difficult time for those people who use the centre and the staff who supported those users. She also acknowledged that a period of change was not easy for some people and that there



was a degree of anxiety about any changes that may result as well as it being seen as an opportunity to do something different.

- 72.2 The Head of Adults Provider stated that Tower House was a day centre for older people and people with disabilities and following a decision at the Policy & Resources Committee in November, a 3-month consultation had been undertaken to assess the viability of the centre and options for future provision for the service users. She outlined the consultation process and noted that all the various responses had been collated and included in a confidential appendix that had been provided to the members of the Board. She stated that in regard to the 72 responses received, 43 preferred Tower House to continue with a reduced level of provision. However, taking into consideration the need to deliver £150k savings, with only 13 people using the facility for 2 days a week, costs would increase. There was also a duty under the Care Act to offer personalised budgets to users which enabled them to use alternative providers that were more cost effective than attending Tower House; e.g. they could pool budgets to use other services and maintain friendship groups.
- 72.3 The Head of Adults Provider stated that consideration had been given to cross-subsidising the service at Tower House; however the lease agreement was restrictive and did not allow for sub-letting. Officers had also sought to contact the freeholder but had had no response. There had also been an approach to the Council by a charity which was seeking to provide a service for older people at Tower House, however even if it was able to lease the facilities the service would not meet the needs of the 13 people that currently used Tower House as their primary service.
- 72.4 The Head of Adults Provider stated that in considering all the aspects regarding Tower House, it was considered not cost effective to continue to provide a day centre service to 13 people. She also noted that the number of people using Tower House had been decreasing and others would be able to access alternative provision to meet their needs.
- 72.5 The Chair stated that he wished to thank everyone who had been involved in the consultation process and the drafting of the report. He also noted Mr. Griffin had asked to address the Board and put a question in relation to Tower House and therefore invited him to come forward and speak to the Board.
- 72.6 Mr. Griffin thanked the Chair, and stated that he had Acquired Brain Injury and had been referred to Headway for support. However, he also volunteered at Tower House and had seen the benefits that users gained from attending, especially those with brain injuries and suggested that the centre should be a specialist service that was made available to others. He also believed that there were a number of people waiting to be assessed who could use Tower House which would increase the numbers. He therefore asked what would happen to those who currently used

Tower House and the 4 people who were unlikely to be able to be offered anything if it closed.

- 72.7 The Chair thanked Mr. Griffin for attending and for raising his concerns; and asked for clarification in regard to alternative provision that was available in the city to meet complex needs.
- 72.8 The Head of Adults Provider stated that the Council contracts with Headway for people with an acquired brain injury who require this service and this would continue. People requiring this specialist service would not attend Tower House and people with specific needs would continue to receive specialist services, which was not the role of Tower House. She acknowledged that there were some users of Tower House that would need a similar service to that currently provided at Tower House and their needs would be reviewed and there were providers in the city who could be contracted to provide a similar service. She stated that should the Policy & Resources Committee approve the closure of Tower House, staff would work with the users to ensure everyone's needs were met.
- 72.9 The Chair noted that he had met with the Older People's Council earlier in the day and they had raised the question of providers in the city having waiting lists and therefore there was uncertainty about vacancies.
- 72.10 The Head of Adults Provider stated that she was aware of one service provider that had a waiting list for one of the four days that a service was provided. However, if there was sufficient demand further work could be carried out to see whether that service could extend their opening to five days per week
- 72.11 The Chair also queried how personal budgets and pooled budgets would work and what support was available to people to manage these.
- 72.12 The Head of Adults Provider stated that staff would work closely with individuals to look at their needs and interests and assess the level of budget that would be available to them. There was also support available from the voluntary sector organisations including the Fed to enable people to purchase services to meet their needs.
- 72.13 The Statutory Director for Adult Social Care stated that depending on the outcome at the Policy & Resources Committee meeting, officers would look to work with staff and volunteers at Tower House to ensure a smooth transition. She acknowledged the work and value contribution of staff and volunteers at Tower House and stated that volunteers would be encouraged and supported to seek other opportunities if they wished. She also noted that some people at Tower House were already using personalised budgets and the intention would be to expand on that use.

- 72.14 Councillor Mac Cafferty referred to the Policy & Resources Committee in November and stated that he believed it had requested officers to consult on maintaining the existing Day Centre service and this had not been undertaken in regard to the report that was before the Board today. He disagreed with the comments that had been made so far and believed that the overwhelming majority of users wanted to stay at Tower House. It was also misleading to suggest that the centre was in decline when there were others waiting to be assessed and to use it. He did not accept that with personalised budgets people may opt not to use Tower House as they could choose to do so. He also questioned how friendship groups would be maintained and queried whether this was properly addressed in the Equalities Impact Assessment (EIA). He referred to a number of moving comments in the appendices and stated that what had been requested in November was not included in the report that was before the Board today.
- 72.15 The Statutory Director for Adult Social Care stated that there was a need to give consideration to the financial situation and the best use of services. In regard to Tower House there had been no more than ten referrals for the day service since last summer. People were sign-posted to services that were available and how they could meet their eligible need.
- 72.16 The Head of Adults Provider noted that the Care Act 2015 placed a duty on the local authority to offer everyone a personal budget and to look at the options available to meet their needs. If they choose not to have a personal budget then day service provision can be looked at. However, there had not been the number of referrals or people choosing to come forward for day services that would maintain Tower House.
- 72.17 Councillor Barford stated that it was a complex and emotional issue and she wanted to thank everyone who had taken part in the consultation and in producing the report. She would have preferred to find a way to keep the service open but noted that the direction of travel had been set by the Board last year. There was a need to ensure that services were personable and people had a choice. She was aware that Tower House was valued by those that used it; however it needed to be fit for purpose now and for the future. The 13 people identified would be supported in every way possible as it was recognised that change wasn't necessarily an easy process. She also hoped that the staff and volunteers who did an amazing job would be retained and their skills utilised. She also wished to propose an additional recommendation, 'That the Health & Wellbeing Board recommend to the Policy & Resources Committee that the Council write to the Freeholder of the Tower House site inviting them to retain it for community use.'
- 72.18 Councillor K. Norman stated that he would prefer to see Tower House remain open and available for community use and agreed with Councillor Barford's comments. He had been contacted by a charity about the possible use of Tower House and hoped that could be explored. He also accepted the conclusions that had been

reached and noted that service users would be supported to make use of alternative providers and remain part of the community.

- 72.19 The Chief Executive noted the comments regarding the Freeholder and stated that officers would endeavour to contact them prior to the meeting of the Policy & Resources Committee on the 28<sup>th</sup> April.
- 72.20 The Head of Adults Provider stated that the council was limited in regard to the terms of the lease and that the Charity has expressed an interest in sub-letting facilities so that a service for older isolated people could be offered. This would not meet the needs of the 13 people in question. There was the possibility that the Council could grant a licence which would be on certain terms only, and it would need to be explored further to see if this is a viable or realistic option.
- 72.21 Frances McCabe asked what the status of the consultation was in terms of the decision-making process.
- 72.22 The Lawyer to the Board stated that an informed decision of the Board needed to be taken which took into account the consultation process, which was not a referendum, and findings and all other information relating to the matter. It needed to be satisfied that the issues raised could be addressed and taking all aspects into consideration, a reasonable decision could be reached.
- 72.23 The Statutory Director for Adult Social Care referred to paragraph 10.2 of the report and noted that, "In considering its statutory duties the Local Authority must be mindful of the resources available..."
- 72.24 Councillor Mac Cafferty referred to the 4 gunning principles around the consultation and that the majority of respondents wanted the status-quo. The service was fit or purpose and he referred to comments in the appendix which indicated that if people did not attend Tower House their health and wellbeing would go downhill.
- 72.25 The Lawyer to the Board stated that the Board needed to take into account all the information available, i.e. the consultation responses, the financial position, alternatives that were available, assessed needs, to reach a reasonable decision.
- 72.26 Councillor Barford stated that she could understand that there were genuine fears about the changes that could result from a closure of Tower House. However, there was a need to consider the future and to be able to maintain services for that and to meet individual needs. She hoped that there would be positive outcomes and noted that the Board had already heard about how a change of service had seen improved delivery.

- 72.27 Councillor K. Norman noted that there had been similar decisions taken in the past which resulted in service changes that had been difficult to take but had resulted in positive outcomes.
- 72.28 The Chair noted that comments and acknowledged that the service at Tower House was well regarded and that people had confidence in it and that their concerns were not just about social care but about socialisation and friendship groups as well. The decision for the Board was not a reflection on the work and support at Tower House. He also noted that an amendment had been moved to add an additional recommendation and asked if there was a seconder.
- 72.29 Councillor K. Norman formally seconded the amendment.
- 72.30 The Chair asked the Lawyer to the Board to confirm the proposed amendment.
- 72.31 The Lawyer stated the a new recommendation 3.3 had been proposed which read as follows, "That the Health & Wellbeing Board recommend to the Policy & Resources Committee that the Council write to the Freeholder of the Tower House site inviting them to retain it for community use."
- 72.32 The Chair then put the recommendations to the Board and took a vote on recommendation 3.2 which was carried by 8 votes to 1.
- 72.33 **RESOLVED:** That the Health & Wellbeing Board having read and considered the consultation outcome and equalities impact assessment to inform its decision making recommends:
- (1) That the Policy & Resources Committee agree that Tower House Day Service should close and that appropriate alternative arrangements should be made for service users to ensure their social care needs are met; and
  - (2) That the Policy & Resources Committee agree that the Council should write to the Freeholder of the Tower House site inviting them to retain it for community use.
- 72.34 The Chair noted that the meeting had been in session for an hour and half and adjourned the meeting for a short comfort break.
- 72.35 The meeting was then adjourned at 5.30pm.
- 72.36 The Chair reconvened the meeting at 5.40pm.
- 73 LEARNING DISABILITIES ACCOMMODATION SERVICES**
- 73.1 The Statutory Director for Adult Social Care introduced the report which detailed the outcome of a three-month consultation with all service users and their families,

living in the Council's directly provided accommodation services for people with a learning disability. She noted that there were 51 service users and that there had been a mixture of views expressed to the proposed changes with some people clearly anxious about the implications for them and the staff that supported them.

- 73.2 The Head of Adults Provider stated that the council provided a range of services within supported and residential care homes for 51 service users. The Policy & Resources Committee had agreed to a consultation exercise last November based on three options, which involved a questionnaire, meetings with families, advocated meetings with users, social work assessments/reviews and provider engagement. A total of 31 families responded with 28 stating preference to remain in their existing homes with an alternative Provider. In view of the reservations raised by families about the availability of other Providers in the city, a provider event was held and attended by 9 families and 7 Providers. Having completed the consultation process and looked at the options, it was felt that a procurement exercise should be undertaken with a view to support being made available from alternative providers. The Head of Adults Provider also noted that the people living in Beaconsfield Villas residential care home would move to the Beach House, and the people living in Ferndale Road would be supported to move together to alternative accommodation.
- 73.3 Jenny Oates referred to paragraph 5.34 and the need to demonstrate value for money and queried how the level of provision would differ with alternative Providers to the council given the difference in the level of cost.
- 73.4 The Head of Adults Provider stated that council staff would transfer across to an alternative Provider under TUPE regulations however any future recruitment would be based on the new Provider's terms and conditions. In relation to the costs, an alternative Provider was likely to have lower on-costs, have more staff flexibility which enabled them to have lower rates than the council. She also noted that an Independent review of Learning Disability Services last year recognised the quality of service and staff but was critical of the culture of not encouraging people to move to more independent living when they should be. This was something that was more likely to happen with an alternate Provider in place.
- 73.5 The Statutory Director for Adult Social Care noted that the Learning Disability Strategy had been developed following the Independent Review and stated that the independent expert had been shocked at the council's staff levels and resource provision and suggested that could be provided in a different way, e.g. the council's units were operated on an individual basis whereas under another Provider they would be operated differently.
- 73.6 Councillor Barford wished to thank everyone involved in the process of bringing the report to the meeting and was sure that officers and staff would work with partners, service users and families to ensure a suitable outcome was achieved for all concerned. It was not possible to maintain the status-quo and every support

would be made available to all those affected by the level of change and the need to review their needs and adapt as necessary.

- 73.7 Councillor Mac Cafferty noted that a number of the respondents had said they were happy with their current situation and wanted the status-quo to remain. He also questioned what assurances there were for the service users that provision would remain and felt that the cumulative impact on these people was not reflected in the Equalities Impact Assessment (EIA), in terms of a way forward. He also queried whether there was any reason why some Providers did not attend the Provider event and if one was selected how would they engage with the users and what assurances were there that would meet the person's needs.
- 73.8 The Head of Adults Provider stated that the majority of people would remain in their homes that they were in and staff would TUPE across to the new Provider. Where there was a change then the council would work with those people to support any move. She noted that the Provider event had been called at short notice and some Providers had been unable to attend, whilst of those that did some were accompanied by service users who were able to give assurances about provision. She also noted that 80% of services were delivered by the independent and voluntary sector and those Providers had a lot of experience in the city.
- 73.9 The Chair referred to the Independent Review and queried whether it was felt that the Council was providing a 'Gold Service' or was applying too much resource for the outcome of the individual.
- 73.10 The Statutory Director for Adult Social Care stated that in comparison to other authorities/Providers the Council had a high level of spend and was seen to be risk averse. The review was critical of the level of services provided and raised the need for a more individualised approach. It was considered to be too protective and should enable people to have a wider opportunity. She also noted that there were some people who wanted to move on and should be encouraged to do so.
- 73.11 The Statutory Director for Children's Services stated that there was a parallel situation for Children's Services and the themes reflected in the comments were similar for service provision. There was a need to have a regard to the use of public money and how the best outcomes were achieved for service users.
- 73.12 The Statutory Director for Adult Social Care noted that concerns had been expressed about those people who had specialist needs and had built particular relationships with staff. She stated that should there be any moves as a result of reviews it was intended that the staff would be fully involved to support that process.
- 73.13 Councillor Mac Cafferty stated that he felt there was an inference in the report that people would be forced to move and he sought an assurance that this would not be the case even if there was another Provider.

- 73.14 The Head of Adults Provider stated that there were some people whose needs were not best met by their current provision and this could be better with different accommodation. There would be individual reviews undertaken and discussions with the families to consider whether any needs had changed and/or alternative provision would be more suitable before any action was taken. The aim would be to ensure that all needs could be met fully.
- 73.15 The Chair thanked everyone for their comments and put the recommendations to the Board, with recommendation 3.2 being put to the vote and carried by 6 votes to 1.
- 73.16 **RESOLVED:** That the Health & Wellbeing Board having read and considered the consultation outcome and equalities impact assessment to inform its decision making recommends:

- (1) That the Policy & Resources Committee agree that the Learning & Disability Services should be re-provided as set out in paragraph 8 of the report.

**74 RE-PROCUREMENT OF THE IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES SERVICE (IAPT) FOR ADULTS AND THE ALL AGE COMMUNITY WELLBEING SERVICE**

- 74.1. The Commissioning Manager, Adult Mental Health and Wellbeing introduced the report which provided the Board with an update on the procurement for new services for Improving Access to Psychological Therapies Services (IAPT), for adults and All age Community Wellbeing Service. She noted that the contract had been previously extended on two occasions and with other potential Providers available it was appropriate to put it out to tender. The aim being that the Invitation to Tender (ITT) documents would be issued in June and the contract awarded in November by the CCG Board with a view to its implementation from April 2017.
- 74.2. Councillor Penn stated that as the Lead Member for Mental Health as well as a service user, she was disappointed that she had not been aware of the re-procurement of the contract and the consultation process. She was concerned that other users of the Wellbeing service were not aware and asked for confirmation of who was involved in the consultation process and whether it could be extended.
- 74.3. Frances McCabe welcomed the intention to look at Children's services and the transition process as it was important to ensure that there were no gaps in terms of service provision. She also echoed Councillor Penn's concerns and was not clear whether Health Watch had been consulted.
- 74.4. Councillor Mac Cafferty stated that he was unclear as to when the re-procurement process had been approved. He also referred to the Equalities Impact Assessment



(EIA) and queried whether it would include reference to people with protected characteristics and how their needs would be met.

- 74.5. The Commissioning Manager, Adult Mental Health and Wellbeing stated officers were in the process of completing a rapid needs assessment and various groups including GP's, Healthwatch and the public had been consulted. A number of responses had been received although she was not sure if the information had put on the council's website. She also stated that the EIA was under development and she would ensure that people with protected characteristics were included in that and in the new service provision. She noted that the decision to involve Children's services was to ensure that the transition process was picked up and any gaps covered with the new contract. She also noted that there would be an exit strategy within the process for any new Providers.
- 74.6. The Head of Commissioning, Mental Health and Children's Services at the CCG, stated that the need to re-procure the contract had arisen because of the previous extensions and alternative Providers that existed in the city. It had been raised with the CCG Board and within the JNSA and she assured the Board that the needs of those with protected characteristics would be taken into consideration and included within the EIA. The service specification was currently being drawn up and she was happy to ensure that Board Members and others were able to engage in the process prior to the ITT being issued.
- 74.7. The Chief Operating Officer of the CCG stated that any feedback on the services would be welcome and taken into consideration as part of the review process on the quality impact of the service.
- 74.8. The Chair noted the comments and welcomed the opportunity to feed into the review process. He therefore put the recommendation to note the report to the Board.
- 74.9. **RESOLVED:** That the report be noted.

## 75 BETTER CARE PLAN

- 75.1. The Chair noted that the Better Care Fund was due to be considered for approval by the Better Care Board on the 21<sup>st</sup> July and would then have come to the Health & Wellbeing Board for final sign-off. Unfortunately the timings of the two meetings and the requirement for the Better Care Fund to be approved and submitted by the 6<sup>th</sup> May 2016 meant that the report had to come to the Health & Wellbeing Board first. He therefore hoped that the Board would be supportive and agree to the Fund being approved in principle and for the Better Care Board to approve the submission of the Better Care Plan and associated pooled budget arrangements.

- 75.2. The Chief Operating Officer for the Clinical Commissioning Group (CCG), introduced the report and noted that the Board had already approved the Plan and associated pooled budget arrangements at a previous meeting. The report outlined the final version for submission which clearly outlined the joint working between the local authority and the CCG and showed how resilience and pro-active action was being taken to meet the financial challenges that were being faced. He also noted the joint working with the voluntary sector and multi-disciplinary approach that was being taken to address needs.
- 75.3. The Head of Financial Services referred to the overall budgetary position and noted that both the City Council and the CCG had made contingencies within their respective budgets for any savings that may not be achieved and additional pressures that may result. He also noted that the Better Care Programme Board regularly reviewed the budget position and would report to the Health & Wellbeing Board as necessary.
- 75.4. Fran McCabe welcomed the report and noted that a lot of work had gone into developing the Plan and raised some points in regard to whether there would be any sanctions if performance targets were not met. She also queried how the new governance structure would look and suggested that more information would be helpful in regard to the outcomes that were highlighted and how the Plan related to other plans such as the CCG Operating Plan and Workforce Strategy.
- 75.5. The Chief Operating Officer stated that the Better Care Board was the responsible body for considering all the plans and ensuring that they were taken into consideration and reflected in the Annual Operating Plan. He also noted that the System Resilience Group reported to the Better Care Board and was responsible for ensuring that the Plan was implemented and how it delivered.
- 75.6. Pennie Ford noted that the process for submission of the Better Care Plan, provided for feedback to the CCG from NHS England in order for the final submission to be revised and ensure it was able to sign-post how challenges would be met and related to other plans.
- 75.7. George Mack stated that he had previously suggested that quarterly or half-yearly highlight reports should be brought to the Health & Wellbeing Board on this area and asked that this be incorporated into the Board's work plan.
- 75.8. The Chair noted the comments and agreed that greater clarity was needed in terms of the oversight of the Plan and the role of the Better Care Board.
- 75.9. The Statutory Director for Adult Services stated that it would be possible to bring highlight reports on specific areas of the Plan to the Board on a quarterly basis with a half-yearly update on the overall Plan.
- 75.10. **RESOLVED:**

- (1) That the Better Care Plan for 2016/17 and pooled fund be approved;
- (2) That the achievements made during 2015/16 be noted;
- (3) That the proposed changes to the pooled fund hosting arrangements be approved.

## 76 SUSTAINABILITY AND TRANSFORMATION PLAN - PRESENTATION

- 76.1. The Chair stated that the future of the NHS was being looked at and he hoped that the presentation would give some insight into what was being considered. He also noted that there were three public questions in regard to the item and he would therefore take them after the presentation.
- 76.2. The Chief Operating Officer of the CCG gave a presentation on the Sustainability and Transformation Plan, (STP) which was the proposed new planning framework for NHS services that had been announced in December 2015.
- 76.3. The Chief Operating Officer noted that it was still early in the process in terms of finalising the new framework and that it would need to reflect the previous plans that had been referred to in earlier discussions.
- 76.4. The Chair thanked Mr. Child for his presentation and invited Mr. Graham to put the first public question to the Board on behalf of Mr. Walker.
- 76.5. Mr. Graham thanked the Chair and asked the following, “What impact does the Health & Wellbeing Board believe the Sustainability and Transformation Plan and the new geographic alliances which are being generated to implement it, have on health and social care services in Brighton and Hove? What analysis of this and other potential impacts of such radical change in the organisation and structuring of health and care services, for e.g. socio-economic, have been carried out or are planned?”
- 76.6. The Chair noted that Ms. Mainstone had not been able to stay for the item and read her question, “According to the STP Planning Guidelines issued by NHS England, the success of the Plan ‘depends on having open, engaging and iterative processes that harness the energies of clinicians, patients, carers, citizens and local community partners and local government.’ Can the Board explain how they plan to comply with this instruction on this issue of unprecedented significance for our local democracy and for all residents of the city? Are local trade unions being consulted about the budgetary and staffing implications?”
- 76.7. Ms. Dickens then asked the third public question, in regard to item 4.9 page 55 of the February HWB agenda, recommending “Return the system to aggregate financial balance. Efficiency savings with the Lord Carter provider productivity

work programme, complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs to deliver savings tackling unwarranted variation in demand through implementing the RightCare programme in every locality.” How would ‘aggregate financial balance’ be achieved with the current BSUHT deficit of £37 million, what would such mechanisms mean in relation to savings and cuts in NHS budgets and what consultation has there been with unions involved?”

- 76.8. The Chair thanked the questioners and in regard to Ms. Mainstone’s question stated that the position had not been reached as yet. There had not been any public engagement or discussions with the Board in regard to the STP, although input had been and was being made by the CCG and officers.
- 76.9. The Chief Operating Officer stated that it was still too early to be able to respond to the questions. The STP was likely to go across a wider footprint and include economies of scale. He noted that the Chair of the STP Programme Board had recently written to the Chairs of Health & Wellbeing Boards asking for their views on how public engagement should take shape and noted that it was too early to involve the trade unions. It was intended to develop an engagement plan and once this was agreed a lot of the questions being raised would be addressed.
- 76.10. The Chair suggested that there was a need to enable engagement in the process before a final version of the STP was determined and stated that he hoped there would be an opportunity to influence the make-up of the Plan.
- 76.11. Ms. Dickens asked a supplementary question, did the Board anticipate that greater aggregation would result and workforce savings that would lead to implications for the future of the NHS?
- 76.12. The Statutory Director for Adult Services stated that she was a member of the STP Programme Board and other partner agencies were also represented on the Board. There was a degree of concern about the level of engagement that could be achieved when the Plan was due to be submitted by the 23<sup>rd</sup> June. She had put herself forward to sit on the Southern Regional Board and hoped that greater clarity would be forthcoming. However, it was not possible to answer the question at this stage.
- 76.13. Councillor Barford stated that it was important to be able to have a level of engagement that people trusted and hoped that this would be given further consideration.
- 76.14. Pennie Ford stated that it was early days for the development of the STP and that there would be different levels of planning, with local integrated work being a core element of provision along with areas that needed a wider footprint e.g. mental health and workforce challenges.

- 76.15. The Statutory Director for Children's Services noted that the current version of the STP had a lack of reference to Children & Young People and hoped that this would be addressed.
- 76.16. Councillor Mac Cafferty referred to figures published by the King's Fund which suggested that there would be a 20% cut in the NHS by 2020. He fully understood why people were anxious about the way forward and suggested that the Board could submit a request for the process to be halted pending a consultation process being undertaken before any decision was taken.
- 76.17. Councillor Penn stated that she wished to echo the comments made by Councillor Mac Cafferty and queried how many people were aware of the process and proposals contained in the STP. She felt that there was a need for more engagement and to raise awareness of the situation.
- 76.18. The Chief Operating Officer noted the comments and stated that the Chair of the Board had been asked for comments on the engagement process by the Chair of the STP Programme Board. He also stated that he would take on board the point raised about Children & Young People.
- 76.19. The Chair stated that he was happy to write to the Chair of the Programme Board and reflect the Health & Wellbeing Board's concerns/views. He would also invite him to attend the next meeting of the Health & Wellbeing Board.
- 76.20. **RESOLVED:** That the information contained in the presentation be noted.

## **77 ADULT SOCIAL CARE CHARGING POLICY 2016: AMENDMENT**

- 77.1. The Cahir stated that the report concerning Adult Social Care Charging Policy 2016: Amendment was before the Board for information and therefore moved that it be noted.
- 77.2. **RESOLVED:** That the report be noted.

## **PART 2 SUMMARY**

### **78 TOWER HOUSE DAY SERVICES: APPENDICES - EXEMPT CATEGORY 3**

- 78.1. **RESOLVED:** That the information be noted.

### **79 LEARNING DISABILITIES ACCOMMODATION SERVICES - EXEMPT CATEGORY 3**

- 79.1. **RESOLVED:** That the information be noted.

80 PART TWO PROCEEDINGS

- 80.1. **RESOLVED:** That the information contained in the appendices to Items 72 and 73, listed as items 78 and 79 on the agenda remain exempt from disclosure to the press and public.

The meeting concluded at 7.40pm

Signed

Chair

Dated this

day of

2016