BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 28 JANUARY 2020

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Moonan (Chair), Appich (Deputy Chair), Shanks (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Nield
Brighton and Hove CCG: Dr Andrew Hodson (Chair of the CCG and Co-Deputy Chair), Lola Banjoko, Malcolm Dennett ad Ashley Scarff

Also in Attendance: Geoff Raw, Chief Executive; Deb Austin, Acting Statutory Executive Director, Children's Services; Rob Persey, Statutory Director for Adult Social Care; Alistair Hill, Director of Public Health and David Liley, Brighton and Hove Healthwatch

PART ONE

38 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

38(a) Apologies

38.1 Apologies were received from Graham Bartlett, Brighton and Hove Local Safeguarding Adults Board and Chris Robson, Brighton and Hove Local Safeguarding Children Board

38(b) Declarations of Substitutes, Interests and Exclusions

38.2 There were none.

38c Exclusion of press and public

38.3 28.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

38.4 It was noted that Item 47 contained exempt information which would have needed to be considered whilst the press and public were excluded from the meeting. It had been agreed however that in view of the late release of this item it would now be considered at a special meeting of the Board the details of which would be confirmed as soon as possible.

38.5 **RESOLVED** - That the public are not excluded from any item of business on the agenda.

38.6 The Chair explained that this meeting although being webcast would not be available to watch live, although once uploaded would be available for repeated future viewing.

39 MINUTES

39a Minutes of Special Meeting, 5 November 2019

39.1 **RESOLVED -** That the Chair be authorised to sign the minutes of the special meeting held on 5 November 2019 as a correct record.

39b Minutes of Meeting, 12 November 2019

39.2 **RESOLVED -** That the Chair be authorised to sign the minutes of the meeting held on 12 November 2019 as a correct record.

40 CHAIR'S COMMUNICATIONS

Better Care Fund

40.1 The Chair, Councillor Moonan, explained that she wished to update the Board on one item which did not require a formal report that day. The Better Care Fund included a section 75 agreement which supported the joint working. In September we had been informed that the agreement would need to be formally extended when the funding had been agreed with national government. The Chair was able to confirm that this agreement had now been formally signed off and a formal report on the targets and outcomes would come to the Board's next scheduled meeting in March.

Draft Sussex Health & Care – Response to the NHS Long Term Plan

40.2 The draft Sussex Health & Care response to the NHS Long Term Plan had been presented to the November special meeting and it was understood that the draft response had now been submitted. Whilst there had been some feed back this had not been finalised as yet. Work had started on the delivery plan to support the response. The scrutiny of the NHS Long Term Plan would sit with the Health Overview and Scrutiny Committee.

Flu Jab/Vaccination

40.3 The Chair also wished to highlight that that it is not too late for anyone to receive a Flu Jab. Many people often thought that as it is after Christmas and in new year it was too late to bother but locally we were only just starting to hit our peak levels.

Wuhan Novel Coronavirus

40.4 The Chair stated that everyone was aware of the novel coronavirus which had been identified recently which appeared to have originated in Wuhan, China. This situation was evolving rapidly and was being monitored carefully, but based on the available evidence, Public Health England had advised that the current risk to the UK population was low. The BHCC Public Health team were liaising closely with Public Health England and CCG colleagues to ensure that we were able to respond appropriately and quickly to any situational changes. NHS England had cascaded detailed information on managing suspected cases to all front-line NHS staff. The link to the latest information is set out below:

Based on the available evidence, Public Health England advise that the current risk to the UK population is low.

Re-procurement of Substance Misuse Service

40.5 contracts for:
(i) In-patient detoxification; and
(ii) Community recovery service

It was noted that at the meeting of the Board held on 29 January 2019 delegated authority had been granted for the Executive Director of Health and Adult Social Care (HASC) to undertake procurement by tender and award of contracts for substance misuse services for a term of five years with the provision for a further two year extension. The The re-procurement process is now complete and the contracts have been awarded as follows:

For Lot 1: inpatient detoxification services, the contract has been awarded to Vale House Stabilisation Services.

For Lot 2: community recovery service, the contract has been awarded to Change, Grow, Live (CGL)

The contract documents were now in preparation and the planned start date for the new services was 1 April 2020.

Deferral of Consideration of Consideration of Report(s) 47 and 50 – Commissioning of a Supported Living Service for People With Cognitive Impairments

40.6 The Chair explained that after consulting with colleagues and other members of the Board she had taken the decision to hold back the report(s) on commissioning a supported living service for people with cognitive impairments. Once the existing service provider had given notice everyone had known that fulfilling the required procurement process and mobilising a new service to protect service users would be extremely challenging. We had also had to compare the preferred bid accurately with an in-house offer. As a result this report could not fit neatly into the timings of the Board meetings which were set a year in advance.

40.7 Members considered that they had, had insufficient time to read through and fully understand the implications of the report in time to make a considered decision that day.

The Chair went on to explain that the decision could not be delayed for long in view of the need to protect as the wellbeing of the existing service users and the timescales to award the contract. Her preference was for this report to be brought back to a special meeting of the Board the following week, the timings for which were to be confirmed. The recommendations for the Board remained that the service be outsourced to an external provider who could provide a high quality specialist service for the best value to the council.

40.8 **RESOLVED –** That the content of the Chair's Communications be received and noted.

Callover

40.9 All items on the agenda were reserved for discussion with the exception of Item 46, details as set out below:

Item 46 – "Annual Review of Adult Social Care Charging Policy 2020"

40.10 The officer recommendations set out in the above report were agreed without debate.

41 FORMAL PUBLIC INVOLVEMENT

41a Petition(s)

41.1 There were none.

41b Written Question(s)

41.2 It was noted that five written questions had been received, four of which related to the roll-out of 5G technology and the other to social prescribing. Three of those who had submitted questions were not in attendance at the meeting, the Chair confirmed however that details both of the question(s) themselves and the responses given would be set out in the minutes. The questions submitted and the responses provided by the Chair are set out below:

Accountability for Future Health Issues Related to 5G – Mr Manderlay

41.3 The Chair, Councillor Moonan, invited Mr Manderlay to put his question which is set out below:

"Who is going to be held accountable for any future health issues in either individuals or groups of people related to 5G?

Is it not true that the person or persons held responsible will be the one (or ones) whose signature (or signatures) appear on the permits?"

41.4 The Chair, responded in the following terms:

"The report which the Board is considering today sets out the role of the Council in relation to the roll-out of 5G in the context of its planning powers. The Council should follow the National Planning Policy Framework when considering planning applications and this states that local planning authorities should not "set health safeguards different

from the International Commission guidelines for public exposure." The Council is therefore expected to rely on the International Commission guidelines which have been reviewed by Public Health England (PHE). Further, in most cases, as set out in the report no planning applications are required because of permitted development rights and the Council therefore has limited powers in dealing with proposals to which these rights apply."

41.5 Mr Manderlay had given prior notification of a supplementary question and this is set out below:

"In your "response to petition to halt the roll-out of 5G" you state that you (and the government) take the advice from Public Health England. On their website PHE refer to research and studies regarding the safety of RF, including Non-Ionising Radiation. My question is, what are these researches and studies and, most importantly, who conducted them? Thousands of doctors and scientists the world over have drawn attention to hundreds, if not thousands, of peer reviewed papers to the total lack of independent studies about the long term effects of non-ionising radiation in humans (not to mention wildlife). If PHE claim the studies have been done, they need to state who did them and why as well as their lengths and specific remits. Shouldn't a decision which potentially affects the health and wellbeing of many generations to come be based on thorough, independent research and studies?"

41.6 The Chair's response is set out below:

"I will need to refer you to Public Health England as they are the lead body on reviewing the evidence base from all areas. They provide the guidance which local bodies then use. I should stress that Public Health England is different from our local public health team. Public Health England (PHE) is an executive agency of the Department of Health and Social Care (DHSC) which is the expert national public health agency.

Refusal of Major Insurers to Insure Their Policies Against Negative Health Impacts of wi-fi Technologies Including 5G- Ms Hidalgo

41.7 Ms Hidaglo was invited to put her question which is set out below:

"If 5G is so safe, how come that leading insurers the world over, including Lloyds of London refuse to insure in their policies against any negative health effects caused by wi-fi technologies including 5G"

41.8 The Chair, responded in the following terms:

"insurance companies operate as independent commercial entities, unlike Council's which are required to follow the International Commission Guidelines. I cannot comment on the stance taken by insurance companies but I would like to reiterated that the Council will always carefully consider any planning application which does come forward that relates to 5G and there is the opportunity for people to put forward their comments in relation to those applications which will be given careful consideration in each case."

41.9 Mr Hidaglo had given prior notification of a supplementary question and this is set out below:

"What about the increasing number of people already sensitive to EMF? I know someone who is and their life has exponentially got worse ever since the launch of 3 and 4G. Nausea, headaches, dizziness and nerve pain on a daily basis. With 5G on top of this life will become intolerable to these people. And, as I have said their numbers are increasing."

41.10 The Chair, responded in the following terms:

As I have set out above, any concerns or objections that are raised in relation to individual planning applications will be carefully considered, including any health concerns."

Classification of Impact on Wildlife as an Emerging Issue- Ms Blosse

41.11 The following question had been notified by Ms Blosse:

"The European Commission's Scientific Committee on Health, Environmental and emerging Risks (SCHEER), assessed potential effects on wildlife from increases in electromagnetic radiation. 5G technology was classified as an "emerging issue" and given the highest ranking as an environmental hazard. It highlighted the concern that since health and safety issues remain unknown, it leaves the possibility of unintended biological consequences to the environment. The EKLIPSE report "The Impacts of EMR on Wildlife" confirms the harm from EMR on wildlife. Bees are at greater risk and in decline. What is the Health and Wellbeing Board planning to do to protect our city?"

41.12 The Chair's response is set out below:

"The County Ecologist has been consulted on this issue. None of the main government departments and agencies (The Environment Agency, DEFRA, Natural England) and or leading advocacy groups (RSPB and Bug Life) have information or guidance on this issue and do not direct us to any research. However, the issue was raised in the House of Commons' during questions and at that time (June 2019), Margot James gave the following response on behalf of the Government:-

"Electromagnetic radiation (EMR) has the potential to impact the movement of insects and some species of animals, but there is currently no evidence that human-made EMR, at realistic field level impacts on (a) plants, (b) animals or (c) insects."

The guidance we do have is that there is no known impact on human health (the remit of Health and Wellbeing Board) and, as we have already heard, there are planning and legal limitations on how the city council can act as a local planning authority. As I have set out above, any concerns or objections that are raised in relation to individua planning applications will be carefully considered and if there is guidance or relevant research that comes forward this can considered alongside those concerns and objections."

Limitations of ICNIRP-Ms Gomez/Ms Edgell

41.13 The following question had been notified by Ms Gomez/Ms Edgell:

The ICNIRP does not guarantee the correctness, reliability, or completeness of the information published on its website for guideline purposes. The content is provided for information only. ICNIRP do not assume any responsibility for any damage, including direct or indirect loss suffered by users or third parties in connection with the website and the information it contains including any technical data, recommendations, or specification available and an insurance company (Swiss Re) has listed 5G as a "high impact risk". Their white paper wording as follows:

"existing concerns regarding potential negative health effects from electromagnetic fields (EMF) are only likely to increase. An uptake in liability claims could be a potential long term consequence. https://es-ireland.com/2019/06/17may-2019-swiss re-classifies-5g-as-high-impact-emerging-risk-in-whitepaper/

Therefore if an insurance company will not take the risk then why would Brighton and Hove risk the health and lives of the residents of Brighton and Hove. Who is taking responsibility for damages caused by forcing me to be tortured by 5G pollution against my will?"

41.14 The Chair's response is set out below:

"Again I refer back to my previous responses and to the information set out in the report. I cannot comment on the position taken by insurance companies but the Council is clear about its responsibilities in relation to determining planning applications in accordance with the National Planning Policy Framework. This does require policies citing the International Commission guidelines to be treated as material when considering electronic communications development proposals. Once again I would like to reiterate that much of the development connected with the roll out of 5G will benefit from permitted development rights. The Council will carefully consider every individual planning application that it does receive, including any objections or comments received."

Social Prescribing – Mr Kapp

41.15 The Chair, Councillor Moonan, invited Mr Kapp to put his question which is set out below:

"Why isn't improvement in health included in the Council's 3 year plan (published in the "Argus" on 18 January 2020), when £454 million of public money is devolved from central government to the Clinical Commissioning Group this year, which together with £126mpa makes £580mpa for health and social care, which will probably rise next year to £600mpa, the dispersion of which should be decided by all councillors at the budget meeting on 27 February 2020?"

41.16 The Chair thanked Mr Kapp for his questions and responded in the following terms:

"I would like to correct you as the Council Plan has several pages covering "A Healthy and Caring City". However, the Council Plan is the Council Plan covering the things it can control. While it does include working with partners, such as the, pages covering "A Healthy and Caring City" the CCG while a partner is also an entity in its own right with its

own control over its finances and priorities. The Council and the CCG have both agreed the Joint Health and Wellbeing Strategy to which we are both joint partners and is focused on health improvement for the city. We will continue to work with the CCG on joint priorities but there would need to be a significant change in national legislation for your proposal to be allowed in law."

41.17 Mr Kapp was invited by the Chair to ask a supplementary question if he had one and this and the Chair's response to it is set out below:

41.18 "We had information given to the July Board about social prescribing but not the detailed funding as to how it works. I have had similar emails from people who run various things like Nordic Walking wanting to know how they can get funding to run such services. However the Board is not the funding controller for social prescribing nor is the CCG – this comes from the national pocket. Will the Health and Wellbeing Board agree to take a paper raising the question of whether or not licensed social prescribing providers should be paid as pharmacists are paid for drugs?"

41.19 The Chair responded as set out below:

"At the outset I should explain that Social Prescribing is not the same as prescribing medication. NHSE had a detailed webpage covering which I would encourage people to look at. It is. however far too detailed to report all the information to you today so I have been selective but have attached the link to the detail and this will go in the minutes.https://www.england.nhs.uk/personalisedcare/social-prescribing/

Social Prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on "what matters to me" and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. Funding for the new social prescribing link workers became available to primary care networks (PCNs) from 1 July 2019 when the reformed GP contract began. This is the biggest investment in social prescribing by any national health system, and legitimises community-based activities and support alongside medical treatment as part of personalised care."

41.20 **RESOLVED –** That the questions submitted and the Chair's response to them be noted and received.

41c Deputations

41.21 There were none.

42 FORMAL MEMBER INVOLVEMENT

42a Petitions

42.1 There were none.

42b Written Questions

42.2 A question had been circulated by Councillor Nield. The text of which is set out below:

"I have been contacted, as I think all Members have, by a resident who wants to know why as a transgender man he is having to wait years to access hormone treatment in Brighton and Hove. His mental health is suffering as he waits.

He says:

"Brighton is a beacon of hope for transgender people across the UK in terms of social acceptance, but this doesn't appear to be reflected in the NHS services provided. We need hormone treatment provided in a reasonable timescale."

I am very interested to see this same issue raised in the Local Term Plan:

4.2.6 local priorities: trans locally commissioned service in primary care. Responding to issues raised by our population there is a recognised gap and level of need in services for supporting our transgender population. An audit of local GP practices showed there were significant difficulties for transgender and non-binary patients such as long waits to receive prescribed hormone treatment. Brighton and Hove CCG are developing initial service costings and plans to initiate a three-year pilot service to fill this gap and improve the services for this population cohort. If we succeed, we would be proud to be the first CCG to do this in the country."

"I would very much like to know more about these plans: particularly how soon we can expect this pilot to begin, and what will be its scale and scope."

42.3 The Chair, Councillor Moonan, responded in the following terms:

"Thank you for this question and for raising it on behalf of other members of this Board.

I have a response from the CCG. I should highlight that this response does not go into the details of the individual concerned as that would not be appropriate although I have been assured that provision is arranged. Before I give the CCG response, it is worth noting that the board and also HOSC have been aware of waiting times for referral to specialist gender identity services at Charing Cross hospital are long. We are also aware that all GPs do not have the experience required to intervene in ways which would mitigate the negative impact of the long wait for a specialist referral (e.g., by prescribing hormones).

The Council held a Trans Equalities Scrutiny Panel in 2015 and that Panel heard evidence and made recommendations on issues which do relate to the issues raised. Specifically, the Panel heard that there were long waits for referral to the Gender Identity Clinic at Charing Cross. The Panel did not make recommendations to improve the Gender Identity Clinic but did make recommendations for a much more robust assessment of local need (via a Trans Needs Assessment and other measures) so that the local NHS was in the best position possible to manage demand.

The Panel also heard evidence about the issue of GP expertise in dealing with Trans health issues and made a number of recommendations, including a recommendation that the CCG explored the potential to pilot enhanced gender identity healthcare

services at a central Brighton GP practice–i.e., so that local trans people had timely access to a more expert service than GPs can typically provide.

In short, I think that the Council has shown an interest in precisely the issues raised by the complainant: (a) excessive waits for GIC; and (b) the need to develop a level of local specialism that might mitigate (a). However, despite the Council making recommendations to the CCG in 2015 -and the CCG agreeing to implement the recommendations – the problems have continued.

The CCG has made a formal response:
Currently there are a range of support initiatives in place. There is also a guide for GPs/General practice available on the CCG website:

https://www.gpbrightonandhoveccg.nhs.uk/supporting patients -accessing-gender-identity-services;

https://www.brightonandhoveccg.nhs.uk/gp-guide-supporting-trans-patients-launched

Also, a screening document for trans people has been produced because when a person's record is changed to reflect their identity, they will not automatically be called for screening programmes, i.e., someone who is female to male will not be called for cervical or breast screening even if they still have cervical or breast tissue

https://www.brightonandhoveccg.nhs.uk/your-health/screening

There is a pilot in development that is in the scoping stages which will mean that there will be a local satellite service available in the city. This work is underway and the CCG will update the Board about progress with this shortly.

42.6 **RESOLVED –** That the content of the submitted question and the Chair's response be noted and received.

42c Letters

42.7 There were none.

42d Notices of Motion

42.8 There were none.

43 INTERIM RESPONSE TO PETITION TO HALT THE ROLLOUT OF 5G

43.1 The Board considered a joint report of the Director of Public Health, the Executive Director, Health and Adult Social Care and the Executive Director, Economy Environment and Culture outlining the national guidance relating to the ability to the council to influence roll-out of mobile technology.

43.2 It was noted that at the meeting of Full Council held on 24 October 2019 a petition with 2,240 signatures had been presented requesting that the roll out of 5G technology be halted. A Green Group amendment recommending that the petition was noted and a

report on the issue provided for consideration at the next available meeting of the Board was passed.

43.3 Public Health England (PHE) took the lead nationally and provided expert advice on public health matters associated with high frequency EMF and their recently updated guidance could be found in Appendix 1 to the report. The PHE's advice was based on comprehensive evidence reviews which had been prepared by expert scientists in the UK and around the world including the World Health Organisation (WHO) and the International Commission on Non-Ionizing Radiation Protection (ICNIRP). Their consensus was that there was no conclusive evidence of adverse health effects related to short term or long-term exposure to high frequency EMF or that EMF below certain safety thresholds was harmful to health.

43.4 The Assistant Director, City Development and Regeneration, Max Woodford, explained that the ability of councils to influence the roll-out of mobile technology was limited by central government regulations on permitted development rights (through the prior approval process) that allowed specified development to go ahead without planning permission. As a consequence planning policy could not be used to halt the roll out of 5G. The planning system did, however, require that any new installations were consistent with the international guidelines adhered to by PHE. Prior approval of the local planning authority was required for masts and certain other types of apparatus falling within permitted development rights, however, considerations were strictly limited to siting and appearance and the only applications refused by the council in respect of such equipment which had been successful at appeal had been on those grounds. Such applications had to be publicised and any representations received taken into account by the local planning authority in determining whether prior approval should be refused and planning permission required.

43.4 Councillor Nield referred to use of the “precautionary principle” referred to in the petitioners' submission, she understood that the council's powers under planning legislation were limited but sought clarification regarding any other powers which might be available.

43.5 The Head of Legal Services, Elizabeth Culbert, explained that there was no legal obligation or statutory duty for the local planning authority to apply the “precautionary principle”. The Council as a local planning authority was in a different position to town council's that had expressed opposition to the roll out of 5G technology. All applications for planning permission needed to be determined on their own merits and the council would be open to allegations of predetermination if it adopted a policy position that the precautionary principle should apply as this would fetter the discretionary power of the local planning authority to grant planning permission. It was highly likely that any such approach would be challenged in the courts.

43.6 Councillor Bagaeen sought clarification in respect of any masts situated on council land/buildings and the powers available to it in such circumstances.

43.7 The Assistant Director, City Development and Regeneration, Max Woodford, explained that although the majority of mast sites in the city would be allowed under permitted development rights, there were currently eight mast sites on council land which were leased to operators who might look to use those sites for 5G technology outside of those

rights. Two masts on top of council buildings were used for telecommunications equipment, there were also six council owned sites in more remote locations, used for transmitting and receiving television signals and these due to their locations might be unsuitable for 5G given the short wavelength of the signals. Even if these sites were used they would form a very small part of the equipment that needed to be installed across the city, most of which would be permitted under existing development rights. All other applications would need to considered and determined on their individual merits.

43.8 The Chair, Councillor Moonan, thanked officers for the report which set out clearly the council's position and detailed its limited ability to influence the roll-out of mobile technology and the reasons that was so.

43.9 **RESOLVED –** That the contents of the report be noted.

44 BRIGHTON AND HOVE HEALTH AND WELLBEING STRATEGY 2019-2030, DELIVERY PLAN

44.1 The Board considered a joint report of the Director of Public Health, the Executive Director, Health and Adult Social Care and the Executive Managing Director, Brighton and Hove Clinical Commissioning Group detailing the Brighton and Hove Health and Wellbeing Strategy 2019- 2030 and seeking approval of the initial Health and Wellbeing Strategy Delivery Plan which made recommendations for areas it would like to consider in the 2020/21 programme.

44.2 It was noted that Health and Wellbeing Boards had a duty to prepare a Joint Health and Wellbeing Strategy in order to meet needs identified in the Joint Strategic Needs Assessment. The Brighton and Hove Health and Wellbeing Strategy 2019-30 had been approved by the Board at its meeting in March 2019 and this paper presented an initial delivery plan to deliver the aspirations of the strategy. Board Members would provide system leadership to enable the delivery and further development of the Plan.

44.3 It was noted that the following amendment to the recommendations had been received from the Green Group proposed by Councillor Shanks and seconded by Councillor Nield.

"To add the recommendation 1.2:

That the Board agrees to invite relevant Heads of Service of the Council to attend the Board at different meetings throughout the year to report on how their department is fulfilling the Strategy and to explain their detailed plans to the Board, e.g., the Head of Transport to report on how the City's Transport Strategy will comply with the requirements of the Health and Wellbeing Strategy."

44.4 Councillor Shanks stated that she fully supported the Plan but considered that it was very important to ensure that there was effective reporting back on work to/of all partners in order to keep the strategy rolling forward. Councillor Nield also concurred in that view stating that she had seconded the amendment on that basis.

44.5 Councillor Bagaeen stated that he also supported the proposed amendment which would help to ensure that the cross-cutting approach advocated was carried forward effectively.

44.6 Councillor Shanks referred to the social prescribing which in cases where that was considered to be appropriate could ease the pressure on busy GP practices as did measures already in place to encourage earlier intervention and to enable patients to speak to/be seen by other suitably qualified staff other than solely by their GP.

44.7 Councillor Appich referred to the measures in place to ensure that those with learning disabilities were aware of and had access to a full range of services. Councillor Appich had attended a Partnership Board meeting at which these issues had been discussed the previous day and the available data was very worrying.

44.8 The Chair, Councillor Moonan, welcomed the proposed amendment which would help to ensure that the Board were kept updated regarding roll-out across council departments and the interface between that work its interface with other partners.

44.9 As no further matters were raised in respect of this item the Chair then took a vote on the proposed amendment. A vote was taken, the amendment was carried and was then voted on as a substantive repot recommendation.

44.10 **RESOLVED –** (1) That the Board approves the initial Health and Wellbeing Strategy Delivery Plan and makes recommendations for areas it would like to consider in its 2020/21 programme; and

(2) That the Board agrees to invite relevant Heads of Service of the Council to attend the Board at different meetings throughout the year to report on how their department is fulfilling the Strategy and to give the Board their detailed plans, e.g., the Head of Transport to report on how the City's Transport Strategy will comply with the requirements of the Health and Wellbeing Strategy.

NB: The Board were in agreement that the Strategy needed to be incorporated into all areas of council decision making, for other areas of the council to report back on issues relating to the Strategy (as referred to in 2 above); for feedback on progress to start with starting well and dying well and then to move on to the other two wells. Yearly updates on progress of the Plan will be given to the Board from June 2021.

45 PROPOSED FEES FOR ADULT SOCIAL CARE PROVIDERS 2020 -21

45.1 The Board considered a report of the Executive Director, Health and Adult Social Care setting out the proposed fees for Adult Social Care Providers 2020/21.

45.2 It was explained that the paper set out the recommended fee levels and uplifts to be paid to Adult Social Care Providers from April 2020. The services that were considered in the report were integral to the proper functioning of the wider health and care system which included managing patient flow in and out of hospital. It was recognised that public finances were under increasing pressure but that this needed to be balanced with the need to manage and sustain the provider market to support the increasing complexity and demand to comply with the duties placed on the Council by the Care Act

2014 to meet the needs of those requiring care and support and to seek to ensure provider sustainability and viability. As there had been no uplift for the 2019/20 financial year supporting and sustaining the provider market was of particular significance for 2020/21 financial year.

45.3 Councillor Shanks noted that that the living wage was paid to those working for adult social care providers. Councillor Shanks enquired regarding mechanisms in place to ensure that was the case, any ongoing monitoring carried out to ensure that remained the case and, whether contracts entered into contained a specific clause/clauses requiring that to be the case. Councillor Shanks also enquired regarding whether a review process existed to check that provision was being managed in accordance with the contracts entered into and that staff were paid in line with what had been agreed, stating that she would have expected that to be evidenced. Councillor Shanks stated that she did not consider that the information provided was sufficient for her to agree the report recommendations. Councillor Nield concurred in that view.

45.4 Councillor Bagaeen queried why an uplift of 2% had been recommended in a number of instances, particularly as figures in relation to some provision appeared to change month on month. It was explained that this figure was in line with that for the general Council budget which ensured that the fees set could be paid from the budget provision available, plus any addition element which might also be payable.

45.5 Councillor Appich stated that she met with officers to discuss some of the figures provided in more detail and the approach which had been taken was a reasonable one in her view. It should be noted that a wider review of commissioning strategies currently in place was to be undertaken for the following financial year and would be reflected in the recommendations put forward then.

45.6 No further matters were raised and the Chair therefore moved on to the vote and the recommendations set out in the report were agreed on a vote of 4 with 5 abstentions.

45.7 **RESOLVED –** (1) That the Board agrees to the recommended fee increases as set out in the table below. The underpinning background to the fee changes is set out in the main body of the report.

Tables of Fees

Service	**Current fee 2019-20**	**New fee 2020-21**	**% uplift**
Care Homes and Care Homes with Nursing			
In city care homes – set fees per week	£571	£582	2%
In city care homes with nursing – set fees per week	£736.56 Includes FNC at £165.56	£747.56 Includes FNC at £165.56 *NB this may change as 2020-21 rate not yet set by NHS*	2%

Service	Current fee 2019-20	New fee 2020-21	% uplift
In city Learning Disability care homes not on set rates (individually negotiated)	Variable	Variable	Variable
In city care homes not on set rates (individually negotiated)	Variable	Variable	Variable
In city care homes with nursing not on set rates (individually negotiated)	Variable	Variable	Variable
Block Contract Arrangements	Variable	Variable	Variable
Out of City Care Home and Care Home with Nursing Placements			
Out of city care homes on set rates	Host Authority Rates	Host Authority Rates	• Match set rates for new placements. • 2% to existing placements
Out of city care homes with nursing on set rates	Host Authority Rates	Host Authority Rates	• Match set rates for new placements. • 2% to existing placements
Out of city care homes individually negotiated	Variable	Variable	Variable
Out of city care homes with nursing individually negotiated	Variable	Variable	Variable
Supported Living & Community Support: Learning & Physical Disabilities, functional mental health			
Supported Living for people with learning disabilities	Variable	Variable	2%
Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	Variable	Variable
Community support for people with learning disabilities	Variable	Variable	2%
Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	Variable	2%
Community support for adults with functional mental health issues	Variable	Variable	variable
Home Care			
Home care main area/back up provider – core fee	£17.83	£18.19	2%
Home care main area/back up provider – enhanced fee	£19.83	£20.23	2%
Dynamic Purchasing System Approved Provider Packages	Variable	Variable	variable

Direct Payments			
Direct Payments Monday to Friday hourly rate for those employing Personal Assistants	£10.80	£11.00	2%
Direct Payments Weekend hourly rate for those employing Personal Assistants	£11.80	£12.00	2%
Other Direct Payment agreements	Variable	Variable	2%
Shared Lives			
Shared Lives Management Fee	Variable	Variable	2%

Shared Lives fee to carers	Variable	Variable	2% to care element
Day Support			
Day support for people with Learning Disabilities	Variable	Variable	2%
Day support for people with Acquired Brain Injury	Variable	Variable	2%

Note: Councillors Nield and Shanks wished it to be recorded that they had abstained from voting in respect of the report recommendations.

46 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2020

46.1 This item was not called for discussion and the report recommendations were agreed without discussion.

46.2 **RESOLVED –** (1) That the Board agrees (with effect from 6 April 2020) that the council continues with the current charging policy for care and support services which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014. The charging policy is set out at Appendix 1 to the report; and

(2) The Board agrees an increase of charges as shown in the tables of charges set out below that with effect from 6 April 2020:

Maximum Charges		2019-20	**2020 - 2021**
Means Tested Charges			
In-house home care/support		£25 per hour	**£26 per hour**
In–house day care		£39 per day	**£40 per day**
In-House Residential Care		£123 per night	**£126 per night**
Fixed Rate Charges			
Fixed Rate Transport		£4.00 per return	**£4.10 per return**
Fixed Meal Charge /Day Care		£4.80 per meal	**£4.90 per meal**

To agree an increase to Carelink charges as follows:

Standard Carelink Plus service		£18.90 per month	**£19.30 per month**
Enhanced Carelink Service		£22.70 per month	**£23.15 per month**
Exclusive Mobile Phone Service		£24.50 per month	**£25 per month**

To agree an increase to miscellaneous fees as follows:

Deferred Payment set up fee (see 2.13)		£523 one-off	**£533 one-off**
Initial fee for contracting non-residential care for self- funders		£276 one-off	**£281 one-off**
Ongoing fee for contracting for non-residential care for self- funders		£85 per year	**£87 per year**

To continue with the existing policy not to charge carers for any direct provision of support to carers.

47 COMMISSIONING OF SUPPORTED LIVING SERVICE FOR PEOPLE WITH COGNITIVE IMPAIRMENT (ACQUIRED BRAIN INJURY)

47.1 Consideration of this report was deferred, it would be the subject of a specially convened meeting for its sole consideration. The date, time and venue for that meeting to be confirmed as soon as possible.

47.2 **RESOLVED –** That the position be noted.

48 FUTURE USE OF KNOLL HOUSE RESOURCE CENTRE

48.1 The Board considered a report of the Executive Director, Adult Social Care and Health relating to the future use of Knoll House Resource Centre.

48.2 It had been agreed at the meeting of the Board held on 10 September 2019 that a business case and options appraisal would be produced for the use of Knoll House as: (a) high level supported step-down accommodation for adults with mental health needs; or (b) lower level supported accommodation for adults with a mental health condition to enable independent living (c) both of the above options would be considered within the business case and options appraisal. It was recognised that in Brighton and Hove too many people were placed in residential and nursing placements in comparison with comparable authorities and that in many cases this was due to a lack of suitable alternative accommodation/provision.

48.3 The outline business case was detailed in the report and had looked at the two groups requested by the Board but had also included a third group in relation to physical disabilities and acquired brain injury (ABI). Following consideration of all three options it was recommended that Option C be pursued for the reasons set out in the report, but that a final decision about whether to provide a Council run or outsourced service be made at the scheduled June meeting of the Board following

48.4 The Chair welcomed the report noting that the report to be brought forward to the June meeting of the Board would include detailed costings in respect of each option. The Chair was also pleased to note that it was intended that a Guardianship scheme would be put in place at the property.

48.5 Councillor Shanks stated that she was satisfied that this further report provided a well weighted consideration of all the options, noting that residents' concerns had been addressed and a meeting held with the residents' association. It was confirmed that the

meeting had been valuable as it had been possible to give reassurance regarding the available options and that being pursued which was preferred for the reasons set out in the report.

48.6 Councillor Bagaeen sought clarification of the running/staffing costs in respect of Option B.

48.7 Councillor Appich referred to the fact that there were currently 5 Court of Protection cases for this cohort where the Court had specifically asked the Council what alternatives were being commissioned locally to enable moves asking whether/what interim arrangements would be made to ensure that these individuals needs and vulnerabilities were protected.

48.8 It was explained that cases were referred to the Court of Protection where people, lacking mental capacity to make decisions about their care, objected to their current care arrangements, for example they may have been placed out of area or in a care home setting with people from a different age group or with different needs to them. The Council was frequently expected to explain to the Court what steps they were taking to improve local provision given its Care Act duty to promote a diverse market of care providers in an area and to provide choice to clients in need of care.

48.9 The Board then moved to the vote agreeing the recommendations set out in the report.

48.10 **RESOLVED –** That the Board agree:

(i) Option C: Supported Living Service for people with Physical Disabilities and Acquired Brain Injury is taken forward as the preferred option;

(ii) that a final decision about the model and whether to provide a Council run or outsourced service is made at the June Health and Wellbeing Board meeting once further detailed work has taken place to identify the viability and model for each option;

(iii) To consider Options A & B: Services for people with Mental Health needs within the Commissioning Strategy; and

(iv) To put in placed a Guardian Scheme at the property.

49 WHAT HAPPENS WHEN A GP SURGERY CLOSES OR MERGES OR THERE IS OTHER SERIOUS PATIENT DISRUPTION

49.1 The Board considered a report of the Clinical Commissioning Group (CCG), Director of Partnerships, detailing the arrangements put into place when a GP surgery closed or merged with another surgery or when there was other serious patient disruption.

49.2 It was noted that the report had been requested by Board Members at their meeting on 10 September 2019, following the announcement that the Matlock Road surgery would be merging with the one in Beaconsfield Road. At that time the CCG had been asked to provide background information regarding the processes which the CCG had in place and undertook at a time of GP change. The paper provided for the Board that day detailed those steps and also sought to set them into the context of the wider CCG

programme aimed at increasing practice resilience. A more detailed paper setting out the information in this report but also including details in relation to the development of PCNs, had been received by the Health Overview and Scrutiny Committee (HOSC). Brighton General Practices experienced pressures in common with the rest of the country in respect of practice closures, on-going cross workforce shortage and the increasing number of GP retirements. The Director of Partnerships at the CCG, Ashley Scarff, was accompanied by the Deputy Director of Primary Care at the CCG, Hugo Luck who was in attendance to answer Board Members questions.

49.3 The following addition/amendment to the recommendations had been received from the Green Group proposed by Councillor Nield and seconded by Councillor Shanks.

"To add the recommendation 1.2:

That the Board requests a further report which maps the geographical spread of GP practices in Brighton and Hove, shows where surgeries have been lost through closure or merger since 2015, and where surgeries may be in danger of closure or merger (for example through GP retirement) by 2030. This report is to explain the forward plan for ensuring that residents in all areas of Brighton and Hove are provided with primary care which is both local and accessible to them."

49.4 Councillors Nield and Shanks stated that their amendment had been put forward to seek to ensure that Board Members were fully informed in respect of this matter, if however, they considered information in response to questions by Board Members in addition to that set out in the report support was sufficient, they would withdraw their amendment.

49.5 The Director of Partnerships, Ashley Scarff, referred to the flow–diagrams which had been circulated to Board Members which were intended to set out in simple terms how the process worked. Although GP surgeries operated independently of the NHS it was recognised that upheaval could be experienced by some patients when a practice was closed or merged with another and it was important therefore to mitigate upheaval as far as practicable, to try and reduce pressures and to provide opportunities to create new skills. As some aspects of this service linked into primary care, it was important to address gaps and to look at how services could be provided most appropriately. There were circumstances in which a patients needs could be better addressed by other services than by attending a GP practice.

49.6 Councillor Nield explained that she wished to understand how the process worked and how patients were made aware of changes in advance of them occurring. Often gaps occurred and in the case of the Matlock surgery closure some elderly residents had found the process bewildering and that their concerns had not been considered. In the case of the Matlock Road surgery closure the greatest concern had been that the nearest surgery was not located on a direct bus route.

49.7 The Deputy Director of Primary Care, Hugo Luck, explained that it was important to recognise that the structure of GP practices had changed little since 1948 when the NHS had been set up. In consequence this element of the service had not kept part and it was important to provide the right care in the right place. Whilst all that had been said in respect of the Matlock surgery were noted, the changes there and in respect of other closed/merged surgeries had been welcomed by some patients. When small surgeries

closed it provided the opportunity a have access to a broader range of services and facilities than could be provided at a smaller surgery, for example access to nursing services and the ability to have an annual health review. The downside was that the nearest surgery might be some distance further away from the patient's home Details had been provided to those registered at the surgery and the options available to them had been detailed. As far as practicable, patients were notified of changes in order to enable them to digest that information and to decide the option most appropriate to their needs.

49.8 It was a fact of life that closures and mergers would happening as GP's would retire or move on. Patients had differing needs and it was not possible to map every bus route to in view of the surgeries across the city, however, patients were advised regarding other surgeries in closest proximity to their home. Information was also provided on the surgery website.

49.9 Councillor Shanks asked for clarification as she understood it, a patient was compelled to sign up to the surgery located nearest to their home address and that if they requested to sign up to one further away that they would not be accepted onto the register for that surgery. She wished to understand how the commissioning arrangements in place worked and what degree of flexibility existed. It was explained that a range of contracting and commissioning arrangements were in place. GP services were contracted nationally with additional services commissioned at local level by individual CCG's. As the city was compact and densely populated there was a considerable overlap of/between surgery boundaries so in reality this did not generally represent a problem.

49.10 Councillor Nield enquired regarding the facility for patients who were unable to attend a surgery to be visited in their own homes and asked how easy it was for a patient to receive a home visit if they needed one. The Co Deputy Chair, Dr Hodson, CCG, responded that this was resource driven, patients were visited in their own homes where that was required in response to a reasonable request. Generally, it was better for the patient and there was less delay if they visited the surgery directly, it was more efficient time wise for all.

49.11 The Chief Executive of Brighton and Hove Healthwatch, David Liley stated that feedback they had received indicated that GP mergers across the city had been well organised. A recent review of GP practices across the city had indicated that when mergers had occurred the majority of patients did not consider that they had been disadvantaged as a result and that the general level of service provided was very high. Research carried out two years ago had identified a small group who did have problems accessing a local surgery and had sought to find more effective means of reaching those individuals. Overall however, this did not appear to represent a significant problem.

49.12 Councillor Appich referred to the level of GP support via the Primary Care Network, in particular the support given to care homes. In some instances, residents had needed to be admitted to A & E due to lack of more suitable care. It was noted that the measures were in place to address such issues and that the CCG could and did work with NHS and voluntary sector organisations to encourage them to work with GPs to address any potential problems for which they could provide assistance.

49.13 Councillor Bagaeen stated that having considered the data provided he was of the view that details of the percentage of locum GPs compared with salaried and partner GPs would have been useful. Also, details in relation to anticipated reduction in capacity and maps indicating surgery boundaries. It was explained that although detailed data was available, there were caveats when seeking to draw conclusions in that although it provided raw data as to numbers it did not indicate "what" services/advice they were qualified to provide for patients. In larger surgeries nurses were able to assist by taking appointments which freed up the GP to deal with more complex patient needs. The boundaries between the different surgery areas were fairly fluid given the concentration of the city's population.

49.14 As no further matters were raised in respect of this item the Chair moved to the vote. Councillor Nield stated she wished to withdraw her proposed amendment in view of the update/information which had been given.

49.15 **RESOLVED –** That the content of the report be noted.

The meeting concluded at 6.25pm

Signed Chair

Dated this day of