



4.00pm 31 January 2017  
Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 3BQ

### Minutes

**Present:** Councillors Barford, Brown, A Norman, Page and Penn, John Child, Dr. David Supple, Adam Doyle and Dr. George Mack; Clinical Commissioning Group.

**Other Members present:**

Geoff Raw (Chief Executive BHCC), David Liley (Healthwatch), Graham Bartlett (Independent Chair of Safeguarding Boards), Pinaki Ghoshal, (Statutory Director of Children's Services), Rob Persey (Statutory Director of Adult Social Care), and Peter Wilkinson (Acting Director of Public Health).

### Part One

#### 51 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

- 51.1 Councillor Yates was unable to attend the meeting due to illness, and members agreed that Councillor Barford should Chair the meeting in his absence. The Board wished Councillor Yates a speedy recovery.
- 51.2 Apologies were received from Councillors Yates and Ken Norman, who was also unwell, and from Dr Sikdar. Dr Supple sent notice that he would be late to the meeting.
- 51.3 Councillors Penn and Ann Norman attended the meeting as substitutes for Councillors Yates and Ken Norman respectively.
- 51.4 Councillor Barford declared a disclosable and pecuniary interest in Item 56 as she was employed by St Peter and St James Hospice in North Chailey; but stated that she had received a dispensation to speak and vote on the item.
- 51.5 **RESOLVED** – That the press and public be not excluded from the meeting.

**52 MINUTES**

- 52.1 The minutes of the meeting held on 22 November 2016 were approved as an accurate record.

**53 CHAIR'S COMMUNICATIONS**

- 53.1 The Chair gave the following communication:

Welcome to the meeting.

- 53.2 It is a busy agenda and the Chairs communications will be noted in full in the minutes.

- 53.3 Changes in the seating arrangements: There are a number of members of the public here, which is good to see. Clearly there are issues on today's agenda which people feel passionate about. Please do note that you are here as observers, not as participants in the meeting. The council has a number of ways for people to ask questions or present petitions to committee meetings – and we have members of the public here today with a deputation. However, we cannot have the meeting disrupted by people shouting out from the public gallery, and I'm sure everyone here today will respect this.

**Changes of personnel within health and social care**

- 53.4 I would like to welcome Rob Persey, our new Executive Director for Health and Adult Social Care Health who is now in post - welcome.
- 53.5 The South East Coast Ambulance Trust have appointed a new Chief Executive. Daren Mochrie will be joining the Trust shortly.
- 53.6 As many of you are aware, Colm Donaghy will be retiring shortly as the CE at Sussex Partnership Trust. Samantha Allen will be taking on this role from April 2017.

**HOSC**

- 53.7 HOSC are continuing the track the quality and improvement progress of Brighton and Sussex University Hospitals Trust as it is in special measures.
- 53.8 Some of you may have seen the television coverage about the staffing shortages at South East Coast Ambulance NHS Foundation Trust. Again this trust is in special measures and their progress to improvement is being monitored by HOSC.

53.9 HOSC will shortly be talking to Sussex Partnership Foundation Trust about their recent CQC inspection and post inspection improvement action plan.

53.10 Given the recent closure of Lewes Road Surgery, HOSC will be continuing to look at GP sustainability within our city.

### **Water Refill Scheme**

53.11 At the October Full Council meeting the issue of Water Refill was raised. I am happy to provide an update on the work to date.

53.12 Brighton & Hove City Council and Southern Water are exploring the logistics and sustainability of a refill style scheme in the city. A scheme of this type would involve local businesses choosing to allow residents and visitors to refill reusable water bottles with tap water. The first stage is the implementation of a survey of businesses to inform the design of the scheme which will be taking place and results analysed during February. This will inform the proposed design of the scheme.

53.13 Potential benefits of the scheme could include:

- reduced waste from drinks bottles resulting in a reduction in waste collection volume and benefits for the environment
- less money spent on buying bottled drinks
- health benefits from drinking water rather than sugar sweetened drinks.

### **Community Short Term Services**

53.14 Community Short Term Services (CSTS) are a collection of services that work closely together to provide rehabilitation and crisis care to people that enable them to either remain at home rather than going to hospital or enable them to be discharged from hospital following an episode of care.

53.15 The Board will be aware we have had papers concerning these services and the need to review the model of provision that we currently have to ensure it best needs the changing and more challenging needs of our community.

53.16 Although the Board approved a re-procurement of services, only one tender was received and this did not pass the required thresholds. Therefore, it was agreed not to award the contract.

53.17 We wish to reassure the Board that the current capacity and arrangements will remain in place whilst we now refresh the review of bed-based care in the city.

53.18 The review will both engage with the provider market to understand why we did not receive a better response to the previous procurement, and, taking full account of the Brighton & Hove Caring Together programme, ensure we align future service



provision to our emerging community strategy. The Board will of course be updated with the outcome of the review at a future date.

### **Digital Roadmap**

53.19 The Sussex & East Surrey Digital Roadmap was published on Friday last week. This is seen as one of the key enablers to moving towards a person-centred integrated service for residents.

53.20 The Digital Roadmap describes how we will continue to develop and exploit the many benefits of new technologies to ensure that our health and social care services are fully aligned to the changing needs of and expectations of local populations. The Board may wish to have a short presentation about this subject.

## **54 FORMAL PUBLIC INVOLVEMENT**

54.1 Public questions A, B and C all concern plans for youth services, and were responded to jointly.

### **A Public Question from Maddie Davidson:**

54.2 “I have been to youth workers, CAMHS and RU OK. I prefer talking to youth workers because you can be yourself, they don’t judge you and they don’t make assumptions. I don’t like talking to strangers and I feel comfortable with youth workers. Why are the council cutting the services that young people want to go to?”

### **B Public Question from Billie Deason:**

54.3 “How do you think that mental health services like CAMHS are going to deal with all the extra referrals that they are going to have when youth services are cut?”

### **C Public Question from Layla Garrard:**

54.4 “If a young person is feeling suicidal or like self-harming, they still might have to wait weeks for a referral. Don’t you think it is important for young people to have someone that they can talk to straight away?”

54.5 The Chair thanked the three people for their questions; and stated that the services provided by the Youth Collective and by the more targeted in-house youth service have been much valued and it has been with a very heavy heart that we have proposed the funding reduction to these services. This is a consequence of large cuts to our central government grant. There are a large number of statutory functions that we have to do and also huge demands on our budget in, for example, children and adults social care and in temporary housing.

Although we are proposing a funding reduction here, there will continue to be preventative work done to support young people who are facing difficulties: by schools and colleges, the community and voluntary sector (many of whom do this without financial support by the council) and by council services such as the Youth Employability Service, RUOK our substance misuse service, our Adolescent Service and our Youth Offending Service.

We are in discussion with our partners about how we can redesign our services in the context of reduced funding in order to continue to provide support for our children and young people especially those who may face mental distress or have mental health needs. We have been working very closely with health commissioners to totally redesign the way we provide support for young people with emotional and mental health needs. We want to move away from a clinic based service which many young people decide to no longer access to earlier support in schools and in communities. To this end last year we started to work in 3 of our secondary schools with mental health workers being based in schools. This has been successful and has led to a reduction in CAMHS referrals so we are at the moment rolling this out across all of our secondary schools. This will not cost more money, but it will reach more young people.

The Board will remember that it has seen the children and young people mental health Transformation Plan and had presentations about this. Please be assured that Local Authority, Public Health and CCG are working very closely to ensure that the impact is minimised and there is accessibility and connectivity across services. Public Health is continuing its investment in specialist youth work for teenage pregnancy and substance misuse and this is still going to be accessible in schools.

We have already mentioned above the primary mental health workers in schools and it also worth noting that from June 2017, the CCG is commissioning a new Community Wellbeing Service; we will keep you updated on this.

In addition, '#IAMWHOLE' is a new anti-stigma youth mental health campaign developed by NHS Brighton and Hove CCG in partnership with Brighton & Hove City Council and YMCA Right Here, a local mental health project. For anyone worried about mental health, visit [www.findgetgive.com](http://www.findgetgive.com) - a new online mental health service directory website for 13-25 year olds designed by young people from YMCA's Brighton & Hove Right Here project in partnership with other local partners for the #IAMWHOLE campaign.

Speaking to young people will also continue as a strong focus through the Youth Council, online surveys and focus groups. Right Here will continue to be jointly commissioned with their important peer-led work. Public Health have also just appointed a Young Apprentice.



- 54.6 Ms Davidson asked a supplementary question, querying why there had been no engagement with young people prior to the announcement of these changes?
- 54.7 Pinaki Ghoshal responded that unfortunately there had been no opportunity to engage before the plans were announced. However, the council is committed to engaging with young people and is now in dialogue about these plans. Children, Young People & Skills Committee will also be involved.

#### **D Public Question from Valerie Mainstone**

- 54.8 "I was concerned at the HWB meeting on 22 November 2016 to hear the Chair describe the Children's Public Health Nursing 0-19 contract as a 'good news piece of work.'

"Please can the meeting outline what is good about:

1. A £3m cut in the budget over 3 years
2. More than 10% of the Health Visiting workforce being replaced by unregistered staff
3. Sussex Community NHS Foundation now proposing to greatly reduce the number of clinical managers for this service - leading not only to downgrading, but also to safety concerns
4. Decommissioning of the Family Nurse partnership, leading to the loss of jobs, and also to the loss of a highly valued service
5. The huge waste in time and money that this tendering process took: money which could have been spent on client care or jobs."

- 54.9 The Chair thanked Ms. Mainstone for her question and stated that the large reduction in the ring-fenced public health budget and the overall council budget had meant that significant reductions in funding for public health programmes were inevitable. The submission from Sussex Community NHS Foundation Trust was evaluated positively in its ability to deliver the described services within the financial envelope and SCFT and the Public Health Commissioners were working together to minimise the impact of the budget reduction on the local service for children and families.

The Public Health Community Nursing workforce would be led by Health Visitors and School Nurses - some with specialist lead roles (for example for perinatal and infant mental health; and for teenage and vulnerable families), supported by skill-mix teams drawing on a range of skills and expertise to ensure that services are age and intervention appropriate and include staff nurses, assistant practitioners, youth workers and administrators. The focus would be on making the best use of the workforce by ensuring their skills are used appropriately at the right levels.

SCFT has informed Brighton & Hove City Council that a staff consultation was in place and we would be informed of the outcome in a timely manner. We do not know the content of this yet. The re-commissioned service would include a new enhanced

service for vulnerable families including teenage parents. Young parents were consulted and their feedback was included in the design of the new offer.

The procurement exercise had to be undertaken. As the Board knows they were bound by legal constraints. The procurement exercise was undertaken in accordance with all relevant European and UK public procurement legislation and the Council's contract standing orders. This led to the redesign of the service with a mobilisation start date of 1st April 2017."

## **E Public Question from Mr Ken Kirk**

54.10 The whole issue of STP begs so many unanswered questions. I don't expect you to know the answers, but I would like to know if these same questions had crossed your minds.

1. We know that owing to the funding not keeping pace with increasing demand the NHS is in crisis. Under STPs the NHS budget will be cut by a further £20 billion; how can we provide a comprehensive health service for B&H when our share of the NHS budget is reduced?
2. Under STPs US-style MCP and ACO are used. Why copy the organisations of the worst health service in the world, where the poorest third can't afford healthcare?
3. Why doesn't NHS England run a pilot of STPs to see if STP works?
4. Why can't we see the full details of the changes proposed for our healthcare?

54.11 The Chair thanked Mr. Kirk for his question and noted that the Board had a verbal update on Brighton Caring Together, the city's response to the STP as part of the agenda. In response to the questions today, she stated that our previous answers and presentations have demonstrated the 'do nothing' approach will not resolve the issues we face which include: demand, quality, finance.

The STP was first and foremost about improving health and care for patients, by ensuing health and care services work together better, It provides the opportunity to use economies of scale, plan more regionally and rationalise the limited resources that we have.

The Board, like you, were waiting to see the full detail of the changes proposed before we debate them. However there will be no changes to services people currently receive without local engagement and where required consultation.

54.12 Mr Kirk further commented that NHS services have traditionally been responsive to demand, but the STP is not, and this will lead to rationing. In addition, growing problems such as obesity require a strong public health response, but funding is not available to run preventative services effectively.

54.13 Councillor Page agreed with Mr Kirk that NHS services should be based on clinical need, rather than the available budget.



**F** Public Question from Mr John Kapp

54.14 MR. Kapp asked the following question and requested a written response rather than a verbal one at the meeting; “Will you support my proposal dated 17.1.17 to double the number of treatments for depressed patients by 2020 by opening up the market to Any Willing Licenced Provider starting in June 2017?”

Notes (Numbers refer to my published papers on [www.reginaldkapp.org](http://www.reginaldkapp.org))  
This is the same question that I tabled at the CCG board yesterday (24.1.17). No answer is better than the wrong answer, so I give both your organisations 20 working days to agree on the same affirmative answer, which would make GPs wannabees instead of drug dealers, and save £20 m poaching 500 GPs from Europe to fill the vacuum causing the crisis of toxicity (news 24.1.17) . If you give the wrong answer, I will do a Gina Miller and call on the Justice Secretary for a judicial review on your failure to obey the law (HSCA) for reasons given below.

1 On 9.1.17, the prime minister called for 1 million more depressed patients to be treated by 2020, which is approximately double the number presently effectively treated. (In 2015/16 226,850 patients recovered thanks to an IAPT treatment) On 17.1.17 I proposed how this could be done to councillors and Owen Floodgate (latest article on [www.sectco.org.uk](http://www.sectco.org.uk))

2 The Health and Social Care Act 2012 called for the market to be opened up to Any Willing Qualified Provider under simplified procurement rules, and NHS England have since directed that contracts should be outcome based (not performance based) to incentivise providers to heal and cure their patients.

3 I proposed a licencing scheme (9.81 on 11.4.14) by which you could meet the prime minister’s target quickly by inviting Any Willing Providers to apply for a licence to provide effective, evidence based interventions.

4 SECTCo has run 40 NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 10 week courses with supporting meditations (9.91 on 4.15) for 220 vulnerable people (including homeless drug addicts) who completed the course since 2010, with average 80% recovery rate. We offer this course for a tariff price of £1,000 per satisfied patient who completes it. We estimate that it is 100 times more cost-effective than 1 to 1 CBT, and can save £7 for every £1 invested (9.76, 23.6.14).

5 To relieve pressure on GP surgeries and A&E, I proposed (9.103 on 20.1.16) that the Locally Commissioned Services (LCS) budget of £2.3 mpa be spent to provide each cluster with a Community Care Centre open 24/7 as a mental health A&E, to provide the above intervention every day of the week.

6 I proposed (on 12.10.16 and 13.12.16) to practice manager, Greg Barnes at Wish Park surgery that cluster 4 rent 187b Portland Rd Hove (which is in the surgery building) for use as a Community Care Centre. I have also proposed to Jane Lodge



and Michelle Elston (12.16) that cluster 6 rents a room at Revitalise, 86 Church Rd Hove, and am awaiting a response.

54.15 The Chair thanked Mr. Kapp for his question and assured him that he would receive a written answer as requested.

## 55 MEMBER INVOLVEMENT

55.1 Councillor Page asked the following question, “Before Christmas we had the terrible news that the Sussex Beacon HIV inpatient unit was losing funding from East Sussex Clinical Commissioning Groups, thereby imminently threatening the whole charity’s survival.

You will be aware that this popular and groundbreaking organisation relieves the NHS and adult social care through its wide range of services to a disadvantaged group in our city, which has the highest prevalence of HIV outside London. The unit was rated outstanding by the Care Quality Commission only last September, and our three MPs (one Labour, one Conservative and one Green) have recently written a joint letter to the Department of Health in support of its work.

In addition you moved a motion to Full Council in October proposing that Brighton & Hove became the first Fast Track City in the UK, to lead the way in HIV treatment and diagnosis. This was passed unanimously, by all 51 Councillors from across the political spectrum.

I hope you will agree that it is intolerable to stand by and allow this “jewel in the crown” of local HIV services to close. Please use your good offices and established links with our NHS colleagues in Sussex to find a way forward.

Thank you in anticipation of your early reply, outlining what actions you will take. After that I sincerely hope we will see results in the form of an announcement.”

55.2 In response to Councillor Page’s question, the Chair told the Board that for many years the Sussex Beacon has provided high quality care for people living with HIV. The Clinical Commissioning Groups (CCGs) in East Sussex, Brighton and Hove have historically funded seven of the ten beds at the Sussex Beacon split 85% Brighton and Hove and 15% East Sussex. Brighton and Hove CCG continues to fund in-patient HIV care for our local residents at the Sussex Beacon. There has been no reduction in this funding.

Demand for beds for people living with HIV in East Sussex has fallen in recent years and the East Sussex CCGs have taken the decision to move from a block purchase arrangement to a payment system based on the actual usage of beds by East Sussex residents. This has resulted in a reduction in income to the Sussex Beacon in the region of £50k per year. It would not be appropriate for this Health

and Wellbeing Board to seek to influence the commissioning intentions of the East Sussex CCGs in this matter.

As you note the Council and the Health and Wellbeing Board have supported the aspiration of Brighton and Hove becoming a Fast-Track City. The mobilisation of this work will include the development of an action plan in partnership with local and international partners. The action plan will be informed by the analysis of local data which will be supported by our international technical partners. The action plan will describe how we will achieve the 90-90-90 target and will be shared with the Health and Wellbeing Board in due course.

- 55.3 Peter Wilkinson added that the council is working with Sussex Beacon on this issue. However, it needs to be recognised that better understanding and treatment of HIV has meant that the requirement for in-patient beds has reduced, and in the future services may need to be more focused around community support. This is recognised by Sussex Beacon.

## 56 BRIGHTON & HOVE CARING TOGETHER: UPDATE

- 56.1 This item was introduced by Adam Doyle, John Child and Rob Persey. Adam Doyle explained that Brighton & Hove Caring Together (BHCT) is the local health and social care transformation programme and the city's contribution to the Sustainability & Transformation Plan (STP) and to the Sussex & East Surrey Alliance place-based plan (SESA). The CCG has held a number of BHCT engagement events already and will be bringing a detailed delivery plan to a future HWB. Additional resources to support BHCT are in place, including James Corrigan the new Programme Director. Key details of BHCT, including the federation of city GPs, have been discussed with the CCG clinical leads. Rob Persey added that the city council is working closely with the CCG on this – for example in terms of the successful roll-out of the “Discharge to Assess” scheme which is now operating across eight wards at the Royal Sussex County Hospital. This is a good foundation to build upon.
- 56.2 Mr Doyle told the Board that GP sustainability is a key challenge, and that this is central to the BHCT programme. There is ongoing discussion with GPs to develop a future care model. In terms of the broader STP, NHS bodies have struggled to date to effectively articulate a vision for clinical and financial sustainability. An engagement plan is being developed and this should be available for the March 2017 Board meeting.
- 56.3 David Liley commented that Healthwatch fully supports the focus on improvement via a city-based plan.
- 56.4 Councillor Page expressed concerns that a future Multi-Speciality Community Provider (MCP) might be a private sector organisation. Cllr Page agreed that the

focus on GP sustainability is key. He also welcomed the forthcoming engagement plan, but noted that the autumn BHCT engagement events had been disappointing, with no real focus on the financial situation. Cllr Page questioned whether it was really possible to improve services whilst significantly reducing funding. Mr Doyle responded by telling members that the MCP will integrate current NHS primary and community services with local authority social care. This is not about bringing in independent sector providers to run the MCP. Mr Doyle agreed that GP sustainability is a key challenge: the CCG is risk-rating local surgeries to try and identify and support those at greatest risk. Mr Doyle acknowledged the comments about the autumn BHCT engagement events: the CCG is working closely with Healthwatch to ensure that future engagement better matches public expectations. Mr Doyle also acknowledged that the challenge to improve services whilst addressing deficits is significant. However this is about transforming rather than simply cutting services. Locally, the CCG is near to having a balanced budget although there are a number of financially challenged organisations within the footprint and there is an STP-wide conversation about how best to address this issue.

- 56.5 Geoff Raw added that the city council is used to working with diminishing budgets and is using this experience to support the CCG. Although challenging, it is sometimes possible to redesign services so as to deliver better outcomes with less funding. The council recognises that engagement to date has been problematic and is committed to engaging properly.
- 56.6 In response to a question from Councillor Penn on specific budget pressures, Mr Doyle told the Board that the CCG is required to deliver a 1% surplus, requiring savings of around £30 million. Currently the CCG is predicting a £4M shortfall against this target, but is confident that the gap can be bridged by year end. B&H CCG has not had to make really major efficiencies in past years and this puts it in a good position to deliver these savings.
- 56.7 David Liley noted that there is a risk of focusing too much on the financial drivers for change. It is more important to look at evidence: for example, why it is believed that planned changes will improve outcomes for patients. This will entail much more clinical and patient involvement. Cllr Page acknowledged the importance of focusing on evidence, but stressed that some financial issues were inescapable, particularly as it is evident that the NHS nationally has insufficient hospital beds. The worry is that services will be reduced leading to patients waiting longer and travelling further for treatment.
- 56.8 Councillor Anne Norman noted that elected members understand the need for the council to work closely with the NHS to reduce duplication and exploit new technological advances. It is also important to recognise how good much of the care is locally, particularly at the Royal Sussex, despite the pressures the system is experiencing.

56.9 The Chair thanked everyone for their comments.

56.10 **RESOLVED:** The Board noted the information.

## 57 LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16

- 57.1 This item was introduced by Graham Bartlett, Chair of the Local Safeguarding Children Board (LSCB). Mr Bartlett highlighted some of the positive findings of the recent Ofsted inspection, which rated the LSCB as 'good', placing it in the top 30% of boards nationally. These include: the LSCB taking an active role in service design and planning; robust arrangements for disseminating the learning from Serious Case Reviews; and good relationships with key partners (including the Health & Wellbeing Board).
- 57.2 Challenges identified by Ofsted include: supporting young people who have been 'missing'; ensuring the effectiveness of early help services; and further developing relations with the Corporate Parenting Board. Partners have been active in all these areas in the past year.
- 57.3 In the past 12 months, achievements include: improving processes in a number of areas; the opening of a Paediatric Sexual Assault Referral Centre; the launch of a Child Sexual Abuse resource pack; developing more child-centred Child Sexual Exploitation services; and successfully delivering the "Chelsea's Choice" drama on CSE to Year 10 students across the city.
- 57.4 Pinaki Ghoshal added that the LSCB provides an important space for mutual challenge and also for reflection and learning from both good and not so good practice. He was happy to endorse the annual report.
- 57.5 Councillor Brown expressed her thanks to all involved in safeguarding services. In response to a question from Cllr Brown on learning from the recent Serious Case Review, Mr Bartlett told members that the review had found fault with the processes of services in another area rather than those in Brighton & Hove. Nonetheless, city services have taken the review findings on board. Mr Bartlett also assured Cllr Brown that there are robust arrangements in place to oversee grants for young people leaving care.
- 57.6 In response to a question from Councillor Page on the LSCB's role in early help, Mr Bartlett told members that national guidance is clear that safeguarding boards have responsibility for a range of services including early help.
- 57.7 Councillor Penn congratulated the safeguarding team on their positive Ofsted assessment and on the annual report. She also proposed that the annual report be referred to Children, Young People & Skills Committee for information. The Chair added her thanks to all involved in safeguarding.

56.8 **RESOLVED** – that the 2015/16 annual report of the Local Safeguarding Children Board be noted and referred for information to Children, Young People & Skills Committee.

**58 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/16**

58.1 This item was introduced by Graham Bartlett. Mr Bartlett thanked Denise D'Souza for all her work as Chair of the Shadow Safeguarding Adults Board (SAB). This is the first report of the statutory SAB, and it is difficult to be certain of data so early in the Board's existence. The past year has seen a focus on: plotting the role of the SAB; developing cross-cutting links with the Local Safeguarding Children Board and with other key bodies and partnerships; delivering an audit of domestic violence amongst older people; and undertaking a review of homeless mortality. The SAB has successfully recruited high calibre lay members.

58.2 Going forward, the SAB needs to develop stronger links with clients and carers. The SAB's budget and capacity to deliver also needs to be developed, with a broader range of partners encouraged to contribute (not necessarily in financial terms). Mr Bartlett commended the work of the SAB Business Manager, Mia Brown, who has done remarkable work within very tight financial constraints.

58.3 The Chair thanked Mr Bartlett and his team for their exemplary work over the past 12 months, and suggested that the HWB might be interested in receiving future SAB reviews for information. Other Board members approved this idea.

58.4 Cllr Norman noted that the report provided valuable information for ward Councillors. It is important that Councillors are aware of vulnerable people in their wards so they can support them properly.

58.5 In response to a question from John Child, Mr Bartlett told members that the SAB was developing a data set to enable it to engage with Mental Health Act activity.

58.6 In response to a query on learning from serious incidents, Mr Bartlett told the Board that the SAB is committed to linking in to all serious incident reports.

58.7 **RESOLVED:** That the annual Safeguarding Adults Board report be noted.

**59 CORPORATE PARENTING STRATEGY 2016-19**

59.1 This item was introduced by Gerry Brandon, Head of Service, Leaving Care Contact and Social Work.

59.2 The Chair welcomed the strategy, stressing that it is important that looked after children understand that elected members and council officers take seriously their responsibilities as corporate parents.



- 59.3 Councillor Brown welcomed the strategy and suggested that a link to the strategy be made available to all elected members and council members. This was agreed by other Board members.
- 59.4 Pinaki Ghoshal told the Board that the strategy reflects young people's views much more than the previous strategy did. It is also important to remember that this is a citywide strategy, not just for the council.
- 59.5 Councillor Penn told members that she had visited the 67 Centre to see young people contributing to the strategy. This was a really good example of effective engagement. Cllr Tom Bewick should also be congratulated for all his work in developing the strategy.
- 59.6 Councillor Penn noted that young people had raised concerns with her about the process of getting referred to Child & Adolescent Mental Health Services (CAMHS). Ms Brandon responded that this is a recognised issue and is being addressed.
- 59.7 Councillor Page welcomed the strategy and proposed that it be referred to Full Council for information.
- 59.8 Graham Bartlett offered his congratulations to the team for an excellent and lucid strategy, which showed particularly good practice in capturing user voices.
- 59.9 Ms Brandon agreed to feedback the Board's comments to the Children in Care Council and to thank her team on the Board's behalf.
- 59.10 **RESOLVED:** That the Corporate Parenting Strategy be approved; and that the strategy be referred for information to Full Council.

## 60 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2017

- 60.1 This report was presented by Angie Emerson, Head of Financial Assessments and sought agreement to continue with the current charging policies for non-residential care services and residential care homes which comply with the requirements of Section 17 of the Care Act 2014.
- 60.2 **RESOLVED:**
- (1) The Board agreed that the full charging policy attached at Appendix 1 should be approved.
  - (2) The Board agreed that the table of charges below should come into effect from 10<sup>th</sup> April 2017:



Maximum Charges	2016/17	Proposed for 2017/18
<b>Means Tested Charges</b>		
In-house home care/support	£22 per hour	<b>£23 per hour</b>
In – house day care	£35 per day	<b>£36 per day</b>
<b>Fixed Rate Charges</b>		
Fixed Rate Transport	£3.60 per return	<b>£3.70 per return</b>
Fixed Meal Charge /Day Car	£4.40 per meal	<b>£4.50 per meal</b>

- (3) The Board agreed to retain the existing fees for the council's Carelink Plus Service and agreed to apply the same fee rates to customers who currently have a protected lower charge of £17 per month. This would increase to £18.50 per month from April 2017;
- (4) The Board agreed to continue with the policy that no charges should apply to carers for any direct provision of care and support to them;
- (5) The Board agreed to increase the fee charged for setting up Deferred Payment Agreements for residential care home fees by 2% to £495 plus any additional costs for property valuations; and
- (6) The Board agreed to introduce a new charge for arranging and contracting non-residential care for self-funders. (people with savings over £23,250). £260 for the initial one-off set-up fee with effect from April 2017: 216 £80 per year from April 2017 for annual review, administration and amendments.

## 61 MARKET SUSTAINABILITY AND FEES TO PROVIDERS 2017

- 61.1 This report was presented by Jane MacDonald, Commissioning Manager Adult Social Care
- 61.2 This is an annual report covering fees provided by the council to care homes and home care providers. It is a complex area with a number of recommendations for a range of vulnerable adults.
- 61.3 Councillor Barford welcomed the report.
- 61.4 Councillor Page highlighted the difference in the fees provided through direct payments and those to an agency. It was acknowledged that the agencies have to cover employment costs but the council is promoting more access to direct payments to people.

61.5 **RESOLVED:** The Board approved the fee recommendations as laid out in the report.

## 62 BROOKE MEAD HOME CARE SUPPORT

62.1 This report was presented by Christian Smith, Commissioning Manager and Claire Rowland Commissioning and Performance Manager. This report sought approval for procuring and awarding a contract for the people who will live in the 45 flats in the new dementia friendly Brook Mead service.

62.2 Rob Persey gave assurance to the Board regarding the risks surrounding the procurement of services with the new build opening. In addition it will be a specialist home care provider than a traditional service.

62.2 Mr Doyle stated that the proposal is fully supported by the CCG.

62.3 **RESOLVED:** The Board approved the recommendations that Executive Director of Health and Adult Social Care could procure and award a contract for home care support to support people living at Brooke Mead extra care as laid out in the report.

## 63 PART TWO PROCEEDINGS

63.1 There were no part two proceedings.

The meeting concluded at 7.35pm

Signed

Chair

Dated this

day of

2017