

BRIGHTON & HOVE CITY COUNCIL

JOINT COMMISSIONING BOARD

5.00PM 28 JANUARY 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Brighton & Hove City Primary Care Trust representatives:
Denise Stokoe (Chair) Janice Robinson and Dr George Mack;

Council representatives:
Councillor Rob Jarrett (Deputy Chair)
Councillor Ken Norman
Councillor Anne Meadows;

Co-opted Members:
Colin Vincent, LINK

PART ONE

19. PROCEDURAL BUSINESS

19 (a) Declarations of Substitutes

19.1 There were none.

19 (b) Declarations of Interests

19.2 There were none from members. The Director of Adult Social Services, BHCC declared an interest in item 25 – Developments at Craven Vale, as the council was the provider.

19 (c) Exclusion of Press and Public

19.3 In accordance with section 100A of the Local Government Act 1972 ("the Act), the Board considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A (3) of the Act) or exempt information (as defined in section 100I(I) of the Act).

19.4 **RESOLVED** - That the press and public be excluded from the meeting during consideration of Item 31.

20. MINUTES OF THE PREVIOUS MEETING

- 20.1 Members were given information in relation to a question by George Mack at the last meeting (paragraph 10.1 of the minutes).
- 20.2 In response to the question asking why funding contribution levels were lower in 12/13 (£85m) compared to 11/12 (£89m), the reduction in the NHS contribution was mainly due to an element of the Sussex Partnership Foundation Trust SLA which had been specified as specialist Mental Health care and therefore managed outside of the Section 75 agreement. There was also an element of the SPFT SLA which had been excluded, reflecting the transfer of Primary Care Mental Health Services to a new service provider.
- 20.3 Budgets were currently being reviewed as part of the work to transfer formal agreements from the PCT to the CCG which would enable more detailed financial reporting in the future.
- 20.4 Mr Mack stated that he was happy with the response.
- 20.5 Colin Vincent referred to paragraph 4.4 and asked for an update regarding the consultation process with stakeholders. The Director of Adult Social Services replied that there was a need to ensure that commissioners consulted all appropriate people.
- 20.6 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 22 October 2012 be agreed and signed as a correct record.

21. CHAIR'S COMMUNICATIONS

- 21.1 The Chief Operating Officer, CCG informed the Board that the Clinical Commissioning Group had been formally authorised by the NHS Commissioning Board. Brighton and Hove had been given 5 areas that the NHS Commissioning Board wanted to be addressed. These were 1) An integrated plan to be put in place (An operating plan was in progress). 2) A financial plan to be put in place, 3) A cost improvement programme integrated in all plans. 4) The Chief Finance Officer role to be reviewed (currently a shared post.). 5) A membership agreement to be in place.

22. PUBLIC QUESTIONS

- 22.1 There were none.

23. FINANCIAL PERFORMANCE REPORT - MONTH 8

- 23.1 The Board considered a report of the Director of Finance, NHS Sussex and Director of Finance, BHCC which set out the financial position and forecast for the partnership budgets at the end of month 8. The report contained the proposed 2013 /14 budget strategies for consultation.
- 23.2 The Head of Finance, Business Engagement, BHCC reported that services commissioned from the Sussex Community Trust were reporting an overspend of £26 million. The overspend was partially offset by savings against the HIV/AIDS budget. An underspend of £501k was currently being forecast in respect of services commissioned

from the Sussex Partnership Foundation Trust. Learning Disabilities were showing an underspend of £0.633m. The PCT contracts with SCT and SPFT were currently forecast to breakeven.

- 23.3 The Council's draft budget strategies for 2013/14 were presented to the Council's Policy & Resources Committee in November and would be updated for budget P&R and Budget Council. The initial assessment indicated that the level of savings required across the Council could be approximately £21m in 2013/14. Adult Social Care (including Learning Disabilities and S75) was expected to generate savings of £5.7 million in 2013/14.
- 23.4 The Chief Operating Officer, CCG explained that the NHS Commissioning Board had published its planning framework for Clinical Commissioning Groups. The CCG was no longer responsible for primary care services or specialised services. The CCG had a saving target of approximately £10 million for next year. There was a need to work to the same quality for less money and this would be achieved through better commissioning of services and better management of primary services. The CCG's Operating Plan would be presented to the Joint Commissioning Board in March 2013.
- 23.5 **RESOLVED** - (1) That the forecast outturns for the s75 budgets as at month 8 be noted.
- (2) That the budget strategies for the health and social care arrangements set out for development and agreement by Budget Council and NHS Sussex Board, be noted.

24. SHORT TERM SERVICES REVIEW - IMPLEMENTATION UPDATE

- 24.1 The Board considered a report of the Chief Operating Officer, Brighton and Hove Clinical Commissioning Group which reminded members that in November 2011 the Board endorsed the new service model for community short term services. The current report provided an update. The Commissioning Manager for Urgent Care & Short Term Services explained progress in relation to bed based community short term services, Knoll House, the integration of the rapid response services, ongoing clinical governance and quality assurance for community short term service, arrangements for home care, update from the Provider Management Board, and next steps for Short Term Services.
- 24.2 The Director of Adult Social Services reported that she was pleased to hear there would be an audit in relation to Knoll House. Knoll House had been through a difficult time and issues would take time to resolve.
- 24.3 Councillor Meadows asked if having Knoll House back on stream had lowered targets for the need for short term beds. The Chief Operating Officer explained that figures for delayed transfer of care were low. The closure of beds at Knoll House had not impacted transfer of care.
- 24.4 Janice Robinson referred to paragraph 3.4 with regard to quality assurance arrangements. She asked what quality assurance arrangements would be put in place, and whether there was any information on the experience & safety of people using the service.

- 24.5 The Commissioning Manager for Urgent Care & Short Term Services reported that Sussex Community Trust collected information. Outcome measures could be reviewed. She hoped that the Quality Review Nurse could provide more information on the social care aspect. The Director of Adult Social Services confirmed that measures were in place to obtain data on quality assurance.
- 24.6 Colin Vincent stated that there had been a helpful presentation last year on integrated service. He asked when the NHS 111 service would be rolled out nationally. The Commissioning Manager for Urgent Care & Short Term Services reported that the service would be rolled out nationally on 5th March 2013. There would be a communication campaign to publicise the service. The Chief Operating Officer undertook to send a helpful briefing sheet on the NHS 111 Service to Mr Vincent.
- 24.7 **RESOLVED** - (1) That the general update on the Community Short Term Service be noted.

25. DEVELOPMENTS AT CRAVEN VALE

- 25.1 The Board considered a report of the Director of Adult Social Services which explained that Craven Vale, a Brighton & Hove City Council owned Resource Centre, currently had 24 community short term service beds, 7 crisis care/planned breaks beds; a total of 31 beds. The report outlined the proposal and recommendation for an additional 20 bedrooms to give a total of 51 bedrooms at Craven Vale. 44 of these would be Community Short Term beds. The Council's Policy and Resources Committee had agreed the recommendations on 24th January 2013. The Adult Care & Health Committee had agreed the recommendations on 28th January 2013.
- 25.2 The Chief Operating Officer reported that the proposals had been approved by the NHS Clinical Commissioning Group Board on 15th January 2013.
- 25.3 The Senior Lawyer suggested minor amendments to the recommendations to add clarity. These were agreed and are reflected in paragraph 25.4 below.
- 25.4 **RESOLVED** – (1) That the following be noted and agreed:
- (i) That the Adult Care & Health Committee on 28 January agreed to the development of Craven Vale to create an additional 20 bedrooms and to a formal collaboration agreement between the Council and Brighton and Hove Clinical Commissioning Group in relation to the development to enable both parties to fulfil their statutory functions.
 - (ii) That the Adult Care & Health Committee on 28 January agreed to delegate power to the Director of Adult Social Services/Lead Commissioner Adult Social Care and Health to sign the collaboration agreement on behalf of the Council; subject to satisfactory terms being agreed.
- (2) That it is noted that the Policy & Resources Committee on 24 January 2013 agreed to:
- (iii) Note that the development will be delivered by Property and Design using the Council's existing Strategic Construction Partnership.

- (iv) Agree that delegated power is given to the Director of Adult Social Services/Lead Commissioner Adult Social Care and Health and Director of Finance and to enter into a building contract with an estimated value of £2.2million.
- (v) Agree that the Craven Vale Development be added to the Capital Programme and the capital project be approved at a total cost of £2.883m (£1.442m in 2013/14 and £1.441 in 2014/15) to be funded as detailed in paragraph 5.2 of the report.
- (3) That it be noted that the Clinical Commissioning Board held on 15 January 2013, agreed the ongoing revenue implications as set out in the report.

26. UPDATE ON THE IMPLEMENTATION OF JOINT DEMENTIA PLAN

- 26.1 The Board considered a report of the Chief Operating Officer, Clinical Commissioning Group which informed members of the progress of implementing the Joint Dementia Plan.
- 26.2 Members were reminded that the 2011-12 NHS National Operating Framework set out a requirement for each local area to make improvements and changes to services against the four priority areas identified in the National Dementia Strategy. The 2012/13 NHS National Operating Framework required Health and Social Care commissioners in each area to publish a Joint Dementia Plan setting out local progress in terms of implementation of the National Dementia Strategy. For Brighton & Hove this plan was published in February 2012.
- 26.3 The Chair commented that there were increasingly more complex arrangements for commissioning. She asked if that was raising issues. The Head of Commissioning and Partnerships replied that commissioning had become more sophisticated in looking at people's needs. Voluntary Sector Providers would become more involved in this work.
- 26.4 The Chief Operating Officer stated that there was a better model of care and service users had a more seamless service.
- 26.5 Councillor Meadows referred to paragraph 4.2 of the report which related to a consultation with younger people with dementia. She asked if there were many young people in the City with dementia. The Head of Commissioning & Partnerships replied that there were a small number of younger people with dementia and complex needs. The Director of Adult Social Services stated that there had been an increase in alcohol related dementia. The Joint Strategic Needs Assessment would show these figures.
- 26.6 Janice Robinson referred to paragraph 3.6.2 which related to a one year dementia champion post at the Royal Sussex County Hospital. She asked what would happen when the money came to an end. The Chief Operating Officer replied that there were a number of months before the pump priming money ran out. Officers would be able to look at the objective outcomes of people leaving hospital. The CCG would expect the hospital trust to fund the post themselves in future.
- 26.7 **RESOLVED** - (1) That the contents of the report be noted.

27. LEARNING DISABILITIES HEALTH SELF-ASSESSMENT FRAMEWORK YEAR 4: 2012

- 27.1 The Board considered a report of the Director of Adult Social Services and Chief Operating Officer, Clinical Commissioning Group which informed members that the NHS South of England East Learning Disabilities Programme had completed its fourth year. A central component of delivering the objectives of the programme had been the completion in each local health economy of a "Learning Disabilities Health Self-Assessment Framework". The purpose of the self assessment was to provide commissioners, providers and other stakeholders with an understanding of the strengths and weaknesses of health care services for people with learning disabilities.
- 27.2 The Head of Commissioning & Partnerships informed members that the assessment this year had looked at three key standards which were set out in paragraph 3.5 of the report.
- 27.3 The Chair considered the programme a success story. It was helpful to see Brighton and Hove's standards compared to other Local Authorities.
- 27.4 Councillor Jarrett considered the programme a thorough process. He reported that one of the liaison nurses had attended a meeting of the Learning Disability Partnership Board earlier in the day. There had been a positive reaction to the programme so far.
- 27.5 The Director of Adult Social Services stated that on behalf of the Board, she wanted to particularly thank a nurse called Natalie Winterton for her contribution to this piece of work.
- 27.6 George Mack referred to the graph on page 68 of the agenda. He noted that West Sussex was catching up with Brighton and Hove in terms of standards. He asked for information about standards A10 and C9. The Head of Commissioning & Partnerships explained that Standard A10 was an acute pier review. C9 was a CCG post funded for a specialised case outside the city.
- 27.7 **RESOLVED** - (1) That the validated outcomes of the Learning Disabilities Health Self-Assessment Framework for Brighton & Hove be noted.
- (2) That the recommendations for action set out in paragraph 3.11 and in Appendix 2 of the report be noted and approved.

28. DAY ACTIVITIES COMMISSIONING PLAN

- 28.1 The Board considered a report of the Director of Adult Social Services which summarised the feedback on the current provision of day services in Brighton & Hove, made recommendations about a future vision for day services and outlined the next steps.
- 28.2 Janice Robinson asked why this report was being presented now when successive meetings of the JCB had been reviewing and changing day services.

- 28.3 The Head of Commissioning & Partnerships confirmed that extensive work had been carried out on day services. However, there had not been so much work carried out for people learning disabilities. The Commissioner, Learning Disabilities & Older People explained that it was predicted that there would be more people with learning disabilities who would need the service.
- 28.4 **RESOLVED** - (1) That it is noted that the Adult Care and Health Committee on 19 November 2012 approved the proposed Vision for day activities set out in Section 7 of the report.
- (2) That it is noted that the Adult Care & Health Committee agreed the next steps set out in Section 8 of the report, that is to work with service users, advocates, carers and providers in the co-design and modelling of services to realise the Vision for day activities.

29. ADULTS SECTION 75 REVIEW

- 29.1 The Board considered a report of the Director of Adult Social Services which outlined revisions to the Adults Section 75 Agreement between the Council and the Clinical Commissioning Group which will come into effect on 1 April 2013.
- 29.2 Members were informed that the CCG and Council were committed to maintaining both formal joint commissioning arrangements, namely the section 75 for Children's Services and the Section 75 for Adults' Services. In preparation for the CCG becoming the accountable body for commissioning healthcare in the City on 1 April 2013, both agreements needed to be updated to reflect the new commissioning landscape. All significant elements of the revised Agreement were summarised in the report and a full version of the draft document was attached as an appendix.
- 29.3 The Chief Operating Officer informed the Board that it was timely that the documentation was updated. It was last revised several years ago and some services were no longer jointly commissioned. The duration of the Section 75 agreement would be three years from April 2013. The Joint Commissioning Board would remain for the time being; however there would be further thought about the longer term governance. A joint commissioning plan would be submitted to the Board annually. The documentation had been drawn up using a national template.
- 29.4 Councillor Norman referred to the consultation paragraph in the report. He asked if the decision not to consult on the revised documentation could be disputed. The Chief Operating Officer replied that if there were any major changes there would be a consultation process. However, no major changes were currently proposed. She did not think anyone would challenge the decision not to consult.
- 29.5 The Senior Lawyer stated that when deciding whether to consult or not, it was necessary to consider whether there were proposals for delivery of the service or commissioning arrangements to be . As this was not the case and that the proposed changes are necessary to reflect changes in law, there was no need to consult.
- 29.6 The Chief Operating Officer stated that the report would be submitted to the Adult Care & Health Committee. She drew attention to paragraph 5 of the report which explained

that the revised Section 75 arrangement would maintain the previous funding arrangement whereby respective financial contributions were not pooled, but instead were separately managed and reported on by the Lead Commissioner on behalf of both organisations.

29.7 **RESOLVED** - That the revisions to the Section 75 Agreement and the draft documentation be noted.

30. FEE LEVELS IN ADULT SOCIAL CARE SERVICES 2013/14

30.1 The Board considered a report of the Director of Adult Social Services concerning fees paid to independent and voluntary sector providers that supplied care services on behalf of Brighton and Hove City Council Adult Social Care and Brighton and Hove Clinical Commissioning Group. It covered fees paid to providers of services for older people, people with physical disabilities, adults with mental health needs including HIV and substance misuse and adults with a learning disability. Service providers included care homes, supported accommodation, home care and community support, community service and direct payments.

30.2 **RESOLVED** – That it is noted that subject to the budget set by Council in February 2013, the Adult Care and Health Committee held on 28 January 2013 have agreed the changes set out in Table Two Section 3.9 of the report, to come into place for the financial year 2013/14.

31. PART TWO MINUTES

31.1 The Board noted the Part Two minutes of the meeting held on 22 October 2012.

31.2 **RESOLVED** – That the Part Two minutes be approved and signed by the Chair.

32. PART TWO PROCEEDINGS

32.1 That the confidential minute and report from the meeting of the Board held on 22 October 2012 remain exempt from disclosure to the press and public.

The meeting concluded at 7.05pm

Signed

Chair

Dated this

day of