

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 28 JULY 2020**

**VIRTUAL, VIA SKYPE**

**MINUTES**

**Present:** Councillors Shanks (Chair), Nield (Deputy Chair), Moonan (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Childs

**Brighton and Hove CCG:** Dr Sarah Richards and Ashley Scarff

**Also in Attendance:** Geoff Raw, Chief Executive, BHCC; Deb Austin, Acting Statutory Executive Director, Children's Services; Rob Persey, Statutory Director for Adult Social Care; Alistair Hill, Director of Public Health; Graham Bartlett, Safeguarding Adults Board and David Liley, Healthwatch

**PART ONE**

**9 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**9(a) Apologies**

9.1 Apologies were received from Dr Andrew Hodson (Chair of the CCG and Co-Deputy Chair), Lola Banjoko and Andrew Taylor

**9(b) Declarations of Substitutes, Interests and Exclusions**

9.2 Dr Sarah Richards was in attendance in substitution for Dr Andrew Hodson.

**9(c) Exclusion of Press and Public**

9.3 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.

- 9.4 **RESOLVED** - That the public not be excluded during consideration of any item of business set out on the agenda.

## 10 MINUTES OF MEETING, 9 JUNE 2020

- 10.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 9 June 2020 as a correct record.

## 11 CHAIR'S COMMUNICATIONS

- 11.1 The newly appointed Chair, Councillor Shanks welcomed those attending the meeting, commended the work of Councillor Moonan during her period in the Chair and outlined the housekeeping arrangements in place for the effective running of this virtual skype meeting.

### **Covid 19 – Current Position**

- 11.2 The Chair thanked everyone who has been playing their part to support a healthier, stronger and safer city. Whilst the number of cases across the city remained low. here compared to other areas of the UK it was important for everyone to continue to help control the virus in every way that they could. Those present would hear more about the current Covid position and the Local Outbreak Control Plan as separate items elsewhere on that afternoon's agenda.
- 11.3 The Chair took the opportunity to remind everyone to practise good hygiene, with regular hand washing and using hand sanitiser whenever people were out. Although there had been some confusion around the exact distance we should be keeping, she wanted to encourage everyone to still maintain 2m distance from others not in their households wherever they could and at least 1m otherwise. Face coverings must now be worn in shops as well as on public transport and in our hospitals, for everyone who is able to. It was important to remember however that some people were not able to wear one and it is not always obvious why, so it was necessary to be understanding of that.

### **NHS Test and Trace**

- 11.4 It was essential that anyone who developed any of the symptoms of Covid-19 took a test immediately and self-isolated at home. The quicker people who may have been at risk of infection could be identified, the more effectively we could reduce the spread of the virus. Whilst some people had concerns around the NHS Test and Trace service contact tracing was not new. It was a well-established method of preventing and controlling outbreaks from measles and TB through to sexually transmitted infections. Information would be handled sensitively and confidentially. If people were contacted by Test and Trace it was important that the advice given was followed as this was the best way to look after yourself and your loved ones, and also to protect the city's most vulnerable communities.

### **Shielding Guidelines – Easing**

- 11.5 As everyone was heading out more, the restrictions for the clinically extremely vulnerable residents who were asked to shield back in March had also been gradually easing. They could now:

gather in groups of up to six outdoors with distancing;  
create a support bubble with one other household if you live alone or are a single parent;

From 1 August they could also:

visit shops and places of worship, with distancing;  
return to work, if they could not work from home and the workplace was covid-secure;  
Although government support was coming to an end at the end of July, extra help was still available locally for those who needed it from our community advice and support hub.

### **Pharmaceutical Needs Assessment – Closure of Boots 119-120 London Road**

- 11.6 The Chair stated that she wished to give a detailed update on this matter. A report was submitted to the Health and Wellbeing Board (HWB) 10<sup>th</sup> September 2019 as part of its Pharmaceutical Needs Assessment (PNA) responsibilities. The report updated the HWB following the previous information in July 2019 that the Boots in the London Road was moving premises from its current address to across the London Road. The PNA was a comprehensive statement of the need for pharmaceutical services of the population in its area. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”) set out the legislative basis and requirements of the Health and Wellbeing Board for developing and updating the PNA as well as the responsibility of NHS England in relation to “market entry”. NHS England holds the contract for community pharmacy. By the NHS Pharmaceutial and Local Pharmaceutical Services Regulations, the provision of NHS Pharmaceutical Services in community pharmacies is a controlled market. If an applicant wants to provide NHS pharmaceutical services, they are required to apply to NHS England (NHSE) to be included on a pharmaceutical list. Since April 2013 pharmaceutical lists are compiled and held by NHSE. NHSE will use the PNA when making decisions on applications.
- 11.7 HWBs have the requirement under the regulations to carry out and publish a PNA for its population at least every three years and publish supplementary statements stating any changes to local pharmaceutical services. Due to the impact of the COVID19 pandemic on local authorities, the national requirement for the next PNA to be published in 2021 had been extended to 2022.
- 11.8 At the July 2019 HWB meeting Public Health advised that this relocation did not represent a gap in provision because the relocation was 100 metres across the same road and would provide the same level of service and opening hours. Since July 2019 the situation changed. The relocation of Boots pharmacy did not occur, due to difficulty finding a suitable alternative site before their landlord terminated their current lease. The Boots at 119-120 London Road closed on September 20<sup>th</sup> 2019. and the contract with Boots has now been terminated. Boots therefore requested a 6 month suspension of their contract from NHSE. The COVID-19 regulations caused a suspension of all work relating to market entry for NHSE, and the Boots contract suspension expired at the end

of March. NHSE confirmed this to Boots as soon as market entry work recommenced. Brighton and Hove City Council Public Health team have remained in contact with NHSE who have confirmed that Boots have not been able to find premises within the six month period since. The implication of this is that any pharmacy, including Boots, could now apply for market entry to supply a pharmacy in this area. NHSE consider the closure of Boots could be considered as leaving a gap in service in relation to the Pharmaceutical Needs Assessment (PNA) and will be seeking to fill the gap as soon as possible. The PNA Steering group has previously conducted an EIA on the impact of the closure of Boots London Road and concluded that there was not a significant gap in pharmaceutical services because there were 7 other pharmacies within 0.5 miles providing the same range of services. The time lapse since the start of the closure meant it was likely patients had already found alternative pharmacies to use. The PNA Steering Group did not think the closure of Boots requires a new PNA to be published immediately. In the interim it has issued a further Supplementary Statement to reflect the recent changes to pharmacy services and will issue a full PNA in 2022.

### **Disability Learning Week**

- 11.9 In closing, the Chair informed the Board that since its we last meeting we had celebrated Learning Disability Week. During the week we had connected with all the teams across the city who worked with people with Learning Disabilities and Autism and had found new and creative ways to provide information, offer support, run activities and help keep people in touch with friends. An estimated 5861 adults lived with a learning difficulty, disability or Autism in the city. Physical distancing and understanding the ever-changing guidelines could be particularly hard for this community.
- 11.10 **RESOLVED** – That the content of the Chair’s Communications be received and noted.

### **Callover**

- 11.11 All items on the agenda were called for discussion.

## **12 FORMAL PUBLIC INVOLVEMENT**

### **12a Petitions**

- 12.1 There were none.

### **12b Written Questions**

- 12.2 It was noted that three written questions had been received. The questions submitted and the responses provided by the Chair are set out below:

#### **Question from John Kapp — Medication to Meditation**

- 12.3 “Concerning **medication to meditation**, does the board agree that all prescribed interventions should be evidence based, that the gold standard is the systemic review,

one of which (Cippriani et al 2017) found that all antidepressants are no better than placebos, but have side effects that include suicide, so do more harm than good, yet antidepressants continue to be prescribed to more than 7 million in England, whereas there have been thousands of research reports on mindfulness based approach courses which have been found effective in healing and curing most mental disturbance without side effects, and published in peer reviewed journals, so the HWB should ask the CCG to commission sufficient mindfulness courses so that all patients for whom they are clinically appropriate can access them within the statutory access times (2 weeks for psychosis, 6 weeks for ¾ of rest, 18 weeks maximum) ?”

### **Chair’s Response:**

12.4 Best practice indicates that all treatments should be evidence based. An informed discussion of the risks and benefits should take place before interventions are offered, with meta-analysis of multiple randomised controlled trials being considered the most robust evidence to inform medicine treatment choice. However pharmacological interventions are often only part of an effective treatment program, and not all patients will derive the same benefit. The decision to treat or not must be informed by the evidence but also individualised to each patient within the context of the NHS constitution and available NICE guidance, finite NHS resources, and a broader comprehensive care plan.

Hopefully this covers the question in a broader sense with respect to evidence based practice. Antidepressants are just an additional form of intervention to support the patients and a competitive form. So intervention should be individualised.

12.5 Mr Kapp was invited to put a supplementary question.

### **Question from Janet Bray – Continuing Operation of a Dormitory Hostel in Hove**

12.6 NB: Ms Bray indicated that she was unable to attend the meeting and has indicated that she was happy for her question and the response to it to be set out in the subsequent minutes of the meeting.

12.7 “We are now into the \*11<sup>th</sup> week of Lockdown. A well-known dormitory hostel in central Hove to continues to operating, continues to advertise weekly dormitory accommodation, and is housing people in violation of planning permission (i.e.: The premises shall be used as student/backpacker hostel only and for no other purpose, including in HMO or as a hostel where people are placed, homeless or have special needs with payment coming from a 3rd party). Government guidance effectively deemed dormitory hostels should close. BHCC has known about the illegal operation of this hostel for 2 months (and the violation of Planning Permission for years) and yet it carries on in plat sight of the neighbourhood that remains incredulous. Why has BHCC allowed this situation to persist? When will the dormitory hostel be closed?” \*(NB: this was received following our June meeting).

### **Chair’s Response**

12.8 I have been advised that you have been in regular contact with the Council on this matter and received a response from our Head of Safer Communities on this matter

earlier this month. However, I have forwarded this question on to the relevant department to respond if there has been any updated guidance of relevance.

### **Question from Lara Hockman – Emergency Homeless Accommodation**

12.9 NB: Ms Hockman was unable to attend the meeting but indicated that she was happy for her question and the response to it to be set out in the subsequent minutes of the meeting.

12.10 “Homeless people currently in emergency accommodation as a result of Covid-19 are facing a cliff-edge beyond which their health & wellbeing are severely at risk. Will the Board sign up to the following statement to protect the health & wellbeing of our city’s most vulnerable residents?”

12.11 “We, the HWB commit to ensuring that sustainable accommodation is offered to all those housed in emergency accommodation and hotels as a result of the Government’s ‘Everyone In’ policy and will not let people return to homelessness or rough sleeping. This includes opening up access to council accommodation for people accommodated during the emergency.”

### **Chair’s Response**

This matter is being actively addressed by our colleagues in the Directorate of Housing, Neighbourhoods and Communities and in my response to the question we have attached links to relevant papers recently presented to Housing Committee. I would like to assure all our residents of the Council’s commitment to tackling the need for people to rough sleep in our city and alongside our adopted Homelessness and Rough Sleeping Strategy, recognising this is a complex situation, we are working actively in the current situation to secure accommodation to support this objective.

12.12 **RESOLVED** – That the questions submitted and the Chair’s responses to them be noted and received.

### **12c Deputations**

12.13 There were none.

## **13 FORMAL MEMBER INVOLVEMENT**

### **13a Petitions**

13.1 There were none.

### **13b Written Questions**

13.2 There were none.

### **13c Letters**

13.3 There were none.

**13d Notices of Motion**

13.4 There were none.

**14 PRESENTATION - COVID RECOVERY STRATEGY****Covid Update and Recovery Strategy**

- 14.1 The Director of Public Health, Alistair Hill, gave a detailed presentation detailing the arrangements being put into place going forward both to seek to continue to contain the number of cases across the city and importantly to foster and sustain recovery and to build in resilience in the event of further future spikes. Whilst the mortality rate across the city was low compared to other places all partners were working to ensure that there was sufficient resilience going forward, details of infection levels and mortality rates week by week were shown. The slides accompanying this presentation were displayed at the meeting and would also be attached to the agenda on the Council website.
- 14.2 It was considered very important to have mechanisms in place to support local economic recovery and in order to do so it was important to understand and put into context the data which had been collected, in order to ensure a timely and co-ordinated approach and to have good local governance in place. Since the onset of the pandemic recent weeks it had been possible to capture data in a more sophisticated way and it agreed that would be a valuable tool going forward. The local outbreak since June had been low and it would be critical to seek to maintain that flattened curve.
- 14.3 It should be noted that the first meeting of the Local Health Protection Board had taken place earlier that day, these involved all relevant partners would be held regularly and would have a broad agenda in order to respond to the complex issues which had arisen in respect of the current pandemic and any further issues which might arise in future. As information had emerged in respect of high-risk settings that would inform work priorities, In addition to other partners Healthwatch was being kept fully in the loop and that involvement would continue. "Test and Trace" was seen as integral to this, particularly in terms of seeking to help prevent a surge or second wave in the autumn.
- 14.4 Councillor Bagaen referred to the current availability of data and sought more information regarding the co-ordination mechanisms in place particularly in respect of the trigger points for action to be taken and to ensure that dynamic risk assessments were carried out, also the connection between the partners and the role of the Board. It was confirmed that information was now available on a granular level by postcode which would enable any emerging trends to be identified and responded to rapidly. The Outbreak Plan would be shared with all stakeholders who would have input, whilst some in the Plan needed to remain confidential the available information would be shared as widely as possible in order to work effectively with partners across Sussex.
- 14.5 Councillor Nield asked whether/what arrangements were in place to provide mobile/walk in testing across the city, noting that a mobile testing unit had been provided at the Brighton Racecourse. Also, regarding information available in relation to compliance with the requirements to self-isolate. It was explained that there were limitations on the measures which could be put into place in terms of assisting people to self-isolate and it

was considered that could be more difficult once the current furlough arrangements ceased. An integrated response was in place to work with local community workers and hubs across the city and to ensure an integrated response. The Cleaner Air measures which were to put in place would provide improvements to the quality of life for all whilst being of particular benefit to those who had respiratory problems.

### **Communications Strategy – Public information**

- 14.6 The Head of Communications, Clare Saul, gave a presentation detailing the communications strategy which had been put into place which would also operate in co-operation with neighbouring authorities and stakeholders in the event of cross-border outbreaks occurring. Effective communication was recognised as a key element in managing and mitigating the Covid 19 pandemic. The Local Engagement Board would play a key role in public facing communications and engagement to strengthen national and local messages.
- 14.7 The outline communications plan which had been drawn up aimed to set out the communication activity required during the set up and roll out of the local outbreak plan and what would be required during any local outbreak. As this subject matter could cause anxiety for residents, organisations and businesses it was understood that simple communication was required which gave clear information about what people needed to do, when and how. It was also seen as important to promote “Test and Trace”. There had been an interface with local community hubs and organisations and a variety of mediums had been used including social media, the council website, regular by-lined pieces and traditional media including posters etc., across the city. The message was to encourage behaviours which helped to keep everyone safe and to keep the infection rates across the city low.
- 14.8 Councillor Childs referred to the fact that a number of residents had reported to him that they were very concerned that a number of passengers were not wearing masks on public transport (local buses) and in consequence were exposing others to risk. The Head of Communications responded that it was difficult for drivers to enforce as some exemptions were in place, it these not always apparent to whom they applied and drivers often, understandably, were reluctant to be confrontational. It was largely a matter of public education and hopefully constant reinforcement of messages around social distancing and responsible behaviours would have the desired outcome. The Council’s own communications team and the bus company itself were doing a lot of work on this issue and it was hoped that by encouraging compliance the current 85% compliance rate could be improved upon. In order to continue to control any potential second wave it was important to continue to communicate with clear, unequivocal, simple messages which could be easily understood.
- 14.9 Councillor Nield stated that now lockdown had eased somewhat and people had become more used to wearing face coverings that use of re-usable materials should be encouraged and it was agreed that would be taken on board.
- 14.10 Councillor Shanks, the Chair, welcomed the presentations, stating that it was clear that effective communications lay at the heart of dealing with the pandemic, some of that needed to be Member led and she anticipated that the Board should have an overarching role.

14.11 **RESOLVED** - That the contents of the presentations be received and noted.

## **15 LOCAL COVID OUTBREAK CONTROL PLAN**

15.1 The Board considered a report of the Director of Public Health detailing the action(s) underway to help residents, businesses and organisations in the city to prevent the spread of Covid 19, to make the best use of available data to detect trends and outbreaks as early as possible and to ensure that there were robust structures and processes in place to respond to outbreaks.

**RESOLVED** – (1) That the Health and Wellbeing Board note the contents of the Local Outbreak Control Plan published on 30 June 2020 and set out in Appendix 1 to the report;

(2) Agree that the Health and Wellbeing Board will act as the Member led Board in accordance with the guidance from the Department for Health and Social Care (DHSC); and

(3) Approve the establishment of a cross-party Member Working Group to oversee the Local Outbreak Control Plan, draft Terms of Reference for group as included in Appendix 2 to the report.

## **16 FOUNDATIONS FOR OUR FUTURE – THE FINAL REPORT FROM THE SUSSEX WIDE CHILDREN & YOUNG PERSON’S EMOTIONAL HEALTH & WELLBEING SERVICE REVIEW**

16.1 The Board considered a joint report of the Clinical Commissioning Group and the acting Executive Director, Families, Children and Learning. It was noted that the “Foundations for our Future” report set out at Appendix 1 was an independently authored report which had been jointly commissioned by Sussex Clinical Commissioning Groups, the three local authorities in Sussex and Sussex Partnership NHS Foundation. The Review had been independently chaired throughout its duration.

16.2 The Review had been structured to provide an in-depth and up to date picture of the services and support available to young people and had been designed as a listening and analytical exercise aimed at gathering a wide scope of information and feedback from quantitative and qualitative insights of the emotional health and wellbeing services and support on offer to young people aged 0-18 and their families in Sussex. Although not a formal public consultation the scope of the Review had been wide and it had been completed in the weeks prior to the emergence of the current pandemic. The implementation timeline for the recommendations set out in the report and those that had been developed before the pandemic had caused work to be paused. The report could now however, act as a lever for change in this new landscape, to drive transformation, including to specialist mental health services and a renewed focus on the importance of population mental health and wellbeing approaches and the key role of schools.

- 16.3 Steve Appleton the Independent Chair of the Review was in attendance accompanied by Georgina Clarke-Green and gave a detailed presentation detailing the work undertaken its findings and future pathways which had been identified. He stated that notwithstanding that although a historical piece of work in the context of the current pandemic and the additional mental health pressures it put on many it was important particularly as there would now be the opportunity to review, reflect on and reconsider the priority of each recommendation. The slides in their entirety had been attached as an addenda to the circulated agenda.
- 16.4 Councillor Moonan welcomed the report which she agreed represented a very important piece of work. Whilst recognising that this was a Sussex wide piece of work it was pleasing to note that arrangements/ structures would be put into place applicable specifically to Brighton and Hove.
- 16.5 Councillor Bagaeen considered that governance and accountability would be key considering that it was important in redesign of any services provided that there were clearly laid down responsibilities in the event that anything did not improve outcomes as expected. The respective roles of the local authority and the CCG needed to be clearly drawn as did who had oversight and overarching responsibility.
- 16.6 Councillor Nield was in agreement regarding the importance of this piece and enquired as to the measures which would be put into place when children returned to school after the disruption which they had suffered and to identify any who were struggling or particularly vulnerable and needed additional/ targeted support. The Acting Executive Deb Austin detailed the arrangements which would be in place.
- 16.7 In answer to questions by Councillor Bagaeen it was confirmed that the report would also be forwarded to the Children, Young People and Skills Committee for information.
- 16.8 **RESOLVED** – (1) That the Board receive and note the contents of the final independently Chaired report “Foundations for our Future” included at Appendix 1 to the main report;
- (2) Agrees and approves the Concordat which underpins the partnership commitment to act upon the recommendations contained in Appendix 2 to the report; and
- (3) Agrees in principle the recommendations set out in the report at paragraph 2.17. A further update to be provided to the Board in respect of the financial implications for Brighton & Hove City Council prior to final sign off.

## **17 COMMISSIONING STRATEGY FOR HEALTH AND ADULT SOCIAL CARE POSITION UPDATE**

- 17.1 The Board considered a report of the Executive Director of Adult Health and Social Care providing a position update on the Commissioning Strategy for Health and Adult Social Care. It was noted that the impact of the past few months in dealing with the Covid 19 pandemic had both delayed the intended preparation of the supporting commissioning action plans and changed the potential commissioning landscape for future health and social care commissioning in the city.

- 17.2 The Executive Director, Rob Persey explained that in the light of system experiences of recent months there it had emerged that there were opportunities in some instances to commission health and social care services differently and that in consequence this draft commissioning strategy required review and re-drafting.
- 17.3 Councillor Childs welcomed the work that had been done and recognition that had emerged of the essential role of care workers, noting that the previous administration had been able to implement a Care Workers Charter which he hoped the new administration would continue to support.
- 17.4 The Chair, Councillor Shanks welcomed the report, which was essentially an interim update. The grant which had been made available to provide support to ensure that the role of those working in care homes was recognised and that they should be subject to statutory sick pay and terms and conditions which supported their important work were welcomed. Ashley Scarff of the CCG confirmed that partners had been working in concert to that end.
- 17.5 **RESOLVED** – (1) That the Board notes the contents of this draft Commissioning Strategy and the principles the Council currently applies in the commissioning, delivery and monitoring of adult social care, public health and supported accommodation services;
- (2) That the Board notes intended direction of travel subject to agreement with key stakeholders, especially the Clinical Commissioning Group who, whilst represented on this Board, will require agreement from their governing body;
- (3) That the Board formally asks for this report to be discussed at the Clinical Commissioning Group, Governing Body and authorised that this matter proceed as outlined in the report if agreed by that body; and
- (4) That the Board requests that the Market Position Statement come to its scheduled meeting in September along with a progress update on the Commissioning Strategy and care group specific commissioning plans.

## 18 **KNOLL HOUSE: INTERIM ARRANGEMENTS 2020-21**

- 18.1 The Board considered a report of the Executive Director for Health and Adult Social Care explaining that following agreement of the Board at its meeting on 28 January 2020 approval had been given for future use of Knoll House as a long-term residential care facility for adults with Acquired Brain injury and/or physical disability. HASC was required to commission minor capital works to the building and to bring a paper to the Board on the management/staffing options with a view to it being operational from late 2020. That process had been delayed as a result of the resources which had been required in response to the Covid 19 pandemic, Knoll House was currently empty and it was not anticipated that it could be made ready for its long term use until the summer/autumn 2021.
- 18.3 The Brighton and Hove CCG had approached the Council and had requested that Knoll House be used this coming winter in order to secure additional discharges from acute community and mental health in patient care for patients requiring ongoing NHS

provided rehabilitation to support timely discharge. As Covid 19 pressures remained winter was anticipated to be particularly challenging, particularly in view of the potential risk of a second wave. In taking a precautionary approach there was an urgent need to develop additional capacity with potential demand for up to 40 additional beds. The opportunity to deliver 20 additional beds would therefore make a significant contribution.

- 18.4 Ashley Scarff, CCG explained that the CCG would enter into a suitable financial arrangement with the council for the short-term use of Knoll House which would be handed back to the council at the end of the winter period. The Executive Director confirmed that the building could be returned to the council for use very quickly and that provided there were no additional un-anticipated calls on officer resources he anticipated that it would be possible to put a further report to the Board and for the required works to be undertaken for its longer-term use for summer/autumn 2020/21.
- 18.5 **RESOLVED** – (1) That the Board agrees the short-term interim use of Knoll House to provide rehabilitation beds to support timely discharge from hospital and support unnecessary admissions;
- (2) That the Board agrees the short-term interim use of Knoll House to provide rehabilitation beds to support timely discharge from the hospital and support unnecessary admissions;
- (3) That the Board only agrees this proposal through to the end of March 2021 in support of the wider health and care system taking a precautionary approach to the risk of a second wave of Covid-19 in what projections indicate could be an already challenging winter;
- (4) The Board notes that all the costs of running the rehabilitation service will be met by the NHS;
- (5) That the Board reaffirms its commitment to its previous decision for Knoll House to be remodelled to deliver a long-term residential unit for adults with ABI and/or physical disability and supporting this the implementation of this agreement;
- (6) The Board agrees that the work to commission the ABI and/or physical disability service continue over the next 6 months, concurrent with the rehabilitation service; and
- (7) The Board requires the Clinical Commissioning Group to bring a paper back in January 2021 updating upon the position in light of the circumstances at the time. If there is any risk of the interim use continuing beyond March 2021 this paper will present an options appraisal including financial mitigations recognising the Council cannot be exposed to future additional unplanned financial risk.

The meeting concluded at 6.35pm

Signed

Chair

