

BRIGHTON & HOVE CITY COUNCIL

JOINT COMMISSIONING BOARD

5.00PM 15 SEPTEMBER 2008

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Brighton & Hove City Primary Care Trust representatives:
Julian Lee (Chairman), John Dearlove, Janice Robinson and Denise Stokoe;

Council representatives:
Councillor Maria Caulfield, Cabinet Member For Housing
Councillor Ken Norman, Cabinet Member for Adult Social Care & Health;

Co-opted Members:
Councillor Keith Taylor, Brighton & Hove City Council
Richard Ford, Sussex Partnership Trust

Apologies: Councillor Jeane Lepper (Brighton & Hove City Council), Simon Turpitt (South Downs Health NHS Trust) and John O'Sullivan (South Downs Health NHS Trust)

PART ONE

14. PROCEDURAL BUSINESS

14 (a) Declarations of Substitutes

14.1 Jonathan Reid, Deputy Director of Finance, Brighton and Hove City PCT reported that he was attending on behalf of Michael Schofield, Director of Finance, Brighton and Hove City PCT. Amanda Fadero, Director Quality & Engagement, PCT reported that she was attending on behalf of Darren Grayson, Chief Executive, PCT.

14 (b) Declarations of Interests

14.2 There were none.

14 (c) Exclusion of Press and Public

14.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

14.4 **RESOLVED** - That the press and public be not excluded from the meeting.

15. MINUTES OF THE PREVIOUS MEETING

15.1 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 28 July 2008 be agreed and signed by the Chairman subject to amendments to the list of apologies. Councillor Keith Taylor and Denise Stokoe should have been recorded as having sent their apologies.

16. CHAIRMAN'S COMMUNICATIONS

16.1 There were none.

17. PUBLIC QUESTIONS

17.1 There were none.

18. FINANCIAL PERFORMANCE REPORT - MONTH 4

18.1 The Board considered a report of the Director of Finance (PCT) presented by the Deputy Director of Finance, that set out the financial position of the pooled budgets at the end of Month 4, and the forecast year-end outturn. It highlighted emerging pressures and set out measures to address these. The report also set out information about progress on developing and including Key Performance Indicators for the services within the pooled budgets (for copy see minutes book).

18.2 Janice Robinson asked for more information about the Integrated Equipment Store. It was excellent news that this budget was forecasting an underspend this year but she worried that the budget might start to increase in the winter. She asked if anything was being done to manage the store more effectively.

18.3 The Deputy Director of Finance PCT replied to say that additional funding was provided last year of around £400,000. This was made concurrent for this year, and the PCT were expecting that this should mean that the service would meet its financial targets. However, the management of the overall financial envelope at South Downs Health was monitored carefully by the PCT at the Commissioning Board, and this included the Equipment Store. The Director of Quality & Engagement, PCT reported that a meeting was being arranged to review the Equipment Store budget, which had been highlighted as a risk.

18.4 Councillor Taylor asked if the report was taking for granted that the learning disability budget would be achieved. The Deputy Director of Finance PCT explained that there were two pooled budgets. One was for mental health and other care services within the section 75 agreement and was "lead commissioned" by the PCT and a separate one for Learning Disabilities, which was "lead commissioned" by the City Council. However, the two partners worked closely together to manage the financial positions within both pooled budgets. The

forecast outturn variance for Learning disabilities at month 4 was £163,000, but the aim was to bring this figure down to zero by the end of the year through the delivery of the financial recovery plan. The PCT and the Council were carefully monitoring progress against the recovery plan and would report any variance on a timely basis to the JCB. In response to a specific question, the PCT confirmed that it was not planning to provide further additional funds to the learning disabilities pool at this point, given the strong progress made by the Council as against the recovery plan.

18.5 **RESOLVED** – (1) That the financial position of the pooled budgets as at month 4, which indicates a breakeven forecast, and the actions underway to manage the pressures within the system, be noted.

(2) That the ongoing work to develop medium-term financial plans for the pool be noted.

19. LEARNING DISABILITIES FINANCIAL RECOVERY PLAN 2008/09

19.1 The Board considered a report of the Director of Finance & Resources, Brighton & Hove City Council, which provided an update on the Financial Recovery Plan progress for the Learning Disability Service for 2008/09 (for copy see minute book).

19.2 Councillor Taylor noted the variance at month 4 as being £704,000 and stressed that the budget would continue to be under great pressure. He stressed that plans needed to be made to avert a financial crisis. He requested a report on Adult Social Care funding.

19.3 Denise Stokoe also express concern. She did not see evidence of specific strategies in the report and requested a breakdown of the budget for the next meeting. She asked what specific strategies would be put in place.

19.4 Councillor Caulfield stressed that savings of £1000,000 had been made in the past year. The service was on track in a difficult time to meet the financial plan. Meanwhile a transport review was taking place this month. Councillor Caulfield acknowledged the service had high unit costs, but a strategy for meeting the budget would be set out in reports presented over the next financial year. There had been short term achievements and a longer term three year plan would be presented in due course.

19.5 The Director of Adult Social Care & Housing stressed that the whole health economy would struggle next year. The Council was already considering next year's budget. She stressed the need to consult with people who used the services. She acknowledged that costs were high but the quality of services was high. There was a need to continue consultation and to finalise the commissioning strategy.

19.6 The Head of Supporting People & Lead Commissioner for Learning Disabilities reported that the new commissioning strategy would provide the long term plan which was in the final stage of consultation. The key themes in the draft strategy were the expansion of individualised budgets which had over the past 18 months provided more choice for people and their families and improved value for money. In learning disabilities there

are now 27 people on self directed support. The strategy will also seek to enable people currently out of area to be supported locally and to set out how services would be set up for the future in a more flexible and personalised way. On this basis a tendering exercise had just started to enable a group of people to move back into the city from out of area.

- 19.7 Denise Stokoe expressed concern that Self Directed Support could lead to a national strategy where costs would increase instead of decrease. The Director of Adult Social Care & Health agreed and shared these concerns. However, in the long term prevention would save some money.
- 19.8 Councillor Taylor raised the issue of the £191,000 staff efficiency savings. He asked for more evidence on how these savings could be achieved. The Head of Housing Needs and Social Inclusion stressed that there was a shortfall in funding and if budgets were not achieved there would be a need to restructure the service.
- 19.9 The Director of Adult Social Care & Housing explained that the proposals were out for consultation with the unions and staff. This was an extremely sensitive area but officers were confident the proposals could be achieved. If proposals could not be achieved a report would be submitted to the Board.
- 19.20 John Dearlove stressed that he wanted to see a realistic budget to enable the PCT to plan sensibly to meet the shortfall. The Director of Quality & Engagement, PCT assured Board members that conversations about the budget pressures were taking place. The Director of Adult Social Care and Housing informed Members that the Council were holding vacancies and were not making any redundancies.
- 19.21 **RESOLVED** - That the progress on the Financial Recovery Plan be noted.

20. RE-TENDERING OF VOLUNTARY SECTOR MENTAL HEALTH PROVISION

- 20.1 The Board considered a report of the Director of Assurance and Development, PCT, presented by Simon Scott, Strategic Commissioner for Mental Health and Substance Misuse at the PCT, regarding options for managing the voluntary sector market for mental health services (for copy see minute book). The report addressed the conclusions of the day services review, routine market testing services to ensure best value and the impact of Self Directed support on these contracts. The report further addressed thirteen small mental health contracts many of which will not have been market tested for 5 years by March 2009.
- 20.2 Councillor Norman commented that he was aware that the recommendation in paragraph 2.3 had already happened. The Strategic Commissioner Mental Health & Substance confirmed that this was the case. Richard Ford stressed that quick changes had had to be made concerning the process of the Sussex Partnership Trust re-providing Aldrington House Day Centre at the Allen Centre. 40 extra staff had to be accommodated in November. The Sussex Partnership Trust would be upgrading facilities in Aldrington House for psychological therapy.

20.3 RESOLVED – (1) That approval be given to holding the tendering of the services described in appendix one, pending a review of Self Directed support described in agenda item 21.

This will require the Directors of the Local Authority and PCT to approve the continuation of existing contracts for a further 12 months from the 1st April 2009. It is agreed that commissioning intentions for these WAMHS contracts be developed in line with the principles established for other care groups for Adult Social Care, and that the review work is undertaken by Adult Social Care staff, liaising as appropriate with PCT WAMHS Commissioners.

(2) That approval be given to Sussex Partnership Trust (SPT) working with service users to develop a User Lead Wellness Centre at the Allen Centre.

This service may be subject to the Self Directed Support agenda over time.

(3) That the Board confirm their approval to the process of SPT re-providing Aldrington House Day Centre at the Allen Centre.

SPT have already provided assurance to the Board that individual support will be provided to each service user affected.

(4) That Buckingham Road Day Centre continues as it currently is provided.

This service may be subject to the Self Directed Support agenda.

(5) That the Preston Park Day Centre continues to be provided by the Current Provider.

This service may be subject to the Self Directed Support agenda.

(6) That the remodelling of accommodation services for adults with mental health problems be deferred, pending the wider accommodation services review due for report in January 2009.

Brighton and Hove housing department, in collaboration with Sussex Partnership NHS Trust are progressing a comprehensive review of accommodation and Adult Social Care provision for those with mental health problems. It is agreed therefore that the following contracts are extended until March 2010 and the recommendations from this review are considered at a later date.

- Brighton Housing Trust First Base Day Centre
- Brighton Housing Trust Route 1 Project
- Care Co-ops Floating Support
- Brighton Housing Trust Sackville Gardens registered care home
- Brighton Housing Trust Portland Road registered care home
- Brighton Housing Trust Westbourne Gardens supported accommodation

21. RE-TENDERING AND RE-CONFIGURATION OF SUBSTANCE MISUSE SERVICES

- 21.1 The Board considered a report of the Director of Assurance and Development, PCT presented by Simon Scott, Strategic Commissioner for Mental Health and Substance Misuse at the PCT, concerning the re-configuration of drug treatment provision (for copy see minute book). Simon Scott set out the context for the re-tendering exercise, which was driven by a requirement to “market test” services on a regular basis, rather than by any quality or service provision issues. The service would however, see some change as the National Guidance on substance misuse services had been changed, and the new provider would be expected to meet these new standards. Simon Scott highlighted the extensive consultation undertaken as part of the preparation for the tender process, and indicated that the period May-July 2008 had been taken up with developing a robust service specification, in consultation with key parties – particularly the drugs and Alcohol Action Team.
- 21.2 Richard Ford stressed that Sussex Partnership Trust was the current provider for this service. He expressed concern that the tendering process was being started late in the year and there would be a risk of lack of continuity if contracts were not commenced by 1st April 2009.
- 21.3 The Deputy Director of Finance, PCT agreed that the process was slightly later than anticipated – given the extensive consultation on the service specification - but there was still sufficient time to run an open and transparent tender exercise. The tender would take place under the EU guidance, for Part B services, and the PCT had undertaken a number of significant tendering exercises in the past year and had built up a robust process. The PCT was, therefore, reasonably confident of the success of the tendering process which was likely to be completed early in the new year to allow time for the new service provider to set up in time for service commencement in April 2008. The Deputy Director of Finance noted that a number of recent market testing exercises had been undertaken recently in other areas which indicated a robust and experienced range of potential providers. The Deputy Director of Finance also noted that the key concern of the PCT was to ensure continuity of a safe and effective service and that the initial stage of the tender process (the PQQ) would identify if there was a risk of “market failure”. The PCT would, as with any tender, take a decision at that stage – likely to be in October – concerning any risks to the continuity of the service. The Deputy Director of Finance noted the challenges that market testing brought to the current provider and thanked Richard Ford for his support in working with the PCT through the process.
- 21.4 **RESOLVED** - (1) That it be noted that the majority of investment in drug treatment services is derived from the Drug and Alcohol Action Team (DAAT) pooled treatment budget. It is further noted that the recommendations below are subject to DAAT joint commissioning group approval.
- (i) That the tendering of clinical aspects of drug treatment in line with NICE guidance be approved.

- (ii) That the City Council work with the new provider and the Primary Care Trust post tender award to agree the best model of working, for those activities currently delivered by staff seconded from the local authority to Sussex Partnership NHS Trust.
- (iii) That approval be given to the introduction of contingency management schemes within drug treatment to promote abstinence from illicit drugs and improve outcomes for health based interventions. The DAAT JCG, DAAT Chair and the JCB should approve the precise detail of any voucher or other individual incentive scheme before it is introduced, after the contract has been awarded.
- (iv) That approval be given to the re-profiling of community based voluntary structured day care provision from voluntary sector providers, with the exception of Drug Rehabilitation Requirement programmes and the programme for substance misusing parents of children at risk. Providers delivering other group based interventions will ensure that existing care planned commitments are fulfilled, before re-profiling is completed. Commissioners will support the development of self help groups, should current levels of provision prove inadequate.
- (v) That approval be given to the re-profiling of existing voluntary sector provision (CRI and Brighton Oasis Project) from structured day care and counselling to increased Keywork capacity (5.3 whole time equivalent staff providing 100 places), family support (one whole time equivalent), and cognitive behavioural interventions to treat depression and anxiety (30 places). Services delivered by voluntary sector providers were tendered in 2005 and new contracts established in April 2006. Further market testing of these services is not therefore required at this stage.
- (vi) That approval be given to sustaining group based approaches within residential drug treatment services.
- (vii) That an analysis of need and potential uptake of Behavioural Couples Therapy is undertaken from April 2009, with a view to introducing this component subsequently, as this is yet to be introduced to the UK.
- (viii) That it is agreed, in line with NICE guidance, to cessation of group based psycho-educational approaches to harm reduction, such as the group based hepatitis training provided by MIND. Individualised approaches should be developed within services, in particular homelessness services, pharmacies and drug treatment services to replace these.
- (ix) That the contract for substance misuse treatment be let with treatment for alcohol dependency as a component part. Existing alcohol treatment provision carried into this contract alongside additional PCT investment, but that a separate contract is let for a new alcohol brief interventions service.

22. SELF DIRECTED SUPPORT STRATEGY

- 22.1 The Board considered a report of the Director of Adult Social Care & Housing which explained that Self Directed Support was a new way of delivering social care which

formed a major part of the three year Adult Social Care personalisation programme. It was based on a new national policy initiative that was being piloted nationally. Self Directed Support was a way of redesigning the social care system so that the people eligible to receive services take control of them (for copy see minute book).

- 22.2 The Director of Community Care paid tribute to David Nicholls, the author of the strategy.
- 22.3 Board Members agreed that principal of self directed support was an excellent idea but concerns were raised about the lack of resources to deliver services.
- 22.4 The Director of Adult Social Care and Health stated that a great deal of work had been achieved nationally on Self Directed Support. There was a nationally reduced social care budget, and officers were waiting to see what a government green paper would say on Self Directed Care. There was pump priming money and officers were using this wisely. Home care services were being reconfigured to enablement. There were areas where significant savings could be made. There was a need to do business modelling and case testing. Self Directed Care was the right route to go down and there was a need to shift the direction of travel by shifting resources.
- 22.5 **RESOLVED** (1) That the strategy is agreed.
- (2) That work in developing an implementation plan is taken forward to deliver the strategy in stages over a three year period, with evaluation and review of each stage as it proceeds. A draft project outline is attached as an appendix.

23. FAIRER CONTRACTING

- 23.1 The Board considered a report of the Director of Adult Social Care & Housing, Brighton & Hove City Council and the Director of Quality & Engagement, Brighton & Hove PCT concerning work to produce a joint PCT/Council contract for residential care homes and care homes with nursing, in order to drive up quality of care, and to cease placing service users in poor homes. Clinical standards, additional to CSCI standards would be used to rate nursing homes (for copy see minutes book). There would be a separate process for setting fee levels.
- 23.2 Janice Robinson agreed that the recommendations were to be welcomed but expressed concern that people could be placed in poor homes at the present time. The Director of Community Care (Adult Social Care) explained that no-one wanted to place people into poor homes. However, the quality of homes could go up and down. When officers became aware that a home was in the poor category, they worked with the home and the Commission for Social Care and Inspection (CSCI) to drive up quality. Meanwhile, more homes would become available in the next 6 to 12 months.
- 23.3 Janice Robinson suggested it would be useful if the Board received information when officers knew they were placing people in a poor home which was receiving

support. The Board agreed to this suggestion. The report would be considered in Part 2 of the agenda as an exempt item.

28.4 **RESOLVED** (1) That there be agreement to the proposals listed below:

- a) The new Joint Council and PCT pre placement contract for both residential care homes and care homes with nursing from 1 April 2009
- b) The Preferred Provider Scheme which is included in the contract
- c) Individually negotiated fees
- d) The Incentive Scheme

(2) That Part 2 reports be received by the Board when officers were aware they were placing people in poor homes that were receiving support.

The meeting concluded at 5.50pm

Signed

Chair

Dated this

day of