

BRIGHTON & HOVE CITY COUNCIL

JOINT COMMISSIONING BOARD

5.00PM 14 NOVEMBER 2011

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Council representatives:

Councillor Rob Jarrett (Chair) ;

Brighton & Hove City Primary Care Trust representatives:

John Dearlove, Janice Robinson and James May;

Co-opted Members:

Councillor Ken Norman, Conservative Party

Dr Neil Stevenson, LINK (Brighton and Hove Local Involvement Network)

Apologies: Denise Stokoe (NHS Brighton & Hove) and Dr Louise Hulton (NHS Brighton and Hove)

PART ONE

10. PROCEDURAL BUSINESS

10 (a) Declarations of Substitutes

10.1 There were none.

10(b) Declarations of Interests

10.2 There were none.

10 (c) Exclusion of Press and Public

10.3 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).

10.4 **RESOLVED** - That the press and public be excluded from the meeting during consideration of Item 22.

11. MINUTES OF THE PREVIOUS MEETING

- 11.1 *Southern Cross* - The Chair reported that the Downs Care Home transferred to the Sussex Partnership NHS Trust at the end of October 2011. Bon Accord had been taken over by Four Seasons Healthcare.
- 11.2 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 11 July 2011 be agreed and signed as a correct record.

12. CHAIR'S COMMUNICATIONS

- 12.1 There were none.

13. PUBLIC QUESTIONS

- 13.1 There were none.

14. FINANCIAL PERFORMANCE REPORT - MONTH 5

- 14.1 The Board considered a report of the Director of Finance, NHS Sussex Cluster and Director of Finance, BHCC which set out the financial position and forecast for the partnership budgets at the end of Month 5.
- 14.2 The Head of Financial Reporting & Governance drew attention to paragraphs 3.4 and 3.5 of the report which set out the forecast outturn.
- 14.3 **RESOLVED** - (1) That the forecast outturns for the s75 budgets as at month 5 be noted.

15. THE RECONFIGURATION OF SHORT TERM SERVICES

- 15.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People concerning the proposed model for the future of short term services. The proposed changes to the service model would mean the pathway would be more streamlined, would improve patient experience and outcomes, support the prevention of avoidable admissions to hospital and long term residential care, and facilitate effective discharge. It would also be in line with the outcomes of the needs assessment and the preference expressed by people using these services.
- 15.2 The report described the process of reaching agreement on the delivery mechanism for implementing the new service model. The Joint Commissioning Board would be asked to sign off the proposed mechanism in an extraordinary meeting in January.
- 15.3 The Location and Transformation Manager reported that the scope of the project had slightly changed. It now included urgent care services and it excluded two services from the scope. There was an extensive consultation process in relation to the proposals.
- 15.4 Janice Robinson asked why the local authority's Home Care Re-ablement Services had been removed from the proposals. She also asked about the impact of that decision.

15.5 The Director of Adult Social Services/Lead Commissioner People explained that this was an in house, enabling service and it had not been practical or viable to include it in the proposals.

15.6 **RESOLVED** – (1) That the proposed model for short term services be supported.

(2) That the process for reaching a definitive decision on the delivery mechanism for implementing the new service model be agreed.

16. REVIEW OF COMMUNITY AND VOLUNTARY SECTOR MENTAL HEALTH SERVICES

16.1 The Board considered a report of the Chief Operating Officer, Brighton and Hove Clinical Commissioning Group and the Director of Adult Social Services/Lead Commissioner People which highlighted key findings from a review process in relation to community mental health services which were currently delivered by 14 organisations through 33 contracts.

16.2 The review process showed that there was scope to redesign services to enable services to work in a more integrated way, to more specifically support the mental health recovery model, to focus more on outcomes, meet more of the City's need and improve value for money.

16.3 The Locality and Transformation Programme Manager reported that paragraph 3.2.2 of the report set out recommendations for each service area. A seminar held in October for Members had detailed the key themes of the proposals.

16.4 Councillor Jarrett asked for Members' views on the proposals. He acknowledged that there was need for an assessment of the service.

16.5 Janice Robinson agreed that the need for a review was clear. It did not appear to be an equitable service at present and there was need for value for money. Ms Robinson stressed the need for speedy consultation and asked that the consultation be specific to ensure that people were clear about what they were being consulted about.

16.6 The Locality and Transformation Programme Manager explained that the framework for the consultation was planned by an established service group. The key challenge was how officers consulted with people who did not currently use the services.

16.7 Councillor Norman asked how officers consulted people who currently did not use the service. The Locality and Transformation Programme Manager stressed that this was a challenge but suggested that service users could inform other service users and information could be made available to people in social housing.

16.8 The Head of Commissioning & Partnerships reported that details of the consultation portal on the council's website would be distributed to organisations.

16.9 The Chief Operating Officer, Brighton & Hove Clinical Commissioning Group stressed the need to work swiftly due to the sheer scope of the work. There was a need to be as

specific as possible in the consultation. She asked if there was an option to consult in a more focused manner rather than trying to consult with everyone.

- 16.10 The Locality and Transformation Programme Manager explained that officers were trying to group organisations into categories. There had originally been 8 categories and these had been narrowed down to 5. It would be difficult to break this down any further.
- 16.11 Dr Stevenson considered that the model used for categorising services was useful, as people could identify with the services. He made a plea for the travelling community who were difficult to include in the consultation. He asked how the crisis service fitted into the proposals.
- 16.12 The Locality and Transformation Programme Manager replied that the mental health crisis services were provided by NHS providers as it required expert clinical support. She confirmed that there were psychiatric clinical resources in services such as the Crisis Resolution Home Treatment Team provided by Sussex Partnership Foundation Trust and the Mental Health Hospital Liaison Services at the Sussex County Hospital.
- 16.13 The Head of Commissioning and Partnerships stressed that there had been a great deal of consultation on this matter in the past. The report would be presented to the Health Overview and Scrutiny Committee on 16 November and they would be briefed on the consultation process.
- 16.14 The Chair was happy to accept that officers were part way through the consultation process.
- 16.15 **RESOLVED** – (1) That the findings of the review be noted.
- (2) That the specific proposals for each group of services (detailed in section 3.2.2 of this report) be approved.
- (3) That an 8 week period of public consultation to be undertaken between November 2011 and January 2012 to test out the specific proposals detailed in section 3.2.2.
- 17. LEARNING DISABILITY PARTNERSHIP BOARD - ANNUAL REPORT 2010/11**
- 17.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People which explained that the Joint Commissioning Board had agreed to receive formal reports on the work of the Learning Disability Partnership Board. This was to ensure that the Partnership Board was properly accountable to governance arrangements that were embodied through the Joint Commissioning Board for the City Council and Primary Care Trust. The Annual Report 2010/11 was attached to the report.
- 17.2 The Chair stated that he appreciated the time and effort that had gone into making the report accessible to a wide range of people.
- 17.3 **RESOLVED** - (1) That the report be noted.

18. THE BIG HEALTH CHECK FOR PEOPLE WITH LEARNING DISABILITIES

- 18.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People, which explained that Sir Jonathan Michael's report "Healthcare for All" 2008 highlighted the inequality people with learning disabilities faced in accessing healthcare services. The report's recommendations were incorporated into the Valuing People Now White Paper 2009 and the NHS Annual Operating Framework required Primary Care Trusts (PCTs) to submit an annual "Big Health Check" return of progress made to improve access to healthcare.
- 18.2 The current report summarised the PCT's third return submitted to the South East Coastal Strategic Health Authority (SHA) Self Assessment on 5 September 2011. The return had been subject to validation by the Strategic Health Authority and written confirmation would be received shortly.
- 18.3 The Chief Operating Officer, Brighton & Hove Clinical Commissioning Group was pleased to report that there had been notable improvement this year. There were four key target areas. All criteria were either rated amber or green, and Top Targets 1 and 2 had now been assessed as Green. There was a move away from hospital settings, an improvement in the planning and discharge service and a better framework. 100% of GPs were signed up to providing regular health checks for people with learning disabilities and the Thumbs Up Campaign had been launched. There was still more help needed with regard to oral hygiene and healthy eating and a specific project would address those areas.
- 18.4 The Chief Operating Officer drew attention to paragraph 3.7 of the report which listed priority actions for next year including completing the Autism Strategy. People with Learning Disabilities had been involved in the self assessment.
- 18.5 The Chair stated that he was impressed with how people with learning disabilities had been involved in the process.
- 18.6 Councillor Norman referred to GP contact. He thought it would take time to get GP's fully involved due to the large numbers of people who had to be seen in GP's surgeries. He thought the Thumbs Up Campaign to be a good initiative.
- 18.7 Janice Robinson appreciated the improvements in primary care. She asked about moving people out of hospital into units. There were a number of people with learning disabilities who had mental health problems that were living in hospitals. She asked where these places were, why people were in these places and what was being done to repatriate them.
- 18.8 The Chief Operating Officer replied that it was sometimes appropriate to have people moved to hospitals if they were sectioned under the Mental Health Act. She stressed that need for case management in these circumstances. The person should be brought back to more appropriate accommodation as soon as possible. If the person was placed out of the city they were still case managed by a social worker. Alternative options would be actively pursued.

18.9 The Director of Adult Social Services/Lead Commissioner People stressed that it was not always possible to provide local accommodation if the person had complex needs.

18.10 **RESOLVED** - (1) That the contents of the 'Big Health Check' (South East Coastal Learning Disabilities Self Assessment Framework Feedback) for 2011 be noted.

(2) That the contents of the Big Health Check attached as Appendix 1 of the report be noted and that the actions set out in 3.7 of the report be approved.

19. ACCOMMODATION AND SUPPORT PLAN FOR PEOPLE WITH LEARNING DISABILITIES

19.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People which presented the local plan and budget strategy for accommodation and support services for people with learning disabilities. The Joint Strategic Needs Assessment (JSNA) for learning disabilities 2011 highlighted the need for a local accommodation and support plan in order to meet expected increases in need of between 54-135 people over the next 5 years with a greater increase (2%) expected for those with the most complex needs who would need a high level of 24 hour specialist care.

19.2 The Director of Adult Social Services drew attention to the 3 Year Learning Disability Accommodation and Support Plan attached as appendix 1 of the report. This showed that 70% of the local social care budget was spent on accommodation services, with the majority (63%) spent on residential care. Three objectives were set out in the support plan. Objective 1 – Better Commissioning of Specialist Placements. Objective 2 – Reshape local accommodation to better meet local need. Objective 3 – Maximise independence through move on, prevention and support in the community.

19.3 James May informed the Board that he appreciated that there was a statutory need but was staggered by the costs involved. He welcomed the review.

19.4 The Director stated that the local in house residential provision was very small. Some units were for 2 or 3 people, and some of the service users had very challenging needs. There was a need to explore different ways of meeting these needs.

19.5 The Chair reported that he had visited some of these services. One was a specially modified service. He stressed that the alternative would be an out of area placement.

19.6 The Chief Operating Officer stated that it had been mentioned that other areas had more supported accommodation. She asked if the city could move in that direction. The Director replied that there was some residential provision. Traditional forms of residential provision did not help people reach their full potential. There would be joint working with housing to see if more appropriate accommodation could be provided.

19.7 **RESOLVED** - (1) That the report and the 3 year Accommodation and Support plan attached as Appendix 1 to the report be approved.

20. JOINT COMMISSIONING BOARD AND THE HEALTH AND WELLBEING BOARD - UPDATE

- 20.1 The Board considered a report of the Director of Adult Social Services/ Lead Commissioner People which explained that the Summary Transitional Arrangements Paper, attached as Appendix 1, was prepared following the second Health and Wellbeing Board development seminar held on 3 October 2011 and gave details of the function, governance and membership during the shadow year.
- 20.2 The Director informed the Board that the Health and Social Care Bill was making its way through parliament. The functions and membership of the Health and Wellbeing Board were set out in the appendix. There would be a shadow year during 2012/2013. The shadow year would be reviewed.
- 20.3 The Chief Operating Officer reported that there was an expectation that once the Board was up and running that there would be a review of other joint arrangements. There was a need for a more considered piece of work. The Shadow Health and Wellbeing Board would not have any powers. Those would come into effect in 2013.
- 20.4 Councillor Norman stated that he had attended the two seminars. He stressed the need not to overload the Health and Wellbeing Board with too many members. He was pleased to see the proposed membership in the Appendix.
- 20.5 Janice Robinson informed the Board that she had attended the seminars. There had been a huge variance of opinions. She congratulated whoever had written the report. However, she expressed concern about the future of the joint commissioning arrangements. The current pooled funding arrangements were helpful to the users in the city. She noted that the Health and Wellbeing Board did not have a budget, so she did not see how joint commissioning could be subsumed into a Wellbeing Board.
- 20.6 The Senior Lawyer explained that the Health and Social Care Bill is drafted widely and there is currently a lack of clarity on specific detail. Once it became law it is hoped there would be some central guidance about these matters in the form of regulations.
- 20.7 Councillor Jarrett stated that the remit of the Health and Wellbeing Board would be wider than the Joint Commissioning Board. It would include other Cabinet Members with different portfolios. There would be discussions at the Council on how to take this forward, and he would be mindful of the comments made by Janice.
- 20.8 The Director of Adult Social Services/Lead Commissioner stated that officers were not looking at any changes to joint commissioning arrangements. The report had been submitted to discuss the relationship of the Joint Commissioning Board with the Health and Wellbeing Board.
- 20.9 The Chair suggested that further queries could be directed to the Director of Adult Social Services. The Chief Operating Officer stated that she was on the Steering Group of the Health and Wellbeing Board, and she would also be available to answer queries.
- 20.10 **RESOLVED** - (1) That the transitional arrangements that would be presented to full council in January 2012 be noted.

- (2) That a seminar be set up after April 2012 to consider the implementation of the Shadow HWB and future ongoing arrangements.

21. CARERS STRATEGY REFRESH

- 21.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People and the Chief Operating Officer, Brighton & Hove Clinical Commissioning Group, NHS Sussex which presented an update to the Carers Strategy. The report highlighted the key achievements to date and recommended priorities for the work programme to March 2013. A delivery plan was attached at appendix 1. The report proposed the development of a universal offer of services which would be available to all carers of adults in the city from April 2012.
- 21.2 Dr Stevenson referred to paragraph 3.2.3 of the report which recommended that the maximum annual expenditure per carer be reduced from £300 to £250. In paragraph 5.1.2 it quoted a figure of £150 p.a. The Commissioner confirmed that the correct figure was £250.
- 21.3 The Commissioner confirmed that officers did support carers who applied directly to organisations for funding.
- 21.4 Janice Robinson stated that Brighton and Hove should be proud of the overall strategy. The NHS had contributed more funding to carers in the City than any other part of the country. However, although the report spoke about a universal offer of services, changes were taking place which would result in some carers getting less funding or none. Funding was being spread more thinly.
- 21.5 The Commissioner agreed that this would be the case unless more money became available in the budget. The work being carried out was identifying more carers. However, the Carers Card had been introduced, which gave many discounts to carers. It was also proposed to develop a universal offer for all carers of adults in the city.
- 21.6 The Chair stated that when reviewing the overall budget, he did not want to see a reduction in the total expenditure on carers. He hoped to see an increase in the uptake of the Carers Challenge in 2012. He had taken part this year and found it an eye opening experience.
Geraldine Hoban also stated the PCT's commitment to carers' services and to maintaining current expenditure levels.
- 21.7 Councillor Norman agreed that the Carers Challenge was eye opening and he thought it would be good for more elected members to get involved in this work.
- 21.8 James May asked about the numbers of carers known to services in the city. The Commissioner replied that the Carers Survey was sent to 2000 people but that the 2001 Census identified 23,000 carers. The Chair thought that figure was likely to be 10% or 20% of the total number of carers in the city. A significant number did not ask for help

- 21.9 James May suggested that the Carers Challenge should be built into a wider community challenge. The Chair agreed that the Carers Centre would welcome more support. He would look at Mr May's suggestion.
- 21.10 The Director of Adult Social Services drew attention to the work being carried out in GP's surgeries. The PCT supported the Carers Strategy in the city.
- 21.11 **RESOLVED** - (1) That the Carers Strategy refresh and key priorities to March 2013 be agreed.
- (2) That the development of a universal offer for carers of adults to be piloted from April 2012 for one year be agreed.
- (3) That it be agreed to continue the policy of providing services to carers whose savings fall below the nationally agreed statutory threshold.
- (4) That the reallocation of funding directed to individuals for a carer's service to ensure that these services are available to a greater number of carers as detailed at paragraph 3.2.3. be noted.

Part Two Summary

22. HOME-BASED RESPITE CARE SERVICES (EXEMPT- CATEGORY 3)

- 22.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People and Chief Operating Officer, Brighton & Hove Clinical Commissioning Group, NHS Sussex concerning the home-based respite care services.
- 22.2 **RESOLVED** - (1) That the recommendations detailed in the Part Two confidential report be accepted.

23. PART TWO ITEMS

- 23.1 The Board considered whether or not any of the above items should remain exempt from disclosure to the press and public.
- 23.2 **RESOLVED** – That item 22 contained in Part Two of the agenda, remain exempt from disclosure to the press and public.

The meeting concluded at 6.52pm

Signed

Chair

Dated this

day of