

**BRIGHTON & HOVE CITY COUNCIL**  
**ADULT CARE & HEALTH COMMITTEE**  
**4.00pm 17 JUNE 2013**  
**COUNCIL CHAMBER, HOVE TOWN HALL**  
**MINUTES**

**Present:** Councillor Jarrett (Chair)  
Councillors Phillips (Deputy Chair), K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Barnett, Bowden, Marsh, Mears, Summers and Wakefield

**Co-optees:** Geraldine Hoban (Clinical Commissioning Group), Dr George Mack (Clinical Commissioning Group) and Janice Robinson (Clinical Commissioning Group)

**Non-voting co-optee:** Colin Vincent (HealthWatch)

**PART ONE**

**1. PROCEDURAL BUSINESS**

**1A Declarations of Substitute Members**

1.1 There were no substitutes.

**1B Declarations of Interests**

1.2 There were no interests.

**1C Exclusion of the Press and Public**

1.3 In accordance with section 100A(4) of the Local Government Act 1972, it was 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 section 100I (1) of the said Act.

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

## 2. MINUTES

- 2.1 The Committee considered the minutes of Adult Care & Health Committee held on 18 March 2013 and the Joint Commissioning Board held on 25 March 2013.
- 2.2 Councillor Barnett referred paragraph 49.5 of the minutes of the Adult Care & Health Committee. She had not observed the withdrawal of fluids and food in her own family, although she had observed it happening to people. She asked this to be corrected.
- 2.3 **RESOLVED** – (1) - That the minutes of the meeting held on 18 March 2013 be agreed and signed as a correct record subject to the above amendment.
- (2) That the minutes of the Joint Commissioning Board held on 18 March 2013 be agreed.

## 3. CHAIR'S COMMUNICATIONS

### Constitutional Changes to the Committee

- 3.1 The Chair reported that this was the first meeting of the committee in its new format. The integration of the Adult Care & Health Committee and Joint Commissioning Board was an attempt to reduce the numbers of meetings being held. Section 75 business was being considered at the start of the meeting. There was a report on Constitutional Matters at item 7 of the agenda.

### It's Local Actually

- 3.2 The Chair drew attention to a card promoting It's Local Actually, an online information service provided by the Fed, Centre for Independent Living. The service gave details about low cost or free activities across Brighton & Hove. A presentation on this service would be given later on the agenda.

### Meeting for services users

- 3.3 The Chair reported that he had attended a meeting of service users across Adult Care & Health. The feedback from the service users would be presented to members. The Chair hoped that other members would be invited to future meetings with service users.

### Local Account

- 3.4 The Chair reported that a local account had been produced and was available online. Members could be sent a paper copy if they would like one. The local account gave a brief account of what had been achieved by Adult Care & Health in the past year.

### European Meeting for Age Friendly Cities

- 3.5 The Chair stated that last week he had attended the European Meeting for Age Friendly Cities in Dublin. He had gathered some useful information and there would be a more detailed report to members in the future.

## 4. CALL OVER

4.1 **RESOLVED** – That Items 7 to 14 be reserved for discussion.

## 5. PUBLIC INVOLVEMENT

(a) Petitions

5.1 The Chair noted that there were no petitions from members of the public.

(b) Written Questions

5.2 Jean Calder asked the following question:

“In January my mother, who has dementia, was admitted to the RSCH with severe dehydration. She had been living in nursing-homes. I believe we need to increase awareness of the dangers of dehydration in residential and home care services and hospitals and have already asked the council to explore the possibility of a city-wide awareness campaign.

Can you tell me what information the Council has regarding older people in receipt of social care services, especially those with dementia, who:

- become dehydrated and require hospital admission or medical care
- die of dehydration or dehydration-related conditions.”

5.3 The Chair gave the following response:

“It is worth noting that the Health & Wellbeing Overview Scrutiny Committee considered a related question at its meeting last week regarding hydration and the possibility of a city wide awareness campaign. The matter was also considered at the Safeguarding Adults Board on June 3<sup>rd</sup> 2013.

The following response was made available for the HWOSC

The response to the supplementary question from the Adult Safeguarding Board is:

1. The proposal for a city wide campaign in relation to hydration will be considered at the Safeguarding Board at its meeting of the 3<sup>rd</sup> of June 2013. This Board includes senior management representation from all the key organisations in the city which have a role in safeguarding and takes a keen interest in any preventive work that can have a positive impact on people’s well-being thereby reducing the likelihood of safeguarding concerns arising.
2. Alongside this the Commissioning Support Unit in Adult Social Care which monitors care homes in the city will ;
  - a. Support an existing poster campaign initiated by the LINK and Southern Water to promote hydration
  - b. Raise the issue of hydration and related care concerns within the Dignity and Quality Assurance forums that it co-ordinates across the care sector
  - c. Include hydration as one area for special focus when undertaking audit visits to care homes

- d. Link in with our review team (which undertakes individual reviews of people supported by the Council in care homes) and the Clinical Quality Review Nurse post (which monitors clinical quality in nursing homes) to ensure we co-ordinate our activities.
3. All care homes in the City are registered and regulated by the Care Quality Commission, the national regulator, to ensure they comply with national standards. These standards include hydration. The Commissioning Support Unit reviews all published CQC compliance reports in relation to care homes in the city.

Update from the Safeguarding Board June 3<sup>rd</sup> 2013.

The key points from that discussion were ;

- All the organisations recognised the importance of hydration and had systems in place to monitor and promote this. Local detail of this will be requested by the Chair of the Board and collated, to be reviewed at next Board September.
- Colleagues with a clinical role noted how complex an area this is, hydration can have many causes and is linked to a range of other health related conditions. Its onset particularly in older people can be rapid.
- Where there is evidence that hydration is linked to neglect or poor quality care then this will be responded to within the Sussex Multi Agency Adult Safeguarding procedures and all agencies are clear on this. However as noted in the point above the causes of hydration are varied and complex.
- The members of the Safeguarding Board did not think a specific campaign was required regarding hydration given the activity currently underway. The Board also took account of the recent national guidance on Heatwave Planning which all health and care organisations will be taking action on and which includes hydration as one aspect of planning.

In response to the specific points regarding information held by the Council regarding people receiving social care services who are admitted to hospital or who die from dehydration or dehydrated related issues :

- Where there are concerns that dehydration is related to poor care or neglect this will be referred into the Sussex multi agency Adult Safeguarding process that is well established across all agencies in the city. Investigations will be undertaken as appropriate and fully recorded in each individual case. Outcomes from investigations are also shared with the Commissioning Support Unit to support their monitoring of providers.
- Safeguarding concerns would also be shared with the Care Quality Commission, the national regulator of care services.
- Where hydration is linked to poor quality of care the Commissioning Support Unit would also be involved to monitor and promote good quality care and take appropriate contractual action if this is not forthcoming. As noted in the HWOSC response some specific actions are being taken regarding hydration.
- It is worth re-iterating the discussions at the Safeguarding Board where colleagues with a clinical role noted how complex an area this is, hydration can have many causes and is linked to a range of other health related conditions. Its onset particularly in older people can be rapid.”

- 5.4 The Chair asked Ms Calder if she would like to ask a supplementary question. Ms Calder stated that she was concerned that the members of the Safeguarding Board did not think a specific campaign was required regarding hydration. She reported that the LINK/Healthwatch campaign was not current. Ms Calder asked if it was possible for this matter to be referred back to the Safeguarding Board for reconsideration.
- 5.5 The Executive Director explained that following the discussion at the Safeguarding Adults Board, other organisations had been asked to look at this issue and discussions had been held with public health colleagues. There were plans to produce a leaflet giving top tips for home care providers. This leaflet would be shared with all home care professionals.
- 5.6 The Chair informed Ms Calder that if she had continuing concerns, he could raise them at the next Safeguarding Adults Board.
- 5.7 Councillor Marsh informed the Committee that she had asked for this matter to be raised at the Health & Wellbeing Overview Scrutiny Committee. She endorsed the concerns expressed by Ms Calder, and was disappointed that the Safeguarding Adults Board did not think a campaign was needed. Councillor Marsh was reassured that there would be some leafleting and that there had been advice issued on Heatwave planning and the importance of hydration.
- 5.8 Councillor Marsh was concerned that HealthWatch were not pursuing the campaign. However, she had been told that they were in transition and not running campaigns at the moment. She asked that the council be robust and raise the profile of this issue and that the results of investigations be reported back to the Committee.
- 5.9 Councillor Barnett stressed the importance of training. She considered that training on hydration should be compulsory in nursing and care homes and asked if training was registered and monitored.
- 5.10 The Executive Director confirmed that she would expect staff in nursing and care homes to receive training. She would liaise with Ms Calder about these issues. The Care Quality Commission would monitor training and this issue would be a focus for audits.
- 5.11 Councillor Bowden stated that he had been corresponding with Ms Calder about this matter. He noted that there was no mention of hydration on the council website. He recommended that the website should be amended to mention the importance of hydration. Ms Calder confirmed that hydration had not been mentioned under a list of neglect on the council website.
- 5.12 The Executive Director stressed that hydration was not always a safeguarding issue. It was also an issue that needed to be considered in the context of quality of care.
- 5.13 Councillor Mears suggested that the issue of hydration could be mentioned on the front page of the website. It could be a straightforward message from the council stressing the importance of the issue in three or four bullet points. The Chair agreed that this could be investigated.

- 5.14 Colin Vincent reported that he would be attending the HealthWatch Transitional Steering Group on 18 June 2013 and would raise the issue of hydration and the points made at the Committee.
- 5.15 Councillor Barnett made the point that elderly people who became dehydrated could develop urinary infections. Ensuring people were hydrated could prevent hospital admissions.
- 5.16 The Chair informed the Committee that he would investigate the issue of a message on the website and would report back to the September meeting. He would continue to raise the issue at the Adults Safeguarding Board. HealthWatch would be asked what they could do about this matter once they were fully operational.
- 5.17 **RESOLVED-** That the written question be noted.

(c) Deputations

- 5.18 The Chair noted that there were no deputations from members of the public.

## 6. MEMBER INVOLVEMENT

- 6.1 The Committee noted that there were no a) petitions, b) written questions or c) letters.

(d) Notice of Motion – Independent Commission on Whole-Person Care

- 6.2 The Chair noted that the following Notice of Motion had been referred from Council held on 9 May 2013:

“This council notes predictions from the Nuffield Trust which show, unless we improve the way services are delivered, growing social care needs will leave a shortfall of up to £29 billion a year by 2020 in NHS funding.

This council also notes the launch of an Independent Commission led by respected international expert and former Department of Health specialist Sir John Oldham OBE. We trust this Commission will be truly independent and non partisan with genuine cross-party involvement. The Commission will seek to find ways of integrating health and social care to meet the challenge of an ageing population with rising needs for care and growing numbers of people with chronic illnesses like cancer, diabetes and dementia.

This council believes in the principle of organising services around the needs of patients, rather than patients around the needs of services, with teams of doctors, nurses, social workers and therapists all working together and care being arranged by a single person. Integrated care will lead to better outcomes and greater efficiency for the whole system.

This council supports a greater focus on preventing people getting ill and more care being provided directly in people’s homes so they avoid unnecessary hospital visits, and integrating social care services between the NHS and local authorities.

This council resolves to support the principle of “whole person care”.

This council requests the appropriate council committee, to make a positive contribution towards pursuing the goal of integrating health and social care between the NHS and local authorities.”

6.3 The Chair read out the following response.

“We welcome this motion as we are committed to working in an integrated manner with our colleagues in the NHS.

There are already some good examples of integrated working which are delivering real benefits to patients and service users.

The integrated Hospital Rapid Discharge Service, based at the County Hospital, is made up of nurses, social workers, care managers, occupational therapists and physiotherapists, led by the lead nurse for hospital discharge. The team has recently been praised by the Emergency Care Intensive Support Team (ECIST) for their proactive approach in avoiding unnecessary admissions and facilitating safe and speedy discharges. It has been estimated that the teams work has resulted in some 50-60 less admissions to hospital each week and with delayed discharges being at an all time low.

Community Short Term Services, a partnership between the Council and Sussex Community Trust are providing an effective re-ablement service to get patients back on their feet, reduce the need for ongoing care packages or minimising the amount of care required, which is not only financially efficient but also meets the users need for greater independence.

The Department of Health has recently asked for Expressions of Interest from local health and social care economies to bid to become ‘Pioneer Sites’ to develop further integrated approaches. Adult Social Care in discussion with the CCG are pulling together a proposal to examine how we can develop further our services and response to Homeless people with Health and/or social care needs.”

6.4 Councillor Mears noted that housing had not been mentioned. She stressed that when people were in hospital, housing officers should be contacted as discharge could often be delayed when adaptations were needed.

6.5 Geraldine Hoban agreed that delayed discharge was a problem. There was currently a pathway pilot in the Royal Sussex County Hospital which was looking at creating a supported discharge package. The pilot was coming to an end, but a business case was being made to keep it running to the end of the year. This issue could be considered as part of the Pioneers of Integration pilot. There would be a stakeholder meeting on 19 June 2013 which would be looking at how an integrated service could work with people with no fixed abode.

6.6 The Head of Adults Assessment confirmed that the Integrated Hospital Discharge Team did liaise with housing colleagues.

- 6.7 Councillor Bowden asked if this work included carrying out necessary adaptations to the homes of discharged patients. He stressed that it could take months to complete adaptations and could result in a bed blocking situation for elderly people.
- 6.8 The Head of Adults Assessment stated that officers did try and provide suitable equipment to discharged patients. Housing officers would deal with housing adaptations.
- 6.9 Councillor Mears asked to see the result of the pilot when this was available, and stressed the need to liaise with housing in the meanwhile. Geraldine Hoban replied that an expression of interest had been made in being part of the pioneers of integration pilot. She would report back in due course.
- 6.10 The Executive Director informed members that people were usually only delayed in hospital for a day or two. She could report back to a future meeting on this matter.
- 6.11 Councillor Marsh stated that as a member of the Health Overview & Scrutiny Committee she had visited hospital wards and gained the impression that delayed discharge was a more challenging problem. Matthew Kershaw, BSUH, Chief Executive had been sending updates on this issue.
- 6.12 **RESOLVED** – That the Notice of Motion be noted.

## **PART A - JOINTLY COMMISSIONED (SECTION 75) BUSINESS**

### **7. CONSTITUTIONAL MATTERS**

- 7.1 The Committee considered a report of the Monitoring Officer which provided information on the Committee's terms of reference.
- 7.2 The Senior Lawyer set out the report and reminded members that at the last meetings of Adult Care & Health Committee and the Joint Commissioning Board it had been agreed to abolish the Joint Commissioning Board as a separate meeting and bring its business into the Adult Care & Health Committee. The Committee now had a two part agenda, starting with jointly commissioned (Section 75) business when the CCG would meet concurrently with the Council Committee. The second part of the meeting would be limited to council business. The Change took effect at full Council on 23 May 2013.
- 7.3 The Senior Lawyer explained the voting arrangements for the Part A – Jointly Commissioned (Section 75) section of the meeting. She suggested that if there was no disagreement there would be no need to vote. However, should a vote be necessary, the Council and CCG each had one block vote. The CCG members should decide by a majority and the council members would use normal voting rules in reaching their decision on how to use their vote. If there was no agreement, a decision could not be made.
- 7.4 Councillor Mears stated that the new arrangements made absolute sense. Councillor Norman concurred.



- 7.5 **RESOLVED** - (1) That the committee's terms of reference, as set out in Appendix A to the report, be noted.

## 8. COMMUNITY SHORT TERM SERVICES - AN UPDATE

- 8.1 The Committee considered a report of the Chief Operating Officer which provided a general update on Community Short Term Services and on the areas highlighted for the next steps in the report submitted to the Joint Commissioning Board on 28 January 2013. The current report drew attention to ongoing issues that needed resolution where decisions would need to be made over coming months. The Head of Commissioning, CCG presented the report.
- 8.2 Councillor Meadows referred to A) the sixth bullet point of paragraph 1.3 – “integrating of the community rapid response elements of the service with a view to creating a single service by April 2013.” She asked if this was having an impact. B) Paragraph 3.3.1 relating to the Sussex Community Trust review of nursing needs of the patients in the Community Short Term Services beds. Councillor Meadows asked for details of the outcome of the review. C) Paragraph 3.8.1 which explained that over recent months, providers were reporting that people were being discharged with increasingly high levels of need. Councillor Meadows asked if these people were fit to be discharged. D) Paragraph 4.2 which related to feedback from user engagement with people in receipt of Community Short Term Services. This stated that some issues fell outside the remit of the Provider Management Board and would need to be addressed with other organisations. Councillor Meadows asked how officers could ensure that these matters were addressed.
- 8.3 The Head of Commissioning, CCG explained that A) the community rapid response elements of the service had been divided two parts. There was now a single point of contact and this appeared to be having a beneficial effect. B) Sussex Community Trust did have a nursing review. Officers were in the process of discussing the outcome of the review and whether the right nursing model was in place. C) High levels of need were partly a consequence of the long drawn out winter. It was also recognised that if people were not managed assertively, they could stay in hospital longer. There was a need to work with the hospital to ensure the right model was in place and that fewer people were discharged requiring a bed based service. D) Issues would be monitored by officers as the work progressed.
- 8.4 Councillor Meadows asked how long it would take for the Sussex Community Trust nursing review to have an impact. She informed the Committee that the Health and Wellbeing Board had received a presentation on the 3T's Development. It had been stated that the Trauma Centre did have an effect on late discharges. Councillor Meadows stated that the CCG were responsible for the Patient Management Board. She asked how people would know that the PMB was working effectively in decreasing delayed discharges?
- 8.5 Geraldine Hoban explained that there was a longer term model for the Short Term Service. This was being continuously reviewed. Additional capacity was being provided in the short term. There would be a meeting with the Sussex Community Trust on 18 June to discuss a long term model of short term care that was required. Officers wanted

a clear model of care in place by September or October 2013. There would be high level scrutiny analysis which would look at options to make the Patient Management Board work more effectively. The Trauma Centre had not had a major impact on hospital delays or discharges.

- 8.6 Councillor Wakefield referred to the Age UK report. Page 46 of the agenda referred to discharge booklets. Councillor Wakefield thought it would be interesting for the committee to see the booklets. She stressed that some people had poor literacy levels and that it would be helpful if there was pictorial information. She asked what was being done for people who did not speak English.
- 8.7 The Head of Commissioning replied that she could pass Councillor Wakefield's comments to the Patient Management Board. She assumed the Discharge Booklets were published in a range of languages.
- 8.8 Councillor Norman referred to paragraphs 3.2 & 3.3.2 and asked about completion dates for Knoll House and Craven Vale. The Executive Director of Adult Social Services explained that she was waiting for confirmation of nursing support for Knoll House but hoped to be in a position to confirm a completion date shortly. The view from the service was that some people had complex needs and were refused by nursing homes. Craven Vale was open and there was need to look at the model in terms of extra capacity. This was ongoing work and the specification needed to be correct.
- 8.9 Councillor Mears asked where people went when they had complex needs. The Executive Director explained that not all people with complex needs went to nursing homes. Some went to Knoll House where they were supported by community nurses. There was a need to increase the skills of staff in all nursing homes so they could deal with complex needs and dementia.
- 8.10 Councillor Mears asked for an explanation of paragraphs 3.83 and 3.2 in relation to Knoll House. The Executive Director explained that the CQC improvement plan was already in place in October 2012 when the council took over the service. The council were working through these actions. Most actions had been completed.
- 8.11 Councillor Barnett asked if assessments for patients who needed care were completed over the phone. She stated that she would like to visit Knoll House and considered that staff training in nursing and rest homes should be continuous. The Head of Commissioning explained that assessments were made face to face. There was one phone number for referrals.
- 8.12 The Executive Director explained that there were various reasons why some homes could not take clients. There were clinical issues and sometimes homes were not suitable for people with dementia. Knoll House for example, may be more suitable. The Executive Director agreed that training for care staff should be ongoing. She suggested that members who wished to visit Knoll House should speak to Karen Divall, Head of Adult Provider Services.
- 8.13 Councillor Barnett asked how many homes were suitable for dementia and special needs. The Executive Director replied that a new BUPA home had recently been

opened. Details of the numbers of homes could be brought back to the committee in a performance report.

- 8.14 Colin Vincent referred to paragraph 3.8 and asked for details of the Provider Management Board's membership and how often it met. Mr Vincent referred to paragraph 3.4 and asked if the out of hours service was from the same provider as the roving GP service or someone with the specific task of dealing with short term services.
- 8.15 The Head of Commissioning explained that the members on the Provider Management Board were from Adult Social Care, the Sussex Community Trust, South East Health (out of hours provider), Age UK and an independent sector nursing home provider. The aim was for them to work in an integrated way to a single service specification. The Provider Management Board was accountable to the CCG and the Local Authority. The Board met monthly. The roving GP service was a local care service operated by GPs. It provided a rapid response service and also provided medical cover in short term beds.
- 8.16 Councillor Bowden referred to paragraph 3.4 and stressed that older people were often reluctant to disturb their GPs out of hours, and the GP Service was notorious for not wanting to provide a service out of hours. He asked who provided and monitored this work.
- 8.17 The Head of Commissioning explained that the out of hours service used to be controlled by GPs. In reality GPs worked together to provide care. There was now a contract with South East Health. A number of local GPs worked within the service which had robust standards. There was a good quality local service. However, there was an issue about people understanding how to access the service. The CCG had the responsibility of monitoring the management of the service. There was also a requirement for the service to be monitored by the CQC.
- 8.18 Janice Robinson remarked that she was reassured by the report which she considered to be very open and honest about problems being experienced. Ms Robinson made the point that short term services received people who were very ill and not able to quickly take up rehabilitation options. She asked how the Committee could be reassured that the right people were selected and rehabilitated.
- 8.19 Ms Robinson referred to the assessment process and noted that members of the user group stated that they had to be assessed time and time again. Ms Robinson asked if the Committee could have a report back with information about the quality assurance process.
- 8.20 The Head of Commissioning explained that the right people would be selected for rehabilitation through the needs assessment process. This was being monitored and reviewed. There was now one referral and one assessment process. A single point of access would help improve the process. The Age UK report reflected a period before this process was introduced.
- 8.21 Councillor Meadows stressed that there were only 65 short term places in the whole system. She asked what affect BUPA would make.

- 8.22 The Head of Commissioning replied that Short Term Services needed to be flexible in terms of numbers over the winter period. Numbers would not be fixed at 65. In the private sector, 15 places had been purchased to compensate for the loss of Knoll House.
- 8.23 The Executive Director reported that BUPA was a registered provider.
- 8.24 The Chair stated that BUPA would provide a useful addition in long term dementia care.
- 8.25 **RESOLVED** - (1) That the general update on the Community Short Term Service be noted.

**9. SUSSEX INTEGRATED END OF LIFE AND DEMENTIA CARE SUSSEX PATHWAY (JUNE)**

- 9.1 The Committee considered a report of the Chief Operating Officer, Clinical Commissioning Group, which requested approval of the Pan Sussex Integrated End of Life and Dementia Care Pathway. The pathway had been developed through multi-agency and multi-disciplinary stakeholder group collaboration across Sussex as part of the End of Life Care in Dementia Regional Innovation Funded project for NHS Sussex. It was part of the Joint Dementia Plan for Brighton and Hove. The Brighton and Hove CCG Strategy Group supported implementation of the pathway as agreed at the meeting on 8 January 2013. The report was presented by the Dr Christa Beesley, Accountable Officer, CCG and Simone Lane, Commissioning Manager, CCG.
- 9.2 Members were informed of revisions made to the report since it had been considered and deferred at the last meeting. The report now mentioned that there had been discussions with lay members and consultation with the Older People's Council. Terms of reference had been included. Reference to the implementation of the Liverpool Pathway had been removed as this was considered to be a clinical decision. More context had been provided to advanced care planning.
- 9.3 Councillor Marsh stated that she had been relieved that all reference to the Liverpool Pathway had been removed from the report. However, she was concerned to hear the implementation of the Liverpool Pathway referred to as a clinical decision. Councillor Marsh welcomed the emphasis in the report that the pathway was about helping and supporting people as their condition deteriorated.
- 9.4 Dr Beesley explained that the Liverpool Care Pathway could be used with families and patients in the last few days of a person's life. The end of life for a person with dementia was similar to a cancer patient. There was a need to manage people and diagnose dying. Work with the Gold Standard Framework had shown that people with dementia were not receiving the same standard of care as with other illnesses. People with dementia were less able to stay at home and have a "good death". The Sussex Integrated End of Life and Dementia Care Pathway aimed to help families & patients to achieve this.

- 9.5 The Liverpool Care Pathway could help in assessing whether the person was comfortable and receiving the care they needed. It would lead to increasing the levels of nursing and care.
- 9.6 Councillor Marsh stated that she had concerns around the withdrawal of nutrition and hydration.
- 9.7 Geraldine Hoban explained that the wording on the last report gave the impression that the pathway was actively promoted. Officers wanted to change that to say that it was a clinical discussion with the family. Ms Hoban mentioned that the report had been taken to the Health Overview and Scrutiny Committee where it had been well received.
- 9.8 Councillor Mears referred to section 3.5 of the report. She was pleased to read that the wording “implement Liverpool Care Pathway” had been removed in response to members’ concerns. However, Councillor Mears was not happy with the comment that “...this level of detail was inappropriate...” Councillor Mears said that she was aware that the government had stopped £30m worth of funding for the Liverpool Care Pathway due to concerns about some aspects of the pathway. Councillor Mears stated that she did not support the Liverpool Care Pathway for a number of reasons.
- 9.9 Geraldine Hoban remarked that she understood Councillor Mear’s concerns about the Liverpool Care Pathway but asked if Councillor Mears could endorse the report. Councillor Mears replied that the report did not reassure her that families would not only be consulted but would understand what it meant in terms of the withdrawal of nutrition and hydration. She asked if this was explained to families.
- 9.10 Dr Beesley explained that the end of life pathway was about being open about dying. Endorsing the report would lead to a more open approach to dying of dementia. It would be managed in a similar way as the end of life care for cancer patients. It was about having a conversation with people when they had the capacity to make decisions. It needed to be an open discussion.
- 9.11 Councillor Barnett stated that she was uncomfortable with the report. She had seen people die when the Liverpool Care Pathway had been implemented. Councillor Barnett commented that a drip could have been used to make people more comfortable. Meanwhile, Councillor Barnett was concerned that people who had dementia were not capable of having discussions.
- 9.12 Councillor Summers asked if the purpose of advanced care planning was about controlling symptoms. Dr Beesley replied that anyone talking with dying patients needed special training. Every decision was an individual decision. With regard to eating and drinking, some people did not want to eat or drink when they were dying. There needed to be discussions with the individual.
- 9.13 Councillor Meadows had mixed feelings about the report. Although the reference to the Liverpool Care Pathway had been removed, she was worried that it was being called something else. Councillor Meadows was pleased that death was being spoken about openly. She stressed the importance of including the family at the start of the process.
- 9.14 Geraldine Hoban stressed the importance of training and development. The principle was the full involvement of patients and their carers.

- 9.15 Councillor Bowden informed the Committee that for many years he had worked for the National Council for Palliative Care. He considered that clinicians often felt families should not know the truth and he was concerned at the way doctors were trained in this respect. Regular careful training was required in implementing the pathway. The National Council for Palliative Care had some good literature on this subject. Councillor Bowden mentioned that he had worked with Dame Cicely Saunders, the founder of palliative care. She had spoken about openness and fairness which was a good guide.
- 9.16 Councillor Norman remarked that he had listened carefully to all the comments and noted that a great deal had been said about how things had been dealt with in the past. The report explained how to take the process forward. Councillor Norman stressed that he did not see the report as a final document and expected that there would be advances in the future. The appendices went into a great deal of detail on how to improve end of life. Councillor Norman supported the report and thought it was the way forward.
- 9.17 The Executive Director of Adult Social Care stressed that the pathway was about having an open conversation with families and patients. Open conversations would improve matters.
- 9.18 Geraldine Hoban informed members that officers had tried to revise the document to make take on councillor's comments at the last meeting. She asked if there was any way members would like the document to be re-framed.
- 9.19 Councillor Marsh remarked that it was a good report but she wanted clear direction regarding hydration.
- 9.20 Councillor Mears stated that although there was excellent work in the report, she was not reassured that discussions could happen with families and that the work would be carried out across the board.
- 9.21 Councillor Wakefield referred to Appendix 1a, Phase 5 (nearing the end of life including care in the last days of life). This section referred to supporting relatives understanding and acceptance of the dying phase and recognising and supporting the person's spiritual and cultural needs.
- 9.22 Dr Beesley agreed this section explained good practice. The report was promising what members wanted. The proposals were being written down in a way that would make them clear.
- 9.23 Councillor Norman remarked that the document was a good report which would improve the services provided. He hoped the report would be approved.
- 9.24 Councillor Meadows stated that although she still had some concerns she felt that the report was a step forward. She was concerned that if the report was not agreed, it would not improve matters for families in the future. She would therefore agree the report.

9.25 The Chair informed members that the points made during the discussion could be taken back to GPs and GP organisations.

9.26 **RESOLVED** - (1) That the revised pathway be approved for implementation to enable health and social care providers to ensure that the needs of people with dementia are integrated into end of life care planning, service specifications and contractual agreements.

**NOTE:** At this point in the meeting the Clinical Commissioning Group members left the meeting as Part A – Jointly Commissioned (Section 75) Business had concluded.

## **PART B - COUNCIL COMMITTEE BUSINESS**

### **10. UPDATE ON THE EMBRACE PROJECT**

10.1 The Board considered a presentation from Geraldine Desmoulins and Keith Beadle, from the Fed, Centre for Independent Living. The presentation informed Members that the Fed was endorsed as the Centre for Independent Living (CIL) at the end of 2010. The CIL worked with older people as well as disabled people.

10.2 Since then the CIL had brought together key stakeholders to increase choice and control to people in the city. The Embrace Project had co-ordinated this work.

10.3 Members were informed of the work of the Embrace Project. The CIL launched “It’s Local Actually” in November 2012. The project had gathered information from 250 groups, clubs and social activities on offer in neighbourhood areas in Brighton & Hove. The CIL had developed a website, searchable by postcode, which showed people what was going on in their area. There were one thousand low cost or free activities taking place across the city.

10.4 Members were informed that the next step would be to help people get to and from activities. Currently, there was work on co-ordinating volunteers in the city.

10.5 Members were given cards advertising It’s Local Actually. It was stressed that the website was gathering information in one place and that it would be important to keep the information updated.

10.6 Members were asked for their help in promoting the website.

10.7 Councillor Phillips stated that the website was a useful tool and she hoped she could promote it in her ward. It was good to highlight that more information could be gathered on BME groups. Councillor Phillips noted that Goldsmid Ward was not included in activities by ward and asked for this ward to be included. Councillor Phillips considered it heartening that the wards that covered Whitehawk and Mousecomb and Bevendean featured highly in the list of activities by ward.

10.8 Ms Desmoulins informed Councillor Phillips that she did have a list of what was going on in Goldsmid Ward. She was aware that there were some gaps in information and hoped

that as the site was promoted, other people would want to put information on the site. It was important that the information could be viewed on mobiles and ipads.

- 10.9 Councillor Wakefield asked if there were similar projects in other parts of the country, and whether there had been any thought of promoting It's Local Actually outside Brighton & Hove.
- 10.10 Ms Desmoulins replied that she had thought of promoting it elsewhere. She agreed that not many sites gathered information in this way.
- 10.11 Councillor Meadows thanked Ms Desmoulins and Mr Beadle for the tremendous amount of work involved in getting the website up and running. She noted that it looked more useful for people in work. Councillor Meadows remarked that 40% of people in Moulsecoomb did not have access to a computer. Councillor Meadows stressed the need to direct doctors and Patient Participation Groups to the Website.
- 10.12 Councillor Barnett stated that she would like to have more cards to distribute. Mr Beadle replied that he would ensure cards were placed in the courier to councillors. Mr Beadle informed members that he would like to see GPs place the website on their computers. There was a logo for people to download on the website.
- 10.13 Councillor Bowden remarked that ward councillors would be able to spot blanks in the service. He hoped the link could be sent to all councillors. He agreed with Councillor Meadows with regard to the digitally excluded. Councillor Bowden felt that there was a need to make sure that organisations the council funded were included in the information on the website.
- 10.14 Councillor Mears considered that the presentation was excellent. She asked for cards to be sent to all 54 councillors. She made the point that libraries, council buildings and GPs surgeries should have this information. She stressed that not everyone had a computer. Posters and notice boards were other ways of promoting the site.
- 10.15 Mr Beadle thanked members for the helpful suggestions. He wanted to make people aware of the site and was running a road show across the city. Ms Desmoulins informed members that there would be a poster which would make the information more visual.
- 10.16 Councillor Norman considered the project to be an excellent piece of work.
- 10.17 The Executive Director considered that it was important that the project was made successful for the community. It needed to be made accessible for people who were not used to using computers.
- 10.18 The Chair remarked that it was up to the Committee to help publicise the website. There would be a longer piece of work in completing the gaps in provision. He thanked Ms Desmoulins and Mr Beadle for their presentation.
- 10.19 **RESOLVED** – That the presentation be noted.



## 11. FINANCE REPORT

- 11.1 The Committee considered a report of the Executive Director of Finance & Resources which set out the provisional outturn position for the 2012/13 financial year for Adult Services and NHS Trust Managed S75 Budgets as reported to Policy & Resources on 13 June 2013. The report also provided further detail on the agreed 2013/14 budget for Adult Services, NHS Trust Managed S75 Budgets and Public Health. The report was presented by the Head of Business Engagement.
- 11.2 Councillor Mears asked for an explanation of the following. A) page 137 – Explanation of Key Variances in relation to Craven Vale conversion works and Adult Social Care vehicles. B) Page 138 – Corporate Critical – Community Care Budget Learning Disabilities on impact of underspend on home provision. C) Provider Services – the cost of improvements to Windlesham Road. D) Page 139 – Vacant posts. How many were there within the directorate? E) Page 142 – Learning Disability Accommodation. Was the capital budget £354,000 for Windlesham Road? F) Page 144 – Support & Intervention Teams (over 65). There was a saving of £1,640,000 in relation to reducing residential care and using sheltered accommodation and extra care housing. Where had these conversations gone? G) Page 144 – Community Care – A stretch target had been included. What did this mean? H) Page 145 - Learning Disabilities – to develop proposals to implement the learning disabilities accommodation and support strategy and consult on the options. Councillor Mears said she was concerned and asked if this meant more homes could be closed.
- 11.3 The Head of Business Engagement explained as follows. A) The contribution of £0.348m was made in the last financial year and set aside for proposed conversion works at Craven Vale. The £0.250m for ASC vehicles was funded from the revenue budget. Councillor Mears asked for a breakdown of which type of vehicles. The Head of Business Engagement confirmed that she would send this information to the Committee.
- 11.4 The Head of Business Engagement confirmed that B) Learning Disabilities were reporting an underspend of £1.647m in the last financial year. This was not related to the learning disabilities accommodation strategy. There were reduced costs as a result of renegotiating a contract. C) the Windelsham Road figures were within the Learning Disabilities Accommodation budget. She could send these to the Committee. D) Vacant Posts – This was an exercise carried out as part of the budget position. This particularly referred to the Sussex Partnership Foundation Trust (SPFT) robust vacancy management. E) Learning Disability Accommodation – The figure of £354,000 would include learning disability accommodation. The Executive Director of Adult Social Services said she would send Councillor Mears a breakdown.
- 11.5 The Director of Adult Social Services explained that with regard to F) Page 144 – Support & Intervention Teams. This section was referring to sheltered accommodation. There was a report on Extra Care later on the agenda. This was an ambitious target and officers were looking at a range of provision in the city. G) Page 144 – Community Care – Adult Services were asked to deliver £500k additional savings over and above the original Community Care budget target of £1,748,000 through accelerating this work. H) Page 145 – Learning Disabilities. This was a continuation of the current proposals and showed the full year effect.

- 11.6 Councillor Mears stated that councillors had been informed that there was a £1m pressure, yet there was clearly an underspend and savings were being made. Councillor Mears asked for more information on the pressures and underspend. The Head of Business Engagement explained that there had been an underspend in the last financial year. A targeted budget management report for 2013/14 would be submitted to the Policy & Resources Committee. At that point there would be a report on delivering 2013/14 savings. This information would then be submitted to the Adult Care & Health Committee. Councillor Mears stated that she would like to see a breakdown of savings with and without the service pressure funding in future reports.
- 11.7 Councillor Meadows referred to page 138 Corporate Critical – Community care under 65's. She asked if the introduction of Universal Credit would have an impact on vulnerable people. Councillor Meadows referred to page 145 referred to total savings of £5,574,000. Councillor Meadows was concerned that the level of savings would start affecting the council's ability to provide a safe service for people.
- 11.8 The Head of Adults Assessment stated that officers were tracking and mapping data to estimate the impact of the changes. There were major changes for families with children. The Head of Adults Assessment said he would send Councillor Meadows the figures when mapping was in place.
- 11.9 Councillor Meadows informed members that she had had calls from residents who had little money and would fall into the service soon. The Head of Adults Provider stated that revenue and benefits should be contacted initially. People would then need to access the Welfare Rights Service and be referred to Adult Social Care.
- 11.10 The Executive Director of Adult Social Care explained that the total adult services savings was £5,574,000. There had been a reduction in budget year on year. She stressed the need to carry out more preventative work and support housing initiatives.
- 11.11 Councillor Meadows remarked that at the last meeting £400,000 extra care housing was not accounted for as a pressure. The Executive Director informed members that the savings had been made from the Community Care Budget.
- 11.12 The Chair stated that there was a need to ask the Welfare Reform Programme Board to look at the issues raised. People affected might need third sector support.
- 11.13 **RESOLVED** - (1) That the provisional outturn position for Adult Services and NHS Trust Managed S75 Budgets be noted.
- (2) That budget information for Adult Services and NHS Trust Managed S75 Budgets, and Public Health for the 2013/14 financial year be noted.
- (3) That the proposed reporting timetable be agreed and that the committee receive a S75 performance report as indicated to avoid duplication.

## 12. DAY ACTIVITIES REVIEW PROGRESS REPORT

- 12.1 The Committee considered a report of the Executive Director of Adult Social Services which set out the progress that had been made in the Day Activity Review since the last Committee report in March 2013 and concentrated on how developments had affected the Council provided learning disability Day Options service and in particular the Buckingham Road Day Centre. The Commissioner, Learning Disabilities and Older People presented the report.
- 12.2 Councillor Meadows referred to paragraph 5.2 in relation to the cost of capital works needed at Wellington House and Belgrave Day Centre and asked for more details. She referred to paragraph 7.2 in relation to the proposed disposal of Buckingham Road and asked about the financial implications of this move.
- 12.3 The Commissioner replied that she was waiting for information about the cost of capital works to Wellington House and the Belgrave Day Centre. The Executive Director of Adult Social Services explained that she wanted to see costs involved in the move from Buckingham Road absorbed by the corporate general fund.
- 12.4 The Chair agreed that Adult Social Care should be provided with the necessary capital funding.
- 12.5 **RESOLVED** - (1) That the progress of the Day Activities Review and the proposals for the changes to the Council provided services be noted.
- (2) That the proposal to return with a further progress report in November 2013 be agreed.

### 13. CONNAUGHT DAY SERVICE

- 13.1 The Committee considered a report of the Executive Director of Adult Social Services which reported that in October 2012 the Children's and Young Person's Committee received a report which recommended the expansion of West Hove Infants School to enable the council to provide the increased number of primary school places required in the Hove area. To facilitate this expansion the relocation of the Connaught Day Service for adults with learning disabilities would be required. The report was presented by the General Manager, Integrated Learning Disability Services.
- 13.2 Councillor Meadows referred to recommendation 2.2 and asked for an explanation of the process. She further referred to paragraph 4, Engagement & Consultation. Councillor Meadows had heard that ward councillors had not been contacted. Ward councillors were being contacted by many parents who were concerned about the proposals.
- 13.3 The Senior Lawyer explained that within the Council's constitution the Executive Director of Adult Social Services had delegated powers to make the decision concerning the proposed move of the Day Service from the Connaught Building to Patcham House School. However, if the Committee were unhappy with this recommendation they could approve recommendation 2.3 which would involve the reconvening of an extraordinary meeting of the Adult Care & Health Committee to take place shortly after the proposed extraordinary meeting of the Children and Young People's Committee on 9 September

2013. She explained that the timescales reflected that Children's Services in relation to Education matters are dictated by statutory guidelines with regard to consultation in addition to the need to build in sufficient time for adaptations to be undertaken to the buildings involved.

- 13.4 The Head of Commissioning & Partnerships explained that there had been a meeting with a councillor from the Downs Park School area before the Children and Young Person's Committee. Children's Services were leading on the proposals and she understood that ward councillors had been consulted
- 13.5 The Chair asked for this matter should be followed up. The Executive Director assured him that that the matter had already been referred to Children's Services.
- 13.6 Councillor Meadows stated that she would like to have a special meeting of Adult Care & Health Committee as members did not know what would happen as a result of the consultation.
- 13.7 **RESOLVED** - (1) That the decision to consult users of the Connaught Day Service on the proposed new site at Patcham House School made by the Executive Director of Adult Social Services in consultation with the Committee Chair Cllr Jarrett, be noted.
- (2) That the proposal of the Executive Director of Adult Social Services to use her Constitutional Delegated Powers to make a decision concerning the proposed move of the Day Service from the Connaught Building to Patcham House School informed by the consultation process, EIA and related Decision of the extraordinary meeting of the Children and Young People's Committee proposed for 9 September 2013, be approved.

**NOTE:** Councillors Meadows, Mears and Summers asked for their names to be recorded as having voted against recommendation (2) above.

#### 14. EXTRA CARE HOUSING UPDATE

- 14.1 The Committee considered a report of the Executive Director of Environment, Development and Housing and the Executive Director of Adult Social Services which provided an update on the progress to secure extra care housing in the city in relation to the recent bid to the Homes & Communities Agency (HCA). The report also provided details of the proposed Brooke Mead Extra Care Scheme. The recommendations were agreed at Housing Committee on 6 March 2013 and Policy and Resources Committee on 21 March 2013.
- 14.2 The Head of Housing Strategy presented the report and informed members that officers were still waiting to hear if the bid to the Homes & Communities Agency (HCA) for funding under the Care & Support Specialist Housing Fund was successful. He would come back with a report when a decision was known.
- 14.3 The Executive Director of Adult Social Services thanked the Head of Housing Strategy and his team for their work on this impressive scheme. The Chair agreed that the scheme was very impressive.

- 14.4 Councillor Meadows stated that she was pleased that ward councillors had been consulted. She referred to paragraph 5.4 and asked what was meant by short term cash flow deficits. Councillor Meadows was pleased that the scheme was being progressed and felt it was the way forward for older people. She asked if the scheme had planning permission.
- 14.5 The Executive Director explained that people using the scheme would have a care need. Care costs would come out of the Community Care Budget. Meanwhile, people would be prevented from going into residential care which would result in savings.
- 14.6 The Head of Housing Strategy explained that funding would need to be approved in order for the scheme to be progressed. Planning permission had not yet been granted. Officers were currently working on the final scheme for submission to Planning.
- 14.7 Councillor Bowden welcomed the scheme. He reported that there had been sensitive consultation with ward councillors and residents. Unfortunately, although there was an acceptance that there was a need for the scheme, not all residents had been happy with the development happening in their ward.
- 14.8 Councillor Norman remarked that extra care was an extremely good model and there needed to be more schemes in the city.
- 14.9 Councillor Mears stated that there had been an extensive presentation on the scheme at the Housing Committee. She believed that the proposal was the right use for the site. Councillor Mears stressed that the issue of funding was complex and she had a couple of concerns. She referred to the finance comments in paragraph 8.1 of the report which stated that the HRA were supplying the land but only £300,000 savings would be achieved by Adult Social Care. She felt this figure was extremely low. Councillor Mears referred to paragraph 3.4 which related to the allocations policy. This stated that in 2009 it was agreed that Extra Care Housing should be allocated through Choice Based Lettings and that this had been the adopted policy ever since. Councillor Mears considered this was not factually correct and that Adult Social Care did have an allocations policy. She would like to see the allocations policy and the EIA.
- 14.10 The Executive Director of Adult Social Services acknowledged that Adult Social Care did have an allocations policy. The Head of Adults Provider would send a copy of the policy to Councillor Mears. The Executive Director welcomed the scheme going through Choice Based Lettings as long as the social care need was paramount.
- 14.11 Councillor Mears stressed that it was a legal requirement to have one allocations policy. She asked for timescales for one policy to be in place.
- 14.12 The Executive Director replied that she would have to hold discussions with housing regarding this matter. Meanwhile, the £300,000 savings were a year on year saving.
- 14.13 Councillor Norman asked the Head of Housing Strategy to comment on the allocations policy. The Head of Housing Strategy explained that social housing could only be allocated via published Allocations Policy agreed at Housing Committee.

14.14 **RESOLVED** - (1) That it be noted that the recommendations set out in paragraphs (a) to (c) below were approved by the Housing Committee held on 6 March 2013 and the Policy & Resources Committee held on 21 March 2013.

- (a) That Committee note the proposed Brooke Mead Extra Care scheme which will be funded through affordable rents, a contribution from Adult Social Care revenue budgets, shared ownership and subsidy funding incorporated within the recent bid to the Homes & Communities Agency (HCA).
- (b) That Committee note proposals to proceed with a Planning application for the approval of extra care housing on the Brooke Mead Extra Care scheme, the current timetable for the proposed development and the pursuit of other funding options as detailed in the report.
- (c) That the Committee recommend that the Policy and Resources Committee agree that the vacant Housing Revenue Account ('HRA') block of Brooke Mead, Albion Street, Brighton as shown on the annexed plan be demolished in order to be redeveloped, subject to Planning consent.

**15. ITEMS REFERRED FOR COUNCIL**

15.1 **RESOLVED** - That no items be referred to Council

The meeting concluded at 8.21pm

Signed

Chair

Dated this

day of