

### BRIGHTON & HOVE CITY COUNCIL

### JOINT COMMISSIONING BOARD

5.00PM 11 JULY 2011

COUNCIL CHAMBER, HOVE TOWN HALL

### MINUTES

Council representatives:

Councillor Rob Jarrett (Chair) ;

Brighton & Hove City Primary Care Trust representatives:

Janice Robinson;

Co-opted Members:

Councillor Ken Norman, Brighton & Hove City Council

Councillor Brian Fitch, Brighton & Hove City Council

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

Apologies: John Dearlove (NHS Brighton & Hove)

### PART ONE

#### 1. PROCEDURAL BUSINESS

##### 1 (a) Declarations of Substitutes

1.1 There were none.

##### 1(b) Declarations of Interests

1.2 There were none.

##### 1 (c) Exclusion of Press and Public

1.3 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).

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

**1 (d) Quorum**

- 1.5 The Chair noted that the meeting was not quorate, as only one voting member of NHS Brighton and Hove was present. Paragraph 13.3 of the Constitution of the Joint Commissioning Board agreed on 12 July 2010 states "There shall be a quorum when at least two members from the NHS Brighton and Hove are present at a meeting and the Council Sub-Committee is quorate in accordance with the Council's Standing Orders." Councillor Jarrett represented the Council as Cabinet Member for Adult Social Care & Health.
- 1.6 The Senior Lawyer advised the Board that they could have a debate and discussion on all items on the agenda, but those items which required decisions as opposed to those presented for information/noting only would have to be deferred.
- 1.7 Janice Robinson, on behalf of NHS Brighton and Hove apologised for the absence of the other NHS Brighton and Hove member who was expected. Janice Robinson assured the other Board members that the reports and proposals presented today had been fully discussed by Brighton and Hove NHS members and were agreed. She expressed her concern at the potential for further delay and the need to progress the work proposed. She asked the Senior Lawyer if there was any method by which this delay could be avoided, particularly as the next Joint Commissioning Board was scheduled for November and the difficulties in re-convening this meeting to accommodate the availability of members.
- 1.8 The Senior Lawyer suggested that the matters could be discussed and debated and draft minutes forwarded to the absent Board member for comment. Provided that the absent member did not disagree with the Board's comments or wish to debate them further she suggested the final decisions could then be made without a full reconvening of the meeting given the assurance of Ms Robinson that the PCT were in agreement on the reports to be considered. The Senior Lawyer emphasised that the caveat to this suggested way forward must be that if the absent member has any comments that she wishes to be debated at a further meeting or wishes to engage in further debate with other Board members then the decisions must be deferred and a further meeting of the Board convened.
- 1.9 Dr Stevenson noted that the minutes are a record and not verbatim.
- 1.10 The Senior Lawyer advised that it was essential that the minutes are as full as possible so that the absent member would have an accurate record. She further advised that it is essential the process is transparent and open and that if the absent member wished to discuss or debate the issues in the reports at a further meeting then this would have to be convened.
- 1.11 The Chair considered that on balance, given the importance of avoiding delay that the suggested method be adopted in this instance.
- 1.12 Janice Robinson on behalf of Brighton and Hove NHS agreed.

## 2. MINUTES OF THE PREVIOUS MEETING

- 2.1 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 4 April 2011 be agreed and signed by the Chair.

## 3. CHAIR'S COMMUNICATIONS

### **New Chair**

- 3.1 Councillor Rob Jarrett introduced himself as the new Chair of the Joint Commissioning Board for 2011/12. He welcomed everyone to the meeting and hoped that there would be a constructive working relationship. He encouraged members to communicate with him over the year.

### **Southern Cross**

- 3.2 The Chair reported that it had been announced in the news on 11 July that Southern Cross was proposing to cease trading. It had been known for some time that there were ongoing problems. The Director of Adult Social Services had been in touch with the Association of Directors of Adult Social Care (ADASS) and had been provided with a briefing on the current position with Southern Cross. The Chair read the statement out in full as follows:

#### “SOUTHERN CROSS BRIEFING 11 JULY 2011

“You may have seen the latest reports in the Media that Southern Cross Health Care is ceasing to run its care homes, and that their care homes will be taken over by other providers. Members of the public are understandably concerned as to the future of the homes, both in relation to current residents and to moving into Southern Cross homes in the near future. This is impacting on decision making with people choosing not to move into current Southern Cross owned homes.

In addressing the concerns of residents and their families, we need to offer some reassurance as to the current media reports, responding to the concerns and questions.

#### *Are Southern Cross Closing?*

The current intention is that Southern Cross will stop running homes over the coming months, but this does not mean that the homes will close. They are working with a number of other parties to ensure the continued running of their homes by other providers. Councils are in support of this and continue to buy care from them. Some of their landlords are companies who also run care homes, these are likely to take over the homes they already own; they and other providers will be looking at the other homes with the landlords to determine who will take them on.

#### *What if Southern Cross fails before the homes are taken over?*

Should Southern Cross go into administration the homes will continue to be operated by the administrator who has a responsibility to sell the homes as going concerns. The homes would continue to run whilst this happens.

*What if homes have to close?*

ADASS is clear that it will work with new providers to create a sustainable business for the future. We are not expecting to see care home closures as a large part of any plan.

Please reassure people that the ADASS position remains as stated in our press release from May this year:

*“In all eventualities, directors of adult social services and their social work staff will put the peace of mind, physical and emotional welfare, and the interests of older residents and their carers at the forefront of every decision we make.”*

ADASS is working with Southern Cross, and will work with the new providers, to ensure a smooth transition of ownership and contractual relationships so as to minimise any disruption for residents and their families. As soon as we start to hear from landlords about proposals for local care homes we will be asking for a communication plan with residents and relatives involved. This will start to address the specific issues about what all this means for people living in named care homes. The statement released by Southern Cross today suggests that the timescale for this is from now through to mid October, so it is important to set expectations with this timescale in mind.”

- 3.3 The Chair stressed that the council would do its best to reassure people and ensure a smooth transition.
- 3.4 The Director of Adult Social Services informed Members that there were two Southern Cross homes in the city, and officers had been in contact with both homes. The Council was offering support to managers.
- 3.5 Councillor Fitch asked if the occupants and staff of the homes had been reassured. The Director replied that officers were reassuring staff and residents. The two Brighton and Hove homes were owned by landlords. The information from Southern Cross suggested that the two Brighton and Hove homes were financially viable. The matter was currently being dealt with by administrators and would take a period of some months to be resolved. The Director would keep members briefed on what this would mean for Brighton and Hove.
- 3.6 Janice Robinson asked the Director if she knew who the landlords were. The Director replied that she was aware that one of the landlords was a local financial institution. She was quite confident that it would be possible to work with them. Officers would work with landlords and other providers in the city to reach a satisfactory conclusion.

#### **4. PUBLIC QUESTIONS**

- 4.1 There were none.

#### **5. FINANCIAL PERFORMANCE REPORT - MONTH 2**

- 5.1 The Board considered a report of the Director of Finance, NHS Sussex PCT Cluster and Director of Finance, BHCC which set out the financial position and forecast for partnership budgets at the end of month 2.

- 5.2 The Head of Business Engagement referred to paragraph 3.3 of the report. There were currently two variances from the budget. Sussex Community NHS Trust had an overspend on Intermediate Care Services and an underspend on HIV/AIDs Services. Sussex Partnership NHS Partnership Trust had an overspend of £363,000 relating to pressures from long term placements (Working Age Mental Health Services). It was hoped that 50/50 risk share arrangements between the council and the Trust could be put in place.
- 5.3 The Head of Business Engagement reported on the outturn for 2010/11. The budget had broken even except for a £424,000 overspend that would be shared by the council and the Sussex NHS Partnership Trust. Meanwhile accounting issues relating to the Section 75 partnership were detailed in paragraphs 3.5 to 3.8 of the report.
- 5.4 **RESOLVED** - (1) That the agreed budgets for adult social care arrangements in 2011/12, be noted.
- (2) That the forecast outturns for the s75 budgets as at month 2 be noted.
- (3) That the ongoing issues in relation to year-end financial reporting of the s75 Partnership, be noted.

## 6. **SHORT TERM SERVICES: DELIVERY OF EFFICIENCY SAVINGS DURING 2011/12**

- 6.1 The Board considered a report of the Director of Adult Social Services/ Lead Commissioner People and the Chief Operating Officer, NHS Brighton and Hove which provided a detailed briefing on a range of options to deliver efficiency savings during 2011/12 within short term services and which sought endorsement of these options. A presentation regarding these options was given to an informal private meeting of the Board on 4 April. They had since been presented to and endorsed by an informal meeting of the NHS Brighton and Hove Board and the Clinical Commissioning Executive at the PCT.
- 6.2 The Locality Programme Manager, Brighton and Hove Clinical Commissioning Group reported on the current context. Officers had been charged with delivering a £500K target for these services. A task and finish group was established to identify a range of options to deliver the savings. The options were scored against a number of factors and needed to be achievable and consistent with overall objectives of the longer term project to redesign short term services. The proposals would not achieve the full £500k this year.
- 6.3 The Locality Programme Manager set out the impact of the options as detailed in paragraphs 3.7 to 3.9.4 of the report. Option 1 would result in no overall loss of capacity in the city. Transitional beds would revert to long term beds and service users could be brought back to the city. With regard to option 2, there were significant variations in unit costs of different sites in the city. Knoll House had significantly higher costs. There was scope to make savings without negative impact. Sussex Community Trust was keen to work on the project. With regard to Option Three the Board were informed that some beds at the Newhaven Rehabilitation Centre were used by East Sussex. An audit of need showed that only 44% of people needed a bed based service. Much could be done to reduce the length of stay in these beds and many could be

supported in a community based setting. National benchmarking data suggested that the city was over provided in terms of beds. There would be no closure of beds unless the equivalent capacity was provided in a community setting. The document had been shared with the LINK and it was hoped that they would work with officers to monitor the impact of the proposals. Other work was ongoing this including the development of an integrated discharge team in the city and other investments in community services eg through reablement funding. Officers would monitor the proposals to ensure that there was no negative impact.

- 6.4 Councillor Norman thanked the Locality Programme Manager for the presentation. He had been involved in the process for some time and considered that these were good proposals for the future. Councillor Norman referred to the last two paragraphs of page 19 of the report. This referred to people being supported in their own homes and the efficiency proposal being shared with the HOSC. Councillor Norman stated that he had recently had a number of residents moving out of hospital into care. All wanted to be in their own homes. These options should provide that service. He believed the proposals should be shared with the HOSC.
- 6.5 Councillor Fitch concurred. He agreed that people preferred if possible to be at home. He knew of an elderly lady who had been in a home, but was now living with a relative. This was what she wanted. Families could be a tremendous support, when they in turn received the support they required.
- 6.6 Dr Stevenson thanked the Locality Programme Manager for her presentation. He particularly welcomed the assurance that there would be no bed closures until the community provision was in place. He had not seen that stated in the report. LINK had some concerns about the paper. He had particular concerns about the consultation. BSUH were not happy with the provision of accommodation for people leaving hospital. They would be less happy with even less provision. Meanwhile he reported that the Hospital Discharge Group was disbanded at the end of 2010.
- 6.7 The Locality Programme Manager noted the concerns regarding discharging patients from hospital and the impact on BSUH. There had been detailed discussions with BSUH and they were happy with the process. These proposals would take place alongside a range of transformation programmes. There were concerns about how effectively community services were used at present. Meanwhile, BSUH needed to look at their discharge processes and the number of people being discharged to bed based services.
- 6.8 Dr Stevenson was pleased to hear of discussions taking place. However the LINK had further concerns. He did not agree that the proposals would not have a significant impact. There would be a total reduction of 29 beds. There would be a significant change in capacity and an impact on discharge. Meanwhile, a number of nursing homes were refusing admissions from hospitals from 6.00pm on a Friday afternoon to Monday. This was causing a blockage of beds in the acute sector.

- 6.9 The Locality Programme Manager stressed that beds at Glentworth and Sycamore Court were still in the system and would revert back to nursing homes beds. The 16 beds from Newhaven Rehabilitation Centre would be re-provided with equivalent capacity in the community.
- 6.10 The Director of Adult Social Services reported that discharges into nursing homes were often planned into the working week. However a number of homes did take placements at weekends.
- 6.11 Janice Robinson informed the Board that PCT members had looked at these matters in great detail and had concerns about an earlier draft. There were concerns about the loss of beds and concerns that families/carers would be burdened. However, there was now agreement that the work must go ahead. Officers had done a good job in ensuring transitional arrangements were in place. However, Janice was disappointed that savings that should have been made had not been made due to the delays. She hoped that this could be expedited as soon as possible.
- 6.12 **RESOLVED** - That it is recommended that each of the following efficiency options be agreed:
- (a) Option 1 - Transference of the beds at Glentworth and Sycamore Court nursing homes from 'Transitional' short term beds to long term nursing home beds
  - (b) Option 2 - A change in skill mix at Knoll House
  - (c) Option 3 - The reduction of 50% of the beds at Newhaven Rehabilitation Centre with a proportion of this funding to re-provide community support for patients in their own home

## 7. THE RECONFIGURATION OF SHORT TERM SERVICES

- 7.1 The Board considered a report of the Director of Adult Social Services/ Lead Commissioner People and the Chief Operating Officer, NHS Brighton and Hove which provided an update on the current work to reconfigure short term services within Brighton and Hove. The reconfiguration of short term services intended to develop a new service model that met the ambition of the White Paper and QIPP providing a more streamlined pathway, improve patient experience and outcomes, facilitate effective discharge and support the prevention of avoidable admissions.
- 7.2 The Locality Programme Manager, Brighton and Hove Clinical Commissioning Group reported that the draft new model for short term services would be developed by the end of the summer 2011. A seminar for Board members was being arranged for September 2011 to discuss the proposals. The model would be presented to the Joint Commissioning Board on 14 November 2011 for approval and implementation.
- 7.3 The Locality Programme Manager commented that the general consensus was that a new model was required. The scope of this work included Adult Social Care and NHS funded services including Intermediate Care (home and bed based) Transitional Care and the Local Authority home care reablement service and Newhaven Rehabilitation Centre. The total cost of these services was approximately £12.9m across health and social care. A number of models were proposed and were set out in paragraph 3.4 of

the report. The Director of Adult Social Services and the Chief Operating Officer and two GPs were leading on this work.

- 7.4 There had been wide-ranging consultation which was set out in Section 4 of the report. This included a stakeholder event held on 17 May 2011. A letter outlining the work and consultation to date was presented to the Health Overview and Scrutiny Committee on 17 May 2011. Key issues were set out in paragraph 3.9 of the report. Comments on the proposals were welcomed.
- 7.5 Dr Stevenson welcomed the general approach to this work. He considered the background information to be very good but considered the evidence was weak. With regard to the audit of people using bed based services, he asked if there was any other evidence in addition to needs assessment carried out this year. The Locality Programme Manager advised that at this stage no other needs assessment other than that carried out in January had been undertaken.
- 7.6 Dr Stevenson commented that the needs assessment carried out in January was a very small scale survey and had been quite subjective. He considered that the proposal needed to be supported by more evidence based need before September. The Locality Programme Manager replied that she would take Dr Stevenson's comments on board. However, she stressed that the January survey had been undertaken by a multi-disciplinary team including staff from the providers covered by the needs assessment. They had felt that it was a fair reflection on peoples' needs at that time. Additional assessment would be available by September.
- 7.7 **RESOLVED** - (1) That it is recommended that the work to reconfigure short term services in line with the Urgent Care Strategic Commissioning Plan be supported.
- (2) That feedback on developments to date and the emerging model for the future provision of short term services be noted.
- (3) That it is noted that a further report regarding the proposed future model for these services will be presented at the Joint Commissioning Board in November.
- (4) That it be noted that a seminar for all Board members is planned for September to discuss the proposals.

## 8. CARERS SERVICE

- 8.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People which provided an update on some key areas of work resulting from the Carers' Joint Development and Commissioning Strategy 2009-2012 which was agreed at the Joint Commissioning Board in November 2009. The strategy set out a vision for the development and commissioning of services to support carers in Brighton and Hove and was a joint strategy across Brighton & Hove Council and NHS Brighton and Hove.
- 8.2 The Commissioner reported that the Carers' Card was launched at the beginning of April 2011 and as a result many people had been linked into this service. This had been a very successful service with business partners coming on board to support



carers in the city. Paragraph 3.2 of the report detailed an important development to support carers within the Long Term Conditions Team. Members were asked to support this proposal.

- 8.3 The Chair reported that he had attended the launch of the Carer's Card and had been very impressed with the carers he had spoken to. They had been very pleased to have been recognised.
- 8.4 Councillor Norman welcomed the development of the Carers' Card but asked if there was any financial risk to the Council. He asked if there were operational costs. The Commissioner replied that the cost of the Carers' Card included ICT software depreciation costs. Ongoing costs were minimal. The Council were not subsidising any services being offered by the Card. These were being provided by businesses. The Director of Adult Social Care & Health stressed the huge role carers had in the city and the need to invest in the Carers' Service. She also acknowledged the likely increase in the number of carers who would be known to the council as a result of the introduction of the Carers' Card and that the financial impact of this would need to be monitored.
- 8.5 Councillor Norman mentioned that he had been asked if Carers' Card could include discounted bus tickets. The Chair stated that he had also been asked about this matter. An approach had been made to Brighton & Hove Bus Company and Roger French had responded by stating that there were no plans to offer discounts. Mr French had suggested directing carers to look at cheaper online deals. The Chair was not happy with that response. He believed that a discounted ticket would allow carers more freedom.
- 8.6 The Director of Adult Social Services stated that there was a need to gather more information about carers and the number of carers in the city to inform Brighton & Hove Buses of likely numbers of carers who may benefit from discounted bus travel, i.e. those not of pensionable age and therefore already eligible for a bus pass.
- 8.7 Dr Stevenson welcomed the service. The Carers Support in Long Term Conditions Team was especially welcome. He asked if there had been discussions to acknowledge the needs of carers under the age of 18. The Commissioner replied that there were already specific services for young carers provided by the Carers Centre including carers' needs assessments and a Schools Worker for young carers. Young carers identified by this new service will be referred into these and other appropriate services.
- 8.8 Dr Stevenson asked why this work was kept separate from the Long Term Conditions Team. Why was the work not integrated? The Commissioner replied that the new service provided short term interventions and while there would be a responsibility to identify and undertake initial work with young carers they would need to be referred on to longer term, specialist services.
- 8.9 **RESOLVED** - (1) That the successful implementation of the Carers Card be noted.
- (2) That it is recommended that the proposal to provide carer support within the Long Term Conditions teams be supported.

**9. REDESIGNING COMMUNITY MENTAL HEALTH SERVICES**

- 9.1 The Board considered a report of the Chief Operating Officer, Brighton and Hove Transitional Consortia, NHS Brighton & Hove and the Director of Adult Social Services/Lead Commissioner People which provided details of the PCT's plans (including timescales) to review the third sector mental health provision to improve community support services.
- 9.2 The Chief Operating Officer, Brighton and Hove Transitional Consortia informed members that the report was an update on work in progress. The proposed timescale for the review work was set out in paragraph 3.8 of the report. A report requesting JCB approval on new models of service provision including a procurement recommendation would be submitted to the Joint Commissioning Board on 14 November 2011.
- 9.3 Janice Robinson appreciated that various reorganisations were taking place but expressed concern that discussions on these matters had been taking place for almost a year. She referred to paragraph 3.9 which outlined two options. She asked what would determine which option would be agreed. The Chief Operating Officer replied that what would determine a decision would be how far the remodel was from what was currently in place. Officers did not want to lose the diversity and knowledge of the third sector, and did not want to re-tender unless absolutely necessary.
- 9.4 Dr Stevenson stated that the LINK welcomed the work in progress. They wished to be involved in the Better by Design process.
- 9.5 **RESOLVED** – (1) That the PCT plans to review the Third Sector mental health provision be noted.

The meeting concluded at 6.31pm

Signed

Chair

Dated this

day of