

BRIGHTON & HOVE CITY COUNCIL

JOINT COMMISSIONING BOARD

5.00PM 2 JULY 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Council representatives:

Councillor Rob Jarrett (Chair) ;

Brighton & Hove City Primary Care Trust representatives:

Denise Stokoe (Deputy Chair) and Dr George Mack;

Co-opted Member: Fiona Castle - LINK

Apologies: Councillor Anne Meadows and Janice Robinson (Brighton & Hove CCG)

PART ONE

1. PROCEDURAL BUSINESS

1 (a) Declarations of Substitutes

1.1 Councillor Ann Norman declared that she was attending as a substitute for Councillor Ken Norman.

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.

2. MINUTES OF THE PREVIOUS MEETING

- 2.1 **RESOLVED** – That the minutes of the Joint Commissioning Board Meeting held on 23 April 2012 be agreed and signed as a correct record.

3. CHAIR'S COMMUNICATIONS**Chair of the Joint Commissioning Board**

- 3.1 The Chair reported that there was an agreement to alternate the role of chair each year between the Council and the Clinical Commissioning Group. Due to changes in personnel at the CCG it had not been possible to put these arrangements in place at the present time. The Chief Operating Officer, confirmed that the CCG should be in a position to appoint a chair by the next meeting of the Board. (Following the meeting it was agreed that Denise Stokoe would take on the role of Chair).

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 and Director of Finance, BHCC which detailed the financial outturn for 2011/12 for the partnership and set out the financial position and forecast for the partnership budgets at the end of month 2.
- 5.2 The Head of Finance – Business Engagement, BHCC reported that the 2011/12 figures were still provisional and were being inspected by the auditors this week. The Section 75 partnership ended the year with an underspend of £1,625,000 against a budget of £89M. The figures were set out in the table in paragraph 3.1. The financial contributions to the partnership in 2012/13 were set out in the table in paragraph 3.7. There was a total budget of £85 million. PCT contributions were £41 million compared with £44 million in 2011/12. BHCC contributions were £44 million compared with £43 million in 2011/12.
- 5.3 The table at paragraph 3.10 set out the month 2 position. Services commissioned from the Sussex Community NHS Trust (SCT) were reporting an underspend against the HIV/Aids budget. There was a small pressure against the Integrated Community Equipment Store budget. A small overspend was currently forecast in respect of the Sussex Partnership Foundation Trust (SPFT). There continued to be pressures against the Adult Mental Health Community Care budget due to a lack of suitable accommodation. There was an underspend in Learning Disabilities but there were risks against budget savings relating to the Learning Disability Accommodation Strategy. The PCT block contracts with the SCT and the SPFT were currently forecast to break even.
- 5.4 Councillor Ann Norman acknowledged the good work carried out by all partners. She referred to paragraph 3.8 and asked if officers knew when the contracts would be negotiated and when information would become available to the board.

- 5.5 The Chief Operating Officer, CCG, replied that she was expecting the contract with the SPFT to be signed in the next few days.
- 5.6 Dr Mack asked why the contribution levels were lower in 2012/13 (£85m) than 2011/12 (£89M) and whether this indicated a reduced contract sum. The Head of Finance, BHCC replied that there was a cost reduction on the PCT side. She would bring Dr Mack's query to the attention of the finance officer, NHS Sussex. The Director of Adult Social Services informed the Board that the local authority had contributed additional finance towards the mental health community health budget. The Chair asked for further clarification from the finance officer, NHS Sussex.
- 5.7 **RESOLVED** - (1) That the final outturn for 2011/12; the 2012/13 budgets by client group, and the Forecast outturn for 2012/13 be noted.

6. SHORT TERM SERVICES REVIEW - IMPLEMENTATION UPDATE

- 6.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner, People and the Chief Operating Officer, CCG which reminded members that a review of the joint BHCC/NHS arrangements for people requiring short term services was conducted during 2010/11. The recommendations from the short term services review were agreed by the Joint Commissioning Board on 30 January 2012. Members were provided with progress to date on implementing the recommendations.
- 6.2 The Commissioning Manager for Urgent Care & Short Term Services, CCG presented the report and stressed that there had been excellent joint working between the council, Sussex Community Trust and the CCG. Intermediate Care Services would be renamed "Community Short Term Services" from July 2012. There had been no impact on delayed care by the reduction in the city's total ICT bed stock and the implementation process was ahead of schedule. All intermediate care would be provided within the city's boundaries by July. The details on the progress of the implementation so far were set out in paragraph 3.1 of the report. Meanwhile, a Provider Management Board had been set up to oversee delivery of the review.
- 6.3 Denise Stokoe stated that the report was extremely encouraging; however areas of concern were the clinical leadership and the management and co-ordination of the service. She noted that there would be a report on these matters at a future meeting. The Director of Adult Social Services agreed that progress should be monitored and stressed that joint working between organisations at the Provider Management Board had been productive.
- 6.4 The Chief Operating Officer, CCG referred to the focus on prevention of hospital admission and asked if this was part of the evaluation. The Commissioning Manager confirmed that admissions would be monitored and that more information would be available by November 2012.
- 6.5 The Chair stated that the report was very encouraging and congratulated officers involved in this work.
- 6.6 **RESOLVED** - That the following be noted.

(i) The progress to date on implementing the recommendations from the short term services review.

(ii) The details of the arrangements in place for overseeing implementation which includes information about the provider management board.

(iii) The early proposals for evaluating whether the arrangements for delivering the changes are successful.

(iv) The proposals for providing regular updates on service delivery to the Joint Commissioning Board.

7. RE-MODELLING IN-HOUSE ACCOMMODATION FOR PEOPLE WITH A LEARNING DISABILITY

7.1 The Chair explained that the Adult Care & Health Committee held on 25 June had resolved to defer consideration of the proposals to a future meeting of the Committee in order to collate further information and to carry out a consultation process with service users. The Senior Lawyer confirmed that the report in front of the Board was purely for noting as it was a deferred item. An updated report would be brought to the Board's next meeting, following consideration at the Adult Care & Health Committee.

7.2 Dr Mack referred to Section 4.3 of the report. The first bullet point under the heading 'Benefits' stated that "this would potentially provide homes for 29 people within 9 houses, compared with 23 people currently living in 12 houses". Dr Mack noted that in paragraph 3.2 it stated that "the residential care element of the service currently supported 40 people across 12 homes..." The Director of Adult Social Services confirmed that 23 people was the correct figure. There were 13 homes not 12 as stated in paragraph 3.2. She would write to Dr Mack to confirm these figures.

7.3 The Chair stressed that this matter needed to be clarified when the revised report was submitted to future meetings of the Adult Care & Health Committee and the Joint Commissioning Board.

7.4 **RESOLVED** – (1) That it is noted that the report was deferred by the Adult Care & Health Committee in order to collate further information and carry out a consultation with service users.

(2) That it is noted that following a consultation process a revised report will be submitted to the Adult Care & Health Committee and the Joint Commissioning Board.

8. DAY SERVICES COMMISSIONING PLAN

8.1 The Board considered a report of the Director of Adult Social Services/Lead Commissioner People which set out proposals to consult on developing a commissioning plan for day activities for people with learning disabilities, autistic spectrum disorder, older people, people with dementia and people with physical disabilities. The commissioning plan would detail day activities that would be provided in the city for the next five years.

- 8.2 The Lead Commissioner for Learning Disabilities presented the report and stated that it was proposed that consultation commenced to develop a local plan for day services on the draft outcomes set out in paragraph 3.6.1 of the report. A further report would be submitted to the Board, once the commissioning plan had been developed.
- 8.3 Dr Mack asked why there had been a reduction in attendance in building based day services. The Lead Commissioner explained that there had been a particular drop in demand for the council's day services. It was possible that numbers would rise in the future with the increase in people diagnosed with dementia. Officers would need to monitor capacity.
- 8.4 Dr Mack suggested that there might be need for some pro-active work to determine what was the cause of the reduction in numbers and whether this was likely to change in the future. The Lead Commissioner replied that there had been a decline in main stream older people attending day centres. Some people had taken up the personalisation programme. There had been a decline in numbers of older people in the city although there would be an increase in people over 85 in the future.
- 8.5 Denise Stokoe stated that she had read a report about the projected cost of spending on the elderly becoming a huge burden on councils. The Chair replied that the city had lower numbers of people than average in the 65 to 85 age range. He accepted that the over 85 age range would not reduce.
- 8.6 The Director of Adult Social Services stated that by 2030 it was projected that there would be an extra 700 people in this age range. 300 of these people would need to be in residential care. That would cost an extra £10-15 million. She was working with colleagues to see how to manage demand and carry out prevention work.
- 8.7 The Chair stated that he was mindful that the council might need to increase capacity in the future.
- 8.8 Fiona Castle raised issues relating to mental health. She expressed concern about pressures on services and staff in the Sussex Partnership Foundation Trust due to budget savings. She stated that secondary care workers were taking on the work of primary care.
- 8.9 The Chair replied that a report on Mental Health Services would be submitted to the next meeting of the Board when these issues could be discussed.
- 8.10 The Chief Operating Officer explained that there was considerable reorganisation within mental health at the moment. She was hopeful that more capacity would be brought in with a new tender. There was ongoing discussion regarding the number of mental health beds in the city and the Health Overview and Scrutiny Committee were monitoring the situation. There were currently four areas of re-commissioning in mental health.
- 8.11 The Chair stated that any concerns about the re-organisation of services should be made to the Health Overview and Scrutiny Committee. Primary care would be considered at the next meeting of the Board.

- 8.12 **RESOLVED** - (1) That it be agreed to commence consultation on the development of a commissioning plan.
- (2) That it be agreed that once the commissioning plan has been developed it is brought back to the Joint Commissioning Board for approval.

The meeting concluded at 5.50pm

Signed

Chair

Dated this

day of