

**BRIGHTON & HOVE CITY COUNCIL****ADULT CARE & HEALTH COMMITTEE****4.00pm 17 MARCH 2014****COUNCIL CHAMBER, HOVE TOWN HALL****MINUTES**

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

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

In attendance: Colin Vincent – Older Peoples Council

**PART ONE****59. PROCEDURAL BUSINESS****59A Declarations of Substitute Members**

59.1 Councillor Janio declared that he was substituting for Councillor Barnett.

**59B Declarations of Interests**

59.2 There were none.

**59C Exclusion of the Press and Public**

59.3 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.

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

## 60. MINUTES

- 60.1 Councillor Mears and Councillor Meadow stressed that they had not yet received constitutional advice with regard to the report on New Models of Service Delivery for ASC Provider Services (paragraph 46.5).
- 60.2 Councillor Mears referred to paragraph 50.16 in which the Chair had stated that he would ask for a constitutional ruling on exactly what budget information should be presented to the committee. She asked if the Chair was able to provide this information.
- 60.3 The Chair responded as follows:-

“Under the terms of the Council’s constitution the annual Budget is set by Full Council. Policy and Resources Committee has overall responsibility for the financial and other resources of the Council. Quarterly reports are provided to Policy and Resources for the purpose of identifying and managing financial risks. At the request of this Committee the relevant extract concerning Adult Care and Health from the quarterly reports with added information on financial forecasts are presented to this Committee for information. This information provides Committee with a context on the overall budget to inform and assist in discharging its delegated functions and decision making on specific recommendations concerning commissioning and delivery of Adult Social Care.”

- 60.4 Councillor Meadows referred to paragraph 52.4 in relation to the Integrated Community Equipment Service. She had asked for a further report to be submitted to the Committee and noted that this was not included on the agenda.
- 60.5 The Chair reported that there had not been sufficient progress on the service to enable a report to be submitted to this meeting. He read the following statement:-

‘Commissioners at Brighton & Hove City Council and the Clinical Commissioning Group are continuing to work closely in partnership with Sussex Community Trust to determine the future of the Integrated Community Equipment Service.

Estates Teams at the Council and Sussex Community Trust have identified an approximate specification for an alternative building and need to carry out further work to identify the cost of either renting adequate space or building on an appropriate site. Neither the Council nor the Trust has an existing building that is suitable for this purpose.

Sussex Community Trust are also working closely with their IT provider to develop the back office functions that will enable better provision of finance and performance data to inform commissioners and members of this committee.

Commissioners will provide a full update to in June 2014. ‘

- 60.6 The Executive Director of Adult Care & Health stressed that it was essential to have the necessary information from the Sussex Community Trust before a decision was made on the service.
- 60.7 **RESOLVED** – That the minutes of the meeting held on 20 January 2013 be agreed and signed as a correct record.

## **61. CHAIR'S COMMUNICATIONS**

### **Better Care in Brighton and Hove**

- 61.1 The Committee received a presentation with slides from the Executive Director of Adult Services, BHCC and Geraldine Hoban, Chief Operating Officer, CCG. The presentation set out the background to the Better Care Fund and gave details of national conditions, funding and performance measures. The presentation stressed the changing needs of the city and explained the focus on frailty. The presentation explained the vision for better care in Brighton and Hove and set out principles, the approach and the plan for implementing the changes.
- 61.2 The Executive Director explained that the Better Care Fund planning template had been submitted to NHS England by 14 February 2014. The current update provided details of ongoing work.
- 61.3 Geraldine Hoban explained that GPs would be the clinical co-ordinators of frail and elderly people. There was an intention to have GP practice clusters working together in units of 20,000 to 25,000 as integrated teams. A letter had been sent to GP practices asking for an expression of interest for working in clusters. 5% of the population would fall into the category of 'frail'. A number of stakeholder events had already been held in the city. A pilot would test the clinically led model and phase 1 would be commenced from April 2014 onwards with a role out from 2015/16.
- 61.4 Ms Hoban explained that operational support was key to the success of the clinically led model. There would be investment in the senior management team to the project. Capita had been employed to measure the impact of the project and look at the outcomes for the city. It would identify the benefits of working in different ways and the benefits of integrated care to reduce emergency admissions and delayed transfer of care. The next submission to NHS England was due on 4<sup>th</sup> April 2014 and further details could be shared with members post April.
- 61.5 Councillor Bowden asked if the pilot would include out of hours care. Councillor Bowden referred to the GP Clusters and asked about the level of protection for data sharing between GP practices and third sector partners.
- 61.6 Ms Hoban stressed that out of hours care was a key part of the project. 24/7 working did not necessarily mean that all services would be available 24 hours a day. There would be numbers in place for people in need to access 24/7 care.
- 61.7 The Executive Director explained that some protocols were in place and more would be added. All information governance arrangements would be fully considered.

- 61.8 Councillor Mears asked for an idea of timescales. She asked where the investment budget would come from. Councillor Mears referred to IM&T shared records and stressed that this work would require huge investment. Councillor Mears referred to GP clusters and considered that demographics would make this quite difficult. There was a need to think how this would work for residents and patients. Councillor Mears asked for more details about the human resource arrangements for the proposals. This would be a complex area with different employment contracts involved.
- 61.9 Geraldine Hoban explained that with regard to the investment, there would be an additional £9,000,000. The Health and Wellbeing Board would oversee the budget and decide how it was spent. More money would be placed in community services to strengthen the system. The issue of shared records was a huge challenge. Work was being carried out to realign IT systems and records in the health service. There was now a need to expand that work to realign systems with social care. An IM&T sub group would be looking at this matter. Meanwhile there would be a big stakeholder event in the summer which would discuss record sharing with the public.
- 61.10 The Executive Director of Adult Services reported that the Head of Performance and Contracting, BHCC was investigating IT solutions with the current supplier. The Executive Director explained that all working groups were multi agency and involved the big suppliers. The intention was for all the main providers to work together.
- 61.11 Councillor Meadows commented that the purpose of the Better Care proposals was to prevent re-admission to hospital. There was concern about the GPs role. GPs surgeries were currently operating 5 days a week. Councillor Meadow expressed concern about the communication between the hospital and the GPs surgeries. If a person was discharged on a Friday, they could run out of tablets and not get the necessary medication. Communication between the hospitals and GPs was critical.
- 61.12 Councillor Meadows mentioned the three pop up medical centres that had opened in Brighton and Hove. She had concerns about where these were located. Councillor Meadows referred to the 20,000 to 25,000 population GP clusters. It was more difficult in the suburbs to locate GPs surgeries. Taking into account the geographical layout of the city, she asked how the plan would work for the benefit of patients.
- 61.13 Geraldine Hoban agreed that systems were not currently working in a joined up way. Joined up care was the right way forward. GPs might not necessarily be the care co-ordinator. It might be a member of the third sector. The Better Care programme would look at how to connect care with the hospitals and improve communication between integrated teams. The purpose of the pop up centres was to provide additional primary care, particularly at weekends when GP surgeries were closed. Feedback from patients had been positive. Ms Hoban agreed that the east pop up centre was too close to the A&E department. A more suitable location was being sought. The centres were currently being piloted.
- 61.14 Councillor Wakefield referred to the Integrated Homeless Programme Board. She stressed that there were many groups in the city who were difficult to reach and that there were some vulnerable people who did not have access to doctors. She asked how they would be included in the structure.

- 61.15 Geraldine Hoban explained that if a person was not registered with a GP it did not mean that they could not access integrated care. They would be encouraged to register with a GP but even if they were not registered, it was possible for them to be identified through other services.
- 61.16 Councillor Bowden referred to the involvement of Capita. He asked for more details about the contract. Geraldine Hoban explained that Capita would be working for three months with the CCG, during which time they would quantify the spend on frailty in the city. The value of the contract was £38,000. They would report to the Better Care Programme Board.
- 61.17 Councillor Janio asked how the proposals were being communicated to people in the city. He was concerned that the proposals were not being communicated to people who used the services.
- 61.18 Geraldine Hoban agreed that there had not been a great deal of public engagement up to now. There would be public consultation when the pilot commenced. The role of the public was key and there would be an Engagement Sub-Group.
- 61.19 The Executive Director stressed that Penny Thompson, Chief Executive, BHCC was chairing a meeting with the Chief Executives of the health trusts, and staff were engaged in the process. She stressed the need to work differently in order to have sufficient resources in the system.
- 61.20 Councillor Bowden asked why patient groups were not engaged at this stage. Geraldine Hoban explained that there had been some conversations with patients, and public and third sector organisations. When the pilot commenced, patients would be fully consulted and their views would be crucial.
- 61.21 Councillor Mears asked how the pilot would be monitored. The Executive Director explained that the Health and Wellbeing Board would monitor the pilot.
- 61.22 Councillor Norman commented that he considered that the presentation and the following discussion to be time well spent. He was pleased the meeting had gone ahead as scheduled.
- 61.23 **RESOLVED** – That the presentation be noted.

## **62. CALL OVER**

- 62.1 **RESOLVED** – That all items be reserved for discussion.

## **63. PUBLIC INVOLVEMENT**

- 63.1 There were no petitions, written questions or deputations from members of the public.

## **64. MEMBER INVOLVEMENT**

- 64.1 The Committee noted that there were no petitions, written questions, letters or Notices of Motion received from members.

## **65. FINANCE REPORT TBM9**

- 65.1 The Committee considered a report of the Executive Director of Finance & Resources and the Chief Finance Officer, Brighton and Hove CCG which set out the revenue and capital financial position on Adult Services, NHS Trust Managed S75 Budgets and Public Health.
- 65.2 The Head of Business Engagement presented the paper and explained that the full Council had agreed the budget on 5<sup>th</sup> March. A detailed budget book would be circulated to members. A budget of £73.6m had been agreed for adults. Adult savings amounted to £4.8m. One off resources would be provided for adult care reforms. The ring fenced Public Health budget had increased and the CCG planning for 2014/15 and future years was set out in paragraphs 3.7 to 3.9 of the report.
- 65.3 Councillor Mears referred to the Corporate Critical – Community Care Budget (Older People) set out on page 27 of the agenda under Adults Assessment. She noted the detailed explanation and asked how the overspend would be addressed.
- 65.4 The Executive Director stated that officers were looking at a range of options including the use of other buildings and services.
- 65.5 Councillor Mears asked about the conditions attached to the Public Health grant. The Chair replied that he would arrange for the Director of Public Health to provide a briefing.
- 65.6 **RESOLVED** - (1) That the financial position for the 2013/14 financial year as reported at TBM9 (December 2013) be noted.

## **66. MARKET POSITION STATEMENT**

- 66.1 The Committee considered a report of the Executive Director of Adult Services which informed members that the White Paper 'Caring for our Future' introduced a duty on Local Authorities to promote diversity & quality in the provision of care services. The Department of Health urged Local Authorities to create a Market Position Statement that would be useful for providers of care services in planning their businesses.
- 66.2 The Market Position Statement (MPS) outlined the Commissioning priorities for Adult Social Care services, Brighton & Hove, and highlighted the key factors influencing developments in the care market.
- 66.3 The Market Position Statement also detailed areas of work that Adult Social Care would be concentrating on in future.
- 66.4 The report was presented by the Head of Commissioning & Partnerships, aided by the Commissioning Manager. Members would receive a full colour version of the final document.

- 66.5 The Executive Director of Adult Services informed members that the document had been shared with commissioning colleagues across the council. Feedback from the Care Homes Commissioning Group had been positive. Providers thought it was a useful document.
- 66.6 Councillor Meadows considered that it was a useful document for third sector and private providers. She asked how self funders care costs would be managed. The Head of Commissioning & Partnerships explained that more work needed to be carried out with regard to that issue. The matter would be addressed as more details of the Care Bill were received.
- 66.7 Councillor Mears found it an interesting document. Councillor Mears referred to the section on demographic and prevalence data. She noted that this section reported that 73% of people stated that they had no religion. She asked why this information had been included. Councillor Mears felt this was a misleading statistic in the document. Councillor Mears referred to the section 5.1 in relation to sheltered housing allocation. She asked for reassurance that the allocation was through the council's homemove scheme.
- 66.8 The Head of Commissioning & Partnerships explained that there was no particular relevance to the statistic about religious belief. The statistics were received from Public Health. The Commissioning Manager reported that officers were keen to work with faith groups. There had been a productive meeting the previous week with church representatives about the need to work together.
- 66.9 The Head of Commissioning & Partnerships referred to the question about sheltered housing allocation. She explained that officers were working closely with colleagues in housing. All the content in the document had been checked with housing officers and there would be collaborative working with housing colleagues.
- 66.10 Councillor Janio welcomed the document. He referred to the statistics set out in the section on demographic and prevalence data. He stated that people were not good at reading statistics. He suggested taking out the percentages and replacing them with baseline figures.
- 66.11 Colin Vincent of the Older People's Council expressed his concerns about the document. He stated that on first reading, he felt that it could be said that the council were abrogating responsibility for adult social care, particularly in relation to older people. The document appeared light on scrutiny and contractual details. Mr Vincent stated that at the moment the Adult Care & Health Committee had a degree of scrutiny. He would have grave concerns if the committee was to be disbanded. In the meanwhile, he would share the document with the Older People's Council.
- 66.12 The Executive Director of Adult Care & Health explained that the document was not about abrogating responsibility. The document was for providers and possible providers in the city. There was a duty to assess need and the document showed that these were the sort of services that were required. The Commissioning Manager stated that she would be attending the Older Peoples Council to give a presentation on the document.

- 66.13 The Chair stressed that the document was not about shirking responsibility but about being clear about services and who would provide them. It was an absolute priority to ensure that safeguarding and quality control would continue regardless of who provided the services.
- 66.14 The Executive Director of Adult Services explained that officers wanted the document to be of a reasonable size to ensure its readability. There were supporting documents providing details of contracts and contractual support.
- 66.15 Councillor Norman considered the document to be a relatively easy read. In relation to Mr Vincent's comments, he stressed that the council had a scrutiny process in place. Councillor Norman asked how powerful was the word 'urged' in paragraph 1.1 of the report.
- 66.16 The Committee Lawyer replied that although there was not a statutory requirement to produce a Market Position Statement, there was an expectation on the part of Central Government that the Statement would be created and produced.
- 66.17 **RESOLVED** - (1) That the key messages in the document attached in Appendix 1: Adult Social Care Market Position Statement be noted.

## **67. ITEMS REFERRED FOR COUNCIL**

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

The meeting concluded at 5.55pm

Signed

Chair

Dated this

day of