

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 12 JUNE 2018

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Cllrs Karen Barford (Chair), Clare Moonan, Dick Page, Nick Taylor and Tony Janio; Dr David Supple, Chris Clark, Lola Banjoko and Malcolm Dennett (Brighton & Hove Clinical Commissioning Group)

Also in attendance: Geoff Raw, Chief Executive; Rob Persey, Statutory Director of Adult Social Care; Pinaki Ghoshal, Statutory Director of Children's Services; Alistair Hill, Director of Public Health; Graham Bartlett (Brighton & Hove Safeguarding Adults Board); and David Liley (Brighton & Hove Healthwatch).

PART ONE

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

1(a) Declarations of substitutes

1.1 Councillor Janio was in attendance as a substitute for Councillor Wealls.

1(b) Declaration of interest

1.2 There were no declarations

1(c) Exclusion of the press and public

1.3 There were no Part 2 items on the agenda.

2 MINUTES

2.1 **RESOLVED:** That the Board agreed the minutes of 6 March 2018 meeting to be a correct record.

3 CHAIR'S COMMUNICATIONS

3.1 The Chair welcomed the new members of the Board Councillors Wealls and Moonan, and Dr Jim Graham and thanked the outgoing members Councillors Yates and Barnett, and Dr Sikdar. The Chair also congratulated Alistair Hill on his appointment as Director of Public Health.

3.2 The Chair stated:

“The first Health & Wellbeing Board in the Integration Shadow Year

Welcome to everyone. As the new chair of the Health & Wellbeing Board I am delighted to welcome you to the first meeting of the Board in its shadow year as we work to integration of key health and social care services.

This year is going to be very busy as we work towards integration. Over the year there will be a number of reports coming to the Board that will be putting clarity and shape into what integration means for the city and services to residents. One of the reports today, covering the Market Position Statement is an example of this.

We are integrating services to maximise provision in the city as well as responding to what people say: that services are fragmented, the frustration of repeatedly telling their stories to professionals. This is what we are trying to change. It is going to be a journey and the standing agenda item Caring Together: Moving Towards Integration is going to be key in keeping us up to date with the changes as well as introducing the context to some of the reports that will come to each Board. I have therefore asked for a more detailed discussion on this item at our next Board.

Older Peoples Festival

Each year the City holds an Older Peoples Festival. This annual event has grown in years and we are currently planning this year's programme for the 24th September to 5th October. This year's theme will be Aging Well in Brighton & Hove. A wide range of services are involved in getting this event underway and it is funded from the Public Health services within the Council.

As we get the planning for the current year underway it is worth seeing the impact of last year's event with this short video.

<https://youtu.be/sZiNBnYNT6E>

This video was made by an amazing young woman who was using the services at the Young Peoples Centre. The Young Peoples Centre is a safe space for young people to come and relax, chat to people and access good food, activities, counselling, life coaching, information and support for overall health and well-being. Information, advice and guidance on a range of issues as well as low-cost counselling and life coaching services. The Young Peoples Centre found out she was studying film and was looking for projects. We hope you like this result.

Healthwatch

<https://www.healthwatchbrightonandhove.co.uk/wp-content/uploads/2018/02/FINAL-Report-PDF-1.pdf>

In February 2018 Healthwatch published a report titled: Personal Independence Payments and Employment Support Allowance. Examining the impact of PIP and ESA assessments on vulnerable people in Brighton and Hove.

The report collated evidence from a number of local organisations about their experiences of supporting people through Personal Independence Payments (PIP) and Employment Support Allowance assessment (ESA) interviews. It included a sample of the individual case studies and supporting organisational data that Healthwatch was provided with. It highlights the general issues that emerged from this research, and provides recommendations to the assessing organisations. Healthwatch wished to bring this report to the attention of the Brighton and Hove Health and Wellbeing Board. The link to the report will be in the full minutes for people to read.

Care Quality Commission

At a time when people often hear only negative headlines about care providers it was great to get very positive feedback at the recent Annual Social Care event. Held in April the inspirational seminar talk by Andrea Sutcliffe CBE (Chief Inspector of ASC CQC) provided some very positive comments about the city's current CQC status.

Some headline information:

Nationally:

2% of all CQC registered providers currently are have an overall CQC rating of 'Outstanding'

79 % of all CQC registered providers currently have an overall CQC rating of 'Good'

It was mentioned that **Brighton & Hove**, is currently **ahead of National averages** for overall '**Good**' ratings, and **the city is ahead of national average of overall 'Outstanding'**.

Andrea shared there are currently 348 overall 'inadequate' providers nationally none of these are in the city.

This is really great news for registered providers within the City and for everyone (professionals) that works tirelessly supporting all care providers. Something everyone should be proud of.

Walking out of Darkness

On 24th June there is a Walking out of Darkness sponsored walk event. This event is an opportunity to bring the local / regional community together in order to raise mental health awareness and suicide prevention. The one things shared by all is 'Wellbeing' and the Walking Out Of Darkness event highlights 'Collaboration, Communication and Consideration'; which is all important in 'Wellbeing'. Therefore, any charity or business in the Brighton and Hove region and even the Pier is invited to participate to raise mental health awareness and suicide prevention on the day.

Further details can be found at details are available at www.walkingoutofdarkness.com (this links through to an Eventbrite booking page)

In addition to the Caring Together: Moving Towards Integration update at the next Board there will be an update on dementia and what the city is doing and what more we could do to help people with dementia and their carers.”

- 3.3 The Chair invited the Executive Director, Health & Adult Social Care and Chris Clark to update the board on the progress of integration. They stated that the Council and the CCG were starting from a positive place of established integrated working practices. The integration of health and social services could be an exciting turning point of the city as both the Council and CCG knew well the frustrations of services users when services were delivered in a disparate way. Going forward the Board would consider complex and challenging issues and it was vital that service users were kept at the forefront of everyone’s mind as it was their outcomes that mattered.

4 FORMAL PUBLIC INVOLVEMENT

- 4.1 The Chair noted that two questions from members of the public had been received. In Mr Scott’s absence the Chair read his question:

"At what time do you believe the intervention of support services should be no longer necessary regarding a typical case of a homeless individual under the age of 25 (starting from the point of need)?"

- 4.2 The Chair responded:

“People up to the age of 25 in Brighton & Hove can access services through an advice and mediation hub, which offers support to young people and their families to prevent homelessness. Support ranges from one-off advice to casework lasting a period of months, and young people can return to the service at any time should they again be in need of support. Those unable to remain in the family home are assisted to secure their own tenancy, or if vulnerable and in need of support, referred for supported accommodation.

Those entering the accommodation pathway will move into 24-hour intensive support or lower support semi-independent accommodation based on which service will best meet their needs. The time spent in services will vary. The majority of young people accessing services have complex and multiple needs; support is tailored around individual goals, and is only curtailed following disengagement or risk to others.

Current figures indicate an average of 75% of service users move on from each tier within 2 years. Most service users leaving high support will move onto the lower tier, others to independent tenancies. After securing a tenancy, individuals may also receive floating support for up to 9 months or on an ongoing basis, which will be based on their individual support needs and circumstances.

Please follow the link for more details on the HUB

<https://www.ymcadlg.org/support-advice/youth-advice-centre-yac/>”

4.3 The Chair asked Mr Kapp to put his question to the Board:

“Why do statements of the Council budget not include the health budget devolved to the CCG?”

4.4 The Chair responded:

“The Statement of Accounts do show both council and CCG contributions to both the Better Care Fund and S75 Partnerships (see page 105 and 106 of the unaudited 2017/18 accounts which are now available for public inspection here:

https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/BHCC%20Unaudited%20Statement%20of%20Accounts%202017-18_0.pdf “

4.5 Mr Kapp stated as his supplementary question that his original question was in fact referring to the £400 million Government grant to the Brighton & Hove CCG. This budget was not factored in to the budget which was quoted by the Council leaflets distributed with the annual council tax bill in April. As the Council and CCG were now integrating health and social care and jointly commissioning and managing contract the entire budget which both organisation controlled should have be quoted.

4.6 The Chair stated that she would provide a full formal written response to Mr Kapp and invited the Chief Executive to respond on her behalf.

4.7 The Chief Executive stated that a statement of the total combined budget may come in time but the formal integration process had only started in May 2018 and there was a need to clarify what budgets the Health & Wellbeing Board had influence over.

5 FORMAL MEMBER INVOLVEMENT

5.1 The Chair noted that David Liley had submitted a question on behalf of Healthwatch and invited him to put it to the Board:

"Healthwatch understand that the NHS have decided to cease funding for the 'Take Home and Settle' service provided by the Red Cross in Brighton and Hove including the food parcel service that provides essential supplies to vulnerable people on discharge from hospital. Healthwatch also understands that this decision involved no consultation with service users, their families and carers. There seems to be an emerging pattern of NHS investment and disinvestment decisions being made with no reference to the people who use the services, or this Health and Wellbeing Board.

What assurance can the NHS give that patient and public voices will influence this decision and other similar decisions."

5.2 The Chair responded:

“The decision to not extend this pilot service was made following six months of engagement between clinicians, GPs, commissioners, providers and stakeholders. However, we recognise we could have done more to actively involve potential service users within this engagement. We are acutely aware and fully committed to our duty to involve, engage and inform service users, their families and carers in decisions that we make where appropriate and over the last year we have put significant focus, time and resources into looking at improving how we can do this. Along with the local authority, the CCG carried out the most intense period of public engagement we have ever done during a six month period last year as part of the Big Health and Care Conversation and we are currently looking at how we can build on this and embed ways of working that better involve patients, the public, carers and stakeholders in our work. As part of this, we are developing a clear communications and engagement approach to any difficult decisions that we may have to make in the future about services and we will be able to share this widely soon.”

5.3 As his supplementary question David Liley asked the Council and CCG to provide assurances that future decisions on service changes will only be taken after meaningful engagement with a range of stakeholders including service users and potential service users rather than a consultation focused on professionals.

5.4 The Chair invited Chris Clark to respond. He stated that the CCG recognised that it needed to involve patients and patient experts in decisions in a meaningful way and that they were committed to doing this. In the case of the ‘take home and settle’ programme more should have been done to consult service users. Chris Clark also stated that there were ongoing discussions with the ‘take home and settle’ provider around potentially retaining aspects of the service.

6 EFFECT OF SOCIAL CARE BUDGET REDUCTION RESPONSE

6.1 The Executive Director, Health & Adult Social Care and Dr David Supple introduced the report which provided a full response to the deputation presented at the last meeting of the Board. In the context of a diminished national grant the Council’s budget had been rebalanced to support adult social care. While more resources would be welcome the Council and CCG always sought to use resources in the most efficient way possible. The deputation had stated that GPs found it difficult to make referrals into social care but the GPs that Officers had spoken to seemed to understand the pathways and were aware of the information published by the council. A potential future consideration would be whether a single point of access for health and social care would be the most effective way to meet the needs of patients and service users.

6.2 Councillor Page stated that he was concerned that only around a quarter of referrals to adult social care actually resulted in further interaction. This meant that the vast majority of patients GPs were referring were not being taken on by social care services. He stated that his understanding of the GP survey data presented in the deputation was not that GPs did not understand the pathway it was that patients were not being taken on by adult social care and that this was resulting in unnecessary hospitalisations.

- 6.3 The Executive Director, Health & Adult Social Care responded that there was a national framework for eligibility which was applied to all referrals. If an individual did not meet the criteria for adult social care they were signposted to alternative services provided by the Council or by community and third sector organisations.
- 6.4 Councillor Taylor stated that he was pleased to see the increase in funding for adult social care and welcomed the option for councils to levy the social care precept. He stated that he was concerned about the high number of referrals from the police which suggested a need for increased preventative work to stop individuals reaching crisis point where police involvement was necessary.
- 6.5 The Chair responded that despite the additional revenue generated by the social care precept 40% of the Council's general fund was spent on adult social care which was not a sustainable financial position.
- 6.6 The Executive Director, Health & Adult Social Care agreed that the number of referrals from the police was high and that work was being done to investigate this. It may be that this was a result of the nature of the demographics in the city with a high number of young people and homeless individuals being referred.
- 6.7 Councillor Moonan stated that it may be worthwhile to cross reference where a referral was from and the reasons for referral as this may highlight where resources should be allocated and where more joint working would be possible.
- 6.8 **RESOLVED:** That the Health & Wellbeing Board note the contents of the report

7 BETTER CARE PLAN

- 7.1 Chris Clark introduced the report and stated that the Board would be receiving regular reports on the Better Care Plan. The report detailed services largely around supporting patients leaving hospital. The Better Care Plan had robust governance arrangements with a steering group jointly chaired by the CCG and Council which was accountable to the Health & Wellbeing Board. There had been a relatively small overspend in the previous financial year which was due to an overspend on community equipment. Potential efficiencies in the service were now being investigated including increasing the rate of equipment recycling.
- 7.2 Councillor Taylor stated that he was surprised that recycling equipment was not already a core part of the community equipment service but was glad that this was now being looked at. He also asked if officers could provide details of how the overspend was split between the Council and CCG per the section 75 agreement.
- 7.3 Chris Clark responded he would be able to provide the details of how the overspend was divided to Councillor Taylor and the other members of the Board in writing.
- 7.4 Officers responded that the contract for community equipment already required the provider to recycle equipment but there was additional work that could be done around managing service users' expectations when they were prescribed equipment; that it did not belong to them and that it would be collected when they no longer required it.

- 7.5 Councillor Taylor stated that while it was good that delayed transfers of care were not increasing he had noted that they were also not improving and ask what steps were being taken to move forward. He also asked if comparator data could be provided as the data for the city out of context was difficult to evaluate.
- 7.6 Chris Clark responded that delayed transfers of care had declined from 11% under the old system to 4% but this was over the NHS national target of 3.5%. Compared to other areas Brighton & Hove had moved from being an outlier to the middle of the pack but there was certainly aspirations in the city to move ahead and take delayed transfers of care below 3.5%.
- 7.7 Councillor Janio stated that he was concerned that the KPIs that were reported did not correlate to a spending item and so it was difficult to know what was affecting performance and what the impact would be of a change in budgets.
- 7.8 Chris Clark responded that while it was correct that the KPIs were impacted by multiple factors when considering potential impact of changes in budget KPIs are combined with performance intelligence around the most common problems. There was a process of continuous assessment.
- 7.9 Councillor Page stated that the Better Care Fund had had a substantial pooled budget for a number of years and that it was fair to say that the city benefited from a fairly strong re-ablement service. He asked what officers felt the impact on the service would be if the Better Care Fund was discontinued.
- 7.10 Chris Clark responded that the Fund was an early example of integrated funding and whether or not it continued the integrated working practises would continue.
- 7.11 Malcolm Dennett stated that he felt the report represented a dramatic step forward as the previous year the Board had just been considering financial information and it was positive to see performance metrics to show what had actually been done.
- 7.12 **RESOLVED:** That the Health & Wellbeing Boarded noted the contents of the report.

8 SECTION 75 AGREEMENT REVIEW BETWEEN BRIGHTON & HOVE CITY COUNCIL (BHCC) AND SUSSEX PARTNERSHIP FOUNDATION TRUST (SPFT)

- 8.1 Officers introduced the report which proposed moving from a single section 75 agreement to two section 75 agreements. This would allow greater focus on both services and improved governance.
- 8.2 Councillor Taylor stated that he would like papers which recommended delegating further decisions to officer to include more detail about what the expected outcomes of the contracts or agreements would be.
- 8.3 The Executive Director, Health & Adult Social Care responded that he would share the schedules of the section 75 agreements once they had been drafted and the Chair could a make decision about whether it would be appropriate for a full report to be brought back to the Board.

- 8.4 David Liley welcomed the Executive Director's response as he felt it was important draft specifications were made available for comment to a variety of stakeholders including service users.

RESOLVED:

1. That the Board notes the update in relation to the existing s75 arrangements between the Council and Sussex Partnership Foundation Trust (SPFT) in relation to integrated Mental Health and Learning Disability Services as set out in this report.
2. That the Board authorises the Executive Director Health and Adult Social Care, following consultation with the Council's Monitoring Officer, to finalise and enter into two new Section 75 Partnership Agreements for the provision of:
 - Mental Health Services; and
 - Specialist Health Related Learning Disability Services

for persons over the age of 18 for a period of three years, with the option to extend the agreements for a further two year period.

9 APPROACH TO COMMISSIONING

- 9.1 Officers introduced the report which gave context to the three procurement reports on the agenda.
- 9.2 **RESOLVED:** That the Health & Wellbeing Board noted the report

10 THE COMMISSIONING OF MENTAL HEALTH SUPPORT SERVICES

- 10.1 Council and CCG officers presented the report which asked members to approve a tender for Non-Clinical Mental Health Support Services and to note the proposed single provider model.
- 10.2 Chris Clark welcomed the report and stated that it was important to be able to respond to a broad range of needs in the city and to recognise that medication is not always the answer to mental health.
- 10.3 The Director of Public Health stated that mental health support services were a priority for the city and welcomed the focus on support around personality disorders of which there was a high prevalence among individuals who were homeless or at risk of being homeless.
- 10.4 In response to Councillor Page, Officers stated that the budget was the same as the existing budget with a slight increase in suicide prevention funding.
- 10.5 Councillor Janio stated that he was dubious about single provider models as he felt that it would create unnecessary bureaucracy and discourage the existing providers creating an environment that did not encourage new idea or ways of working.

10.6 Officers responded that they were working with existing providers to encourage them to build partnerships to allow them to work towards bidding for the new contract. The contract would look to commission based on a broad range of outcomes and wouldn't specify a model. Officers stated that they would welcome a change in delivery to better deliver the outcomes however the contract would require the consent of commissioners before a provider changed models.

10.7 In response to Councillors Moonan and Taylor, the Chair stated that once KPIs had been drafted the Board could have a report back.

10.8 RESOLVED:

1 The Health & Wellbeing Board are requested to note the proposed model for future Mental Health Support services and the recommended delivery model for a lead provider to oversee service provision.

2 That the Board grants delegated authority to the Executive Director of Health & Adult Social Care to carry out the procurement and award of a contract for a Non Clinical Mental Health Support Service with a term of four years.

3 That the Board delegates authority to the Executive Director of Health & Adult Social Care to extend the contract at the end of the four year term for a further period of up to two years if it is deemed appropriate and subject to available budget.

11 COMMISSIONING OF AN INTEGRATED ADVOCACY HUB

11.1 Officers introduced the report which request delegated authority to commission an Integrated Advocacy Hub. Advocacy services had been jointly commissioned with East and West Sussex for the last four years.

11.2 In response to Councillor Page, Officers stated that the co-location of advocates and service providers was something that had worked well with the placement of mental health advocates in Mill View. The advocates would still be independent of the service but it had been found that co-location had increased referral rates.

11.3 In response to Councillor Page, Officers stated that the decision to not commission a specific older people advocacy followed consultation with older people who felt that they needed advocacy for specific issues but not general advocacy related to their age.

11.4 Chris Clark stated that the £50,000 which had been withdrawn from the navigator role had been reallocated within the service area and was not an overall saving.

11.5 David Liley stated that he hoped the specification for health complaints advocacy included working with Healthwatch. He added that Healthwatch looked forward to working with the new advocacy system.

11.6 RESOLVED:

- 1 That the Board grants delegated authority to the Executive Director of Health & Adult Social Care to carry out the procurement and award of a contract for an Integrated Advocacy Service with a term of four years.
- 2 That the Board delegates authority to the Executive Director of Health & Adult Social Care to extend the contract at the end of the four year term with the potential to extend the contract a further two years if it's deemed appropriate and subject to budget being available.

12 COMMISSIONING A BRIGHTON & HOVE AGEING WELL SERVICE

- 12.1 Officers introduced the report which sought to commission a redesigned aging well service. The service would be open to any resident over the age of 50 but would target those most at risk of decline in independence and wellbeing.
- 12.2 Councillor Page stated that he was concerned that this was another service that was being asked to make a substantial saving and that he hoped the service would be able to continue despite the cuts.
- 12.3 Councillor Janio was concerned that the harder to reach people will not necessarily be the ones who engage with the service and stated that he felt reaching these people should be at the heart of what is asked for from a provider.
- 12.4 Officer stated that they agreed with Councillor Janio's concerns and that they wanted the service to target people who had never engaged with the ageing well service before. They were seeking a city wide approach and for providers to demonstrate how they had carried out successful outreach previously. Officers felt that the peer mentoring aspect of the service was key to encouraging engagement.
- 12.5 In response to Councillor Page, Officers stated that the option to extend the contract based on performance was built into the procurement process and allowed the Council flexibility. The contract would also have break clauses which could be used if the Council felt it necessary to end the contract early.

12.6 RESOLVED:

- 1 That the Board grants delegated authority to the Executive Director of Health & Adult Social Care to carry out the procurement and award of a contract for a Brighton & Hove Ageing Well Service with a term of four years.
- 2 That the Board delegates authority to the Executive Director of Health & Adult Social Care to extend the contract at the end of the four year term for a further period of up to two years if it is deemed appropriate and subject to available budget.

13 INTEGRATED COMMISSIONING STRATEGY

- 13.1 Officers introduced the report which built on the previous market position statement produced in 2014. The new market positioning strategy would be produced in partnership with the CCG and would allow the development of a wider commissioning strategy.
- 13.2 David Liley asked how a new commissioning strategy would align with NHS arrangements, the CCG alliance and the STP.
- 13.3 Officers responded that the strategy was separate from policies which already existed and laid out how services would be procured in the city by the Council and CCG. The scope of the document would have to be very clear.

13.4 RESOLVED:

- 1 That the Board requests officers produce a report that sets out the principles and approach (as set out within the Policy Framework) for the development of a commissioning strategy linked to the development of the integrated commissioning function to be presented to the Health and Wellbeing Board in autumn 2018.

The report will aim to:

- Define the scope and purpose of the new strategy including individual services
- Identify key stakeholders including internal and external providers, residents and other interested parties
- Review and analyse current commissioning practice identifying strengths, weaknesses and areas for improvement
- Investigate best practice in commissioning and make recommendations for adoption
- Identify and understand key providers markets
- Review and analyse the use and role of technology

The meeting concluded at 6.21pm

Signed

Chair

Dated this

day of