

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 26 JANUARY 2021

VIRTUAL VIA MICROSOFT TEAMS

MINUTES

Present: Councillors Shanks (Chair), Nield (Deputy Chair), Moonan (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Childs

Brighton and Hove CCG: Dr Andrew Hodson (Co-Deputy Chair), Lola Banjoko and Ashley Scarff

Also in Attendance: Geoff Raw, Chief Executive, BHCC; Deb Austin, Acting Statutory Executive Director, Children's Services; Rob Persey, Statutory Director for Adult Social Care; Alistair Hill, Director of Public Health; Graham Bartlett, Safeguarding Adults Board and David Liley, Healthwatch

PART ONE

36 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

36(a) Apologies

36.1 Apologies were received from Dr Andrew Hodson, of the CCG, Deputy Co-Chair and Andrew Taylor, CCG.

36(b) Declarations of Substitutes, Interests and Exclusions

36.2 There were none.

36(c) Exclusion of Press and Public

36.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in

view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

36.4 **RESOLVED** - That the public be not excluded during consideration of any item of business set out on the agenda.

37 MINUTES

37.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 10 November 2010 as a correct record.

38 CHAIR'S COMMUNICATIONS

38a Chair's Communications

HIV Awareness Week

38.1 The Chair, Councillor Shanks explained that (1-8 Feb) was HIV Awareness Week and that it provided an opportunity to raise awareness of how important and easy it was for anyone at risk to get an HIV test. The number of people diagnosed with HIV was falling, but there was still work to do. 1 in 16 people with HIV were unaware they had it and spent an average of three to five years not knowing, increasing the risk of passing HIV on to sexual partners. It was free to order a self-testing kit from freetesting.hiv and only took five minutes to take a finger prick test and send it off.

38b Callover

38.2 All items appearing on the agenda were called for discussion.

39 FORMAL PUBLIC INVOLVEMENT

39a Petition(s)

Protect CGL Fact Families and Carers Group

39.1 It was noted that one petition signed by 8 people had been referred from the meeting of Full Council held on 17 December 2020. The petition called upon the council to review the decision to cut funding to the Change Grow & Live (FACT) Support Group.

39.2 It was noted that the petition and accompanying justification were set out at pages 23-26 of the circulated agenda. It is also reproduced below:

“We the undersigned petition Brighton and Hove Council to look at and reverse the cuts to the Change Grow & Live (FACT) Support Group that was previously delivered at 9 The Drive in Hove. This is in the spirit of safeguarding social services for families of substance users who often have no other support systems. Ring fence employment for the experienced staff members (Support Workers) that have built up a wealth of experience and provided constructive solutions for families and individuals.”

39.3 Notwithstanding that he had spoken in support of his petition at Full Council at her discretion the Chair permitted the Lead Petitioner, Mr Tonderayi Madzima, to speak for 3 minutes in support of his petition and then responded in the following terms:

“CGL have recruited a new part-time Family and Carers Lead who is about to start in post. The role will focus on setting up peer support groups for family and carers, and a number of volunteers have already been identified who are keen to lead and support these groups. In light of the current circumstances with Covid-19, the groups will be facilitated on-line to begin with. At such time that it is possible to reinstate face-to-face meetings and groups, CGL will prioritise the need to offer a FACT group in the Hove area. A budget for room hire is available and initial discussions have been had with potential venues. The new Family and Carers Lead will be taking this work forward.”

39.4 **RESOLVED** – That the contents of the petition and the Chair’s

39b Written Questions

39.5 It was noted that three public questions had been received.

(1) **Question from Adrian Hill — Arrangements for Asthmatic Sufferers, St Peter’s Medical Centre, London Road, Brighton**

39.6 Mr Hill put the following question:

“PHE’s COMEAP 2018 report on NO₂ says, when NO₂ is over 188ug/m³ ‘one quarter of people with asthma would experience a ‘clinically relevant’ increase in airway responsiveness’. The expanding St Peters Medical Centre is in a location of high pollution. The bus stops on London Road that serve patients are expected to exceed 188 during busy rush hours. Therefore, at these times one quarter of asthmatics who have visited the surgery and wait for a bus home will suffer an asthma attack as a direct result of their visit to the surgery. How is this being addressed?’

39.7 The Chair responded in the following terms:

“Thank you for your question. We are very aware of the national research and statistics available about air quality and health. London Road is a busy street where people spend time, and as you have highlighted, the council’s Local Air Quality Management Reports do indicate that it has relatively poor air quality. The reasons for this are the combination of the different types, ages and engines of vehicles and the more enclosed street environment due to the height of some buildings.

The St Peter’s Medical Centre does serve local people and the public transport and sustainable transport links are quite good in this area. The choice and frequency of many bus services mean that most passengers will generally only need to wait a few minutes for their bus and should not be unduly affected by concentrations of emissions. Some people will also use taxis or their own car if they are not very mobile.

We do know that during the 2020 lockdown the levels of traffic, and therefore emissions, have been different because of the effects of the pandemic. This has led to a temporary 50% reduction in some instances, but London Road remains a priority for monitoring, emission reduction and air quality improvement. We need to continue to act to tackle air quality and its effects on our lives and at the Environment, Transport & Sustainability Committee last week, the council has also agreed to develop some exciting options for a new, expanded Ultra Low Emission Zone and the creation of a Liveable City Centre with fewer vehicles and more active travel and public transport use.

We will continue to work with partners such as bus companies to make vehicles cleaner and to deliver more infrastructure that makes walking and cycling more convenient for people; and we want to tackle congestion by providing those alternatives to help reduce vehicle traffic. All of these will help reduce pollution levels in the London Road area and we will be developing a new Air Quality Action Plan for the city and consulting people on it. I hope you will be able to participate in that process later in the year and give your views and suggestions.”

(2) Question from John Kapp – Arrangements - Addiction and Rough Sleeping

39.8 Mr Kapp put the following question:

“In the effort to end rough sleeping, will the Health and Wellbeing Board (HWB) suggest to the Clinical Commissioning Group (CCG) that they refer beggars and homeless people to SECTCo’s drop-in family constellation groups to overcome their addictions?”

39.9 The Chair responded in the following terms

“Thank you for your question. Brighton & Hove commissions services to meet the needs of people who are homeless and have substance misuse and we have recently been successful in a significant bid to central government specifically to address the needs of people with an experience of homeless and substance misuse. This funding will allow us and our commissioned providers to build on current service provision. This will help us to better support people who are homeless and have substance misuse needs by supporting access, engagement and sustainment in treatment. This will support people to recover from both homelessness and substance misuse.

We are aware of many excellent voluntary and community services in Brighton & Hove and we welcome the wide choice this gives people recovering from substance misuse and note your part in this provision.”

(3) Question from Ken Kirk –

39.9 Mr Kirk put the following question:

“The LGA says ICSs are “not intended to be a partnership of equals and there is a risk that ICSs will bypass or replace ... existing partnerships for health and well-being”. ICSs will supplant existing NHS public bodies. There is no commitment to meet in public, publish minutes, be subject to FOIs, or to have democratic participation from their communities. You will find references in NHSE documents to partnership with LAs and responsiveness to patients, in practice there’s very little LA or community involvement in

the development of ICSs. Their board is accountable only upwards, to a Regional Directorate, not downwards to local people - another body set by NHSE with no public scrutiny. This absence of accountability is a shocking indictment, suggesting the intention to pave the way for ICSs to be run by private interests.”

39.10 The Chair responded in the following terms:

‘Sussex Health and Care Partnership became an Integrated Care System (ICS) in April 2020. The build up to the successful application was a partnership across health and care organisations including the three upper tier local authorities and the local voluntary and community sector. There were co-design workshops in January and February of 2020 which were attended by statutory partners that set the foundation of our ICS which is rooted in the needs of the populations we serve. This followed extensive wider public engagement examining the future strategy of the health and care system. The Sussex Health and Care Partnership looks to recognise individual needs and acknowledges the persistent and in some cases widening health inequalities that have remained resolute across our communities.

We have seen a real benefit in our collaborative approach in our response to the Covid-19 pandemic and our ability to mobilise the vaccination programme at speed. This is also reflected in the joint work on discharging patients from our local hospital, care providers and the Homeless Care and Protect services. We are now working across our system in a more effective and efficient way.

This has already brought real benefits to the way we plan and deliver services for our populations, both strategically across Sussex and locally in Brighton and Hove and in communities. Our GP practices have started working more closely with their neighbouring practices to share expertise and workforce and NHS organisations, local authorities and partners are now working closer than they have ever done before to give people more joined-up health and care.

Reaching this point has involved a lot of hard work from our partners and has been achieved through the increasing collaboration and partnership working across our health and care organisations. As a system, we recognise that working together gives us the best opportunity to work effectively and address the challenges we faced prior to the global Covid-19 pandemic and the increased need to work more closely for the benefit of our populations and workforce as we emerge from the current challenges.

It is important to note that our current partnership arrangements for the Integrated Care System do not replace the statutory authority of the organisations that make up the partnership. Therefore our commitment to transparent and accountable decision making through our statutory organisations remains.’

39.11 **RESOLVED** – That the questions set out above and responses given to them be received and noted.

39c Deputations

39.12 There were none.

40 FORMAL MEMBER INVOLVEMENT

40a Petitions

40.1 There were none.

40b Written Questions

40.2 There were none.

40c Letters

40.3 There were none.

40d Notices of Motion

40.4 There were none.

41 PRESENTATION - COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN

41.1 The Director of Public Health, Alistair Hill, gave a presentation (copy uploaded to the agenda pack on the council website) detailing the arrangements being put into place going forward both to seek to continue to contain the number of cases across the city and importantly to foster and sustain recovery and to build resilience in the event of any future spikes in infection rates. Although the mortality rate in the city remained relatively low compared to other parts of the country all partners were continuing to work to ensure that there was sufficient to respond effectively to any changes which took place. Details of infection levels and mortality rates week by week were shown. The slides accompanying this presentation were displayed at the meeting and would also be attached to the agenda and council website. Data provided related to the period up to 20 January 2021.

41.2 A summary was provided in respect of health and care settings and in relation to the ratio of service users to staff testing positive. The challenge was in finding the balance between enabling visits and protecting residents and staff. Whilst in recent weeks there had been fewer cases across the city it was too early to conclude that this represented a sustained downward trend as that decline was almost entirely attributable to fewer cases in young adults, explainable in part to fewer cases in students. Currently, the case rate was stable in working age and older adults, with cases associated with a wide range of settings and places with older people having being at higher risk of complications and hospital admissions. Therefore, the impact on the health and care system was significant. Lockdown presented an opportunity to drive down the R rate and to reduce and prevent pressure on health services and to maintain manageable infection levels.

41.3 Details of the confirmed case rate, people receiving the PCR test, positivity case rates and comparisons with national case rates by age group were given. Whilst case rates had fallen rapidly, they still remained at a high level and the decline in cases was slower in the 60 plus age group. Pressures on health and care services remained at a high level and the reported number of deaths was still increasing. Vaccination would be rolling out imminently but it was important that guidance continued to be followed rigorously to ensure infection prevention and control. Further work was continuing on the responses to be used in different settings, also test, trace and isolate, linking with NHS Test and Trace and local testing partnership arrangements. There was a focus on Covid 19 vaccination, non-pharmaceutical interventions and guidance around the regulations including social distancing and use of face coverings.

41.4 **RESOLVED** – That the contents of the presentation be noted and received.

42 PRESENTATION, JOINT HEALTH AND WELLBEING STRATEGY

- 42.1 The Executive Director Health and Adult Social Care Wellbeing, Rob Persey gave a presentation reminding Members of the content of the Joint Health and Wellbeing Strategy setting out the vision for improving health inequalities for the health and wellbeing of those living in the city by reducing health inequalities to enable everyone to live a healthy, happy and fulfilling life One of its main aims was to close the gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city. It was noted that the presentation had been uploaded to the council website and was included with the on-line agenda pack.
- 42.2 The Director, outlined the 4 Wells, Starting Well, Well, Ageing Well and Dying Well and the principles encompassed within them. Starting Well focused on early years, promoting healthy lifestyles and building in resilience and a basis for good emotional health and wellbeing including early support to prevent problems from escalating.
- 42.3 The Living Well Strategy focused on how the wellbeing and mental health of working age adults could be improved by promoting eating well, moving more, drinking less, stopping smoking, better sexual health, workplace and support into work for disabled people or those with long term health conditions and the long term unemployed.
- 42.4 The third well focused on supporting people in ageing well. The contribution of people of all ages would be nurtured and celebrated. The aim was to be both age and dementia friendly. This was to be fostered by design of the physical environment and in planning housing developments, reducing loneliness and social isolation, reducing the risk of falls and helping people to live independently by accessing services which connected them with their communities.
- 42.5 The final well related to dying well by adopting a citywide approach to improving health and wellbeing to the end of life and in helping communities to develop their own approaches to death, dying, loss and caring I order to help more people to die at home or in a place of their choosing. This also encompassed support for families, carers and the bereaved was to be enhanced.
- 42.6 **RESOLVED** – That the contents of the presentation be noted and received.

43 PRESENTATION - HOUSING, NEIGHBOURHOODS AND COMMUNITIES, WORK TO IMPLEMENT THE JOINT HEALTH AND WELLBEING STRATEGY

- 43.1 The Interim Director, Housing, Neighbourhoods and Communities, Rachael Sharpe, gave a presentation detailing her the work being carried out by her department to implement the City Health and Wellbeing Strategy.
- 43.2 The Interim Director explained that her department had a broad remit covering housing which included council housing, housing strategy, housing supply, private sector housing temporary accommodation, homelessness and travellers. Also, the Libraries and Information Service, Safer Communities, which included Environmental Health, Licensing, Trading Standards, Emergency Planning, Prevent, the ASB and Casework Team, Domestic Violence Services and Field Officers. The Communities, Equalities and Third Sector Team led on community engagement and collaboration and led on the council's equality duties, community and voluntary sector commissioning and support. The importance of libraries in providing a conduit for community engagement was emphasised as was the role of the Community Safety Team in seeking to monitor and

provide support and advice in concert with other partners and agencies in order to combat domestic violence.

- 43.3 In answer to questions it was explained how the new homelessness strategy dovetailed with the overall housing strategy and that there was an emphasis on support strategies and early intervention. The council had plans in place to provide 700 new housing units and had measures in place in order to foster the private rented sector too.
- 43.4 In answer to questions by Councillors Bagaeen and Moonan the on-going work which was continuing notwithstanding the current pandemic and initiatives which would be refreshed and updated when the current situation lifted. The Director of Public Health explained how the departmental initiatives dovetailed with the council's overall strategy and with the 4 wells.
- 43.5 **RESOLVED** – That the contents of the presentation be noted and received.

44 THE NEW SPECIAL EDUCATIONAL NEEDS AND DISABILITY STRATEGY (SEND) 2021-2026

- 44.1 The Board considered the new Educational Needs and Disability (SEND) strategy which was due to be formally launched at the end of January 2021. The Strategy was being presented to the Board because of the significant health element embedded within the strategy and because there were a range of actions which were specific to adults who had learning disabilities.
- 44.2 It was noted that the city's current Special Educational Needs and Disability (SEND) strategy had expired at the end of 2019 and that over the previous five years the SEND landscape had changed dramatically. Those changes had included the introduction of new national legislation and a code of practice and a significant redesign of special education provision in the city following the SEND review which had taken place, it had been timely therefore to produce a new ambitious strategy for the city.
- 44.3 The purpose of the new strategy was to deliver on a city- wide agreed vision for the commissioning and delivery of SEND services, providing a framework against which provision could be measured and improved. The strategy had been co-produced between a range of local stakeholders and partners; the Local Authority, the Clinical Commissioning Group (CCG) and local parent organisations PaCC and Amaze who had led on producing the final draft of the document.
- 44.4 Katie Chipp was in attendance from the CCG and referred to the joint Sussex wide work which was being undertaken on an ongoing basis particularly with the BAME community.
- 44.5 It was explained in answer to questions that the level of exclusions across the city was very low and that robust measures were in place to support those who had learning difficulties. The Chair, Councillor Shanks, asked whether there had been an increase in non-attendance during the pandemic especially amongst vulnerable children. It was explained that in instances where children were perceived to be particularly vulnerable measures were in place to seek to address this. Regular meetings took place in order to seek to ensure that remote learning was available appropriate to children's needs. It

was understood that there was a reluctance by some parents of vulnerable children to send them to school.

- 44.6 **RESOLVED** - That the Board notes and endorses the new final SEND Strategy 2021-2026.

45 **LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN PUBLIC INTEREST REPORT & RECOMMENDATIONS**

- 45.1 The Board considered a report of the Executive Lead Officer, Strategy, Governance and Law detailing the public report published by the Local Government and Social Care Ombudsman (LGSCO) on 26 November 2020 relating to the way in which a residents' needs to remain in her care home had been assessed when she became eligible for council funding. The Ombudsman considered that injustice had occurred for the individual concerned and had made a finding of fault against the council. The appropriate body/committee within the council was therefore required to consider that report.
- 45.2 The officer report to the Board explained the nature of the complaint, detailed the findings of the LGSCO and the actions that needed to be taken in order to remedy the faults in this case and to ensure improvements to future practice. The Board were asked to consider the report and to formally respond to the LGSCO and to that end a statement had been prepared for approval.
- 45.3 The Chair, Councillor Shanks, welcomed the report which acknowledged the errors which had occurred and set out the measures to be put into place to seek to avoid any future repetition.
- 45.4 Councillor Moonan, stated that going forward it was important to ensure that there was the correct metric and that the right questions were asked with rigor. Councillor Moonan sought assurance that having considered the recommendations officers were confident that further tweaks were not needed. The Executive Director, Adult Health and Social Care, referred to the lessons which had been learned and staff training which had taken place. Whilst the circumstances of self-funders differed what had occurred in this instance was not indicative of a systemic problem but that it was important to work closely with homes, and care providers. Councillor Moonan noted the information provided, that appropriate remedy had been made to the family concerned and the measures were in place for the future.
- 45.5 **RESOLVED** – (1) That having formally considered the report notes and agrees the set out in section 2 of the report; and

(2) Approves the following formal written response to the LGSO:

“We have heard and considered the public report issued against Brighton and Hove City Council, reference number:19 000 201. We welcome the findings of the report and accept all the actions and recommendations therein - some of which have already been implemented within the agreed timeframe. We thank you for bringing this to our attention.”

46 ADULT SOCIAL CARE FEES 2021-22

- 46.1 The Board considered a report of Executive Director, Health and Adult Social Care setting out the recommended fee levels and uplifts be paid to Adult Social Care providers from April 2021.
- 46.2 The services that were considered in this report were integral to the proper functioning of the wider health and care system, which included management of patient flow in and out of hospital. It was recognised that public finances were under increasing pressure but that this needed to manage and sustain the provider market to support the provider market to support the increasing complexity and demand and to complexity and demand and to comply with the duties placed on the council by the Care Act 2014 to meet the needs of those requiring care and support and to ensure provider sustainability and viability. The proposals set out in the report also recognised the challenges of the ongoing pandemic, the financial position of the Local Authority and Adult Social Care providers.
- 46.3 The Chair, Councillor Shanks, sought confirmation that staff were being paid the living wage. David Liley of Healthwatch asked whether any of the commissioning arrangements had been compromised in consequence of the Covid pandemic. It was explained that in view of the tight pre-lockdown timetable, services had not be re-contracted to the usual timeframe. The Executive Director, Adult Health and Social Care explained that the current timeline would impact on the breadth of supported accommodation and it was important to ensure that these strands were picked up in terms of future delivery. Recruitment had been undertaken during the past year, take up had been good.
- 46.4 Councillor Childs had concerns that it was problematic to continue to pay privately for those who were vulnerable, in his view in the longer term thought needed to be given to bringing services back in house. Councillor Childs considered that providers needed to audited rigorously and a granular level of detail provided to ascertain the level of profit made by them year on year and to have absolute assurance that standards were met and maintained.
- 46.5 **RESOLVED** – That the Board agrees to the recommended fee increases as set out in the table in Appendix 1 to the report. The underpinning background to the fee charges are contained in the main body of the report.

47 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2021

- 47.1 The Board considered a report of the Executive Director of Health and Adult Social Care detailing the annual review of Adult Social Care Charging Policy which had been undertaken and seeking approval for the Council's charging policy which was compliant with the Care Act 2014.
- 47.2 It was explained that people eligible for adult social care services were means tested to establish whether they must contribute towards the cost. There were around 2350 service users with non-residential care and approximately 1150 in residential care homes. This included older people. Working age adults with physical disabilities, mental health difficulties and learning disabilities. The Care Act 2014 provided a power to

charge for eligible care and support services and was subject to government regulations and limitations. This report sought approval for the council's charging policy which was compliant with the Care Act.

43.3 Also, that most care services, funded by the council were provided by private organisations and the maximum charge depended on the fees charged by them. There were very few chargeable in-house services but where these services were provided by the council there were maximum charges and these were reviewed in April every year. Most charges were subject to a financial assessment to determine affordability but the charging policy also included several, low cost, fixed rate charges and several additional one-off fees. The report recommended uprating these charges by 2% (rounded to the nearest pound or 10p if below £5) with effect from 12 April 2021.

43.4 It was noted a proposed Labour Group amendment had been received requesting the following:

“to replace existing paragraph 1.2 with the following:-

1.2 To recommend to Policy & Resources Committee a maximum CPIH inflationary 0.6% increase on all adult social care charges with effect of **12th April 2021** and to recommend that the costings set out in paragraphs 1.2, 1.3 and 1.4 in the report are amended so that no increase to charges from 12th April exceed the current rate of CPIH at 0.6%'. Delete paragraphs 1.3 and 1.4

47.5 The amendment was proposed by Councillor Childs and seconded by Councillor Moonan

47.6 If agreed, the amended report recommendations would read:-

Decisions, recommendations and any options (with effect from 12th April 2021)

1.1 To agree that the council continues with the current charging policy for care and support services which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014. The charging policy is attached at Appendix 1.

1.2 To recommend to Policy & Resources Committee a maximum CPIH inflationary 0.6% increase on all adult social care charges with effect of **12th April 2021** and to recommend that the costings in the report are amended so that no increase to charges from 12th April exceed the current rate of CPIH at 0.6%

1.3 To continue with the existing policy not to charge carers for any direct provision of services.

47.7 The Chair explained that the original amendment had been re-worded as a recommendation to the Policy and Resources Committee because as set out in the financial implications section of the report, any amendments which might impact on the Service budget at this stage in the budget setting process needed to be agreed by that Committee.

- 47.8 The Chair invited Councillor Childs to speak to his amendment and for Councillor Moonan to speak in support as the seconder. Childs stated that he had grave concerns regarding the potential impact of about these increases at this very difficult time, he did not consider that it would be appropriate therefore to exceed the current rate. Councillor Moonan concurred in that view.
- 48.9 Councillor Bagaeen sought clarification regarding whether how, the impact of Councillor Childs proposed amendment could be met from within existing budgets currently. It was confirmed that they would have an impact if agreed and that a further assessment of that would need to be made and that if Members were minded to do that those changes would need to be referred to the Policy and Resources Committee in the manner identified. Councillor Bagaeen stated that on the basis of the information given he was unable to support the proposed amendment. The Chair, Councillor Shanks and Councillor Nield concurred in that view.
- 48.10 The Assistant Director, Angie , referred to the considerations set out in the report which were considered when assessments were made, what was taken into account and what was excluded and the underpinning background to the fee changes proposed. Despite the considerable financial pressures on the local authority and the support measures put into place to assist the provider market it was recognised that providers continued to experience ongoing rising costs.
- 47.-- There was no further discussion and recorderd vote was then taken in respect of the proposed amendment. Councillors Childs and Moonan voted that the amendment be agreed. Councillors Bagaeen, Nield and Shanks, the Chair, voted against. Dr Andrew Hodson, Lola Banjoko and Ashley Scarf of the CCG abstained. The amendment was therefore lost on a vote of 2 to 3 with 3 abstentions. The Chair then took a vote on the substantive recommendations as set out in the officer report and these were agreed.
- 47.11 **RESOLVED** – (1) To agree that the council continues with the current charging policy for care and support services which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014. The charging policy is attached at Appendix 1;
- (2) To agree to a 2% increase on current charges or to agree to a higher increase as shown in tables of charges with effect from **12th April 2021**

Maximum Charges	2020-2021	2021-2022
Means Tested Charges	Current maximum	New Maximum
In-house home care/support	£26 per hour	£27
In-house day care	£40 per day	£41
In-House Residential Care	£126 per night	£129
Fixed Rate Charges		
Fixed Rate Transport	£4.10 per return	£4.20
Fixed Meal Charge /Day Care	£4.90 per meal	£5.00

(3) To agree an increase to Carelink charges as follows:

	2020-21	2021-22
Standard Carelink Plus service	£19.30 per month	£19.70 pm
Enhanced Carelink Service	£23.15 per month	£23.60 pm
Exclusive Mobile Phone Service	£25.00 per month	£25.50 pm

(4) To agree an increase to miscellaneous fees as follows:

	2020-21	2021 – 2021-22
Deferred Payment set up fee (see 2.13)	£533 one-off	£544
Initial fee for contracting non-residential care for self- funders	£281 one-off	£287
Ongoing fee for contracting for non-residential care for self- funders	£87 per year	£89 per year

(5) To continue with the existing policy not to charge carers for any direct provision of support to carers.

The meeting concluded at 7.30pm

Signed

Chair

Dated this

day of