

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 30 JANUARY 2018**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Brighton & Hove City Council; Councillor Yates (Chair) Barford, Page (Group Spokesperson) and Barnett, Brighton & Hove Clinical Commissioning Group; Dr David Supple, Lola Banjoko, Dr Manas Sikdar and Malcolm Dennett

**Other Members present:** Graham Bartlett, Safeguarding Adults Board; Chris Robson, Local Safeguarding Children Board; Pinaki Ghoshal, Statutory Director of Children's Services; Rob Persey, Statutory Director for Adult Care; Alistair Hill, Acting Director of Public Health; David Liley, Healthwatch

**Apologies:** Councillor Penn, Councillor Taylor, Pennie Ford and Wendy Carberry

**PART ONE**

**43 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

43.1 Councillor Janio declared that he was in attendance as a substitute for Councillor Taylor.

**44 MINUTES**

44.1 **Resolved:** The minutes were agreed as a correct record of the previous meeting

**45 CHAIR'S COMMUNICATIONS**

45.1 The Chair stated:

***“Update from the last meeting – Big Health & Care Conversation***

*“At the last Board a query regarding how Children and Young People were engaged with the Big Health & care Conversation. I am grateful to the CCG for preparing a full briefing which is available here: <https://present.brighton-hove.gov.uk/Published/C00000826/M00006665/Supp29440dDocPackPublic.pdf>”*

## **Dance Active**

Brighton & Hove Dance Active 2017 took place on **December 9<sup>th</sup> at The Brighton Centre** (Syndicate Wing) featuring **23 targeted community dance groups** from across the city. I believe that there are slides being shown now which highlight some of the activities. This unique inclusive and intergenerational project is now in its sixth year and included:

- 10 children's groups from the **Active for Life** communities
- 19% of dancers were disabled
- 45% were under 16 and 55% over 16
- 18% were over 50
- Female participants constituted **82%** of those involved linking to the **Sport England #THIS GIRL CAN** campaign
- Minimal cost of £1800 which largely paid for venue hire (staffing excluded)

**Active for Life** deliver a range of initiatives to support targeted groups to access dance opportunities. **Dance Active** and **TAKEPART** provide a framework for local dance enthusiasts to work towards key city events across the year. In addition we deliver: **Active Forever Moves:** Older peoples settings and supported by members of Three Score Dance Company; a group of dancers aged 60+.

**Young Dancers Collective:** In partnership with locally/nationally acclaimed dance artist Ceyda Tanc to deliver two targeted groups for young people to access low cost contemporary dance.

**Inclusive Dance:** The team have commissioned two inclusive groups to prepare work for events: Rounded Rhythm (young people with significant learning disabilities) and Grace Eyre Foundation (adults).

**Contact:** [Julie.stacey@brighton-hove.gov.uk](mailto:Julie.stacey@brighton-hove.gov.uk)

## **Sussex Partnership NHS Foundation Trust**

I'm delighted to let you know the Care Quality Commission (CQC) has rated Sussex Partnership 'good' following their most recent inspection of our services last Autumn, and 'outstanding' in the caring domain. Sussex Community NHS Foundation has also now been rated 'good' as well.

## **BCF – letter of approval has arrived**

As the Board is aware we have been going through the process of submitting our Better Care Plan for approval. We initially received confirmation that the Plan had been approved with conditions. Staff across the CCG and council have worked hard on resolving the outstanding issues and I can confirm that we have received confirmation that following the regional assurance process we are now fully approved.

**Weight management contract**

*Public Health have successfully commissioned a new Tier 2 community weight management service that will commence on 1st April 2018*

*Following a robust tendering process which took into account a wide range of factors, including projected outcomes, costs per participant / family, and social value, the provider Beezee Bodies scored most highly at all stages of the process and has been awarded the contract to provide the service in Brighton & Hove for the next three years.*

*BeeZee Bodies runs a wide range of programmes tailor-made both for individuals and families to help people make small changes that make a big difference. Their holistic approach emphasises an understanding of the links between diet, exercise and physical and mental health.*

*The previous contract holders the Food Partnership and their partners Albion in the Community have done a lot of great work with Public Health on weight management in recent years. Public Health value the Partnership very highly, and look forward to continuing the excellent joint work on a broad range of issues including food poverty, food growing, community cookery, older people's health, volunteering, food waste and the city-wide food strategy.*

**Public Consultation on Over the Counter drugs**

*NHS England has launched a public consultation on proposals to rein in prescriptions for some 'over the counter' products such as dandruff shampoo and drops for tired eyes, in order to free-up funding to expand other treatments for major conditions such as cancer and mental health problems.*

*There will be a link in the minutes which will lead you to consultation should you wish to be involved.*

[https://www.england.nhs.uk/2017/12/nhs-england-consults-on-freeing-up-136-million-to-boost-frontline-nhs-care-by-curbing-prescription-costs/?utm\\_source=feedburner&utm\\_medium=email&utm\\_campaign=Feed%3A+NHSCBoard+%28NHS+England%29](https://www.england.nhs.uk/2017/12/nhs-england-consults-on-freeing-up-136-million-to-boost-frontline-nhs-care-by-curbing-prescription-costs/?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29)

**Duncan Selbie visit and response**

*On 8 January Duncan Selbie, the Chief Executive of Public Health England, visited Brighton & Hove and met with a range of people from the council and CCG.*

*The meeting was an opportunity to showcase some of the work we have undertaken including the work on Sugar Smart as well as highlight some of the challenges we face as a city*

*We have received a very detailed note of thanks. "*

**46 FORMAL PUBLIC INVOLVEMENT**

46.1 The Chair noted that Mr Thomas had submitted a question to the committee. Mr Dean asked the question on Mr Thomas's behalf:

*"Brighton and Hove City Council have two current contracts with St Mungo's:*

1. *"Rough Sleepers Outreach Service" that expires 31.3.18 at a value of £975,000.00*
2. *"St Mungo's Housing First" that expires 3.3.19 at a value of £365,700.00*

*In light of their involvement in the deportation of EU nationals purely due to them being homeless, the absence of trust in St Mungo's by rough sleepers in our city, and their reported failure to meet contractual obligations can we have an assurance that no new contract will be issued without proper due diligence."*

46.2 The Chair responded:

*"Thank you for your question*

*The council currently does have contracts with St Mungo's. These are for the delivery of outreach services to homeless and rough sleepers in the city. The contracts went through due diligent and transparent procurement processes in accordance with the Public Contracts Regulations and the Council's internal Contract Standing Orders. The contract has robust performance information within the contract and this is monitored.*

*We can confirm that the contract is performing well and St Mungo's, along with the other services in our city are meeting the increased demand for their services."*

46.3 Mr Deans asked a supplementary question:

*"Will the Committee also ensure that charities, community based groups and professionals are involved in ensuring any new contract meets the needs of those it is supposed to serve and contains obligations that are meaningful and realistic?"*

46.4 The Chair responded:

*"All contracts have performance requirements which are focused on ensuring delivery of the commissioned service. Any contract that does not meet these expectations is open to contractual review."*

46.5 The Chair clarified that the question had been referred by the Housing & New Homes Committee to the Health and Wellbeing Board as the contracts were awarded by Adult Social Care.

46.6 Councillor Page stated that he expected most of the Board would agree that the most vulnerable individuals in the city should not be subjected to heavy handed treatment.

**47 FORMAL MEMBER INVOLVEMENT**

47.1 The was none.

**48 PROPOSED FEE INCREASE FOR ADULT SOCIAL CARE PROVIDERS 2018/19**

48.1 Officers introduced the report which set out the recommended increase in fees paid to adult social care providers from April 2018.

48.2 The Chair stated that he had received a representation from Mr Graham Dean on behalf of the East Sussex, Brighton & Hove Registered Care Home Association:

*“The East Sussex, Brighton & Hove Registered Care Association (RCA) feel that the proposed increase of 2.68% to the set fee is inadequate. The RCA has requested that the increase should be 3.95% to £578 per week. This takes into account CPI inflation, the National Living Wage increase to £7.83 per hour from April 2018 and the increased employer contribution from 1% to 2% from April 2018 for pension auto-enrolment.*

*This increase represents no more than to match inflation and whilst we do appreciate the City Council’s financial difficulties it is important that this minimum uplift be agreed. Particularly to maintain the profitability of care homes that rely mostly upon placements from Brighton & Hove City Council.*

*Laing and Buisson regularly update their benchmark fee rates and the lowest figure for frail elderly 2017/18 is £609 per week. This floor figure represents older converted buildings. The Laing and Buisson floor figure for dementia is £652 per week.”*

48.3 The Executive Director, Health and Adult Social Care responded to the representation from East Sussex, Brighton & Hove Registered Care Home Association:

*“As you may be aware I have met with the Care Homes Association and other stakeholder on a number of occasions. This is part of our regular engagement with key stakeholders where we discuss a range of issues including:  
Opportunities for market development  
The support and training we provide to the Care Homes at no costs to support a quality offer for residents.*

*They will be also part of the Market Position Statement as we work in assessing the future needs for residents in this key area.*

*The Head of Commissioning has discussed with all stakeholders the recommendation in the fees report and whilst understandably they would like more, our rationale was explained and accepted. Whilst a significant percentage of our spend they are only one provider and suggesting a blanket increase of 3.95% would undermine our position elsewhere in the market. . In 16/17 the Council uplifted fee rates significantly and we compare very favourably with our neighbours. Please note this comparison does not include the additional support and training we provide which CQC have been very complimentary of and is not provided universally elsewhere.”*

- 48.4 Councillor Page stated that the care home market was fragile and that the short term gain of offering a fee increase under the 3.95% increase recommended by Laing and Buisson may be outweighed by the risk to the market. Councillor Page also stated that if there was an ambition to require the care home staff are paid the Brighton & Hove Living Wage care homes fees may have to increase.
- 48.5 Councillor Barford stated that the RCA were valued partners in the city and were currently working with the council and other partners to produce a market position statement. However without additional funding the council would not be able to increase fees by 3.95%. Councillor Barford also stated that the fees did not include all the additional support offered to care homes.
- 48.6 Dr Sikdar stated that two of the greatest costs to the health system were non-elective treatments and delayed transfers and asked if officers had investigated any link between investment in care homes and a reduction in these costs.
- 48.7 Officers responded that it was a priority to examine this as part of the Caring Together programme.
- 48.8 **Resolved:**
- 1) That the Health & Wellbeing Board approved the fee increases as set out in table 1 in section 3.

#### **49 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2018**

- 49.1 Officers presented the report and stated that if agreed the increased charges would be applied from 9 April 2018.
- 49.2 In response to Councillor Janio, Officers stated that there was no fixed price charged for home care as it depended on the external provider. These providers generally charged the council around £17.56/ hour for the services.
- 49.3 Councillor Page stated that he was surprised that the annual income from in house services was still around £1,000,000.
- 49.4 Officers responded that this figure was falling as services have closed.
- 49.5 **Resolved:**
- 1) That the council continues with the current charging policies for non-residential care services and residential care homes which comply with the requirements of Section 17 of the Care Act 2014. The full charging policy is attached at Appendix 1.
  - 2) To the table of charges below with effect from 9th April 2018. These charges have been uplifted by just over 3.5% and rounded up to the nearest whole number

<b>Maximum Charges</b>	<b>2017/18</b>	<b>2018/19</b>
<b>Means Tested Charges</b>		
In-house home care/support	£23 per hour	£24 per hour
In –house day care	£36 per hour	£38 per hour
Residential Care	£115.67 per night	£120 per night
<b>Fixed Rate Charges</b>		
Fixed Rate Transport	£3.70 per return	£3.90 per return
Fixed Meal Charge / Day Care	£4.50 per meal	£4.70 per meal

- 3) To an increase in Carelink fees only for those with exclusive mobile phone access but otherwise to retain the existing fees. (see para 4.10) Standard Carelink Plus Service £18.50 per month (no change) Enhanced Carelink Service £22.17 per month (no change) Exclusive Mobile Phone Service £22.17 increase to £24.50 per month.
- 4) To continue with the existing policy not to charge carers for any direct provision of support to them.
- 5) To increase the one-off fee charged for setting up Deferred Payment Agreements for property owners in residential care by 3.5% from £495 to £512
- 6) To increase the charge for arranging and contracting non-residential care for self-funders by just over 3.5% (only for people with savings over £23,250). From £260 to £270 for the initial one-off set-up fee From £80 to £83 per year for annual review, administration and amendments

## **50 LOCAL SAFEGUARDING CHILDREN BOARD**

- 50.1 Mr Robson introduced the annual report of the Local Safeguarding Children Board 2016/17. He stated that he was grateful to have taken over such a well-established board where the partnership between the CCG, council and police worked so well. Mr Robson stated that he hoped to bring the 2017/18 annual report to the Board earlier in 2018/19.
- 50.2 Mr Bartlett stated that there had been informal discussion around changing the format of the annual report to not include the individual agency reports and publish them elsewhere. Mr Bartlett stated that it may be more productive to bring a work plan looking forward to the Board rather than focus on looking backwards as the annual report does.
- 50.3 The Chair stated that involvement of Sussex Police in the Health & Wellbeing Board would be welcome and there was a standing invitation to the Police and Crime Commissioner.
- 50.4 The Executive Director, Children, Families and Learning responded to Councillor Janio that the council worked with the CCG and Police to cross check data points across agencies some of which is currently done through the Local Safeguarding Children Board.

50.5 Mr Robson responded to Councillor Janio that new legislation meant that it would be for the police, local authority and local CCG to decide safeguarding governance in the future. The Government was due to issue new guidance in April 2018 on safeguarding children.

50.6 **Resolved:**

- 1) Notes the report and supports the City Council in their contribution to keep children safe from abuse and neglect.
- 2) Note LSCB achievements and challenges on page 8.

**51 LOCAL SAFEGUARDING ADULTS BOARD**

51.1 Mr Bartlett introduced the Annual Report of the Safeguarding Adults Board 2016/17. Key themes had emerged around the Mental Capacity Act and homelessness. The report included the finds of a safeguarding adults review of the death of a homeless man in the city. There was a clear lack of understanding of Mental Capacity Assessments and when to use them as well as around advocacy. The Safeguarding Adults Board would be working to produce a pan-Sussex procedure around the Mental Capacity Act.

51.2 Councillor Barford stated that a key challenge to the Safeguarding Adults Board was financial pressure. The Board needed to have the budget to allow it to respond to safeguarding issues as they arise as well as to provide training and carry out reviews. Councillor Barford stated that she was pleased that new support posts had been created to increase staff capacity.

51.3 **Resolved:**

- 1) That the Health & Wellbeing Board notes the report and supports the City Council in their contribution to keep children safe from abuse and neglect.
- 2) That the Health & Wellbeing Board notes LSCB achievements and challenges on page 8.

**52 LOCAL ACCOUNT AND DIRECTION OF TRAVEL UPDATE**

52.1 Officers introduced the Adult Social Care Local Account 2017. The report included key developments in 2016/17 and outlined future plans in a 'we have/ we will' format incorporating feedback from partner organisations across the city and patients. The report would be distributing to partners, available online, in libraries and potentially in GP surgeries. An easy to read version would also be produced by the end of March 2018.

52.2 Councillor Barford stated that the purpose of the report was not for the council to publicise its achievements but to measure how much progress has been made against targets set in 2016. The report sought to recognise where targets had not been reached and to shape priorities going forward. Future reports would include contributions from Public Health and the CCG as well as Adult Social Care.

52.3 Councillor Page stated that he was concerned that only 43% of Adult Social Care users had received as much contact as they would like. There were a large number of frail older people who were vulnerable to isolation and loneliness.

52.4 The Acting Director of Public Health responded that Issues of loneliness and engaging hard to reach older people fell within the Ageing Well element of the Caring Together plan and the Board was due to consider a report on this in the coming months.

52.5 **Resolved:**

- 1) That the Board note and endorse the Adult Social Care Local Account 2017
- 2) That the Board use the information contained within the Local Account to support future decision making

**A ITEM REFERRED FROM HOUSING & NEW HOMES COMMITTEE - HOUSING FIRST**

52A.1 Officers introduced the report and stated that Housing First was a new approach to working with entrenched homeless individuals. Instead of moving from a hostel, to support accommodation to an independent tenancy individuals move straight into independent housing with a package of support.

52A.2 Officers responded to Dr Sikdar that if an individual did not want or was not able to move straight into an independent tenancy the existing model would still be in place to support them.

52A.3 The Acting Director of Public Health welcomed an innovative, client centred approach particularly with the evidence based process which would reduce the risks of implementing a new approach.

52A.4 Councillor Page stated that he agreed with the Acting Director of Public Health's sentiments and supported a future expansion of the scheme. Councillor Page also added that Housing First would reduce the long-term cost of homelessness to public services as a whole.

52A.4 Councillor Barford asked that future reports show how Housing First could be expanded from the pilot programme.

52A.5 The Chief Executive, Brighton & Hove City Council stated that the Housing First programme and more generally the balance between spending on prevention verses spending on immediate issues would be something the Board would have to tackle.

52A.6 Councillor Janio asked officers how Brighton & Hove would avoid a first mover disadvantage from offering Housing First. An improved offer could lead to an increase in homelessness in the city.

52A.7 Officers responded that Eastbourne and Hastings as well as several London Boroughs were all in the process of implementing Housing First.

52A.8 Dr Sikdar stated that he had found that homelessness was often a barrier to health care and suggested that Housing First could potentially reduce health spending.

52A.9 The Chair stated that the challenge for officers was to work to show the financial benefits of the programme and invited officer to bring future reports on Housing First directly to the Health & Wellbeing Board as it oversaw the Health & Adult Social Care budget.

52A.10 **Resolved:**

- 1) The Health & Wellbeing Board considered the successes achieved by Housing First in terms of wellbeing outcomes and overall cost-effectiveness, and explored the identification of resources in collaboration with the CCG in order to be able to contribute to its expansion in 2018/19.

The meeting concluded at 5.40pm

Signed

Chair

Dated this      day of