

BRIGHTON & HOVE CITY COUNCIL

OLDER PEOPLE'S COUNCIL

10.15am 17 MARCH 2015

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MINUTES

Present: Mike Bojczuk (Chair), Colin Vincent, Jack Hazelgrove, Francis Tonks, Val Brown, John Eyles and Harry Steer, and Councillor Geoffrey Bowden

Co-opted Members: Penny Morley, Janet Wakeling and Sue Howley

Others Present:

PART ONE

73 PROCEDURAL BUSINESS

Apologies were received from Marion Couldery and Jess Sumner, Age UK.

74 MINUTES

This item was taken after Item 75.

The minutes were agreed as an accurate record.

75 BETTER CARE FUND

Anne Hagan, Head of Commissioning Contracts and Partnerships, B&HCC
Rob Guile, Integrated Service Delivery Programme Manager, CCG

The Better Care Fund (BCF) – copy of presentation attached.

Anne Hagan (AH) – the BCF was announced by central Government in June 2013. Better Care was about health and social care working together. There were lots of good examples of joined up services in health and social care but also areas of fragmentation. The pooled budget was just over £19m – but this was not new money. The budget was overseen by the Health and Wellbeing Board and a report was going to the meeting on 24 March 2015. The aim was more integrated working with the homeless and the frail with an emphasis on keeping people well. There was also an emphasis on supporting carers. The performance indicator that was determined locally was on diagnosis of dementia.

Rob Guile (RG) – a key aspect of the programme was ascertaining who was most at risk. Currently information (on GP visits or outpatient visits for example) was not always shared so

they were looking at ways of gathering information held by GPs. Evidence indicated that people felt that they had to tell their story repeatedly because information was not flowing. They were looking at how care plans work and how to share information. There was a specific focus on joining up care for homeless people who were very vulnerable, looking at preventing admissions to A&E because of deteriorating health and providing more person-centred care. There would also be a more formalised role for the Third Sector.

Phase 1 of the programme was committed to making sure it worked and learning and adapting. In the East Park Crescent and St Peter's GP Surgeries are involved (generally a younger population) and in the West, Wish Park, Sackville and Central Hove GP Surgeries (an older population). In each area they were bringing a Multi-Disciplinary Team (MDT) together and from that one person will be a nominated key worker for an individual.

Anne Hagan – the outcomes of the Better Care Programme were: reduction in emergency admission; reduction in residential admissions; increase in people still at home after hospital discharge (set by central Government); increased diagnosis of dementia; reduction in delayed transfers of care; and patient experiences – has Phase 1 MDT worked?

Rob Guile – Section 75 agreements allowed budgets to be pooled and for responsibilities to be delegated across organisations.

Q: what progress has been made since the beginning? What data do we have on frailty?

RG: a lot has happened including the creation of the CCG and PPPs. Services are now commissioned in different ways. GPs were very engaged with the process. The figures on frailty were a work in progress. We are moving towards a stage where GPs are more involved with adult social care.

Comment: a member of the audience said they were an example of falling between the stools. They had no communication, no information, no help after an illness. Not joined up services.

Q: who are the current care co-ordinators?

RG: gave an example of a wheelchair user who was in unsuitable accommodation who was not getting a joined-up service until an advanced nurse practitioner took the lead and made all the relevant links.

Q: What about the effect of the shortage of GPs?

RG: the shortage was recognised and they were looking at how services are commissioned locally to make the city more attractive to GPs, for example, putting in place salaried GPs to support partners in a practice to ease the workloads.

Q: the increased role for the third sector was a concern. There was a worry it could lead to privatisation of the sector.

AH: the budget for the third sector had not been cut in adult social care. Locally the sector was very vibrant and they wished to keep it that way so that was why they wanted to formalise the arrangements.

Q: what about the issue of paying travel costs for carers?

AH: the home care contract was being re-tendered and the issue would be looked at. There was a commitment to paying the Minimum Wage and aiming for the Living Wage.

Q: how many care co-ordinators were there and how many patients in Phase 1?

RG: the care co-ordinator was the person best placed to take that role for each individual. Phase 1 is targeting the top 2% who have unplanned admissions to hospital – around 500 people.

Q: what definition of homelessness was being used?

RG: the broadest definition to include 'sofa surfers' and those on the streets. 3,000 people are statutorily homeless and 1,000 of them are with the Morley Street GP Surgery. Around 20 people were discussed per week in the MDT.

Q: what about co-ordination with housing services?

AH: we needed to work more closely with housing services – this was part of the challenge. For example, there were OTs in housing, in health and in adult social care: we must work differently.

Q: who will oversee the care staff? What about oversight to ensure good quality services?

AH: one of the duties in the Care Act was market oversight and this included quality and how we pay for quality.

The Chair thanked Anne Hagan and Rob Guile for a most informative session.

76 BCF PRESENTATION

77 SECRETARY'S UPDATE

SECRETARIAL REPORT - MARCH 2015

- **Keep Warm & Save Money this Winter** - Wrote to thank them for the joint event on 22nd January. They suggested we might do some more joint work later in the year i.e. October.
- **Budget proposal for dissolution of OPC** - Meeting with Head of Policy on February 17th re the latest budget situation and the role of Communities & Equalities with older people engagement. It was clear at that stage that situation had shifted. The budget Council on the 26th February did not contain proposals for dissolution of the OPC in two of the budget scenarios. It was

confirmed after the reconvened budget meeting on the 3rd March that we would continue and elections would proceed.

- **Falls** - Public Health are undertaking work on Falls in the city and current services as 1/4 to 1/3 of calls to ambulance services re falls. Two sessions were held with OPC members who gave views about current facilities/services and what was needed to improve situation for older people to the person undertaking the study.
- **Age Friendly City - Forum** met in February - they have been kept up to date about the future of the OPC. It was agreed that Communication was the next domain to be considered by the group and a Council communications person was to be invited to next meeting. We had been contacted by Age UK IOW about AFC & were leasing with them to come to April meeting. Members would circulate newsletter & copies would be obtained.
- **Age Friendly City Steering Group-** met on 4th March. Copies of the newsletter circulated given brief outline of work of AFC. Speakers from Italian project run by University of Udine - intergenerational with nursing students and older people re cognitive health in elderly & training the mind for a healthy lifestyle. Activities in districts across the City with older people around a range of topics including music, wellbeing, traditions, botany & cooking, memory and manual skills. Locality hubs were established & the Fed coordinating meetings. Brighton HCC we would need to establish commitment to AFC process post the Council elections.
- **Parking Standards** - consultation which affects new development proposals as part of planning process. Changes include the city having a three zone approach, electric vehicle charging, disabled car use as per Dept for Transport guidance, standards for HMOs & student accommodation. Consultation ends 27th March.
- **LATS meeting** - Portslade details sent to Harry for Monday 9th March.
- **Trust for Developing Communities** - they are holding an Older People's Steering Group for the West Locality in Stoneham Park at 1pm on 31st March. Also notified about a change of personnel in Portslade, now Mark Drayton. They have funding from BHCC to provide co-ordination in the East/West/North Central localities for older people in those localities. Mike has contacted the TDC to invite to a future OPC meeting.
- **NHS** - We have been sent a number of invitations :-**Patient Transport Patient Forum for Sussex** - meeting Wednesday **18th March** 10.30 to 1.00 Burgess Hill. **Valuing All Voices in your Local NHS** - want experiences of diverse people & communities Jury's Inn Brighton Thursday **19th March 2015** from 10.00 to 15.00 NHS Sussex Community Trust. **CCG** meeting re Changing GP services on Thursday 30th April.

- **Dementia Conference** - London 26th March range of topics related to dementia including creating dementia friendly communities.
- **Brighton NPC** - notification of meeting on NHS and Older people on 31st March at 2.00 at Brighthelm Centre. Speakers from NPC & Sussex Defend NHS.
- **Newsletters** - Later Life - detailed info about Pension changes. Care in the City - adult social care news re Care Act, Safeguarding & the Care Act, Better Care bulletin BHCC & CCG, Age Action Alliance, & Community Works.
- **Queenspark Books** - notification about transgender website about lives in Brighton
- **Sick Festival Launch** - 5th March - information previously circulated
- **Food Partnership Survey** - circulated for those eating at cafes with lunch clubs or OAP meals , day centres etc. We also received via AFC steering group information about the positive impact of gardening. Brighton & Hove have 70 community gardens. A video attached shows where they are located across the city. There is a link with the Food Partnership that can take referrals from GPs for volunteers.
- **Research** - Brighton University medical school - Duncan Barron - looking for anyone who has had a broken hip. Would like them to advise & contribute to help researchers. Holding a meeting on Thursday 2nd April at 5.30 in Audrey Emerton Building with refreshments & travel costs.
- **Leach Court** - contained by concerned resident about buses in St James street. They are worried that pollution investigation may lead to curtailing of buses up St James street which residents are very reliant on. They had submitted a petition in the past but concerned that some people are pressing to get rid of buses. Like to know what is planned.
- **Oral History Project** - Having a Blast in Brighton looking for 40 Older People to share their experiences of going dancing, to the cinema or theatre in B&H over the last 60 years.
- **Labour Party meeting** - Independent Living for people with disabilities 19th March
- **Exeter Street Hall Tea Club** - every 2nd Friday of the month at 2.30

78 MEMBERS' UPDATE

John Eyles – attended a meeting with Becky Woodiwiss (Public Health) on Falls.

Jack Hazelgrove – had been to the Park Crescent PPG which was working well.

Francis Tonks – had been to the Pensioners' Association meeting which wasn't well attended. He had attended the Community Safety Forum that had discussed crime figures. Overall crime has fallen by 8% but violent crime had risen by 57%.

Colin Vincent – attended a Grey Matters meeting on 23/2/15 and the SE region of the National Pensioners Convention on 3/3/15. That included a report on a pilot scheme for rail operators to recognise pensioners' travel passes.

Mike Bojczuk – had done the phone rota (April – Harry; May – Colin; June – Mike). Attending the TDC meeting to set up 3 hubs in the city to minimise gaps in service. The CEO was keen to talk to the OPC and discuss working together.

Harry Steer – had attended a meeting on Practitioners Against Abuse of older People and the implications of the Care Act. Grey Matters had secured a grant of £500 from the Paley Trust.

Janet Wakeling – attended the Falls meeting. She was pleased to report the return of a regency window after 18years.

Val Brown – was working with others on a War Memorial for women in Brighton.

Sue Howley – conversations were ongoing with Age UK to bring The Pensioner inhouse but retain its independence.

Cllr Geoffrey Bowden – had been lobbying for the retention of the OPC and was delighted with the success.

79 OPC ELECTIONS

This item was taken prior to item 77.

The Chair informed the meeting that the elections for the OPC in 2015 were now going ahead. He recorded thanks to all those who had worked hard to gain support for the elections.

People need to be registered to vote and it was a postal vote. Those over 70 are automatically registered to vote. There was a very low turnout for those 60-69yrs who had to register themselves.

Nominations for candidates need to be sent to Electoral Services by 5 June 2015. Candidates needed to include a personal statement setting out why they wanted to be a member of the OPC: up to 150 words. There were 9 zones for candidates to stand for election. If there was only one candidate in a zone, there was no election. The Poll closes on 2 July 2015 and the count is 3 July 2015.

9 people were elected to the OPC but the current membership includes 4 co-optees. Councillor Geoffrey Bowden is a link councillor for the OPC.

80 OPC WORK PROGRAMME

The Chair would invite the TDC to the next OPC meeting on 21 April at King's House.

The OPC would like to invite the University design students back to a future meeting.

81 ANY OTHER BUSINESS

There was no further business.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

Better Care

Overview

Older People's Council March 2015

Anne Hagan (BHCC)

Rob Guile (Brighton and Hove CCG)

Better Care Fund

- n Pooled budget for the City of just over £19m
- n Overseen by the Health and Wellbeing Board
- n Aim is to facilitate more integrated care for our most frail population

Key aspects of the local programme:

- ✧ Proactive identification of frail and vulnerable people through new case finding tool
- ✧ Care planning and care-coordination via enhanced multi-agency and multi-disciplinary team working
- ✧ sharing of information across organisations

Key aspects of the local programme: contd

- ✧ Specific focus on joining up care for people who are homeless
- ✧ More holistic and person centred care, increased use of innovation and personal health budgets
- ✧ Increased and more formalised role for third sector

Key Aspects of the local Programme

- ✧ Phase 1: testing out the model in 2 areas of the city (West & East)
- ✧ The Future: MDTs working around clusters of General Practitioners covering up to 50,000 population and working as a “federated” model across the City

Better Care Outcomes (1)

n Non-elective admissions

- ✘ 3/7% reduction in emergency admissions – 976 less in 2015.

n Residential admissions

- ✘ 11% reduction in permanent admissions of older people to residential and nursing care homes of in 2014/15 (30 admissions) and 13% (32 admissions) for the following year.



Better Care Outcomes (2)

n Reablement

- ✘ An increase of 5% (to 85%) in the proportion of older people who are still at home 91 days after hospital discharge and into reablement/rehabilitation services 9% (to 89%) for the following year.



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Better Care Outcomes (3)

n Reablement

- ✘ An increase of 5% (to 85%) in the proportion of older people who are still at home 91 days after hospital discharge and into reablement/rehabilitation services 9% (to 89%) for the following year.



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Better Care Outcomes (4)

Dementia diagnosis:

- n **Increasing the dementia diagnosis rate**
– the local metric we selected
- n Aim - **67%** of the expected number of people with dementia are **diagnosed by 31 March 2015**. (was 51% in 13/14)

Better Care Outcomes

n Delayed transfers of care

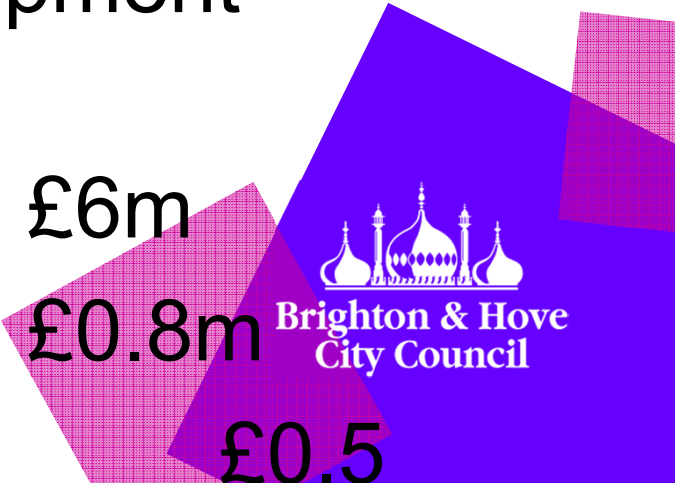
- ✘ 5% reduction (320 days) for 2014/15 and 5% (308 days) for the following year.

n Patient/service user experience

- ✘ Does the MDT work well together to give you the best possible care and support?' We currently have no baseline or target as this a new measure.

Composition of Pooled Fund

- n Proactive Care (Primary Care) £1.5m
- n Multidisciplinary Community Teams
 - ✕ Frailty £8m
 - ✕ Homeless £1m
- n Integrated Community Equipment £1.5m
- n Protecting Social Care £6m
- n Carers £0.8m
- n Keeping people well £0.5m



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Direction of Travel (1)

- n Greater integration of budgets for health and social care
- n CCG and Public Health aligning budgets for preventative care with General Practice (over core GMS contract)

Direction of Travel (2)

- n Potential for GMS to become part of pooled budget?
- n Greater integration in delivery
- n Commissioning for outcomes

