BRIGHTON & HOVE CITY COUNCIL

SHADOW HEALTH & WELLBEING BOARD

5.00pm 30 MAY 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair), Councillors Bennett, Meadows, K Norman and Shanks (Deputy Chair), Terry Parkin, Statutory Director of Children's Services, Denise D'Souza, Statutory Director of Adult Social Services, Dr Tom Scanlon, Statutory Director of Public Health, Dr Xavier Nalletamby, Clinical Commissioning Group (clinical lead), Geraldine Hoban, Clinical Commissioning Group, Non-Clinical member, Hayyan Asif, Youth Council and Robert Brown, HealthWatch

PART ONE

1. PROCEDURAL BUSINESS

1A Declarations of Substitute Members

1.1 There were none.

1B Declarations of Interests

1.2 There were none.

1C Exclusion of the Press and Public

1.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

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

2. CHAIR'S COMMUNICATIONS

Status of the Shadow Health and Wellbeing Board

2.1 The Chair informed members that the Shadow Board will become a statutory Health and Wellbeing Board in April 2013. In order to ensure that the Board was operates effectively, it will be run in a shadow form during 2012/13. The membership of the

Board was unusual in that it included councillors and officers. Legislation states that there should be a minimum of one councillor, three statutory directors (Adult Social Services, Children's Services and Public Health), a representative of each local Clinical Commissioning Group and a Health Watch representative. In addition there was some flexibility given to each council to decide on the precise composition of the Board. The Shadow Board had therefore appointed a member of the Youth Council.

2.2 The Chair welcomed everyone to the meeting and also welcomed the Chair of the Local Safeguarding Children Board and staff from the Community and Voluntary Sector Forum who were in attendance to observe the meeting.

3. PUBLIC INVOLVEMENT

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

4. ISSUES RAISED BY COUNCILLORS AND MEMBERS OF THE BOARD

4.1 There were no petitions, written questions, letters or notices of motion from councillors or other members of the Board.

5. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

5.1 The Board considered a report of the Director of Public Health which informed members that Directors of Public Health are required to publish an independent annual report focusing on the health of the local area. Members were asked to consider and comment on the Annual Report for 2011, which was presented in magazine style. The Annual Report for Brighton & Hove would be published in the summer 2012.

5.2 Dr Tom Scanlon gave a presentation setting out the main themes of this year's report. A copy of the report had been circulated to members before the meeting.

5.3 Councillor Norman noted the different approach with this year's report. He thought it was a good report and dealt with a great many issues. He asked how widely the report would be distributed. Dr Scanlon replied that he had ordered an extra 100 copies of the report in order to send a copy to every GP practice manager in the city.

5.4 Robert Brown asked how the Annual report related to the work of the Clinical Commissioning Group and the City Council. Dr Scanlon explained that the JSNA and strategy were more methodical. The report had been presented to the CCG and it would make a substantial difference. Geraldine Hoban (CCG) explained that it was useful to highlight primary care. This was key work for the CCG who would address primary care across the city.

5.5 Dr Xavier Nalletamby considered the presentation of the report to be a good and different approach.

5.6 **RESOLVED** – (1) That the changes detailed in the report be noted.

6. JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY

6.1 The Board considered a report of the Head of Public Health Intelligence, the Consultant in Public Health and the Head of Performance & Analysis which explained that from April 2013, local authorities and clinical commissioning groups would have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy. The duty would be discharged by the Health and Wellbeing Board.

6.2 Members were informed how the JSNA process provided a greater understanding of the current and future health and wellbeing needs of local residents to inform the Health and Wellbeing Strategy, and strategies of the Clinical Commissioning Group & Brighton & Hove City Council. It also presented the highest impact health and wellbeing issues for the city identified in the 2012 JSNA summary.

6.3 Members received a presentation from the Head of Analysis and Performance, and the Consultant in Public Health.

6.4 Robert Brown asked how the LINk and patients participation groups would be involved in the development of future JSNAs, and how they could feed into the consultation. He also asked how local neighbourhoods would feed back into the system.

6.5 The Consultant in Public Health explained that the LINk were members of the City Needs Assessment Group which had an overarching operational role. The Group would report to the three statutory directors up until April 2013. After that date the accountability of the group would transfer to the Health and Wellbeing Board. There would be a specific question in the consultation to ask how different partners and stakeholders such as neighbourhoods wanted to be involved in the ongoing development of the JSNA.

6.6 Geraldine Hoban explained that Patient Participation Groups (PPGs) would have a critical role to play in setting an agenda for the JSNA and commenting on the outcomes. There had already been some engagement with the PPGs.

6.7 Councillor Shanks asked about the cost impact which was an important determinant. The Consultant in Public Health explained that the summary did include financial data, but it was recognised that this aspect should be further developed in the future.

6.8 Dr Tom Scanlon was pleased to see a broad JSNA with a local basis for commissioning across the city. He asked if there had been any thought as to how the consultation would be carried out.

6.9 The Consultant in Public Health explained that officers would be using the consultation portal. This would link to a wide mailing group. There had been discussions on how to reach a wider group and videos and You Tube could be used to reach community groups. There would be paper based and internet based consultation.

6.10 Terry Parkin stated that he expected that there would be consensus on the first two recommendations. The third recommendation was worthy of more consideration. It

stated that the focus would be on high impact issues. This could have a big impact on the health of the city and colleagues required the authority to have that focus.

6.11 The Consultant in Public Health explained that it was proposed that the Shadow Health & Wellbeing Board would focus on high impact areas, however all issues needed to be tackled. The Head of Analysis and Performance stated that the JSNA summary had been the product of a broad process of engaging people. It was a live process and there would be constant opportunities to engage.

6.12 **RESOLVED** – (1) That the draft JSNA Summary be supported and go out to Public Consultation (the final version to be brought to the Board for consideration in September 2012).

(2) That it is noted that from April 2013, the Board will become responsible for the JSNA.

(3) That high impact health and wellbeing issues identified within the JSNA be noted and used to inform the development of the Joint Health & Wellbeing Strategy.

7. PROPOSAL FOR THE DEVELOPMENT OF THE JOINT HEALTH & WELLBEING STRATEGY

7.1 The Board considered a report of the Director of Public Health and a presentation from the Lead Commissioner, Children, Youth & Families and the Consultant in Public Health. The report and presentation set out the recommendations for the Board and explained the aims and underpinning principles of the Joint Health and Wellbeing Strategy (JSNW) and how it was proposed to develop and structure the strategy locally and the process for identifying the local priority outcome areas. Members were informed of the consultation process and the recommended prioritisation of the high impact social issues for the JHWS.

7.2 The recommended high impact social issues for the JHWS were: Healthy weight and good nutrition, Emotional health & wellbeing, including mental health, Smoking, Cancer & access to cancer screening, Flu immunisation and dementia. The issues not recommended to be included were alcohol, domestic and sexual violence, disability, HIV & AIDS, Diabetes, and Coronary Heart Disease.

7.3 The Chair supported the inclusion of smoking in the prioritisation and recognised that a great deal of work was already being carried out in relation to disability. He shared the desire to keep focused and not have too many targets.

7.4 Terry Parkin considered the report to be an excellent paper. However, he wondered why diabetes was not included as a priority. There were an increasing number of children with diabetes. Having a focus on diabetes might have a profound impact on outcomes.

7.5 The Consultant in Public Health considered diabetes to be a commissioning issue for the CCG. Geraldine Hoban (CCG) explained that the CCG wanted to ensure that the pathways for children with diabetes were working. Dr Xavier Nalletamby explained that there was a huge amount of work already going on in this area. Diabetes was a failure

of healthcare. In addition, the priority for healthy weight and good nutrition relates directly to Type 2 diabetes.

7.6 Councillor Shanks referred to cancer screening and mentioned that there had been a debate about whether breast cancer screening was effective. She wanted to be assured that breast screening was clinically effective and a good use of money. The Consultant in Public Health explained that there is an ongoing national review of the breast screening programme. Locally the cervical cancer screening programme coverage is improving but is still below the national target. As part of the national programme there is a local bowel cancer screening programme. The Chair asked for clarification at a future meeting on the position relating to breast cancer screening.

7.7 Geraldine Hoban stated that the CCG welcomed the inclusion of emotional health and wellbeing including mental health, healthy weight and nutrition and cancer and access to screening. She noted that substance misuse and suicide were not included. The Consultant in Public Health explained that these areas had not been identified as stand alone high impact issues from the JSNA.

7.8 Dr Tom Scanlon considered that the six priority areas would entail a great deal of work. He suggested that flu immunisation should be dropped from the list of priorities. He considered that it was too narrow an area for the Board to provide any additional benefit to the work already being carried out.

7.9 Robert Brown mentioned that Albion in the Community was involved in work to provide information about bowel and other cancers. He asked if these people were qualified NHS staff. He asked how people who received information could feed back on the effectiveness of the campaign. The Consultant in Public Health explained that there was a national campaign, as well as a local campaign, aimed at raising awareness about the early signs and symptoms of certain cancers. The CCG had commissioned the Albion to carry out work to provide information and advice to people in Brighton & Hove. The people involved in this work were properly trained.

7.10 Denise D'Souza was pleased to see dementia included in the list of priorities. She noted the wider determinants such as employment and unemployment which would link in with emotional health & wellbeing, including mental health.

7.11 Councillor Norman supported Dr Tom Scanlon regarding his view that flu immunisation should be dropped from the list of priorities. He considered that focusing on healthy weight and good nutrition would have a greater impact.

7.12 Hayyan Asif considered emotional health and wellbeing and mental health to be most important. Domestic and sexual violence and suicide were all linked to emotional health and wellbeing.

7.13 Alan Bedford, Chair of the Local Safeguarding Children Board expressed the view that with a focus on five areas, there was a risk of having a negative impact elsewhere. He asked when there would be a process by which matters not included on the list of priorities were tackled. The Chair replied that if a subject was excluded from the initial focus, it needed to be made clear that work was being carried out and that the matter should be reviewed and reports prepared on these items.

7.14 Denise D'Souza reported that there was an in depth commissioning plan for recommended and non recommended priorities.

7.15 Terry Parkin stated that child poverty work was underway. A report on this matter could be brought to a future meeting.

7.16 **RESOLVED** – (1) That the outline structure of the Joint Health and Wellbeing Strategy be agreed.

(2) That the top priorities for inclusion in the Joint Health & Wellbeing Strategy and which will be led by the Shadow Health & Wellbeing Board are: Healthy weight and good nutrition; Emotional health & wellbeing – including mental health; Smoking; Cancer & access to cancer screening; and Dementia.

(3) That the following areas (led from elsewhere) be recommended to officers, where further Shadow Health & Wellbeing Board monitoring input might add value – Child Poverty; Education; Employment & Unemployment and housing.

(4) That a further report should be brought to the Shadow Health & Wellbeing Board in September 2012 setting out detailed plans for improving outcomes in each of the draft priority areas.

8. SHADOW HEALTH & WELLBEING BOARD IN-YEAR REVIEW/PEER REVIEW

8.1 The Board considered a report of the Strategic Director, People which explained that as part of the process of learning during the shadow year of Health & Wellbeing Board development, officers supporting the Board intended to commission an in-year review of the effectiveness of Shadow Health & Wellbeing arrangements. The report addressed issues relating to the timing of the review and the type of review to be undertaken.

8.2 The HWB Business Manager reported that a summer review was recommended as it would feed into the work of the Board before the JHWS was agreed in September 2012. With regard to the type of review, it was recommended that the peer review be facilitated by OPM (Office for Public Management). OPM had identified Wandsworth as a peer-review partner for Brighton & Hove.

8.3 Robert Brown considered that it would be difficult to review the Board after one meeting. He asked how feedback from the patients participation groups and voluntary sector would be presented to the review. The HWB Business Manager explained that there had been work on planning for the Board for the past 18 months. The views of public stakeholders would be taken into account over the shadow year rather than through the peer review. In the first instance, views could be expressed through the HWB Business Manager and later to the Chair of the Board.

8.4 Councillor Meadows stated that although she understood the reason why it was recommended that the review be carried out early, she was not clear if this was a cost effective way of proceeding. The HWB Business Manager explained that the peer-review was relatively low cost. Costs were met through the Statutory Directors budgets. As the Health and Wellbeing Board was a new body, he was not confident that an internal review was appropriate.

8.5 The Chair stated that he would not be comfortable with having an internal review.

8.6 **RESOLVED** – (1) That the preferred option outlined in the report for an in-year review of the effectiveness of the shadow HWB (summarised at point 3.11 of the report) be agreed.

9. THE USE OF SUBSTITUTES AT MEETINGS OF THE SHADOW HEALTH & WELLBEING BOARD

9.1 The Board considered a report of the Strategic Director, Resources which set out a proposed protocol in relation to substitutes for Health and Wellbeing Board members, taking into account the varied membership of the HWB and their roles.

9.2 The Health & Wellbeing Board Business Manager explained that the proposed protocol was set out in paragraph 3.6 of the report. The protocol allowed for substitutes for everyone on the Board except the Statutory Directors. They would be able to send a representative from their service area to advise the Board, but the representative would not be a full member or be entitled to vote.

9.3 Councillor Meadows stated that she was happy for the Statutory Directors to send a representative to advise the Board as long as they did not vote. She stressed that it was important to have the expertise of the Directors or their representatives at the Board meetings.

9.4 Terry Parkin stated that the Statutory Directors were in agreement with the protocol.

9.5 Geraldine Hoban, CCG (Non-Clinical Member) requested that the protocol should state that the substitutes should include one clinical and one non-clinical member of the CCG in order to maintain balance.

9.6 **RESOLVED** – (1) That the protocol for the use of substitute members be agreed as set out in paragraph 3.6 in the report, with the following amendment. The substitutes should maintain one clinical lead substitute and one non-clinical substitute of the CCG.

The meeting concluded at 7.15pm

Signed Chair

Dated this day of