

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 10 JUNE 2014**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor J Kitcat (Chair) Councillor K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald, Dr. Xavier Nalletamby, CCG, Geraldine Hoban, CCG, Dr Christa Beesley, CCG, Dr Jonny Coxon, CCG, Dr George Mack, CCG,

Denise D'Souza, Statutory Director of Adult Social Care, Dr. Tom Scanlon, Director of Public Health, Pinaki Ghoshal, Statutory Director of Children's Service, Frances McCabe, Healthwatch, Graham Bartlett, Brighton and Hove Local Safeguarding Children's Board, and Trudy Mills, NHS England.

**Apologies for absence:** Sarah Creamer, NHS England

**PART ONE**

**1 PROCEDURAL BUSINESS**

**1A Introductions and Declarations of Substitute Members**

1.1 The Chair welcomed members to the first meeting of the reconstituted Board. Members were invited to introduce themselves and it was established that Trudy Mills, Public Health Commissioning Manager was attending in place of Sarah Creamer to represent NHS England. There were no councillor substitutes.

**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 MINUTES

- 2.1 **RESOLVED** - (1) That the minutes of the Health & Wellbeing Board held on 5 February 2014 be agreed and signed as a correct record.
- (2) That the Adult Care & Health Committee held on 17 March 2014 be noted.

## 3 CHAIR'S COMMUNICATIONS

- 3.1 The Chair informed the Board that he had asked for Item 10 – Providing Homes for People with Learning Disabilities, to be deferred. The Chair reported that he had made recent visits to learning disability services and had listened to feedback. As a result, he considered it was necessary to conduct a review of all services provided to people with learning disabilities, rather than looking at separate aspects of the service. The Chair stated that he would like the review to be led by someone from another local authority and that the emphasis of the review should be from the user perspective.
- 3.2 Councillor Norman stated that he was disappointed that the report had been deferred and was concerned that the delay would create uncertainty in people's minds. He stressed that the process had been developed over a long period and he felt it was time a decision was made. Councillor Norman believed that the service needed to be managed in a different way and there was a need to move forward in the ways set out in the report. The Chair replied that the intention of the open review was to modernise the service for the benefit of service users.
- 3.3 Councillor Morgan considered that it would have been more appropriate to have delayed the proposals before the report had been published. He was concerned at the lack of certainty for staff and service users. The Chair replied that budget papers had been published in December and that proposed changes to the service had been known for some time.
- 3.4 Councillor Theobald asked if the wider review would include all alternatives including outsourcing. The Chair replied that the review would consider the best approach for the service user.

## 4 PUBLIC INVOLVEMENT

- 4.1 There were no questions, petitions or deputations. The Chair reported that the Board were looking at ways to make public involvement more effective. This would include public involvement at the CCG Board and Health & Wellbeing Partnership. These plans were not ready at present but a protocol for public involvement would be produced for agreement at a future meeting.

## **5 BRIGHTON & HOVE HEALTH & WELLBEING BOARD (HWB): NEW TERMS OF REFERENCE**

### **Introduction**

- 5.1 The Chief Executive, BHCC presented a report which set out Terms of Reference for the Board which were recently amended at Full Council on 8 May 2014. The report to Council was attached as appendix 1 to the report.
- 5.2 The Chief Executive reported that the council were working very closely with colleagues from the CCG and NHS to develop the Health and Wellbeing Board arrangements. In addition to the Health and Wellbeing Board, there would be a Health & Wellbeing Officer Executive Board chaired by her and the Health and Wellbeing Partnership.
- 5.3 The Chief Executive stated the arrangements would result in the Health & Wellbeing Board providing system leadership to the whole health and social care system in Brighton & Hove. The intention was for the Board to encourage all members to participate and reach a consensus. The detail of the new arrangements was attached as Appendix 2 of the report. The remit of the Board was very wide and covered 'cradle to grave' services. It would not be restricted to medical or social care matters but would include public health, children and young people, housing and other services, in order to provide the best services for the population.

### **Questions and Discussion**

- 5.4 Tom Scanlon remarked that he was pleased to see the new arrangements which would result in operating in a different way. There was an intention to try and raise the profile of the Board across the city.
- 5.5 Councillor Norman stated that he had been involved with the Board from its inception and was pleased to see the new arrangements. Councillor Norman hoped that the Board would continue to look for improved ways of working. For example, he suggested that in future the Board should sit in a circle rather than in Board Room style. The Chair replied that nothing was set in stone and all suggestions for improvement would be considered.
- 5.6 Councillor Jarrett concurred with previous comments. He thanked everyone who had contributed to the Board over the last two years.
- 5.7 Dr Christa Beesley commented that from an NHS point of view she welcomed the revitalisation of the Board and stressed that there was important work to carry out. This work included making improvements to systems as well as healthcare.
- 5.8 Graham Bartlett stated that he was delighted to be involved as a member of the Board. His role would be to ensure that safeguarding children was considered across the city.
- 5.9 The Chair stated the reconstituted Board was one element of the changes. There were limited numbers on the Board, however the Health & Wellbeing Board Partnership would involve members from the third sector and independent sector and there were a number of forums that would provide an opportunity for participation.

- 5.10 **RESOLVED** – (1) That the revised Terms of Reference for the Health and Wellbeing Board as attached at Appendix 1 of the report be noted.

## **6 BETTER CARE FUND PLAN UPDATE**

### **Introduction**

- 6.1 The Board considered a report of the Executive Director, Adult Services and the Chief Operating Officer, CCG which provided an update on progress of the Brighton and Hove Better Care Plan, the two locations for Phase One of the Better Care Plan and the implementation of an integrated model of care for Brighton and Hove's homeless population. The report was presented by Denise D'Souza, Executive Director Adult Services and by Geraldine Hoban, Chief Operating Officer, CCG.
- 6.2 Denise D'Souza reported that the Better Care Plan was previously approved by the Board on 14 February. The final revised version had been resubmitted to NHS England on 4 April and was now before members. More detail had been provided in the report as set out in paragraph 3.4. Phase 1 of the frailty model of care was set out in paragraph 3.7. Two GP surgeries had been identified to be involved in Phase 1 frailty. Workshops were being set up for all providers working in the areas identified. Further information would be provided to NHS England on the Better Care Plan by July 2014.
- 6.3 Geraldine Hoban reported that a key aspect of Better Care provision was identifying vulnerable people in the city with the view to providing more co-ordinated, integrated care. The third sector could play a key role in helping vulnerable people in the city. There was much potential for attracting national funding for pilots.

### **Questions and Discussion**

- 6.4 Dr Xavier Nalletamby stated that from a GP's perspective he considered the Better Care Fund Plan to be a very important and challenging piece of work. GPs were looking at innovative and creative ways of working with others. For example, GPs were talking with pharmacies to see if they could prescribe for some conditions. There had been many bids for the frailty pilots. There was a feeling that a new way of working was required to help people and that the current ways of working were not sustainable.
- 6.5 Dr Nalletamby stressed that there was no growth in NHS funding, and no growth was effectively a cut. The workforce had not increased yet costs were higher. The workload for GPs (patient contact) had risen by 25% in five years (5% a year). Expectations had risen and more could be done for people; however, there was not always the capacity to do things in the old ways of working.
- 6.6 Frances McCabe considered that the Better Care Plan was a really good initiative with service users at the centre of the proposals. Ms McCabe questioned how the frailty model as set out in paragraph 3.6 would fit in with the proposals. Ms McCabe referred to paragraph 5.3 of the report relating to community engagement & consultation and stated that she hoped Healthwatch could be involved in the process.

- 6.7 Dr Jonny Coxon referred to the Challenge Fund, set up to improve GP access. He stated that the different funds took up much GP time. The Challenge Fund was directed at some of the same patients as the Better Care Fund.
- 6.8 Frances McCabe stressed that it was important for patients and the public that the funding streams were properly co-ordinated or there would be a danger of having aspects of funding that were not accountable.
- 6.9 Tom Scanlon welcomed the report and felt that focusing on vulnerable people was excellent. He asked for more information about homelessness.
- 6.10 Geraldine Hoban explained that the homeless strand commenced with the first pioneer site for homelessness work. The intention was to have joined up integrated care and have a primary care led model. Ms Hoban informed members that there was already a primary care led model of care being developed at Morley Street Surgery, Brighton. The integrated teams would deal with substance misuse, assist discharge from hospital, and have alcohol and drug services. Progress on this work would be reported to the Better Care Board and to the Health and Wellbeing Board.
- 6.11 The Chief Executive referred to pop up hubs which connected members of the street community with workers from mental health services, substance misuse services, housing officers as well as neighbourhood policing teams. She suggested that pop up hubs should become part of the arrangements.
- 6.12 Dr Christa Beesley concurred. She reported that Eastbourne had pop up hub services, and they could be useful in the City. Dr Beesley suggested that the pop up hubs should be combined with street triage services.
- 6.13 The Chair asked if there would be intensity frailty work in the same way that the fire service worked with such vulnerable frail groups. Geraldine Hoban replied that officers were looking at health data relating to intensity frailty. For example, all persons aged 70 plus receive health check ups. An Information Technology Group was looking at sharing records.
- 6.14 Tom Scanlon informed the Board that that Public Health had lists of vulnerable people, as did the fire service.
- 6.15 Dr Christa Beesley remarked that the definition of frailty in Brighton and Hove was social vulnerability. The homeless needed to be included in this group.
- 6.16 **RESOLVED** – (1) That the final Better Care Fund Plan for Brighton and Hove and the amendments made following the original submission be noted.
- (2) That the progress made with Phase One and with the Homeless Programme be noted.

## **7 BRIGHTON AND HOVE CCG 5 YEAR STRATEGIC PLAN 2014-2019 AND 2 YEAR OPERATING PLAN 2014-2016**

### **Introduction**

- 7.1 The Board considered a report of the Chief Operating Officer, CCG which informed members that Clinical Commissioning Groups were required by NHS England to produce a 5 year strategic plan covering the period 2014-2019 and a 2 year operating plan covering 2014-2016. Both plans should be based on the needs of the local population as described in the Joint Strategic Needs Assessment, aligned to the priorities described in the Joint Health and Wellbeing Strategy and must clearly articulate how the system will address health inequalities and improve health outcomes.
- 7.2 Brighton and Hove CCGs 5 year strategic plan set out the vision and objectives of the CCG and demonstrated how the CCG would harness clinical and managerial skills, expertise and context of the financial challenges facing the NHS. The strategic objectives for the five year plan were set out in sections 3.2 to 3.9 of the report. The 2 year Operating Plan described how the CCG intended to deliver the vision outlined in the 5 year strategy. The report was presented by Geraldine Hoban, Chief Operating Officer, CCG.
- 7.3 Ms Hoban highlighted the following areas: - the strengthened collaborative arrangements for cancer treatment – paragraph 3.2.2. Addressing the gap in life expectancy – paragraph 3.2.3. The focus on dementia – paragraph 3.5.3. Meeting the needs of the diverse community – Paragraph 3.2.4. The major programme of work to re-model the front door of A&E – paragraph 3.6.3. The Integration of physical and mental health services to improve outcomes and the health and wellbeing of all the population – paragraph 3.7. The sustainability plan – paragraph 3.8. To exploit opportunities provided by technology – paragraph 3.9.

### **Questions and Discussion**

- 7.4 Councillor Norman supported the plans and quoted paragraph 3.3 – ‘ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care’ and 3.3.1 ‘We are determined to put patients at the heart of what we do as a CCG....’ Councillor Norman considered these quotes encapsulated the aims of the report.
- 7.5 Councillor Norman asked for clarification that the plans could be continually reviewed. Councillor Norman also asked for confirmation that mindfulness and talking therapies were already being used in the system.
- 7.6 Geraldine Hoban explained that there was a requirement to refresh the five year plan annually. There was also the opportunity to influence the plan throughout the year through the engagement process. With regard to mindfulness, the CCG did provide talking therapies. There was a new service of which mindfulness was a part. In fact the CCG also provided mindfulness for its own staff.
- 7.7 Councillor Morgan thought the report was welcomed the report. He asked for more information on health inequalities..

- 7.8 Dr Christa Beesley explained that public health colleagues helped the CCG with this work. Brighton and Hove was a very mixed area and there needed to be more integrated work with the third sector.
- 7.9 Tom Scanlon was pleased to see the issue of health inequalities in the report. There had been an improvement over the last 10 years; some of these improvements had an immediate impact.
- 7.10 Graham Bartlett was surprised to see no mention of children's safeguarding in the report. He asked what the intentions were with regard to safeguarding. Geraldine Hoban explained that there was a section on children in the more detailed plans. There had been a fundamental review of how the children's service was commissioned. A report would be submitted to the next Health and Wellbeing Board on children's services and safeguarding. The report would suggest more joined up working and more clinical leadership.
- 7.11 Pinaki Ghoshal reported that there had been positive discussions and there was a real intention to work more closely with the CCG. However, he was disappointed that the current report made no reference to children and young people. There was a great deal of work to carry out and gaps in outcomes.
- 7.12 Dr Christa Beesley replied that this could be made more obvious in future reports. She was not satisfied with the health outcomes. Ongoing work included a review of CAMHS. There was a rising problem with self harm among young people and the rates of young people going into hospital was increasing. There was a need to make primary care much more accessible.
- 7.13 The Chief Executive emphasised that the CCG plans were covering cradle to grave services. Children's services were implied in the plans. The Chief Executive suggested that if the report was going to be presented at any further meetings there should be more explicit mention of children's services.
- 7.14 Trudy Mills was pleased to see the recommendations and priorities in the report. She agreed with the comments with regard to children's services.
- 7.15 Frances McCabe asked if the mental health needs of older people were being taken into account. She would like to see this recognised. Ms McCabe referred to involvement and participation. She asked if this work could be co-ordinated, including with the Area Team.
- 7.16 Dr Christa Beesley replied that with regard to older people, there was recognition that there were multiple long term conditions and that it was important to treat both mental and physical health problems. Physical check ups would also consider mental health care.
- 7.17 Councillor Theobald stated that he fully supported the emphasis on cancer commissioning & care. With regard to dementia and older people, Councillor Theobald was aware that in some cases physical illness sometimes led to dementia. He expressed concern about the negative effect on the mental health of some older people of moving into residential care. Councillor Theobald agreed that work with children and

young people was very important. He asked if the plans would include work to prevent children smoking.

- 7.18 Dr Beesley explained that early intervention would help keep elderly people supported in their own homes. She agreed that a change in environment could make a condition deteriorate. The CCG did commission a care and support team as part of the work on frailty.
- 7.19 Tom Scanlon reported that the local authority commissioned a smoking cessation service. There was a need to deliver 2000 quitters a year. There was also a bigger focus on preventing people smoking in the first place.
- 7.20 The Chief Executive informed members that she had signed up to the Dementia Friends campaign which was supported by the Alzheimer's Society and Public Health England. She suggested that the Health and Wellbeing Board should sign up to be a Dementia Friend. It was a very simple action that would help to raise awareness. The Board agreed to this suggestion.
- 7.21 **RESOLVED** – (1) That the content of the report be noted.
- (2) That it be agreed that the CCG plans do align with the local needs and priorities identified in the JSNA and JHWS.
- (3) That the Health and Wellbeing Board sign up to become a Dementia Friend.

## **8 UPDATE ON PROGRESS WITH THE INDEPENDENT DRUGS COMMISSION REPORT**

### **Introduction**

- 8.1 The Board considered a report of the Director of Public Health which updated members on the progress made with the Independent Drugs Commission's recommendations from 2013 and on the feedback from the Commission's review in April 2014. The report was presented by the Commissioner, Community Safety.
- 8.2 Members were informed that the Independent Drugs Commission was established in 2012 by the Safe in the City Partnership. Before its establishment numbers of drug related deaths in the city had been high. The Independent Drugs Commission organised its work and recommendations around four key challenges which were set out in Appendix 1 to the report. An action plan summarising local progress made in response to the recommendations was attached as Appendix 2.
- 8.3 Paragraph 3.2 set out areas that the Drugs Commission felt had gone well and areas of continuing concern. Overall the Drugs Commission was complementary about the progress made. Appendix 3 of the report summarised the work of the group considering the feasibility of establishing a Drugs Consumption Room in Brighton and Hove. It was concluded that at the present time the overall need of the local community, not just injecting drug users, was not considered sufficient by local organisations to agree to support establishing a drugs consumption room.



### Questions and Discussion

- 8.4 The Chief Executive informed the Board that she was Chair of the Safe in the City Partnership. She stressed that problems related to drugs and alcohol consumption were key issues for both public health and community safety.
- 8.5 Geraldine Hoban considered the report to be very encouraging. Ms Hoban referred to a key point in Appendix 2 (page 81). It was reported that the Public Health Schools Programme had been launched for students and staff. This was to be extended to work with local colleges once the school programme had been established. Ms Hoban stressed that colleges were even more vulnerable and asked why this work had been left as a second priority. Tom Scanlon explained that the Public Health Schools Programme had commenced this year. The programme involved wide ranging health interventions. The work would be extended to colleges when more data had been received.
- 8.6 Councillor Jarrett thanked everyone involved in the process. Councillor Jarrett remarked that drugs related deaths had decreased for a number of reasons. He asked if numbers were down in the year the work was carried out. The Commissioner, Community Safety reported that the numbers had not yet been confirmed by St Georges Hospital. She was not necessarily expecting to see the level of decrease to be sustained and the figures for 2013 would not be received until 2015. The situation was volatile and numbers of drug related deaths could go up or down. For example, over the Christmas period there were 17 drug related deaths related to the purity of heroin.
- 8.7 Councillor Morgan referred to Appendix 3 of the report which provided an update on the Drugs Consumption Room Feasibility Working Group. Section 3 of the paper quoted Home Office and Police comments which stated that drug consumption rooms were against the law. Councillor Morgan asked for clarification about the legal position.
- 8.8 The Deputy Head of Law explained that drug consumption rooms could be managed in different ways. It was possible to run them in a way which would make them lawful. The statutory comments that drug consumption rooms were unlawful was not helpful. It was possible to have a local accord with Sussex Police to discuss the feasibility of setting up a local drugs consumption room.
- 8.9 Graham Bartlett concurred. A drug consumption room itself was not unlawful. However, Mr Bartlett did share the concerns of the police.
- 8.10 Councillor Norman remarked that he would prefer not to see the establishment of drug consumption rooms.
- 8.11 **RESOLVED** – (1) That the progress made with the recommendations and the response from the Independent Drugs Commission be noted.
- (2) That it is agreed that the Safe in the City Partnership and Substance Misuse Programme Board monitor future progress with the recommendations.

## 9 DISABILITY AND SPECIAL EDUCATIONAL NEEDS REVIEW

### Introduction

- 9.1 The Board considered a report of the Executive Director, Children's Services which set out the terms of a review of Disability and SEN services, including related health services. The report was presented by the Assistant Director of Children's Services.
- 9.2 A diagram in paragraph 3.8 of the report showed the four areas covered by the scope and remit of the review. Children and young people were firmly at the heart of the review. The report had been presented to the Children and Young People Committee.
- 9.3 Members were informed that the Government was implementing wide ranging reforms to the way services for children and young people with SEN and disabilities were delivered through the Children and Families Act from September 2014. SEN, health, care and disability provision would now be provided up to age 25. This change would have big implications for all agencies. The timeline for the review was set out in paragraph 3.7.
- 9.4 Governance of the review would come from specially constituted Governance Board consisting of high level representation from Children's Services, CCG, schools and parents. The Health and Wellbeing Board would be the primary accountable body.
- 9.5 Pinaki Ghoshal stressed that this was a substantial review and it would be a challenge to achieve the timeline set out in paragraph 3.7. However, the result of the review would be better services for children and their families. The work would involve decommissioning some services and commissioning new services.
- 9.6 Councillor Shanks was invited to address the Board as Chair of the Children and Young People Committee. She supported the recommendations and had every confidence the review would lead to an improved service.

### Questions and Discussion

- 9.7 Denise D'Souza referred to the transition arrangements to adulthood mentioned in paragraph 3.3. She stressed the need for this matter to be considered by commissioners. Geraldine Hoban agreed this was the role of the CCG and was confident that the CCG and were involved in the process. Ms Hoban stated that it might be helpful to have a more detailed paper on how the CCG would work more closely with Children's Services. One other duty would be a greater emphasis on integrated budgets. The CCG would work with Children's Services with regard to the personalisation process for children.
- 9.8 Councillor Jarrett stated that on behalf of the Scrutiny Panel on Services for Children with Autism, he welcomed the proposals in the report. The families of children with autism had requested more support.
- 9.9 **RESOLVED** – (1) That the commencement of the review be noted and the scope, vision and aims of the review be approved.

**10 PROVIDING HOMES FOR PEOPLE WITH LEARNING DISABILITIES - DEFERRED TO A FUTURE MEETING**

10.1 This item was deferred (see paragraph 3.1).

The meeting concluded at 5.57pm

Signed

Chair

Dated this

day of