



Who are we?

The Health and Wellbeing Board is the forum where representatives of the Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove. Meetings are open to the public and everyone is welcome.

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 13th June 2017, starting at 4.00pm. It will last about two and a half hours.

There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website.

What is being discussed?

There are four main items on the agenda

- Brighton & Hove Caring Together – June Update
- Community Meals – Post Transitions User Survey
- Update on Voluntary Smoking Ban
- Pharmaceutical Needs Assessment 2017/18

What decisions are being made?

- There are no formal papers for decision, the above items are all for noting.

Note: In having regard to the calling of the General Election and the publication of the agenda and papers falling within the period of purdah, the Board felt that it would be appropriate to meet but to restrict items for consideration to those for information. It is expected that there will be a full agenda at the meeting on the on the 11th July 2017.

Geoff Raw
BHCC
Chief Executive

Daniel Yates
Councillor
Chair

**Elizabeth
Culbert**
Legal Adviser

Mark Wall
Secretary
to the Board

Adam Doyle
CCG
(Voting member)

Nick Taylor
Councillor
(Voting member)

Dawn Barnett
Councillor
(Voting member)

Peter Wilkinson
(Non-voting Statutory
member)

Lola BanJoko
CCG
(Voting member)

Dr Manas Sikdar
CCG
(Voting member)

Graham Bartlett
(Safeguarding Boards
Adults & Children
(Non-voting co-optee)

Pinaki Ghoshal
(Non-voting Statutory
member)

Caroline Penn
Councillor
(Non-voting invitee)

Karen Barford
Councillor
(Voting member)

Dr George Mack
CCG – Lay member
(Voting member)

Dick Page
Councillor
(Voting member)

Rob Persey
(Non-voting Statutory
member)

Dr David Supple
CCG
(Voting member)

David Liley
Healthwatch
(Non-voting Statutory
member)

Pennie Ford
NHS England
(Non-voting co-optee)

**Public
Speaker**

**Public
Speaker**

Public Seating
For those with public items on the
agenda

Press table



Health & Wellbeing Board
13th June 2017
4.00pm
Hove Town Hall, Council Chamber

Who is invited:

Voting Members: Cllrs Daniel Yates (Chair), Karen Barford, Dawn Barnett, Dick Page and Nick Taylor; LolaBanjoko, Adam Doyle, Dr George Mack, Dr David Supple and Dr Manas Sikdar (Brighton & Hove Clinical Commissioning Group).

Non-Voting Members: Geoff Raw, Chief Executive; Rob Persey, Statutory Director of Adult Services; Pinaki Ghoshal, Statutory Director of Children's Services; Peter Wilkinson, Acting Director of Public Health; Cllr Caroline Penn (BHCC); Graham Bartlett (Brighton & Hove Local Safeguarding Adults and Children's Boards); Pennie Ford (NHS England); and David Liley (Brighton & Hove Healthwatch).

Contact: **Mark Wall**
Secretary to the Board
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This Agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 5 June 2017

AGENDA

Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

	Page
1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS	-
<p>The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.</p>	
2 MINUTES	1 - 16
<p>The Board will review the minutes of the last meeting held on the 31st January 2017, decide whether these are accurate and if so agree them (copy attached).</p>	
<p><i>Contact: Giles Rossington Tel: 01273 295514</i> <i>Ward Affected: All Wards</i></p>	
3 APPOINTMENT OF DEPUTY CHAIRS	-
<p>To appoint two Deputy Chairs for the Board, one from the City Council and one from the CCG.</p>	
4 CHAIR'S COMMUNICATIONS	-
<p>The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.</p>	
5 FORMAL PUBLIC INVOLVEMENT	-
<p>This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting. Ring the Secretary to the Board, Mark Wall on 01273 291006 or send an email to mark.wall@brighton-hove.gov.uk</p>	

The main agenda

Papers for Decision at the Health & Wellbeing Board

There are no formal papers requiring decision at this meeting.

Papers for Discussion at the Health & Wellbeing Board

6 BRIGHTON & HOVE CARING TOGETHER - JUNE UPDATE -

Verbal update from the Dr. David Supple and the Executive Director for Health and Adult Social Care.

Contact: Rob Persey
Ward Affected: All Wards

Tel: 01273 295032

Papers to Note at the Health & Wellbeing Board

7 COMMUNITY MEALS - POST TRANSITIONS USER SURVEY 17 - 24

Report of the Executive Director for Health and Adult Social Care (Copy attached).

Contact: Judith Cooper
Ward Affected: All Wards

Tel: 01273 296313

8 UPDATE ON THE VOLUNTARY SMOKING BAN 25 - 32

Report of the Executive Director for Neighbourhoods, Communities & Housing (copy attached).

Contact: Roy Pickard
Ward Affected: All Wards

Tel: 01273 292145

9 PHARMACEUTICAL NEEDS ASSESSMENT 2017/18 -

Report of the Executive Director for Health and Adult Social Care (to follow).

Contact: Nicola Rosenberg
Ward Affected: All Wards

Tel: 01273 574809

WEBCASTING NOTICE

This meeting may be filmed for live or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act 1988. Data collected during this web cast will be retained in accordance with the Council's published policy (Guidance for Employees' on the BHCC website).

For further details and general enquiries about this meeting contact Democratic Services, 01273 2910386 or email democratic.services@brighton-hove.gov.uk

Public Involvement

The Health & Wellbeing Board actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public.

If you wish to attend and have a mobility impairment or medical condition or medical condition that may require you to receive assisted escape in the event of a fire or other emergency, please contact the Democratic Services Team (Tel: 01273 291066) in advance of the meeting. Measures may then be put into place to enable your attendance and to ensure your safe evacuation from the building.



Hove Town Hall has facilities for people with mobility impairments including a lift and wheelchair accessible WCs. However in the event of an emergency use of the lift is restricted for health and safety reasons please refer to the Access Notice in the agenda below.



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

Fire / Emergency Evacuation Procedure

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:

- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

Do not re-enter the building until told that it is safe to do so.

1. Procedural Business

(a) Declaration of Substitutes: Where Members of the Board are unable to attend a meeting, a designated substitute for that Member may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

- (a) Disclosable pecuniary interests
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members of the Board should seek advice from the Lawyer or Secretary preferably before the meeting.

(c) Exclusion of Press and Public: The Board will consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, that the press and public should be excluded from the meeting when any of the items are under consideration.

NOTE: Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available from the Secretary to the Board.



4.00pm 31 January 2017
Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 3BQ

Minutes

Present: Councillors Barford, Brown, A Norman, Page and Penn, John Child, Dr. David Supple, Adam Doyle and Dr. George Mack; Clinical Commissioning Group.

Other Members present:

Geoff Raw (Chief Executive BHCC), David Liley (Healthwatch), Graham Bartlett (Independent Chair of Safeguarding Boards), Pinaki Ghoshal, (Statutory Director of Children's Services), Rob Persey (Statutory Director of Adult Social Care), and Peter Wilkinson (Acting Director of Public Health).

Part One

51 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

- 51.1 Councillor Yates was unable to attend the meeting due to illness, and members agreed that Councillor Barford should Chair the meeting in his absence. The Board wished Councillor Yates a speedy recovery.
- 51.2 Apologies were received from Councillors Yates and Ken Norman, who was also unwell, and from Dr Sikdar. Dr Supple sent notice that he would be late to the meeting.
- 51.3 Councillors Penn and Ann Norman attended the meeting as substitutes for Councillors Yates and Ken Norman respectively.
- 51.4 Councillor Barford declared a disclosable and pecuniary interest in Item 56 as she was employed by St Peter and St James Hospice in North Chailey; but stated that she had received a dispensation to speak and vote on the item.
- 51.5 **RESOLVED** – That the press and public be not excluded from the meeting.

52 MINUTES

- 52.1 The minutes of the meeting held on 22 November 2016 were approved as an accurate record.

53 CHAIR'S COMMUNICATIONS

- 53.1 The Chair gave the following communication:

Welcome to the meeting.

- 53.2 It is a busy agenda and the Chairs communications will be noted in full in the minutes.

- 53.3 Changes in the seating arrangements: There are a number of members of the public here, which is good to see. Clearly there are issues on today's agenda which people feel passionate about. Please do note that you are here as observers, not as participants in the meeting. The council has a number of ways for people to ask questions or present petitions to committee meetings – and we have members of the public here today with a deputation. However, we cannot have the meeting disrupted by people shouting out from the public gallery, and I'm sure everyone here today will respect this.

Changes of personnel within health and social care

- 53.4 I would like to welcome Rob Persey, our new Executive Director for Health and Adult Social Care Health who is now in post - welcome.
- 53.5 The South East Coast Ambulance Trust have appointed a new Chief Executive. Daren Mochrie will be joining the Trust shortly.
- 53.6 As many of you are aware, Colm Donaghy will be retiring shortly as the CE at Sussex Partnership Trust. Samantha Allen will be taking on this role from April 2017.

HOSC

- 53.7 HOSC are continuing the track the quality and improvement progress of Brighton and Sussex University Hospitals Trust as it is in special measures.
- 53.8 Some of you may have seen the television coverage about the staffing shortages at South East Coast Ambulance NHS Foundation Trust. Again this trust is in special measures and their progress to improvement is being monitored by HOSC.

- 53.9 HOSC will shortly be talking to Sussex Partnership Foundation Trust about their recent CQC inspection and post inspection improvement action plan.
- 53.10 Given the recent closure of Lewes Road Surgery, HOSC will be continuing to look at GP sustainability within our city.

Water Refill Scheme

- 53.11 At the October Full Council meeting the issue of Water Refill was raised. I am happy to provide an update on the work to date.
- 53.12 Brighton & Hove City Council and Southern Water are exploring the logistics and sustainability of a refill style scheme in the city. A scheme of this type would involve local businesses choosing to allow residents and visitors to refill reusable water bottles with tap water. The first stage is the implementation of a survey of businesses to inform the design of the scheme which will be taking place and results analysed during February. This will inform the proposed design of the scheme.
- 53.13 Potential benefits of the scheme could include:
- reduced waste from drinks bottles resulting in a reduction in waste collection volume and benefits for the environment
 - less money spent on buying bottled drinks
 - health benefits from drinking water rather than sugar sweetened drinks.

Community Short Term Services

- 53.14 Community Short Term Services (CSTS) are a collection of services that work closely together to provide rehabilitation and crisis care to people that enable them to either remain at home rather than going to hospital or enable them to be discharged from hospital following an episode of care.
- 53.15 The Board will be aware we have had papers concerning these services and the need to review the model of provision that we currently have to ensure it best needs the changing and more challenging needs of our community.
- 53.16 Although the Board approved a re-procurement of services, only one tender was received and this did not pass the required thresholds. Therefore, it was agreed not to award the contract.
- 53.17 We wish to reassure the Board that the current capacity and arrangements will remain in place whilst we now refresh the review of bed-based care in the city.
- 53.18 The review will both engage with the provider market to understand why we did not receive a better response to the previous procurement, and, taking full account of the Brighton & Hove Caring Together programme, ensure we align future service

provision to our emerging community strategy. The Board will of course be updated with the outcome of the review at a future date.

Digital Roadmap

53.19 The Sussex & East Surrey Digital Roadmap was published on Friday last week. This is seen as one of the key enablers to moving towards a person-centred integrated service for residents.

53.20 The Digital Roadmap describes how we will continue to develop and exploit the many benefits of new technologies to ensure that our health and social care services are fully aligned to the changing needs of and expectations of local populations. The Board may wish to have a short presentation about this subject.

54 FORMAL PUBLIC INVOLVEMENT

54.1 Public questions A, B and C all concern plans for youth services, and were responded to jointly.

A Public Question from Maddie Davidson:

54.2 “I have been to youth workers, CAMHS and RU OK. I prefer talking to youth workers because you can be yourself, they don’t judge you and they don’t make assumptions. I don’t like talking to strangers and I feel comfortable with youth workers. Why are the council cutting the services that young people want to go to?”

B Public Question from Billie Deason:

54.3 “How do you think that mental health services like CAMHS are going to deal with all the extra referrals that they are going to have when youth services are cut?”

C Public Question from Layla Garrard:

54.4 “If a young person is feeling suicidal or like self-harming, they still might have to wait weeks for a referral. Don’t you think it is important for young people to have someone that they can talk to straight away?”

54.5 The Chair thanked the three people for their questions; and stated that the services provided by the Youth Collective and by the more targeted in-house youth service have been much valued and it has been with a very heavy heart that we have proposed the funding reduction to these services. This is a consequence of large cuts to our central government grant. There are a large number of statutory functions that we have to do and also huge demands on our budget in, for example, children and adults social care and in temporary housing.

Although we are proposing a funding reduction here, there will continue to be preventative work done to support young people who are facing difficulties: by schools and colleges, the community and voluntary sector (many of whom do this without financial support by the council) and by council services such as the Youth Employability Service, RUOK our substance misuse service, our Adolescent Service and our Youth Offending Service.

We are in discussion with our partners about how we can redesign our services in the context of reduced funding in order to continue to provide support for our children and young people especially those who may face mental distress or have mental health needs. We have been working very closely with health commissioners to totally redesign the way we provide support for young people with emotional and mental health needs. We want to move away from a clinic based service which many young people decide to no longer access to earlier support in schools and in communities. To this end last year we started to work in 3 of our secondary schools with mental health workers being based in schools. This has been successful and has led to a reduction in CAMHS referrals so we are at the moment rolling this out across all of our secondary schools. This will not cost more money, but it will reach more young people.

The Board will remember that it has seen the children and young people mental health Transformation Plan and had presentations about this. Please be assured that Local Authority, Public Health and CCG are working very closely to ensure that the impact is minimised and there is accessibility and connectivity across services. Public Health is continuing its investment in specialist youth work for teenage pregnancy and substance misuse and this is still going to be accessible in schools.

We have already mentioned above the primary mental health workers in schools and it also worth noting that from June 2017, the CCG is commissioning a new Community Wellbeing Service; we will keep you updated on this.

In addition, '#IAMWHOLE' is a new anti-stigma youth mental health campaign developed by NHS Brighton and Hove CCG in partnership with Brighton & Hove City Council and YMCA Right Here, a local mental health project. For anyone worried about mental health, visit www.findgetgive.com - a new online mental health service directory website for 13-25 year olds designed by young people from YMCA's Brighton & Hove Right Here project in partnership with other local partners for the #IAMWHOLE campaign.

Speaking to young people will also continue as a strong focus through the Youth Council, online surveys and focus groups. Right Here will continue to be jointly commissioned with their important peer-led work. Public Health have also just appointed a Young Apprentice.



- 54.6 Ms Davidson asked a supplementary question, querying why there had been no engagement with young people prior to the announcement of these changes?
- 54.7 Pinaki Ghoshal responded that unfortunately there had been no opportunity to engage before the plans were announced. However, the council is committed to engaging with young people and is now in dialogue about these plans. Children, Young People & Skills Committee will also be involved.

D Public Question from Valerie Mainstone

- 54.8 "I was concerned at the HWB meeting on 22 November 2016 to hear the Chair describe the Children's Public Health Nursing 0-19 contract as a 'good news piece of work.'

"Please can the meeting outline what is good about:

1. A £3m cut in the budget over 3 years
2. More than 10% of the Health Visiting workforce being replaced by unregistered staff
3. Sussex Community NHS Foundation now proposing to greatly reduce the number of clinical managers for this service - leading not only to downgrading, but also to safety concerns
4. Decommissioning of the Family Nurse partnership, leading to the loss of jobs, and also to the loss of a highly valued service
5. The huge waste in time and money that this tendering process took: money which could have been spent on client care or jobs."

- 54.9 The Chair thanked Ms. Mainstone for her question and stated that the large reduction in the ring-fenced public health budget and the overall council budget had meant that significant reductions in funding for public health programmes were inevitable. The submission from Sussex Community NHS Foundation Trust was evaluated positively in its ability to deliver the described services within the financial envelope and SCFT and the Public Health Commissioners were working together to minimise the impact of the budget reduction on the local service for children and families.

The Public Health Community Nursing workforce would be led by Health Visitors and School Nurses - some with specialist lead roles (for example for perinatal and infant mental health; and for teenage and vulnerable families), supported by skill-mix teams drawing on a range of skills and expertise to ensure that services are age and intervention appropriate and include staff nurses, assistant practitioners, youth workers and administrators. The focus would be on making the best use of the workforce by ensuring their skills are used appropriately at the right levels.

SCFT has informed Brighton & Hove City Council that a staff consultation was in place and we would be informed of the outcome in a timely manner. We do not know the content of this yet. The re-commissioned service would include a new enhanced

service for vulnerable families including teenage parents. Young parents were consulted and their feedback was included in the design of the new offer.

The procurement exercise had to be undertaken. As the Board knows they were bound by legal constraints. The procurement exercise was undertaken in accordance with all relevant European and UK public procurement legislation and the Council's contract standing orders. This led to the redesign of the service with a mobilisation start date of 1st April 2017."

E Public Question from Mr Ken Kirk

54.10 The whole issue of STP begs so many unanswered questions. I don't expect you to know the answers, but I would like to know if these same questions had crossed your minds.

1. We know that owing to the funding not keeping pace with increasing demand the NHS is in crisis. Under STPs the NHS budget will be cut by a further £20 billion; how can we provide a comprehensive health service for B&H when our share of the NHS budget is reduced?
2. Under STPs US-style MCP and ACO are used. Why copy the organisations of the worst health service in the world, where the poorest third can't afford healthcare?
3. Why doesn't NHS England run a pilot of STPs to see if STP works?
4. Why can't we see the full details of the changes proposed for our healthcare?

54.11 The Chair thanked Mr. Kirk for his question and noted that the Board had a verbal update on Brighton Caring Together, the city's response to the STP as part of the agenda. In response to the questions today, she stated that our previous answers and presentations have demonstrated the 'do nothing' approach will not resolve the issues we face which include: demand, quality, finance.

The STP was first and foremost about improving health and care for patients, by ensuing health and care services work together better, It provides the opportunity to use economies of scale, plan more regionally and rationalise the limited resources that we have.

The Board, like you, were waiting to see the full detail of the changes proposed before we debate them. However there will be no changes to services people currently receive without local engagement and where required consultation.

54.12 Mr Kirk further commented that NHS services have traditionally been responsive to demand, but the STP is not, and this will lead to rationing. In addition, growing problems such as obesity require a strong public health response, but funding is not available to run preventative services effectively.

54.13 Councillor Page agreed with Mr Kirk that NHS services should be based on clinical need, rather than the available budget.

F Public Question from Mr John Kapp

54.14 MR. Kapp asked the following question and requested a written response rather than a verbal one at the meeting; “Will you support my proposal dated 17.1.17 to double the number of treatments for depressed patients by 2020 by opening up the market to Any Willing Licenced Provider starting in June 2017?”

Notes (Numbers refer to my published papers on www.reginaldkapp.org)
This is the same question that I tabled at the CCG board yesterday (24.1.17). No answer is better than the wrong answer, so I give both your organisations 20 working days to agree on the same affirmative answer, which would make GPs wannabees instead of drug dealers, and save £20 m poaching 500 GPs from Europe to fill the vacuum causing the crisis of toxicity (news 24.1.17) . If you give the wrong answer, I will do a Gina Miller and call on the Justice Secretary for a judicial review on your failure to obey the law (HSCA) for reasons given below.

1 On 9.1.17, the prime minister called for 1 million more depressed patients to be treated by 2020, which is approximately double the number presently effectively treated. (In 2015/16 226,850 patients recovered thanks to an IAPT treatment) On 17.1.17 I proposed how this could be done to councillors and Owen Floodgate (latest article on www.sectco.org.uk)

2 The Health and Social Care Act 2012 called for the market to be opened up to Any Willing Qualified Provider under simplified procurement rules, and NHS England have since directed that contracts should be outcome based (not performance based) to incentivise providers to heal and cure their patients.

3 I proposed a licencing scheme (9.81 on 11.4.14) by which you could meet the prime minister’s target quickly by inviting Any Willing Providers to apply for a licence to provide effective, evidence based interventions.

4 SECTCo has run 40 NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 10 week courses with supporting meditations (9.91 on 4.15) for 220 vulnerable people (including homeless drug addicts) who completed the course since 2010, with average 80% recovery rate. We offer this course for a tariff price of £1,000 per satisfied patient who completes it. We estimate that it is 100 times more cost-effective than 1 to 1 CBT, and can save £7 for every £1 invested (9.76, 23.6.14).

5 To relieve pressure on GP surgeries and A&E, I proposed (9.103 on 20.1.16) that the Locally Commissioned Services (LCS) budget of £2.3 mpa be spent to provide each cluster with a Community Care Centre open 24/7 as a mental health A&E, to provide the above intervention every day of the week.

6 I proposed (on 12.10.16 and 13.12.16) to practice manager, Greg Barnes at Wish Park surgery that cluster 4 rent 187b Portland Rd Hove (which is in the surgery building) for use as a Community Care Centre. I have also proposed to Jane Lodge

and Michelle Elston (12.16) that cluster 6 rents a room at Revitalise, 86 Church Rd Hove, and am awaiting a response.

54.15 The Chair thanked Mr. Kapp for his question and assured him that he would receive a written answer as requested.

55 MEMBER INVOLVEMENT

55.1 Councillor Page asked the following question, “Before Christmas we had the terrible news that the Sussex Beacon HIV inpatient unit was losing funding from East Sussex Clinical Commissioning Groups, thereby imminently threatening the whole charity’s survival.

You will be aware that this popular and groundbreaking organisation relieves the NHS and adult social care through its wide range of services to a disadvantaged group in our city, which has the highest prevalence of HIV outside London. The unit was rated outstanding by the Care Quality Commission only last September, and our three MPs (one Labour, one Conservative and one Green) have recently written a joint letter to the Department of Health in support of its work.

In addition you moved a motion to Full Council in October proposing that Brighton & Hove became the first Fast Track City in the UK, to lead the way in HIV treatment and diagnosis. This was passed unanimously, by all 51 Councillors from across the political spectrum.

I hope you will agree that it is intolerable to stand by and allow this “jewel in the crown” of local HIV services to close. Please use your good offices and established links with our NHS colleagues in Sussex to find a way forward.

Thank you in anticipation of your early reply, outlining what actions you will take. After that I sincerely hope we will see results in the form of an announcement.”

55.2 In response to Councillor Page’s question, the Chair told the Board that for many years the Sussex Beacon has provided high quality care for people living with HIV. The Clinical Commissioning Groups (CCGs) in East Sussex, Brighton and Hove have historically funded seven of the ten beds at the Sussex Beacon split 85% Brighton and Hove and 15% East Sussex. Brighton and Hove CCG continues to fund in-patient HIV care for our local residents at the Sussex Beacon. There has been no reduction in this funding.

Demand for beds for people living with HIV in East Sussex has fallen in recent years and the East Sussex CCGs have taken the decision to move from a block purchase arrangement to a payment system based on the actual usage of beds by East Sussex residents. This has resulted in a reduction in income to the Sussex Beacon in the region of £50k per year. It would not be appropriate for this Health

and Wellbeing Board to seek to influence the commissioning intentions of the East Sussex CCGs in this matter.

As you note the Council and the Health and Wellbeing Board have supported the aspiration of Brighton and Hove becoming a Fast-Track City. The mobilisation of this work will include the development of an action plan in partnership with local and international partners. The action plan will be informed by the analysis of local data which will be supported by our international technical partners. The action plan will describe how we will achieve the 90-90-90 target and will be shared with the Health and Wellbeing Board in due course.

- 55.3 Peter Wilkinson added that the council is working with Sussex Beacon on this issue. However, it needs to be recognised that better understanding and treatment of HIV has meant that the requirement for in-patient beds has reduced, and in the future services may need to be more focused around community support. This is recognised by Sussex Beacon.

56 BRIGHTON & HOVE CARING TOGETHER: UPDATE

- 56.1 This item was introduced by Adam Doyle, John Child and Rob Persey. Adam Doyle explained that Brighton & Hove Caring Together (BHCT) is the local health and social care transformation programme and the city's contribution to the Sustainability & Transformation Plan (STP) and to the Sussex & East Surrey Alliance place-based plan (SESA). The CCG has held a number of BHCT engagement events already and will be bringing a detailed delivery plan to a future HWB. Additional resources to support BHCT are in place, including James Corrigan the new Programme Director. Key details of BHCT, including the federation of city GPs, have been discussed with the CCG clinical leads. Rob Persey added that the city council is working closely with the CCG on this – for example in terms of the successful roll-out of the “Discharge to Assess” scheme which is now operating across eight wards at the Royal Sussex County Hospital. This is a good foundation to build upon.
- 56.2 Mr Doyle told the Board that GP sustainability is a key challenge, and that this is central to the BHCT programme. There is ongoing discussion with GPs to develop a future care model. In terms of the broader STP, NHS bodies have struggled to date to effectively articulate a vision for clinical and financial sustainability. An engagement plan is being developed and this should be available for the March 2017 Board meeting.
- 56.3 David Liley commented that Healthwatch fully supports the focus on improvement via a city-based plan.
- 56.4 Councillor Page expressed concerns that a future Multi-Speciality Community Provider (MCP) might be a private sector organisation. Cllr Page agreed that the

focus on GP sustainability is key. He also welcomed the forthcoming engagement plan, but noted that the autumn BHCT engagement events had been disappointing, with no real focus on the financial situation. Cllr Page questioned whether it was really possible to improve services whilst significantly reducing funding. Mr Doyle responded by telling members that the MCP will integrate current NHS primary and community services with local authority social care. This is not about bringing in independent sector providers to run the MCP. Mr Doyle agreed that GP sustainability is a key challenge: the CCG is risk-rating local surgeries to try and identify and support those at greatest risk. Mr Doyle acknowledged the comments about the autumn BHCT engagement events: the CCG is working closely with Healthwatch to ensure that future engagement better matches public expectations. Mr Doyle also acknowledged that the challenge to improve services whilst addressing deficits is significant. However this is about transforming rather than simply cutting services. Locally, the CCG is near to having a balanced budget although there are a number of financially challenged organisations within the footprint and there is an STP-wide conversation about how best to address this issue.

- 56.5 Geoff Raw added that the city council is used to working with diminishing budgets and is using this experience to support the CCG. Although challenging, it is sometimes possible to redesign services so as to deliver better outcomes with less funding. The council recognises that engagement to date has been problematic and is committed to engaging properly.
- 56.6 In response to a question from Councillor Penn on specific budget pressures, Mr Doyle told the Board that the CCG is required to deliver a 1% surplus, requiring savings of around £30 million. Currently the CCG is predicting a £4M shortfall against this target, but is confident that the gap can be bridged by year end. B&H CCG has not had to make really major efficiencies in past years and this puts it in a good position to deliver these savings.
- 56.7 David Liley noted that there is a risk of focusing too much on the financial drivers for change. It is more important to look at evidence: for example, why it is believed that planned changes will improve outcomes for patients. This will entail much more clinical and patient involvement. Cllr Page acknowledged the importance of focusing on evidence, but stressed that some financial issues were inescapable, particularly as it is evident that the NHS nationally has insufficient hospital beds. The worry is that services will be reduced leading to patients waiting longer and travelling further for treatment.
- 56.8 Councillor Anne Norman noted that elected members understand the need for the council to work closely with the NHS to reduce duplication and exploit new technological advances. It is also important to recognise how good much of the care is locally, particularly at the Royal Sussex, despite the pressures the system is experiencing.

56.9 The Chair thanked everyone for their comments.

56.10 **RESOLVED:** The Board noted the information.

57 LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16

- 57.1 This item was introduced by Graham Bartlett, Chair of the Local Safeguarding Children Board (LSCB). Mr Bartlett highlighted some of the positive findings of the recent Ofsted inspection, which rated the LSCB as 'good', placing it in the top 30% of boards nationally. These include: the LSCB taking an active role in service design and planning; robust arrangements for disseminating the learning from Serious Case Reviews; and good relationships with key partners (including the Health & Wellbeing Board).
- 57.2 Challenges identified by Ofsted include: supporting young people who have been 'missing'; ensuring the effectiveness of early help services; and further developing relations with the Corporate Parenting Board. Partners have been active in all these areas in the past year.
- 57.3 In the past 12 months, achievements include: improving processes in a number of areas; the opening of a Paediatric Sexual Assault Referral Centre; the launch of a Child Sexual Abuse resource pack; developing more child-centred Child Sexual Exploitation services; and successfully delivering the "Chelsea's Choice" drama on CSE to Year 10 students across the city.
- 57.4 Pinaki Ghoshal added that the LSCB provides an important space for mutual challenge and also for reflection and learning from both good and not so good practice. He was happy to endorse the annual report.
- 57.5 Councillor Brown expressed her thanks to all involved in safeguarding services. In response to a question from Cllr Brown on learning from the recent Serious Case Review, Mr Bartlett told members that the review had found fault with the processes of services in another area rather than those in Brighton & Hove. Nonetheless, city services have taken the review findings on board. Mr Bartlett also assured Cllr Brown that there are robust arrangements in place to oversee grants for young people leaving care.
- 57.6 In response to a question from Councillor Page on the LSCB's role in early help, Mr Bartlett told members that national guidance is clear that safeguarding boards have responsibility for a range of services including early help.
- 57.7 Councillor Penn congratulated the safeguarding team on their positive Ofsted assessment and on the annual report. She also proposed that the annual report be referred to Children, Young People & Skills Committee for information. The Chair added her thanks to all involved in safeguarding.

56.8 **RESOLVED** – that the 2015/16 annual report of the Local Safeguarding Children Board be noted and referred for information to Children, Young People & Skills Committee.

58 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/16

58.1 This item was introduced by Graham Bartlett. Mr Bartlett thanked Denise D'Souza for all her work as Chair of the Shadow Safeguarding Adults Board (SAB). This is the first report of the statutory SAB, and it is difficult to be certain of data so early in the Board's existence. The past year has seen a focus on: plotting the role of the SAB; developing cross-cutting links with the Local Safeguarding Children Board and with other key bodies and partnerships; delivering an audit of domestic violence amongst older people; and undertaking a review of homeless mortality. The SAB has successfully recruited high calibre lay members.

58.2 Going forward, the SAB needs to develop stronger links with clients and carers. The SAB's budget and capacity to deliver also needs to be developed, with a broader range of partners encouraged to contribute (not necessarily in financial terms). Mr Bartlett commended the work of the SAB Business Manager, Mia Brown, who has done remarkable work within very tight financial constraints.

58.3 The Chair thanked Mr Bartlett and his team for their exemplary work over the past 12 months, and suggested that the HWB might be interested in receiving future SAB reviews for information. Other Board members approved this idea.

58.4 Cllr Norman noted that the report provided valuable information for ward Councillors. It is important that Councillors are aware of vulnerable people in their wards so they can support them properly.

58.5 In response to a question from John Child, Mr Bartlett told members that the SAB was developing a data set to enable it to engage with Mental Health Act activity.

58.6 In response to a query on learning from serious incidents, Mr Bartlett told the Board that the SAB is committed to linking in to all serious incident reports.

58.7 **RESOLVED:** That the annual Safeguarding Adults Board report be noted.

59 CORPORATE PARENTING STRATEGY 2016-19

59.1 This item was introduced by Gerry Brandon, Head of Service, Leaving Care Contact and Social Work.

59.2 The Chair welcomed the strategy, stressing that it is important that looked after children understand that elected members and council officers take seriously their responsibilities as corporate parents.



- 59.3 Councillor Brown welcomed the strategy and suggested that a link to the strategy be made available to all elected members and council members. This was agreed by other Board members.
- 59.4 Pinaki Ghoshal told the Board that the strategy reflects young people's views much more than the previous strategy did. It is also important to remember that this is a citywide strategy, not just for the council.
- 59.5 Councillor Penn told members that she had visited the 67 Centre to see young people contributing to the strategy. This was a really good example of effective engagement. Cllr Tom Bewick should also be congratulated for all his work in developing the strategy.
- 59.6 Councillor Penn noted that young people had raised concerns with her about the process of getting referred to Child & Adolescent Mental Health Services (CAMHS). Ms Brandon responded that this is a recognised issue and is being addressed.
- 59.7 Councillor Page welcomed the strategy and proposed that it be referred to Full Council for information.
- 59.8 Graham Bartlett offered his congratulations to the team for an excellent and lucid strategy, which showed particularly good practice in capturing user voices.
- 59.9 Ms Brandon agreed to feedback the Board's comments to the Children in Care Council and to thank her team on the Board's behalf.
- 59.10 **RESOLVED:** That the Corporate Parenting Strategy be approved; and that the strategy be referred for information to Full Council.

60 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2017

- 60.1 This report was presented by Angie Emerson, Head of Financial Assessments and sought agreement to continue 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.
- 60.2 **RESOLVED:**
- (1) The Board agreed that the full charging policy attached at Appendix 1 should be approved.
 - (2) The Board agreed that the table of charges below should come into effect from 10th April 2017:

Maximum Charges	2016/17	Proposed for 2017/18
Means Tested Charges		
In-house home care/support	£22 per hour	£23 per hour
In – house day care	£35 per day	£36 per day
Fixed Rate Charges		
Fixed Rate Transport	£3.60 per return	£3.70 per return
Fixed Meal Charge /Day Car	£4.40 per meal	£4.50 per meal

- (3) The Board agreed to retain the existing fees for the council's Carelink Plus Service and agreed to apply the same fee rates to customers who currently have a protected lower charge of £17 per month. This would increase to £18.50 per month from April 2017;
- (4) The Board agreed to continue with the policy that no charges should apply to carers for any direct provision of care and support to them;
- (5) The Board agreed to increase the fee charged for setting up Deferred Payment Agreements for residential care home fees by 2% to £495 plus any additional costs for property valuations; and
- (6) The Board agreed to introduce a new charge for arranging and contracting non-residential care for self-funders. (people with savings over £23,250). £260 for the initial one-off set-up fee with effect from April 2017: 216 £80 per year from April 2017 for annual review, administration and amendments.

61 MARKET SUSTAINABILITY AND FEES TO PROVIDERS 2017

- 61.1 This report was presented by Jane MacDonald, Commissioning Manager Adult Social Care
- 61.2 This is an annual report covering fees provided by the council to care homes and home care providers. It is a complex area with a number of recommendations for a range of vulnerable adults.
- 61.3 Councillor Barford welcomed the report.
- 61.4 Councillor Page highlighted the difference in the fees provided through direct payments and those to an agency. It was acknowledged that the agencies have to cover employment costs but the council is promoting more access to direct payments to people.

61.5 **RESOLVED:** The Board approved the fee recommendations as laid out in the report.

62 BROOKE MEAD HOME CARE SUPPORT

62.1 This report was presented by Christian Smith, Commissioning Manager and Claire Rowland Commissioning and Performance Manager. This report sought approval for procuring and awarding a contract for the people who will live in the 45 flats in the new dementia friendly Brook Mead service.

62.2 Rob Persey gave assurance to the Board regarding the risks surrounding the procurement of services with the new build opening. In addition it will be a specialist home care provider than a traditional service.

62.2 Mr Doyle stated that the proposal is fully supported by the CCG.

62.3 **RESOLVED:** The Board approved the recommendations that Executive Director of Health and Adult Social Care could procure and award a contract for home care support to support people living at Brooke Mead extra care as laid out in the report.

63 PART TWO PROCEEDINGS

63.1 There were no part two proceedings.

The meeting concluded at 7.35pm

Signed

Chair

Dated this

day of

2017



1. Community Meals Transition Survey Report

- 1.1. The contents of this paper can be shared with the general public
- 1.2 Date of Health & Wellbeing Board meeting 13th June 2017
- 1.3 Author of the Paper and contact details
Judith Cooper Commissioning Manager Adult Social Care
Judith.cooper@brighton-hove.gov.uk
Tel: Brighton 01273 (29)6313

2. Summary

- 2.1 This paper summarises the background to and findings from a survey undertaken by Brighton and Hove Impetus (an independent organisation based in Brighton & Hove), who were commissioned in October 2016 to undertake interviews with a sample of people who had been affected by the ending of the council contracted Community Meals Service on 31/03/2016.

3. Decisions, recommendations and any options

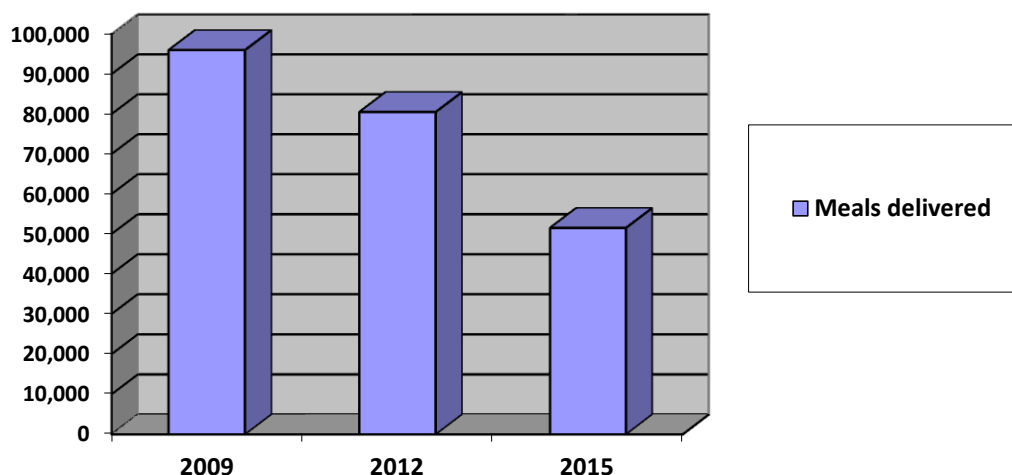
- 3.1 The paper is for noting although the report will inform any future plans regarding community food provision and reducing social isolation across the city.

4. Relevant information

4.1 Background to the Community Meals service

- 4.1.1 Brighton and Hove City Council formerly purchased its Community Meals Service via a contract with the Royal Voluntary Service ('The RVS'). The Contracted service was for the home delivery of hot and frozen meals, including variations for specific dietary requirements. The customer group included older people, people with dementia, adults with a learning disability or mental health issues and/or with a sensory impairment or other physical disability.
- 4.1.2 The service also provided a pragmatic well-being check, carried out by the delivery driver, which, when combined with the provision of meals, enabled vulnerable people to live in their own homes for longer, whilst maintaining their physical and emotional wellbeing and reducing pressure on other services.

4.1.3 The RVS had run the Brighton & Hove Community Meals Service since 1997 although the number of people requesting this provision had declined substantially over the years. The current three year contract was due to expire in March 2016 with a possible year extension available. The 2013 contract was the first time that a client contribution was required from those receiving meals although the decline in meal take-up predated the introduction of the contribution.



4.1.4 A targeted saving of £30,000 was under discussion within Adult Social Care for 2016/17 (from a total budget of £105,440 in 2015/16) but in October 2015 the RVS informed Brighton and Hove Council that they could not continue to provide meals without an increase in the council subsidy. This was due to the reduced number of meals being ordered which had substantially increased the average cost per meal. At a time of significant financial pressure the council concluded that there was no additional funding available to continue with the arrangement for a non-statutory service and the RVS concluded that they could not continue to provide the service; the current service would thus end on 31/03/2016.

4.1.5 In December 2015 the council looked into other meal delivery services and meal options for people in the community. As well as a range of lunch clubs there were a number of providers who were interested in applying to be on an Adult Social Care approved provider list to provide the following services:

- hot lunchtime meals to be delivered daily (a 365 day a year service);
- a menu that varied throughout the year;
- provide for special dietary requirements where possible;
- complete a 'safe and well' check (to assure the wellbeing of the client and follow agreed procedure, if any issues need flagging up);

- Ensure all meals met the National Association of Care Caterers (NACC) standards.

4.2 The transition from contract to an approved provider list

- 4.2.1 Throughout the transition all service users still in receipt of the RVS meals service were provided with information communicating the changes. The council did not distinguish between those who were assessed and in receipt of adult social care packages and those that did not satisfy the criteria or were self-funding.
- 4.2.2 In January 2016, all the 220 people affected were sent a letter advising them that the RVS meals were coming to an end. They were assured that there would be a smooth transition to the new-style service at the beginning of April 2016 and were provided with the phone and email details of the person in the council to contact if they had any concerns plus AccessPoint contact information.
- 4.2.3 In February 2016 the same people were sent another letter and a pack, updating them of the new meals providers (approved by the council with the support of the Brighton & Hove Food Partnership) with all relevant contact details. The providers were: License to Freeze (hot food), Mother Theresa (hot food), Oakhouse Foods (chilled ready meals). Included in the pack was a lunch club list, a list of shops that delivered meals for people in the community and guidance around accessing how to access them. A progress report on community meals was provided as a Chair's communication for the HWB held on 2nd February 2016.
- 4.2.4 In early March 2016 the vast majority of the service users were contacted by the council on the telephone, to explore if they required any support to make the change to a new provider or if they had already made other arrangements. In cases where the person was unreachable by telephone, the Commissioning and Performance Team sought assurance that individuals had found alternative solutions from a range of professionals including the Adult Social Care assessment teams, homecare providers delivering individuals packages of care, sheltered housing providers and mental health services. Everyone who was affected by these changes was contacted directly in one way or another during this period.
- 4.2.5 In April 2016 the contracted delivery of community meals ceased. AccessPoint, all social work teams and the home care providers were alerted to the change in case there were any issues arising. It would appear that there were only 3 contacts made to AccessPoint and these were quickly resolved.

4.3 Further review

4.3.1 In an earlier report made to the Older People's Council at their request it had been proposed that a follow-up survey was undertaken during 2016/17 to see how people were managing the change.

4.3.2 In September 2016 Impetus were commissioned to undertake an independent review by the Commissioning & Performance Team to seek assurances that the individuals had dealt with the changes and had a new meal provision in place or had made alternative arrangements.

Impetus was given a sample of 99 people to contact and managed to complete interviews on the telephone with 47 people in total over a period of 5 days (47.5%). The feedback from this work is outlined below:

4.3.2.1 After long commitment from RVS providing meals a number of the service users commented that they were sad to see RVS go.

4.3.2.2 Many of the service users who completed the survey expressed thanks and some stated that they would miss the delivery of hot meals.

4.3.2.3 Several people commented that the meals service suppliers suggested as alternative options by the Council were expensive in comparison to RVS and they had sought more cost effective solutions.

4.3.2.4 The majority of people responded well to the change and some had found inventive, alternative ways of getting access to meals, including the following:

Going shopping independently	2
Cooking independently	2
Putting own ready meals in the oven/microwave	4
Family members/friends providing meals.	5
Kosher meals from Golders Green for specialised meat	1
Homecare provider carers put meals in oven	4
Homecare provider carers preparing sandwiches for lunch	3
Going out for lunch (1 day or more per week)	1-6

4.3.2.5 Other service users organised their own choice of meal providers including Wiltshire Farm foods (frozen meals) (11), Coleman's Foods (hot food) (6), Iceland, Tesco and Sainsbury's supermarkets for ready meals and home deliveries, and the local greengrocers.



- 4.3.2.6 Some opted for a combination of support from carers visiting as part of a homecare package and ready meals.
- 4.3.2.7 There were a few reports of initial teething problems, for example, someone reported that they had tried food from one provider and not liked the food, and had then had to re-arrange to deliveries from another provider, which they were now happy with. A few people said they started with a meal provider but it proved expensive for them, so they had sought a more cost effective option.
- 4.3.2.8 A couple of people, who were relying on family or friends to support them or provide their meals, expressed their concern of the risk if this arrangement fell through.
- 4.3.2.9 The majority of people who took part in this review reported that once any initial issues were resolved, that they felt that their choice of meal provision had worked out well for them.
- 4.3.2.10 Some of the survey responses as written by the interviewers:
- Mr W (age 86): “has a car and is doing all his shopping himself. He is happy shopping and cooking for himself and says that he might as well while he still can”.
 - Mrs M (age 85): “Mrs M gets support from XYZ care, they cook her breakfast and dinner for her (toast) and she prepares her lunch herself with support. Mrs M ... feels she is lucky that she has a good group of people around her that she could call if she wanted to eat socially”.
 - Mr N (age 89): using Wiltshire Farm Foods: “finds it convenient having the meals delivered in bulk as it means that he is not time bound; his hobbies keep him busy and connected with a community of other like-minded people”.
 - Mrs G (age 91): daughter provides her with ready meals from Sainsbury: “This arrangement is working out very well, Mrs G has no trouble in preparing the meals, and says that they work out cheaper for her, she also feels she has more choice and control now about when she wants to eat her meal”.
 - Mr M (age 75): “is going out every day for lunch - very happy”.
 - Mrs C (age 87): “her friend buys her meals and she already attended St George’s Hall on a Thursday and the Bevy on a Friday” (lunch clubs).
 - Mr M (age 67): “Mr M’s daughter gets him meals from the supermarket that he prepares himself. The arrangement is going well but Mr M much preferred meals on wheels and he misses his puddings”.

- Mr I (age 79): “felt that he has little interest in attending a lunch club as he says that he is lazy and as he gets his meals delivered he has no desire to go out to eat; his daughter in law now provides meals to him and his carer puts them in the microwave for him”.
- One man was too busy to be interviewed as he was late leaving home to attend an activity.

4.4 Take Up of BHCC approved Meal Providers:

Meal provider	Take up (numbers)
License to Freeze (hot food)	9
Mother Theresa (hot food)	7
Oakhouse Foods (chilled ready meals)	3

4.4.1 As a percentage of the respondents to this survey this is a take-up rate of only 40% which is somewhat disappointing. However, this may reflect the higher cost of the meals from these providers; despite numerous efforts the locally based Coleman’s Foods (which were cheaper than the three providers above) did not come forward to be on the approved list.

4.5 Conclusions drawn from the survey and next steps

4.5.1 Having considered all the feedback provided by this review the Commissioning & Contracts Team are assured that the people affected by this change have managed to find alternative access to meals through a variety of means. This view is supported by ongoing communication with AccessPoint, the first point of contact for people with potential social care issues. There are five people requiring follow-up communication on the basis of this survey (two of which require the information on Lunch Clubs to be sent again).

4.5.2 People have not only taken up the meal providers suggested by the council, but they have also chosen a variety of independent solutions, which in a number of cases has seen them accessing the community and cooking for themselves.

4.5.3 However, it is recognised that if people choose independent solutions then it is not necessarily possible to guarantee nutritional values or quality of food. These issues are part of the general Public Health remit and the wider commitment to a healthy city as reflected in the city’s partnership vision, principles and priorities and the council’s Corporate Plan. The Corporate Plan priority for Health & Wellbeing is to achieve “healthy citizens and communities, who are active, protected and included in society” by “promoting healthy choices and lifestyles to



keep people well and prevent long term health conditions". See also 5.5.

- 4.5.4 The consideration of making healthy choices about food did take place as part of the process of supporting people to make changes at the end of the contract; Adult Social Care provided access to other information, including transport, lunch clubs, the Casserole Club and the Brighton and Hove Food Partnership. Food provision, quality and related services (such as lunch clubs) have also been the subject of the quarterly Age Friendly City meeting and links are in place to the Citywide Connect agenda of reducing social isolation for older people in the city. The list of lunch clubs has also been updated (February 2017) and will be available online via the Citywide Connect, the Brighton and Hove Food Partnership, the council and will be posted out on request.
- 4.5.5 Reflecting the ongoing commitment to food quality and nutrition within the city the Brighton and Hove Food Partnership and Age UK Brighton & Hove are launching a new booklet 'Eating well as you age to stay healthy' on 1st June 2017. The booklet is intended for older people living in the community, to raise awareness of malnutrition, how to spot it and what can be done to prevent it. Once launched, Adult Social Care will ask the Brighton and Hove Food Partnership and Age UK Brighton & Hove to attend the quarterly forums organised for the Care Home sector and the Home Care providers.

5. Important considerations and implications

Legal

- 5.1 There are no legal implications to this report.

Lawyer consulted: Elizabeth Culbert

Date: 06/03/2017

Finance

- 5.2 In 2016/17 there was a savings target of £0.030m for the Community Meals contract leading to a start of year budget of £0.074m. This allowed for the funding any unexpected consequences of ending the contracted service. The invoices that have been paid in 2016/17 total £0.009m. With no further identified expenditure the remaining £0.065m has been put forward as an underspend in 2016/17.
- 5.3 In 2017/18 £0.073m has been put forward as a saving against Community Meals.

Finance Officer consulted: Sophie Warburton

Date: 01/03/2017



Equalities

- 5.4 An Equalities Impact Assessment was completed prior to the changes being implemented. In addition the Impetus Lay Assessors undertook client engagement in November 2015 (done annually) to ascertain opinions of the current service. Over 30% of the meal clients were contacted and the overarching opinion was that there appeared to have been some deterioration in the service since the last annual survey. The key sources of dissatisfaction were the variety of food and the delivery time issues which it was believed should be addressed via a multiple provider and options market.

Sustainability

- 5.5 There are no specific recommendations but the Brighton & Hove Food Partnership were a key partner in the changes that were considered and made which are both fair and sustainable.

Health, social care, children's services and public health

- 5.6 Both Public Health and the Clinical Commissioning Group commissioners were aware of the ending of the contract as part of the broader Age Friendly City agenda and the Older People's commission to reduce social isolation (joint ASC/CCG/Public Health funding). Issues around food for vulnerable people remain on the agenda including a Hospital Discharge and Food half-day meeting organised in October 2016 by the Brighton & Hove Food Partnership to discuss how providers support vulnerable people returning home from hospital. This revealed a range of 'food to go' options although these operate somewhat inconsistently across wards/A&E. The Brighton & Hove Food Partnership has expressed interest in taking the issues raised at this event forward.
- 5.7 A further report on food-related topics across the entire population of Brighton and Hove is planned; this will include issues of food poverty, food partnerships, the use of food banks across the city etc. and will link with sustaining a healthy, happy and productive workforce and reducing sickness and hospital admissions. It is likely to be presented to the November 2017 Health & Wellbeing Board.

6. Supporting documents and information

- 6.1 None





1. Progress report on smoke free outdoor spaces
 - 1.1. The contents of this paper can be shared with the general public.
 - 1.2. This paper is for the Health & Wellbeing Board meeting on the 13th June 2017.
 - 1.3. Author of the Paper and contact details
Susan Stewart, Tobacco Control and Projects Commissioner (01273) 293927 susan.stewart@brighton-hove.gov.uk
Roy Pickard, Environmental Health Manager (01273) 292145 roy.pickard@brighton-hove.gcsx.gov.uk
2. **Summary**
 - 2.1. This paper is for information only and provides an update on the progress made on the recommendations the Board approved in December 2015 following a presentation on the results of the public consultation, conducted in July 2015, to extend smokefree areas to include outdoor spaces.
3. **Decisions, recommendations and any options**
 - 3.1. That the Board agree to note the report.
4. **Relevant information**
 - 4.1. Smoking tobacco amongst adults in Brighton and Hove, at 21%, remains significantly high compared to the national average of 17%. However the trend in the general local population rates for smoking has declined since 2012 from 25% to 21% in 2015. The smoking prevalence among adults in routine and manual occupations in the city is higher still at 34% compared with 27% for England (and higher than all of our comparator local authorities). (Public Health Outcomes Framework)
 - 4.2. Smoking amongst young people in Brighton and Hove is also high. Regular and occasional smoking amongst 15 year olds in the city is

15% compared to the national average of 8% and the city has the highest rate in the country.

- 4.3 Over the last five years, the percentage of pupils aged 11-14 years who have never tried a cigarette has increased from 80% to 90%; this is also the case among 14-16 year olds (51% in 2010 and 63% in 2015). (Public Health Outcomes Framework)
- 4.4 However, there has been little change in the percentage of 15 years who smoke occasionally since 2011 to 2016. To achieve a smoke free generation by 2025 smoking amongst 15 year olds requires to be reduced to 5%. (Brighton & Hove City Council Safe and Well at School Survey)
- 4.5 Smoking tobacco is the biggest cause of premature death in the city. The illnesses and diseases that smoking causes, creates demand on the NHS and Adult Social Care, at a time when funding is under pressure.
- 4.6 The estimated cost to Brighton and Hove due to smoking is £82.9 million annually. This is broken down as follows:
 - £64m in lost productivity - £38m smoking breaks, £18m early deaths, £8m sick days
 - £10m to the NHS for treating smoking related diseases
 - £7.4m related to adult social care costs
 - £2m smoking related fires
 - £1m passive smoking.
- 4.7 Public Health England's aim is to have a smoke free generation by 2025. Local Authorities, in collaboration with partners such as the CCG, the NHS and enforcement agencies support this aim by:
 - helping people to give up smoking.
 - making tobacco less affordable
 - preventing the promotion of tobacco
 - the effective regulation of tobacco products
 - improving awareness of the harm that tobacco does.
 - reducing exposure to secondhand smoke
- 4.8 In Brighton and Hove current smoke free areas are:
 - inside work places
 - substantially enclosed public space
 - inside school buildings and grounds
 - inside children's centres

- workplace vehicles
- vehicles containing passengers under the age of 18
- NHS Hospital Trusts buildings and grounds

4.9 As part of the strategy to support a smoke free generation, Brighton & Hove City Council, carried out public consultation in the summer of 2015. The aim of the consultation was to understand people's behaviours and attitudes to smoking in public spaces and whether there would be public support for extending smoke free spaces on a voluntary basis.

4.10 The results of the consultation showed that overall there was little support for smoke free parks and beaches from both smokers and non smokers and more so from smokers who were residents and visitors.

4.11 However, there was majority support from non smoking residents that restaurants with outdoor seating (65%) and pubs with outdoor seating (55%) should be smoke free. These people would also use these spaces more frequently if they were smoke free. The majority of all residents who responded (53%) agreed that it was anti-social to smoke where people are eating and drinking and this rises to 68% of non-smokers and 77% of those who have never smoked'

4.12 In addition a majority of smokers and non-smokers who are residents agreed that play parks (74%) and the entrances and grounds of schools (80%) and children's centres (80%) should become smoke free.

4.13 In December 2015 the board agreed the following recommendations. That the Council:

- encourage smoke free school gates to all primary schools on a voluntary basis.
- continue to promote smoke free spaces in children's play parks and the Council through the Public Health Directorate.. Work with children's centres to encourage smoke free entrances on a voluntary basis.
- works with restaurants and pubs to encourage smoke-free outdoor areas on a voluntary basis
- not extend smoke free places to all parks and beaches.

5. Progress on the health and wellbeing board recommendations



- 5.1 The smokefree outdoor dining initiative is a voluntary scheme enabling local cafes, restaurants and pubs to support no smoking in areas where people eat and drink.
- 5.2 In March 2017 Regulatory Services staff interviewed the manager or owner of twelve local businesses including cafés, restaurants and pubs from North Laines, Brighton Marina and city park cafes. The aim of the consultation was to understand the attitudes and behaviours of the industry towards supporting voluntary smokefree outdoor dining.
- 5.3 Ten of the twelve local businesses consulted said they supported the concept of the scheme. Of these businesses:
- three, located at the Brighton Marina, do not allow smoking in outdoor dining areas. Council staff are investigating if this is related to the smoking policies at the marina where residential apartments are built above the restaurants.
 - one, located in the North Laine area, had previously not allowed smoking in the outdoor dining area and could do it again under the scheme.
 - two supported the concept but would not be able to implement the scheme at this time citing concern over losing loyal customers and the effect on the business financially.
 - One supported the concept but would need to consult with the owner.
- 5.4 Two businesses did not want to support the scheme. These were a local pub and café. These businesses felt that smokers were generally conscious of smoking around children. The pub proactively requested smokers who were smoking outdoors to move away from the tables if children were sitting nearby. The café owner said that asking people to not smoke disregarded people's civil liberties. The cafe owner went on to say they felt that the scheme would not affect business however visitors to Brighton might be affected.
- 5.5 The smokefree outdoor dining scheme is expected to be launched in mid June. Businesses registering for the scheme will be encouraging people not to smoke in their outdoor areas as smoking indoors is covered by the smokefree regulations. A promotional kit will be provided and include; window stickers, posters and table talkers (information about the scheme for table) to promote the messages about being an outdoor smoke free zone. Council will promote approved and registered businesses on the Council website.
- 5.6 The Council has developed a communications plan to promote the scheme to business and increase take up of the scheme.
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- 5.7 The smokefree school gates initiative is led by the health improvement specialist for the public health schools programme. The aim of the initiative is to expand the smokefree zone from inside the school boundary to outside the school gates and reduce the areas where parents and visitors can be seen smoking. Not smoking at school gates is one less area where people can be seen smoking by children. Consequently smoking will appear less of a normal behaviour which may stop children from taking up smoking.
- 5.8 The social marketing initiative as a complete offer to schools consists of information given to all students at the school assembly on tobacco and secondhand smoke. Assembly is followed by workshops targeting year five/six students. All students of the school are invited to enter into a competition to design a poster on secondhand smoke. The winning posters are then displayed on the school gates and parents and visitors are requested not to smoke near the school gates. As part of the programme the health improvement specialist also provides information sessions and support for teachers, parents and visitors who want to quit smoking. Schools do have the option of taking up parts of the programme depending on the school community's needs.
- 5.9 The following schools have undertaken the initiative since its launch: Mouslecombe Primary School, St Bartholomew's Primary School, Fairlight Primary School, St Marks Primary School, Coldean Primary School, Hertford Infant School, Hertford Junior School, Rudyard Kipling Primary School, Goldstone Primary School, City Academy Whitehawk.
- 5.10 In May 2017 a joint project commenced between Housing, Public Health, Regulatory Services, Hertford Infant School, Hertford Junior School and the Hollingdean Children's Centre. The project is aimed at school staff, parents, visitors, students and Hollingdean residents. The aims are to raise awareness of the harms of tobacco and secondhand smoke, encourage parents and visitors to stop smoking near school gates and in cars with children and young people under 18 years, and encourage smokers to stop. The Hollingdean residents association has been engaged in the project from its commencement to shape the messages and delivery of the social marketing intervention. The project also involved training Council Housing staff in very brief advice.
- 5.11 In 2012/13 Council introduced a voluntary scheme requesting people not to smoke in children's play parks. Council have reaffirmed that commitment through the new Open Spaces Strategy 2017-2027 to maintain voluntary smoking bans in playgrounds across the city.

6. Important considerations and implications



Legal:

- 6.1 There are no legal restrictions on smoking in parks, beaches or other outdoor spaces. Therefore the initiatives outlined in this report are voluntary schemes.

Lawyer consulted: Elizabeth Culbert

Date: 22/05/17

Finance:

- 6.2 The costs of the smoke free dining initiative will be approximately £1,500, this will be spent on providing signage and resources for food businesses. This will be met from current budget resources within the regulatory services function of the Council. The work in schools will be funded from existing schools programme budgets.

In the longer term, reducing the numbers of people that smoke helps to reduce cost pressures against Health and Social Care budgets.

Finance Officer consulted: Monica Brooks

Date: 17/05/17

Equalities:

- 6.3 Smoking and the harm it causes aren't evenly distributed. People in more deprived areas are more likely to smoke and are less likely to quit. Smoking is increasingly concentrated in more disadvantaged groups and is the main contributor to health inequalities in Brighton and Hove. Men and women from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived. Smoking is twice as common in people with longstanding mental health problems. There are high levels of smoking in the LGBT community.

Sustainability:

- 6.4 A reduction in smoking will decrease cigarette litter such as cigarette butts, empty packets and wrappers to make areas more pleasant and to protect wildlife.

Health, social care, children's services and public health:

- 6.5 Reducing the numbers of people smoking tobacco will reduce the pressure on the NHS and Adult social care, making long term savings, as people remain health and independent for longer..



7. Supporting documents and information

7.1 None

