



4.00pm 12 July 2016
Auditorium - The Brighthelm Centre

Minutes

Voting Members Present: Councillors Yates (Chair), K Norman (Opposition Spokesperson), Brown, Page and Barford. Dr. Christa Beasley, John Child, Dr. George Mack; Dr. Manas Sikdar, Dr. Xavier Nalletamby.

Other Members present: David Liley, Health Watch; Graham Bartlett, Adult and Children's Safeguarding Boards; Pinaki Ghoshal, Statutory Director of Children's Services; Denise D'Souza, Statutory Director of Adult Social Care; Dr. Peter Wilkinson, Acting Director of Public Health; Cllr Penn

Part One

14 **DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

- 14.1 There were no substitutes. Apologies were received from Pennie Ford.
- 14.2 Cllr Yates declared an interest in Item 23 (Sustainability & Transformation Plan) as he is an employee of an NHS Trust based in Sussex. Cllr Yates has received a dispensation enabling him to take part in this and related items.
- 14.3 It was agreed that the Press & Public should not be excluded from the meeting.

15 **MINUTES**

- 15.1 **RESOLVED** – that the minutes of the meeting of May 25 2016 be agreed subject to an amendment proposed by Cllr Page: that the record of members present at the meeting should differentiate between 'voting members' and 'others'.

16 CHAIR'S COMMUNICATIONS

- 16.1 Welcome to the meeting. It is a busy agenda and the chairs communications will be noted in full in the minutes.

I would like to welcome David Liley, the new Chief Officer of Healthwatch. I would also like to thank Fran McCabe, the Chair of Healthwatch for her contribution to the Board. Fran, who has attended these meetings up to now but is going to be a co-opted member of our Health Overview and Scrutiny Committee.

In addition I would like to welcome Wang Jing and Liang Chen who are in the audience today. Wang and Liang are researchers at the Institute of Sociology and Social Policy Research Centre of the Chinese Academy of Social Sciences (CASS), a major Chinese government research institute with a mandate to provide support to policy formulation.

Finally I would like to say good bye to Denise D'Souza, the Executive Director of Adult Services. Denise is retiring at the end of August and this means it is her last Board meeting. Denise has been part of the city services for many years, working in several roles before becoming Executive Director. We wish her a very happy retirement.

Residential Rehabilitation Services Contract for Substance Misuse

In October 2015 the Health and Wellbeing Board agreed that commissioners could seek to negotiate new four year residential rehabilitation contracts with current providers, with the option of moving to a competitive process if negotiations failed.

Commissioners were successful in negotiating contracts with the existing providers, and signed contracts are now in place for the next four years. Residential rehabilitation services will continue to be provided by Brighton Housing Trust, and Change, Grow, Live (known as Crime Reduction Initiatives at the time of writing the October 2015 report).

TakePart

TAKEPART is an award winning festival, celebrating sport, dance and active lifestyles in Brighton & Hove. The two week celebration has involved over 100 organisations engaging families, children and adults of all ages, many offering free taster sessions throughout the city. The aim is to support people to engage in healthy activity.

Hove Medical Centre

As you may have seen in the local press, CQC has recently inspected the Hove Medical Centre and rated it as inadequate. This does not mean the surgery will be closing down. The surgery has to prepare a robust action plan and demonstrate improvement. The matter is already being dealt with by HOSC.

City Plan consultation

Leaflets will be on the Board table and also on public seating. A copy will be attached to the minutes

The council has started work on the City Plan Part Two (CPP2) and is consulting on a Scoping Paper - consultation runs 30 June to 22 September 2016. The quick guide provides a summary of all the topics and policy issues covered in the full Scoping Document. Responses to this consultation will help shape the content of the plan.

To find out more about the issues and view City Plan Part Two Scoping consultation documents please visit www.brighton-hove.gov.uk/cityplan-part2

Action on Elder Abuse

As you may already be aware, Action on Elder Abuse has launched a new national campaign, calling for an aggravated offence of elder abuse.

Information will be added to the minutes about the campaign and how to get involved.

BSUHT

As you may be aware the hospital has also had a CQC inspection. Brighton and Sussex University Hospitals NHS Trust has been issued with a Warning Notice by the Care Quality Commission (CQC) under Section 29A of the Health and Social Care Act. The Notice requires the Trust to make significant improvements to the quality and safety of care and privacy and dignity of both inpatient and outpatients in a number of key areas. It also highlights a failure to provide treatment and care that is in line with national timescales and standards. The Trust is required to make the necessary improvements by 30 August 2016.

The Notice comes following the CQC's full inspection of the Trust in April and the report from this will be published later in the summer.

The Trust is already working hard on delivering an improvement plan designed to address the issues raised by the CQC and has taken action on the most immediate concerns since their April visit.

HOSC will be leading on this work.

A report will come to the September Health and Wellbeing Board.

- 16.2 A number of Board members joined with the Chair in praising Denise D'Souza's contributions to the city and wishing her a happy retirement.

17 FORMAL PUBLIC INVOLVEMENT

17.1 Question from Valerie Mainstone

17.1.2 Ms Mainstone asked the following question:

“At the June Health and Wellbeing Meeting you stated, in answer to a question, that the Healthy Child Programme (HCP) was being put out to tender because of legal requirements.

Given the fact that other areas, such as our near neighbours in West Sussex, are not putting their services out to tender and that you also stated that a service provided by the current provider has a number of benefits, why do you not stop the tendering now? You will also have seen the results of the first Citizens' Health Services Survey - 90% of people want these (HCP) services to stay with the NHS.”

17.1.2 The Chair responded:

“Thank you for your question.

The report on the Public Health Community Nursing Commissioning strategy presented to the Health and Wellbeing Board on 15th March 2016, explains that Brighton and Hove City Council is subject to the Public Contracts Regulations 2015 and must comply with the overriding principles of transparency, non-discrimination and equality in the process of procuring and awarding all contracts including Public Health contracts.

The value of the services for the Public Health Community Nursing services exceeds the threshold of £589,148.00 and were therefore advertised in the Official Journal of the European Union (OJEU) by way of the placement of a Prior Information Notice (PIN) as per the regulations. The regulations state that if providers come forward as a response to the PIN then a tender process should be undertaken.

Failure to advertise the contract would have been a breach of the Public Contracts Regulations 2015 and the Council's Contract Standing Orders. Such a breach could result in any contract awarded directly being declared ineffective and a fine being imposed, or the Council being open to a claim for damages

The Health and Wellbeing Board delegated authority to the Director of Public Health to place a PIN pursuant to the requirements of the Public Contracts Regulations 2015 and to carry out to a competitive procurement process if alternative providers come forward.

We cannot comment on the commissioning process of neighbouring local authorities, however for the record West Sussex County Council has indicated that there is no decision as to their intentions to re procure the Healthy Child Programme services or otherwise.”

17.1.3 Ms Maidstone asked a supplementary question, about the likely costs of the procurement exercise. Peter Wilkinson responded that the main cost, aside from the cost of advertising in the European Journal,

would be in terms of staff time. It was difficult to estimate this at this point, as it would depend on the level of interest in the contract. However, this would likely be in the £100s or £1000s rather than tens of £1000s.

17.2 Question from Mr Kapp

17.2.1 Mr Kapp was not able to attend the meeting; Ms Mathers asked a question on his behalf:

“Will the HWB and CCG follow the lead of Swindon CCG who have the shortest referral to treatment (RTT) waiting time in the England for talking therapies?”

Notes to this question

1 In August 2013 Channel 4 News covered award-winning Swindon, who have provided the best mental health service in England by providing free courses since 1993 to teach patients how to look after themselves better. I attended a study day with them, and wrote it up in paper 9.63 of www.reginaldkapp.org dated 9.9.13, titled 'Report on LIFT psychology. Creating a patient -centred mental health service Swindon fashion.'

2 Last Tues, 5.7.16, I attended a conference in London 'Psychological therapies for severe mental illness' at which the following people presented papers on how they provide the most cost effective service in the country. Thomas Kearney, Associate Director of Commissioning, Urgent Care Lead, Swindon CCG, thomas.kearney@swindonccg.nhs.uk, and Dr Sarah Hunt, clinical psychologist, LIFT, sarah.hunt10@nhs.net”

17.2.2 The Chair responded:

“Thank you for your question.

When we re-commission services we will ensure that the new service design reflects national best practice.”

17.2.3 Ms Mathers asked a supplementary question about how long it would take for services to stop failing people with mental health issues? The Chair replied that it was very important that there were high quality mental health services available. This is not simply about providing rapid access to services, but about ensuring that treatment delivers the best possible outcomes and that there is preventative work to stop people becoming unwell in the first place. John Child added that when mental health services were re-procured commissioners would ensure that the new service design reflects national best practice, potentially including learning from Swindon.

17.3 Deputation – Carl Walker

17.3.1 Mr Walker presented his deputation to the Board:

“Deposition- Findings from the first Brighton Citizens Health Services Research

- First of all I would like to thank the board for the opportunity to feedback the findings of this project. I would like to start with providing a very brief academic background to this project.
- In key guidance documents issued to CCGs on governance, it is recommended that CCG's have a responsibility to ensure that patients and the public are actively involved in commissioning arrangements. However CCGs are also accountable to multiple other agencies (Checkland, 2013).
- Recent reports from clinicians across England, documented in the British Medical Journal, describe dysfunctional commissioning processes in areas undergoing competitive tendering, with compromised patient pathways and where cost-efficiency seems to be the overriding quality (BMJ 2015; 350:h149).
- Very recent research suggests that, for a second year in a row, health care professionals, including commissioners, do not feel CCG policies reflect their own views and that they have very little chance to impact CCG's policy decisions (Murphy, 2015).
- There is however strong evidence that patient participation is linked to better treatment results, higher patient satisfaction and more responsive services. It is suggested that there is a need to look for additional ways through which to engage with the public, beyond the traditional set-piece consultations (Hudson, 2015).
- With this in mind, the first Brighton Citizen's Health Services Survey (BCHSS) was conceived by academics at the University of Brighton to explore some of the broader questions about healthcare commissioning that often get missed during traditional consultation. Such questions are important and can relate directly to the quality of services that people experience.
- The project has been developed using a distinctive approach to survey design that is aligned to public engagement, participation and critique rather than toward the more typical production of a validated instrument and knowledge form. Hence to ask people questions about things they 'may not know'.
- These consultations are not about patients' experience of their local services directly but rather seek to capture rich data representing the voices of the people of Brighton and Hove on important topical health issues like funding cuts, NHS privatisation and the broader link between local commissioning and national funding policy directives.
- 1,300 residents of Brighton and Hove were asked to take a survey of 8 questions based on key current and upcoming commissioning issues. These focussed on core values on health commissioning, current commissioning issues and future commissioning plans.

The key findings were as follows-

- When asked who they would prefer to be treated by, almost **88%** of the respondents said the NHS. This compared with **9.1%** who had a preference for a private healthcare company.
- When asked whether people believed that "health companies should not make financial profit from people's health problems", **92%** strongly agreed or agreed with this statement.
- Participants were asked whether, in light of Optum's international legal difficulties, there should have been a full public consultation on Optum. **93%** said that there should have been.
- Over **93%** of people said that they were concerned or very concerned about the award of the Optum contract locally.

- The council recently revealed an intention to cut £21.9 million over the next 4 years from the Adult Social Care budget. Over **97%** of people were either very concerned or concerned about these cuts.
- **97%** of people either strongly agreed or agreed with the following statement, 'The council should be actively resisting these latest cuts by evidencing their impact and sending the messages back to central government'.
- In 2016 and 2017 the Brighton and Hove Clinical Commissioning Group (who buy in local health services) are considering inviting health providers to bid to run a primary care mental health service. **93%** of people would be very concerned or concerned if this contract was given to a private provider.
- Similarly, regarding the potential contract for NHS 111 service for non-emergencies, **85%** of people would be very concerned or concerned if this contract was given to a private provider.
- The Public Health contract for Health Visiting, School Nursing and other children's community health services is due for renewal by the end of March 2017. **90%** of people said that they would prefer that this stayed with the NHS.

There were four key conclusions-

1. This report shows that the public in Brighton and Hove hold clear and compelling values on the way that they want their health services to be commissioned. There is a need for space where these can be explored and reflected on.
 2. In the city of Brighton & Hove, a vast majority of the public are against the use of private companies in the local health economy and very concerned about some recent decisions that have been made to commission private companies to undertake certain services.
 3. We hope that in future Brighton CCG will reflect these public needs and values in their commissioning decisions.
- So is it intended that this deposition, and the project on which it is based, constitutes an attack on Brighton & Hove CCG and Healthwatch? Most certainly not. It is simply to use the University's public education remit to provide a space to ask questions that the current national commissioning infrastructure makes it difficult for other organisations to ask. It is intended that the Brighton Citizens' Health Services Survey will continue as the beginning of a broader project where the CCG and local council can hopefully benefit from a University platform which hosts innovative ways to reflect on the disparity that has arisen between the CCG commissioning infrastructure and public values."

Bibliography

Checkland, K, Allen, P, Coleman, A, Segar, J, McDermott, I, Harrison, S, Petsoulas, C, Peckham, S. (2013). Accountable to whom, for what? An exploration of the early development of CCGs in the English NHS. *BMJ Open*, 3, doi: 10.1136/BMJ Open-2013-003769

Deith, J. (2013) A Healthy market? Lack of transparency raises doubts about NHS commissioning *BMJ* 2013; 347

Hudson, B. (2015). Public and patient engagement in commissioning in the English NHS. *Public management Review*, 17(1), 1-16.

Murphy, E. (2015). Primary concerns 2015. Cogora. Com

17.3.2 The Chair thanked Mr Walker for his deputation and welcomed the Brighton Citizen's Health Service Survey, noting that the University of Brighton's imprimatur was a guarantee of the survey's rigour. It was important that the Board thought hard about how best to engage with local people at this time of cuts to services, and the survey would be a useful tool in this work.

17.3.3 Dr Nalletamby added that there was no dissonance between the survey findings and the attitude of many people working locally in the NHS. However, health services are managed according to nationally imposed rules, and the public needs to recognise that it is national Government they need to lobby if they are unhappy with these rules.

17.3.4 Cllr Barford noted that the Social Value Act provides local council and NHS bodies with a potentially useful tool to help ensure that contracting delivers the best outcomes for local people. Geoff Raw added that the Act enables commissioners to include social value as a criterion in procurement alongside cost and quality.

17.3.5 John Child stated that the CCG welcomes the survey. However, it is also important that the public understands the restrictions that commissioners work under.

17.3.6 David Liley told members that Healthwatch supported the survey and would welcome the creation of a space to discuss dysfunctional commissioning, although he noted that this was by no means a problem exclusive to independent sector contracts.

17.3.7 The Chair added that, whilst the survey was clearly not a perfect piece of work, it was important to see it as the first stage in an iterative process which could prove valuable. The Board recognises that the local health and care system has to move from doing things to people to doing things in collaboration with them. The Board is developing an engagement strategy which will seek to explain the restrictions that commissioners work under as well as exploring some of the ways in which procurement might be made better – for example through using social value or by adopting the 'fair tax mark'.

17.3.8 Dr Walker thanked members for their comments and said that he welcomed moves to develop a space for further discussion of NHS contracting and related issues.

18 MOTOR NEURONE DISEASE (MND) CHARTER

18.1 John Child told the Board that the Motor Neurone Disease (MND) Charter emphasised early diagnosis, quality of care, dignity & respect, quality of life, and support for carers. The CCG supports all the Charter's aims.

- 18.2 Cllr Brown commented that MND is a devastating condition and that she welcomed the Charter, particularly in terms of the emphasis it places on carers.
- 18.3 Cllr Barford declared an interest in this item, since she is professionally involved in the delivery of palliative care. She welcomed the Charter.
- 18.4 The Chair thanked everyone from the MND Association who had attended the meeting. He told the Board that it was important that we support people with MND, especially in terms of ensuring that services respond swiftly to the speed at which MND can progress, so that there is no lag in the support that people with MND receive.
- 18.5 **RESOLVED** – that the Board agrees to adopt the MND Charter.

19 FEES TO PROVIDERS (CARE HOMES) 2016

- 19.1 Jane MacDonald, Adult Social Care Commissioning Manager, introduced the report, telling members that this was the most important such report to date. Currently, the local care home provider market is extremely fragile and it is important that commissioners take every step to ensure its sustainability. It is also the case that the fees paid by the public sector for care home beds are insufficient, meaning that publicly-funded care home beds are effectively subsidised by private funders. This is an inequitable situation and one which must be addressed.
- 19.2 It has therefore been decided to provide an uplift in fees and to simplify the fees system. The premium for people with dementia has also been discontinued as the majority of care home residents have dementia, meaning that dementia-sensitive care is now the norm. The increase in costs will be funded by the 2% Council Tax precept.
- 19.3 The planned changes are intended to stabilise the local care home market, maintaining city capacity and ensuring that local people continue to have a choice of provision.
- 19.4 Cllr Barford told the Board that she fully supported these plans. It was important to note that officers had worked closely with providers in formulating the plans. There is still an aspiration to move in time to a funding level that will enable care home workers to be paid the Brighton & Hove Living Wage, although this is not immediately achievable.
- 19.5 Cllr Norman told the Board that he fully supported the recommendations. Cllr Norman queried where the decision to raise fees would ultimately be taken. Denise D'Souza explained that it would be for Budget Council.
- 19.6 In response to a question from Cllr Page on how far behind the Laing Buisson calculations of sustainable fees the uplift would leave us, Ms MacDonald noted that this information was included as Appendix 2 to the report. It was important to recognise that we are moving in the right direction here, even if we have not yet achieved the Laing Buisson recommendations.

19.7 In reply to a question from Cllr Page on whether increasing fees to providers might help reduce delayed transfers of care from hospital, Ms D'Souza told the Board that the more local providers who could be persuaded to stay in the market the better. However, this is not just about fee levels, but also about additional support for providers which is not necessarily available in other local authority areas. Providers and ASC and CCG officers should be commended for the way that they work constructively together.

19.8 The Chair endorsed this sentiment, thanking the Brighton & Hove Residential Care Association, as well as Peter Kyle MP for his recent work on this issue.

19.9 RESOLVED – the Board agreed that:

(1) the fees payable to care homes and care homes with nursing providers be increased as set out below with effect from 5 September 2016

£543 per week care homes

£656 per week care homes with nursing (including Funded Nursing Care)

(2) the payment of premium rates for dementia in care homes and care homes with nursing is discontinued.

(3) the Council when making a placement outside the city match the applicable host authority's set fee rates for new and existing registered care home and care home with nursing placements.

(4) the Executive Director of Health and Adult Social Care be authorised to initiate a procurement exercise in order to identify suitable providers of care homes and care homes with nursing to be appointed to a framework or contract and to enter into all agreements and undertake any ancillary matters necessary to achieve the award of contracts for care for eligible persons on appropriate terms.

(5) the Executive Director of Health and Adult Social Care be authorised to award block contract(s) to care homes and care homes with nursing.

(6) the Council continues to provide additional benefits currently available to providers free of charge which include the provision of a range of training and targeted advice sessions eg fire evaluations and health and safety support and advice.

(7) the Board notes that it is the intention of officers to recommend a further increase in the rates set for care homes and care homes with nursing to be applied from April 2017 when it is anticipated a further increase in the National Living Wage to £7.70 will take effect. This is dependent on funding being agreed by the Council from the Adult Social Care Precept. A further paper on fees will be brought to the Health & Wellbeing Board with appropriate recommendations.

20 SUPPORTING CARERS - CARERS RAPID NEEDS ASSESSMENT; CARERS STRATEGY; AND CARERS COMMISSIONING INTENTIONS

- 20.1 Gemma Scambler, Joint Carers Commissioning Manager, introduced the report, emphasising the financial value that carers provide both in national (£136B per year) and in local (£437M per year) terms.
- 20.2 Cllr Brown welcomed the report, singling-out work to identify carers who aren't currently known to services, particularly young carers.
- 20.3 Cllr Barford welcomed the exciting report and told members that, in her professional role, she meets a number of carers and recommends that they undertake carer assessments. Recent feedback from carers has been that they have found the assessments, and the subsequent support they have received, to be highly beneficial.
- 20.4 Pinaki Ghoshal stressed the importance of maintaining good liaison with children's services.
- 20.5 RESOLVED** – That the Board approves the new Carers Commissioning Strategy and grants delegated authority to the Director of Adult Social Care to conduct a procurement process for the provision of a Carers Hub and to enter into the subsequent contracts.

21 HIV PREVENTION AND SOCIAL CARE SERVICES

- 21.1 Stephen Nicholson, Lead Commissioner for Sexual Health and HIV, introduced the report.
- 21.2 Cllr Page told members that he was uneasy about the decision to reduce funding for this service. Given the financial costs to the health and care system if an individual contracts HIV, he wondered whether there was not a case for more funding to be found. Mr Nicholson replied that attempts will be made to mitigate the impact of funding reductions by prioritising those services with the best outcomes.
- 21.3 The Chair noted that he has been having conversations with commissioners and with the Martin Fisher Foundation to try and plot how best to continue to provide high quality HIV services in the light of unfortunate NHS funding reductions.
- 21.4 RESOLVED** – that the Board grant delegated authority to the Director of Public Health to conduct a procurement process for the provision of HIV prevention and social care services and to enter into the subsequent contracts.

22 TRANSFORMING CARE: UPDATE

- 22.1 Soline Jerram, CCG Lead Nurse/Director of Clinical Quality & Patient Safety; Natalia Garzon; and Cameron Brown, Brighton & Hove Community Disability Team, introduced the report. The Transforming Care Programme (TCP) was launched in response to the Winterbourne View scandal and was initially focused solely on people with both Learning Disabilities and autism who were being kept in hospital. However, the programme's remit has subsequently widened. TCP is delivered on a Sussex-wide footprint. Although TCP is expected to involve budget-pooling at some point, this is not currently being recommended.

- 22.2 TCP aims to reduce reliance on hospital beds in favour of community-based care. However, Sussex has historically been a low user of beds in any case. There are currently 8 Brighton & Hove residents in hospital placements – a significant reduction from the 14 or so who previously occupied beds.
- 22.3 Dr Mack noted that the TCP project was transformational, but queried whether there were concerns about community safety. Mr Brown replied that the discharge of people from the criminal justice system was very carefully managed, with multi-agency buy-in. Discharge was under licence, and some clients have been recalled.
- 22.4 Denise D'Souza commended the work to date, but commented that it was vital that we secured NHS England funding to cover the very high costs involved in supporting some of the individuals covered by TCP. Ms Jerram noted that the footprint had not been successful in bidding for transformational funding, but had succeeded in some smaller bids.
- 22.5 In response to a question on equality and diversity from Dr Beesley, Ms Jerram told the Board that no issues had emerged at local level to date, but that she would check whether there was anything across the region.
- 22.6 In response to a question from Graham Bartlett on the involvement of MAPPA, Mr Brown told members that MAPPA is fully involved in discussions when people are released from prison.
- 22.7 Denise D'Souza told the Board that a key issue was housing: we need to find appropriate accommodation for this client group, which can be difficult. Mr Brown agreed, noting that housing clients in appropriate accommodation can significantly improve their behaviour and reduce support costs. The Chair suggested that the question of whether there was enough suitable supported housing in the city to cope with this and other demands should be explored as part of the debate around City Plan.
- 22.8 RESOLVED – that the Board endorses the Sussex Transforming Care Partnership Plan.

23 SUSTAINABILITY & TRANSFORMATION PLAN

- 23.1 John Child told the Board that there were no significant Sustainability & Transformation Plan (STP) developments to report. The initial 'plan of plans' submission was made at the end of June, and there had been some positive informal feedback, although formal feedback will not be until the end of July. There is also recognition of the scale of the challenges facing Sussex and East Surrey, particularly across primary care, in terms of quality, and in terms of financial challenges. STP plans will be locality focused and will build on existing locality system planning.
- 23.2 Mr Child stated that the financial planning to date forecast a reduction in the system deficit (£700M over the next five years if nothing is done) to around £60-70M. However, Denise D'Souza noted that this did not include ASC pressures.

- 23.2 Ms D'Souza told the Board that here is broad recognition of the need for more public engagement. An FAQ has been drawn up and plans are in place to establish a STP presence on the websites of member organisations. Stakeholder engagement events have started and more will follow soon. Dr Beesley commented that it was important to talk to staff as well as to the public – if the STP is to be effective it must be led from the front-line. Ms D'Souza agreed that we need to engage staff at scale and pace, preferably via the Better Care Board.
- 23.3 In response to a question from Cllr Page on the governance of and elected representation in STP localities, Mr Child told members that there were four: Coastal West Sussex, East Sussex better Together, A23 North and A23 South. These were essentially designed around hospital catchment rather than being intended as governance entities, and there are currently no STP-specific locality 'Boards'. He added that, to date, STP planning has not addressed issues of hospital reconfiguration..
- 23.4 In response to a question from the Chair on engagement with primary care practitioners, Mr Child agreed that this was crucial. There was a recent meeting of GPs across A23 North and South, at which there was considerable agreement about the primary care model going forward.
- 23.5 RESOLVED – that the Board note the STP update.

24 SUGAR SMART BRIGHTON: DEBATE AND ACTION PLAN

- 24.1 Katie Cuming, Consultant in Public Health Medicine, introduced the report. In response to a question from Cllr Barford, Ms Cuming confirmed that the Sugar Smart programme was funded from ring-fenced Public Health budget.
- 24.2 RESOLVED – that the Board note the Sugar Smart update.

25 BRIGHTON & HOVE ROUGH SLEEPING STRATEGY 2016

- 25.1 Andy Staniford, Housing Strategy Manager; Alistair Hill, Public Health Consultant; and Brian Doughty, Head of Adult Assessment, introduced the report.
- 25.2 Cllr Barford asked a question on behalf of Cllr Penn (who had left the meeting) about housing support for patients in acute mental health beds prior to their discharge. Mr Doughty replied that the Mental Health Homeless Team liaises with colleagues at Mill View hospital, and that delivery of the Rough Sleeper Strategy will include the active involvement of Sussex Partnership NHS Foundation Trust (SPFT). Mr Hill added that the support provided by the pathway programme in place in Royal Sussex County Hospital will be rolled out to Mill View also. There had also been a recent focus on providing mental health support in hostels. This included a focus on staff support needs and a focus on creating living environments that are not injurious to clients' mental health. John Child added that there is a well-established discharge team at Mill View and an SPFT worker embedded in the council's Housing Options team.

- 25.3 In response to a question from Cllr Barford about support for people leaving detox, Mr Doughty did not have the information to hand but agreed to provide it subsequent to the meeting.
- 25.4 Pinaki Ghoshal commented that there appeared to be little in the strategy addressing the needs of care leavers, but that this was an important issue that needed addressing.
- 25.5 Graham Bartlett told members that he would bring a desktop review of rough sleeper safeguarding to the Board in due course, but that it would initially be presented to the council's Rough Sleeper Strategy Group. A Safeguarding Adults review concerning a homeless person will be reported to the Board in the autumn.
- 25.6 Denise D'Souza commented that key to the success of any strategy would be getting clients to actually move-on from hostel accommodation. Currently this does not always happen as it should.
- 25.7 RESOLVED** – that the Board endorse the Rough Sleeping Strategy 2016.

26 PART TWO MINUTES

27 PART TWO PROCEEDINGS

The meeting concluded at 6:45pm

Signed

Chair

Dated this

day of

2015