HEALTH & WELLBEING BOARD	Agenda Item 15 Brighton and Hove City Council

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 27 JULY 2021

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Shanks (Chair), Nield (Deputy Chair) Grimshaw and Appich

CCG Members Present: Dr Andrew Hodson, Lola Banjoko, Samantha Allen nns and Ben Stevens

Non-Voting Co-optees : Rob Persey, Executive Director, Adult Social Care and Health, Deb Austin, Acting Statutory Director of Children's Services, Alistair Hill, Director of Public Health, Graham Bartlett, Safeguarding Adults Board, David Liley, Healthwatch and Jess Sumner, CVS

PART ONE

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

On commencing the meeting and welcoming all present the Chair explained that in line with current government guidance this would be a hybrid meeting. The debate and decision making would rest solely with the members in attendance in the Chamber. Apart from the officers present in the Chamber others would be joining the meeting via Microsoft teams.

1(a) Declaration of Substitutes

1.1 There were none. It was noted that Councillors Bagaeen and Fowler and Ashley Scarff, CCG had sent their apologies. Councillor Grimshaw was present was in attendance in substitution for Councillor Fowler.

1(b) Declarations of Interests

1.2 There were none.

1(c) Exclusion of Press and Public

1.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

1.4 **RESOLVED -** That the public be not excluded during consideration of any item of business set out on the agenda.

2 MINUTES

2.1 **RESOLVED –** That the Chair be authorised to sign the minutes of the meeting held on 23 March 2021 as a correct record.

3 MINUTES OF ADULT SOCIAL CARE AND PUBLIC HEALTH SUB COMMITTEE

3.1 **RESOLVED –** That the contents of the minutes of the meeting of the Adult Social Care and Public Health Sub Committee of 8 June 2021.

4 CHAIR'S COMMUNICATIONS

4.1 The Chair stated that as this was the first meeting of the newly formed Board she wished to place on record her thanks to outgoing Members and to welcome new ones and invite partners to introduce themselves. Also that although a Covid update would be provided elsewhere, she just wanted to highlight:

Walk in Vaccine Sessions

4.2 That if anyone watching or anyone they knew had not had their first dose of the vaccine or were due to have their second dose, they were urged to get them as soon as possible. Walk-in vaccine sessions were now available every day in the city. There was no need to book, individuals could just turn up and get their jab. To find out where the sessions were and which vaccines were available information was available on the Sussex Health and Care Partnership website.

4.2 **RESOLVED –** That the Chair's Communications be noted and received.

5 FORMAL PUBLIC INVOLVEMENT

5a Petitions

5.1 There were none.

5b Written Questions

5.2 There were none.

5c Deputations

5.3 It was noted that there was one Deputation which had been referred directly from the meeting of Council held on 15 July 2021. Notwithstanding that the Deputation had been responded to directly at the meeting of Council Mr Kirk was invited to present his Deputation as set out in the circulated papers for the meeting and below:

Deputation concerning Integrated Care Systems: What we can Discern so far

Spokesperson Ken Kirk

References to the D of H&SC recent White Paper are identified thus *5.6*, *in italics*.
1. The end of a health service driven by patient demand. Under ICS, health services will be to limited by allocated financial totals.
2. The clear purpose is to bear down on cost. Control of funding is central to the idea of an ICS, see Supporting Note A.
3. Deficits currently accrued by hospital trusts owing to recent underfunding won't be possible; hospitals will be forced to limit its work to allocated funding.
4. ICSs are based on US Accountable Care. Despite claiming to 'integrate' health and social care services for the benefit of patients there is little explanation of integration or how it's to be achieved in the White Paper.
5. White Paper news headlines claimed an end to privatisation (see Supporting Note C). On the contrary, the Health Services Support Framework allows ICSs to contract without tender with hundreds of private firms (see Supporting Note B). 5
6. Commissioning will be removed from the scope of Public Contracts Regulations 2015. This law ensures the inclusion of social, ethical and environmental aspects, implying the move from a regulated to an unregulated market. *5.46 – 7*.
7. There will be a Sussex-wide ICS NHS body and a separate ICS Health and Care Partnership. With CCGs will be abolished the ICS NHS body will be the sole commissioner. Its board will comprise a chair, a CEO, representatives from trusts and General Practice and local authorities. The board can appoint others, for example management consultants and executives from private firms but not members of the public it serves. *5.6 – 5.8 and 618 – 6.22.*
8. Local authorities will lose the power to refer health issues to "avoid creating conflicts of interest" *5.84.*
9. Exact local authority representation on the ICS NHS body isn't specified in the White Paper.
10. The ICS Health and Care Partnership with promote planning for health and social care needs, members drawn from local H&WB Boards etc.*6.20.*
11. There's no patient involvement in the provision of health services. The ICS NHS body will operate in secret, will be under no obligation to hold meetings in public, or to publish minutes.
12. The ICS will be to seek opportunities to bear down on costs, likely achieved by –
a. Limitation to the range of health services under the NHS. Already certain procedures are now denied under the NHS. (see Supporting note D). This is likely to be extended. Denial of care will become commonplace.
b. Rationing of care, when an allocated budget for a procedure is exhausted.
c. Diverting patients into cheaper procedures. (see Supporting Note E)
d. Extending care at home as an alternative to hospital care.
e. Using technology as an alternative to face-to-face consultations and widespread use of lower level of medical qualified clinician (see Supporting Note F).

13. An ICS will be allowed to “negotiate” local terms and conditions of their workers’ employment, the Agenda for Change is likely to be under threat.
14. Professional regulation is certain to be under attack. The Secretary of State will have the power to “remove a profession from regulation” *(5.154)* and will be able to “abolish a regulator by secondary legislation” *(5.155).* 6
Supporting Information:
A. The annual NHS budget is a large spend at around £130 billion. However UK spent the least per capita on healthcare in 2017 when compared with Australia, Canada, Denmark, France, Germany, the Netherlands, Sweden, Switzerland, and the US. The taxation burden is lower too.
https://www.bmj.com/content/367/bmj.l6326
The Health Services Support Framework is a list of accredited mainly private companies that an ICS can contract with, under specified purposes. Click on each Lot in https://www.england.nhs.uk/hssf/use-framework/ to see each list, many US based.
B. Section 75 of the Health and Social Care Act 2012 is to be abolished, commissioners will no longer have to offer contracts to tender. However, under new legislation ICSs can contract without open tender to private firms listed in the HSSF, see Note B above.
C. The medical services recently excluded can be found by searching for “Sussex CCG Clinically Effective Commissioning Programme”.
D. Just as currently GP referrals to hospitals are interrupted into less-costly alternatives, e.g. physiotherapy, so an ICS will extend alternative referral pathways in pursuit of cost cutting.
E. The necessity of pandemic social distancing has introduced widespread use of phone consultations in both primary and secondary care, also introduced has been the electronic transfer of photos to clinicians to assist diagnosis. An ICS is certain to extend technological innovation, particularly where it cut costs, irrespective of whether it serves its public better.”

5.3 Having heard Mr Kirk’s submission the Chair referred to the response which she had provided at the meeting of Council and invited CCG colleagues who were present at the meeting to contribute.

“The last major piece of NHS legislation was the Health & Social Care Act (2012), and there has been very little NHS primary legislation since then. In February the Government published a white paper: *Integration and Innovation: Working Together to Improve Health & Social Care*. The white paper outlined significant change plans for NHS, social care and public health services to be included in a new Health & Social Care Bill. The NHS Bill was published last Tuesday July 7th. This deputation will be referred to the Health & Wellbeing Board on July 27th at which meeting there will be a joint presentation on the NHS Bill.
The Bill emphasises the importance of place and we will be working closely across system partners to develop and embed local models of care that meet the needs of our population.”

5.4 **RESOLVED –** That the contents of the Deputation and the response to it be noted and received.

6 FORMAL MEMBER INVOLVEMENT

6.1 There were no items.

7 PRESENTATION - COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN

7.1 The Director of Public Health, Alistair Hill, gave a presentation (copy uploaded to the agenda pack on the council website) detailing the arrangements in place too seek to continue to contain the number of cases across the city and to support and sustain recovery. The figures provided related to the period to 26 July 2021.

7.2 The following priorities had been identified:

Promotion of vaccination, including two doses (+ prepare for booster dose programme);

Comms, comms, comms. Clear public messaging reflecting high level of community transmission including benefits of vaccination,

Hands/face/space/fresh air, testing, self-isolation, available support etc. Targeting specific demographic groups, including visitors to city, geo locations etc;

Support for local businesses and settings, reflecting Roadmap Step 4, including hospitality, night-time economy and events;

Test, trace, isolate, support; including

- Promotion of asymptomatic testing
- Symptomatic testing capacity – additional temporary testing site at Falmer
- Expansion of local contact tracing service
- Local pilot of additional financial support to people self isolating;

Brighton & Hove has been designated by the Govt as an Enhanced Response Area, which provides time limited support from national Govt inc. additional asymptomatic testing, on the ground engagement and comms. The opportunity to prepare for Autumn including return of education settings;

Maintain 'business as usual' – challenging due to high case numbers;

Data and surveillance to enable rapid response to fast changing situation;

Infection Prevention & Control including outbreak prevention, detection and management inc. high risk settings e.g. health and care, education, hospitality

7.3 **RESOLVED –** That the contents of the presentation be noted and received.

8 PRESENTATION -BRIEFING ON NHS WHITE PAPER

8.1 The Executive Director, Adult Health and Social Care gave a presentation detailing and updating in respect of the NHS White Paper Feb 2021 Health and Care Bill the intention of which was for partners to work together by integration and innovation to improve health and social care. The rationale behind the legislation was explained which was to embed place based working and continually evolving partnership working. It was noted that Government intended to move quickly on this Bill – i.e. two readings of Bill over the

summer, shadow structures in place by Oct 2021, and full implementation from Spring 2022.The white paper acknowledged the need for social care reform to support its ambitions

8.2 The legislation would give **Integrated Care Systems (ICSs)** a statutory footing. The statutory ICS arrangements will be made up of two core elements working across Sussex:

- **The Integrated Care Partnership (ICP)** made up of the NHS, Local Government, community and voluntary sector, Healthwatch and other partners;
- **The Integrated Care Board (ICB)** will be the statutory body that brings the NHS together locally, working alongside local authorities to improve population health and care.

8.3 Under the new structural framework CCGs would be abolished and their commissioning functions would transfer to the ICB, as potentially would NHS England commissioning functions, including around Public Health. The NHSE would set finance allocations to each ICB, including a duty to deliver annual financial balance. Every ICB had statutory duties, including to secure continuous improvement in the quality of services and in patient outcomes, and to reduce health inequalities (in terms of access and of outcomes). Each ICB needed to develop an ICB 5 year forward plan (refreshed annually) for primary, community and acute healthcare services. ICB 'forward plans' needed to be shared with local Health & Wellbeing Boards, and also needed to take account of local Joint Health & Wellbeing Strategies (JHWS).

8.4 It was explained that the ICB would be a senior decision making structure for the local NHS, providing strategic leadership across the ICS. Every ICB would have a duty to:

- Promote the NHS Constitution
- Be efficient, effective and economical
- Secure continuous improvement in the quality of services and in patient outcomes
- Reduce health inequalities (in terms of access and of outcomes)
- Promote patient involvement
- Promote patient choice
- Obtain appropriate expert advice
- Promote innovation
- Promote research
- Promote education & training
- Promote integration (within the NHS and between the NHS and LA social care)

8.5 In answer to Member questions it was explained that the precise mechanisms to effect these changes and precisely how they would operate in practice had yet to be advised and determined. Further updates would be provided to the Board and Member Briefings arranged as/when appropriate.

8.6 Dr Hodson explained in answer to questions that in respect of the ICS and there would be various degrees of control which could be used in a more focused local way which would build on ways of working which had already been put into place in established in response the current pandemic. There remained bigger questions to be answered as further information was made available from central government but it was understood

that social care provision and means by which it could be made more sustainable went hand in hand with other care provision. It was recognised that delivery of dentistry had been problematic in consequence of the pandemic and NHS England were aware that waiting lists for treatment had been longer as a result. Measures were being put into place to seek to increase capacity.

8.7 **RESOLVED –** That the contents of the presentation be noted and received.

9 HEALTH & WELLBEING BOARD: NEW TERMS OF REFERENCE

9.1 The Board considered a report of the Executive Director, Health and Adult Social Care detailing the review of the Health and Wellbeing and setting out the new Board Terms of Reference, agreed at the meeting of the Board held in March 2021 and at the subsequent meeting of Full Council. The new Terms of Reference were appended to the report.

9.2 The Chair stated that the new arrangements to which had taken to formulate properly were welcomed and paid tribute to Councillor Moonan, the previous Chair for all her hard work in moving this matter forward. The changes were intended to make the Board more inclusive and to receive input from other partners. Members were happy to note the new arrangements without further question/discussion.

9.3 **RESOLVED -** That the Board notes the new Health and Wellbeing Board Terms of Reference set out in Appendix 1 to the report on pages 37 – 45 of the circulated agenda

10 ADULT LEARNING DISABILITY STRATEGY 2021-2026

10.1 The Board considered a report of the Assistant Director, Health, SEN and Disability. The city's Adult Learning Disability strategy had expired at the end of 2019, consequently and new strategy had been worked on.

10.2 The purpose of the strategy was to deliver a city-wide agreed vision for the commissioning and delivery of Adult Learning Disability services and to provide a framework against which provision could be measured and improved. The strategy had been co-produced across a range of local partners and stakeholders, including Adults with Learning Disabilities and their families, Local Authority colleagues, Social Care Providers, the Clinical Commissioning Group (CCG) Sussex Partnership Foundation (SPFT), Speak Out, The Carers Centre, Pacc and Amaze. The strategy was being presented to the Board for approval because of the significant health elements embedded with the strategy that affected adults who had learning disabilities.

10.3

10.-- **RESOLVED –** That the Health and Wellbeing Board approves the Adult Learning Disability Strategy 2021 - 2026

11 LEARNING DISABILITIES MORTALITY REVIEW LEDER) SUSSEX CCGS REPORT 2021

11.1 The Board considered a report of Sussex CCGs, Executive Director of Nursing, Quality and Safeguarding, Allison Cannon. The annual report detailed the progress of the LeDer program in Sussex between 1 April 2020 and 31 March 2021. It evidenced the continued efforts being made in mobilising engagement with LeDeR, to reduce the health inequalities experienced by people with learning disabilities in Sussex and demonstrating the improvements that the system had made to date and was committed to making going forward and provided a breakdown of deaths by ethnicity, age and gender, details themes in causes of deaths and recommendations made.

11.2 It was noted that during this reporting period, COVID 19 was the most common cause of death for those with learning disabilities. The report contained information on what was done to minimise risks from COVID 19 before it had been nationally identified that people with learning disabilities in LeDeR, such as, that those with learning disabilities were increased risk of dying from chest infections. The “learning into action” section of the report set out the priorities for quality improvement plans over the next year based on what had been learned to date and aligned to the Sussex LDA Strategy and 3 year plan.

11.3 In answer to questions by Councillor Nield it was explained that the mortality rate amongst individuals was disproportionately high as they could be prone to chest infections and experience difficulties swallowing. There was a balance to struck and a need to take steps which were appropriate, proportionate and avoided the dangers of overmedicating.

11.4 Graham Bartlett, Chair of the Safeguarding Adults Board stated that there was awareness of these issues and that discussions were on-going to address them as part of safeguarding review discussions.

11.5 In answer to questions by Councillor Appich it was confirmed that there was a strong emphasis on take up of the vaccine, annual health checks and regular monitoring of general health.

11.7 **RESOLVED –** That the Board notes the contents of the report.

12 JOINT SRATEGIC NEEDS ASSESSMENT PROGRAMME UPDATE

12.1 The Board considered a report of the Director of Public Health providing a programme update on the Joint Strategic Needs Assessment (JSNA). Since April 2013, local authorities and CCGs had had an equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provided a comprehensive analysis of current and future needs of local people and was used to inform commissioning of services that would improve outcomes and reduce inequalities. This duty was discharged by the Health and Wellbeing Board and was overseen by the City Needs Assessment Steering Group. This paper provided an update on the JSNA programme and items for discussion on needs assessments to commence in 2021/22.

12.2 In answer to questions it was confirmed that the Public Health Team would be recruiting a JSNA lead for one year to support the programme, give the continued demands around Covid – 19 and had identified a limited budget to commission elements of the assessments where required.

12.3 The Chair and Members welcomed this approach especially in recognition of the impact that Covid had had on mental health.

12.4 **RESOLVED –** (1) That the Board notes the updated JSNA summary; and

(2) That the Board approves the programme of JSNAs to commence in 2021/22 as set out in sections 4.7 to 4.9 of the report.

13 JOINT HEALTH AND WELLBEING STRATEGY OUTCOMES MEASURES

13.1 The Board considered a report of the Head of Public Health detailing the Joint Health and Wellbeing Strategy – Outcomes Measures.

13.2 It was noted that Health and Wellbeing Boards had a duty to prepare a Joint Health and Wellbeing Strategy for meeting needs identified in the Joint Strategic Needs Assessment (JSNA). The Brighton and Health and Wellbeing Strategy 2019-30 had been approved by the Board in March 2019. It set out the vision that everyone in Brighton and Hove would have the best opportunity to live a healthy, happy and fulfilling life. The paper presented a high-level outcomes measures for the strategy, which had been amended in 2021 to reflect the wider impacts of Covid.

13.3 In answer to questions it was explained that it was recognised as being important to analyse how well Brighton and Hove were performing against the outcome measures and that this would be informed by engagement and measuring it against the 4 “wells”. In terms of “Dying Well”, there were very different levels of individual risk and work and plans were in place to develop work on that area over the next 12 months.

13.4 In answer to questions by Councillor Grimshaw it was explained that as a result of Covid 19 there would inevitably have been a deterioration of the base line over the last year and this needed to be taken account of.

13.5 **RESOLVED –** (1) That the Board approves the outcome measures for the Joint Health and Wellbeing Strategy; and

(2) That the Board agrees the frequency of update on progress against the outcomes measures, suggested six monthly.

The meeting concluded at 6.45pm

Signed Chair

Dated this day of