Brighton & Hove
Health and Wellbeing Board

A Discussion Paper
September 2011

Contents:

Foreword:

Thank you for contributing to the development of the Brighton & Hove Health and Wellbeing Board (HWB).

It is particularly important that we develop an effective local model for building on the links established between health and social care services that preserves all the strengths in the current system. This includes the strong partnerships enshrined through our so-called section 75 agreements where we pool health, adults and children's budgets across a wide range of activities. These require an extensive bureaucracy to maintain them. We would look to use the opportunity presented by the development of a HWB to reduce the time spent in meetings to release more resources for our frontline working.

Just as central government is developing its new approaches to health and wellbeing, it has also made changes to relationships across children's services with the removal of the requirement to have a children's trust, but not the requirement for parties to co-operate. The core function of HWBs is to promote and secure partnership working across health and social care, including both adults and children. A danger therefore is that we create a new structure that simply replicates existing groups: a key test we would ask of those reading these proposals is that they reduce overlap in the health and social care system and promote coherence. A clear proposal is to abolish the local children's trust and to allow the HWB to oversee the integrated services to children.

HWBs have few statutory powers, but work through influence by establishing a common local moral purpose. The city is committed to greater equality and in closing the health gap we see in Brighton and Hove. This can mean years of extra life expectancy for those living in our most prosperous areas when compared to those living in more straightened circumstances. The role of the HWB will be to use its influence to ensure that policy makers and commissioners of services across the city work from a single, shared needs assessment, and that through this work we make this a healthier city.

The proposals contained within this final discussion document have evolved over the last six months from many meetings and one major consultation event. Through this document we are asking if we have the right direction of travel. We are committed to introducing a shadow board in the Spring but also to a further round of consultation next summer to ensure our arrangements are fit for purpose.

We are grateful for the time you are giving this consultation process.

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Section 1: Introduction

The Health & Social Care Bill, introduced into Parliament on 19 January 2011, makes the establishment of a Health & Wellbeing Board (HWB) mandatory for each upper tier authority. This requirement was also reaffirmed in the Department of Health's (DoH) response to the Future Forums.

HWBs are to be partnerships of local authorities, NHS commissioners and local health and social care service users. While it is for each locality to determine the best way forward, the Bill sets out a number of significant statutory duties, which are incorporated within Section 2 of this report.

The Bill is still to be passed as primary legislation but it is expected that HWBs be established in shadow form by 01 April 2012, becoming statutory bodies by 01 April 2013.

This paper follows the HWB Development Seminar that was held in Hove Town Hall on 26th July 2011. The Seminar began the process of building a consensus across the city of Brighton and Hove as to how a HWB might function locally.

The Seminar was attended by a wide range of stakeholders, which included elected members, senior officers from the PCT and the City Council, representatives from the emerging Clinical Commissioning Group (CCG) and health and social care providers, clinicians and Local Involvement Network (LINks) members. It was facilitated by the regional support team from the DoH.

Some broad areas of consensus were reached:

What we should stop:

- Duplication in partnerships.
- Ineffective partnerships.
- Unnecessary meetings.
- Inefficient existing behaviour – "do not make the HWB a talking shop".

What we should preserve:

- Effective partnerships.
- Inter-connectivity.
- Good relationships and engagement.
- Good joint arrangements.
- Original purpose of partnerships.

What we should develop:

- Co-production – "continue to work on change together to manage the development of the HWB".
- A board that has a clear purpose with strong leadership and a good brand.
- A board with a very clear and tight focus, with perhaps two or three core objectives.
- A board that members want to go to.
- Public involvement, potentially via 'juries'.
- Provider involvement. (although others thought not!)
- A 'representative' board.

This paper identifies a series of questions that must now be answered before the HWB can be established. Although there is a readiness tool for CCGs, there is no similar support for the establishment of HWBs. Rather, it is for localities to agree their best way forward.

There is no particular urgency: as outlined above, we are expected to have a shadow board in place for next April with the Board itself 'live' the following year.

Section 2: Summary of Recommendations

It is recommended that our HWB should be established in shadow form on 1st April 2012 and that, in line with the duties stated in the Health & Social Care Bill, it should:

1. Provide city-wide strategic leadership to public health, health and adults and children's social care commissioning, acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts;

2. Determine the scope of and approve the Joint Strategic Needs Assessment (JSNA) for the city;

3. Prepare and publish the Joint Health & Wellbeing Strategy (JHWS) – a high level strategic plan that identifies, from the JSNA and the national outcomes frameworks, needs and priority outcomes across the local population;

4. Receive the annual CCG commissioning plan for comment. In instances where these plans vary significantly from the JHWS and it is not possible to reach an amicable local agreement, the HWB has the authority to refer this up to the NHS Commissioning Board;

5. Approve and coordinate the local authority's commissioning strategies for public health and adults and children's social care;

6. Promote integration and joint working in health and social care across the locality;

7. Involve users and the public, including to communicate and explain the JHWS to local organisations and city residents;

8. Monitor the outcomes goals set out in the JHWS and use its authority to ensure that the public health, health and adults and children's commissioning and delivery plans of member organisations accurately reflect the Strategy and are integrated across the city;

9. Ensure robust arrangements are in place for a smooth transition into the Statutory Board by April 2013.

Question 1: Do you think that the functions outlined above are right for Brighton & Hove's HWB?

Section 3: Proposed Remit

The remit of HWBs to eliminate overlap in activity and bring together partners, and particularly commissioners, working at a high-level is clear in the White Paper:

> 4.13 We envisage health and wellbeing boards developing joint health and wellbeing strategies, based on the assessment of need outlined in their JSNA, and including a consideration of how all the relevant commissioners can work

> together. It is expected that this local, joint health and wellbeing strategy will provide the overarching framework within which more detailed and specific commissioning plans for the NHS, social care, public health, and other services that the health and wellbeing board agrees to consider, are developed. We would encourage organisations to develop concise and high-level strategies setting out how they will address the health and wellbeing needs of a community, rather than large, technical documents duplicating other plans. The joint health and wellbeing strategy would have to include consideration of whether existing flexibilities to pool budgets and joined-up commissioning can be used to deliver the strategy.
>
> *Healthy Lives, Healthy People: Our strategy for public health in England 2010*

Rather than establishing a whole new range of reporting mechanisms, our HWB should (as far as possible) take-on responsibilities from other boards. Attached to this report are diagrams showing the:

- Partnership groups across the city (Appendix One);
- Reporting relationships of the various council committees and related boards (Appendix Two), and;
- Range of existing boards and related structures in the City Council relating to health and wellbeing (Appendix Three).

Please refer to Sections 5 and 6 for further details.

The outcomes frameworks for public health and adult social care and the central NHS outcomes framework will help to shape local commissioning. These exclude education and social care services to children. The JSNA, which does include these areas, will therefore be crucial in bringing together local priorities.

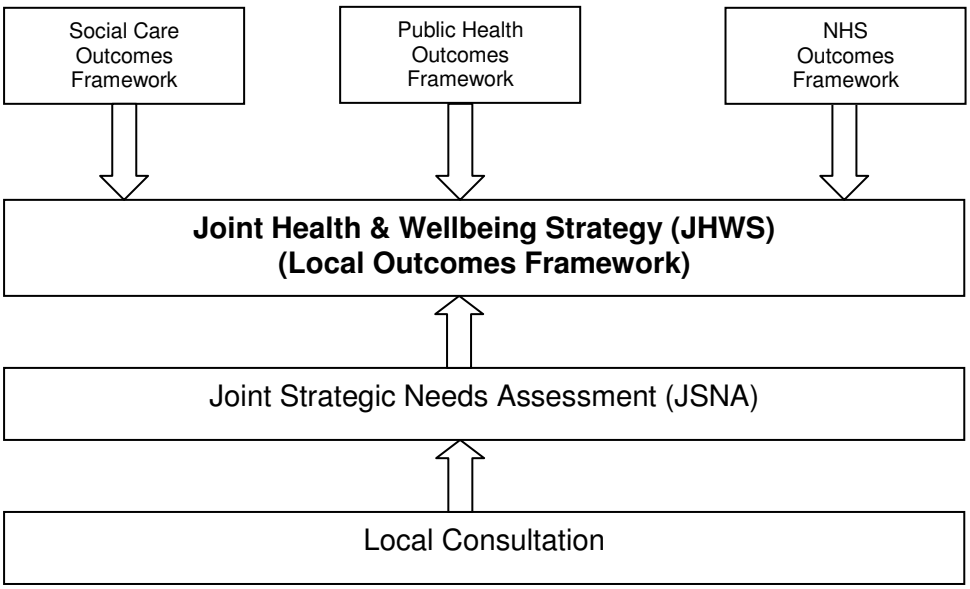


Figure 1 – generation of a local joint health and wellbeing strategy (JHWS).

The JSNA identifies the areas that may be of interest to HWBs. Locally, these might include:

Health Improvement

- Obesity / nutrition
- Physical activity
- NHS Health Check Programme
- Smoking cessation
- Alcohol and substance misuse
- Sexual health and teenage pregnancy

Health Protection

- Public health emergencies
- Flu preparations (pandemic and seasonal)
- Vaccine uptake
- Initiatives to reduce seasonal mortality
- Community safety

Health Services (through a joint commissioning compact with the CCG (including ASC under Section 75 and through a joint commissioning arrangement))

- Alcohol and drug misuse services
- Sexual health services
- Acute care services
- Mental health promotion services
- Cancer and long term condition prevention (not screening services)
- Sx Community Trust Services (execute jointly through W. Sx HWB)
- SPFT Mental Health Services (execute jointly through W. Sx. HWB)

Children's Services (including Section 75 Agreements)

- Services and initiatives included under health improvement (above)
- Dental public health
- Accidental injury prevention
- Health visiting services
- School health services
- Community child health (including specialist) services
- Initiatives to reduce birth defects
- Numbers of children with children in need plans, child protection plans or formally looked after
- Safeguarding services (LSCB reports)
- Education services including special education needs

Adult Social Care (including section 75 agreements and informal and joint commissioning arrangement)

- Quality and Outcomes (including NICE standards compliance) dataset

Question 2: To what extent should the HWB confine itself to a high level set of priority health outcomes, using the intelligent commissioning model (or a similar overarching partnership model) and look to hold the wider system to account for their delivery?

Question 3: What role would the HWB have in regards to serious unforeseen incidents, such as a major flu outbreak or indeed a service redesign made necessary by central government changes?

Section 4: Community and Political Context

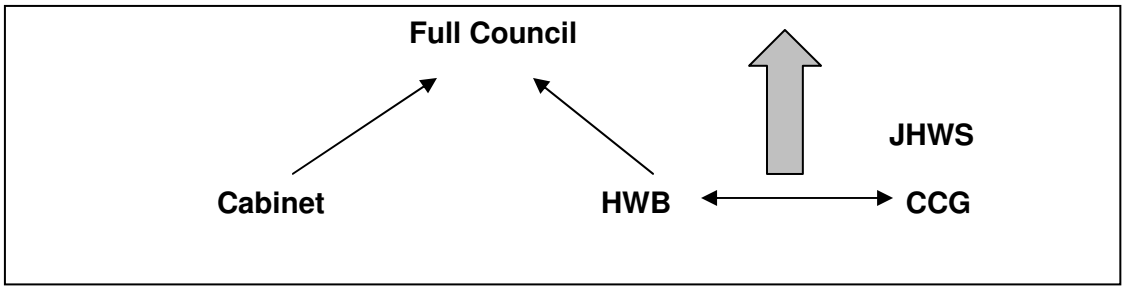
Brighton and Hove has a strong Local Strategic Partnership (BHSP) and it would be through this forum that the HWB would be developed. In addition, we have a Public Service Board (PSB) that provides additional strategic oversight of partnership work. However, unlike the other boards, working committees and *ad hoc* groups associated with the BHSP, HWBs are required to be constituted as a formal committee of the Council and this might necessitate more complex reporting relationships and accountabilities.

Legal advice is clear:

> Clause 191 (11) of the Health and Social Care Bill provides: "A Health and Wellbeing Board is a committee of the local authority which establishes it and, for the purposes of any enactment, it to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1072." It then gives the Secretary of State the power to disapply any of the provisions in legislation that apply to committees.
>
> As this committee is to be treated as a section 102 committee for all purposes, this would mean, subject to any regulations made by the Secretary of State, the committee has to be appointed or established by full Council. Clause 198 is curiously worded in that it puts the responsibility for establishing the Board on the local authority, but gives the power to appoint the local authority Member representatives in the Board to the Leader of the Council.
>
> …the establishment of the Board requires an amendment to the constitution. The normal procedure under article 15 of our constitution is for the proposed changes to be reported to the Governance Committee (which has responsibility for oversight of the constitution) for consideration and comment and then to full Council.

The advice goes on to state:

> There is no legal requirement to take this to the PSB or for the HWB to have a formal relationship with the PSB, but it would be good practice to incorporate requirements in terms of maintaining good relations with the PSB and accountability etc as part of the ways of working rather than incorporating it into the formal constitution of the HWB itself.



BHSP has 13 partnership groups and eight priority areas, at least four of which impact on the possible work of the HWB:

- Improving health and wellbeing
- Reducing crime and improving safety
- Improving housing and affordability

- Promoting enterprise and learning

The work of these partnership groups is driven by the citywide strategic needs assessment, with the health and wellbeing component given by the statutory Joint Strategic Needs Assessment (JSNA) of the Director of Public Health.

Section 5: Governance Proposals

The HWB would liase with both the BHSP and PSB but would report to Brighton & Hove City Council's (BHCC) **Full Council** (not Cabinet).

It would have a line of accountability to the emerging CCG and Public Health England.

Reports of the HWB would go to the City Council's Overview and Scrutiny Committee(s) (OSC). OSC will be charged with examining health and wellbeing issues and children's services and will be able to hold the HWB to account for its actions.

The HWB could subsume the functions of the:

- Healthy City Partnership
- CYPT Board
- Learning Partnership
- Joint Commissioning Boards (adults)

Appendices Two and Four contain a description of these partnerships and boards.

The Local Safeguarding Boards should have a linked relationship with the HWB, developing the relationship between the Local Safeguarding Children Board and the CYPT. This may need to change further from 2013 when legislation requires greater independence of the adult safeguarding board. Both could report to the HWB. It could, for example, be that both the adults and the children's safeguarding boards report to the HWB.

There would be no commissioning budget attached to the HWB. Constituent members would be expected to work through their relative directorates and organisations to ensure that any directive from the HWB is put into operation.

It is expected that HWB meetings are public, to allow additional people and organisations to observe. The need for HWB meetings to also be 'open', which in the City Council context includes the usual public questions, deputations, petitions, members' letters and written questions, requires exploration.

Question 4: To what extent should HWB meetings be 'open' and what would this mean in this context? The degree to which S102 of the Local Government Act 72 can be disapplied will influence this and guidance is currently being awaited.

Question 5: To what extent does the scope and range of responsibilities and accountabilities seem appropriate? Should, for example, all section 75 agreements be monitored by the HWB?

Section 6: Potential Responsibilities

A consistent demand from consultees was that the HWB reduce the number of meetings and related Boards, but retain the present strengths of the system. Given the responsibilities and

accountabilities above, we should use this opportunity to bring greater coherence to the system. However, until the role of the HWB becomes clearer through operation, it is suggested that all operational and contract management groups should be retained for the first (shadow) year:

- Joint Commissioning and Management Group (JCMG)
- SPFT Directors Meeting
- SCT Performance meeting
- Chief Officers' Group (COG) (oversight of children's section 75 agreements)
- JSNA Steering Group (and working groups as decided from time to time)

Appendices Two and Four contain a description of these partnerships and boards.

The City Council's scrutiny structures are currently being reviewed, with the aim of producing a stream-lined service that is better aligned to the governance structures of the City Council and its key partners. This review will explicitly include plans to ensure that the activities of the HWB are subject to effective scrutiny via, where possible, a single scrutiny body.

There also needs to be a debate about oversight of the three intelligent commissioning pilots – domestic violence, drug related deaths and alcohol. It would seem sensible that these should be moved under the purview of the HWB where they are health focussed.

Group	Possible Action	Change to Responsibilities	Sub-Group Needed
Healthy City Partnership	Delete	HWB to take-on strategic oversight	Yes
Children's Trust Board and CYPT	Delete	HWB to take-on strategic oversight	No
Chief Officers Group	Delete	HWB to take-on strategic oversight	No
Joint Commissioning Board (adults)	Reconsider role	HWB to take-on strategic oversight	Yes (see below)
Joint Management Group and Joint Commissioning & Management Group (children's)	Reconsider role	HWB to take-on strategic oversight	Yes (see below)
S75 Partnership Board	New group	Oversight of all S75 agreements reporting to HWB	YES
Learning Partnership	Retain	Standing group of HWB	NA
JSNA Working Group	Retain	Standing group of HWB	NA
Safeguarding Board	Retain but look to merge from 2013	Accountable to HWB but should also agree operational plans with HWB and vice versa	NA

* Police and Probation Trust are presently represented on this group.

Question 6: If the HWB takes-on a high level strategic role, how will its work differ from other similar boards? Would, for example, intelligent commissioning pilots have been commissioned by the board; overseen by the board; or simply the outcomes monitored?

Question 7: Looking at the appendices and the proposals given above, as the HWB becomes established which groups and functions should it look to adopt? In its first year, should the HWB review the work of each constituent group suggested above and make recommendations about their future work and location?

Section 7: Membership

The Bill sets out the main functions of the HWBs, which are to:

- Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;
- Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services;
- Encourage persons who arrange for the provision of health-related services in its area to work closely with the health and wellbeing board;
- Encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.

Given the discussion above, what might the constitution of the HWB look like? The White Paper stated that each board must include the following:

- At least one local authority councillor,
- The director of adult social services for the local authority,
- The director of children's services for the local authority,
- The director of public health for the local authority,
- A representative of the local Healthwatch organisation, which represents adults service users for the area of the local authority,
- A representative of each relevant commissioning consortium; and
- Such other persons, or representatives of such other persons, as the local authority thinks appropriate.

This gives considerable leeway but officers involved in developing the HWB have been clear at all times that form must arise from function. This was supported strongly in the July 2011 Seminar. However, there was no clearly expressed majority view as to the extent that the local board should reflect the provider. West Sussex, for example, is including both the Sussex Partnership Foundation Trust (SPFT) and Sussex Community Trust (SCT) on its shadow HWB. Particularly for SPFT, an invite to serve on our local board may place it under considerable stress in terms of their work across Sussex.

Appointment of local authority board members would appear to be reserved to the Leader of the Council, although this may change on enactment of the Bill passing through the House.

The wider composition of the HWB will depend on the functions it subsumes from other groups, a commitment to 'balance' within the political nominees and other local considerations. Advice

from the DoH is that the Board should be of no more than eight members, with twelve as a maximum, and concern itself with high level strategy. However, there is considerable local discretion (Letter to local authorities, David Behan, June 2011). Locally, a model with three political nominees, one from each party would seem equitable.

This gives nine members. In addition, we might invite further representatives to be more fully inclusive:

- A further representative from the local CCG to allow both the chief operating officer (COO) and the clinical lead to attend;
- A representative of the Learning Partnership (if the CYPT Board is removed, so too would be the clear reporting line from the Learning partnership);
- A youth member to reflect the 'children's' function (NB this relationship remains unclear in the Bill as DfE has responsibility for all children consultation, and DH for patient consultation but a child resident in hospital comes under the Children's Commissioner, a DfE function…).

In total, this would be a membership of twelve.

Question 8: If the role of the HWB is to oversee strategic outcomes in health for our community, is the Board membership suggested appropriate? Who does not need to be there? Who might be missing?

Participants at the July 2011 Seminar were clear, although not unanimous, that the HWB should be commissioning-led.

Possible provider representation as non-voting observers would include:

- A representative from Brighton & Sussex University Hospital Trust (BSUH)
- A representative from SPFT (which might turn down our offer)
- A representative from SCT (which might turn down our offer)
- A representative from Sussex Police Service
- A representative from the Probation Trust

Question 9: Should the HWB be commissioner only in representations with providers invited to attend for specific items?

The Bill places the HWB in a unique position in that, although a committee of Full Council, officers have a vote which means that elected members will be in a minority.

Due to the decisions that the HWB will be required to make, it is proposed that decisions are reached by a majority vote. The Chair will have the casting vote, when required.

Possible membership

<u>Voting membership:</u>

1. Cabinet Member (as chair)
2. The Director of Children's Services
3. The Director of Public Health
4. The Director of Adult Social Care

5. Formal opposition Member nominee
6. Other opposition Member nominee
7. Chair of local clinical commissioning group
8. COO of local clinical commissioning group
9. A representative of Healthwatch [1]
10. A Youth member
11. Chair of the Learning partnership (representing Headteachers and principals)

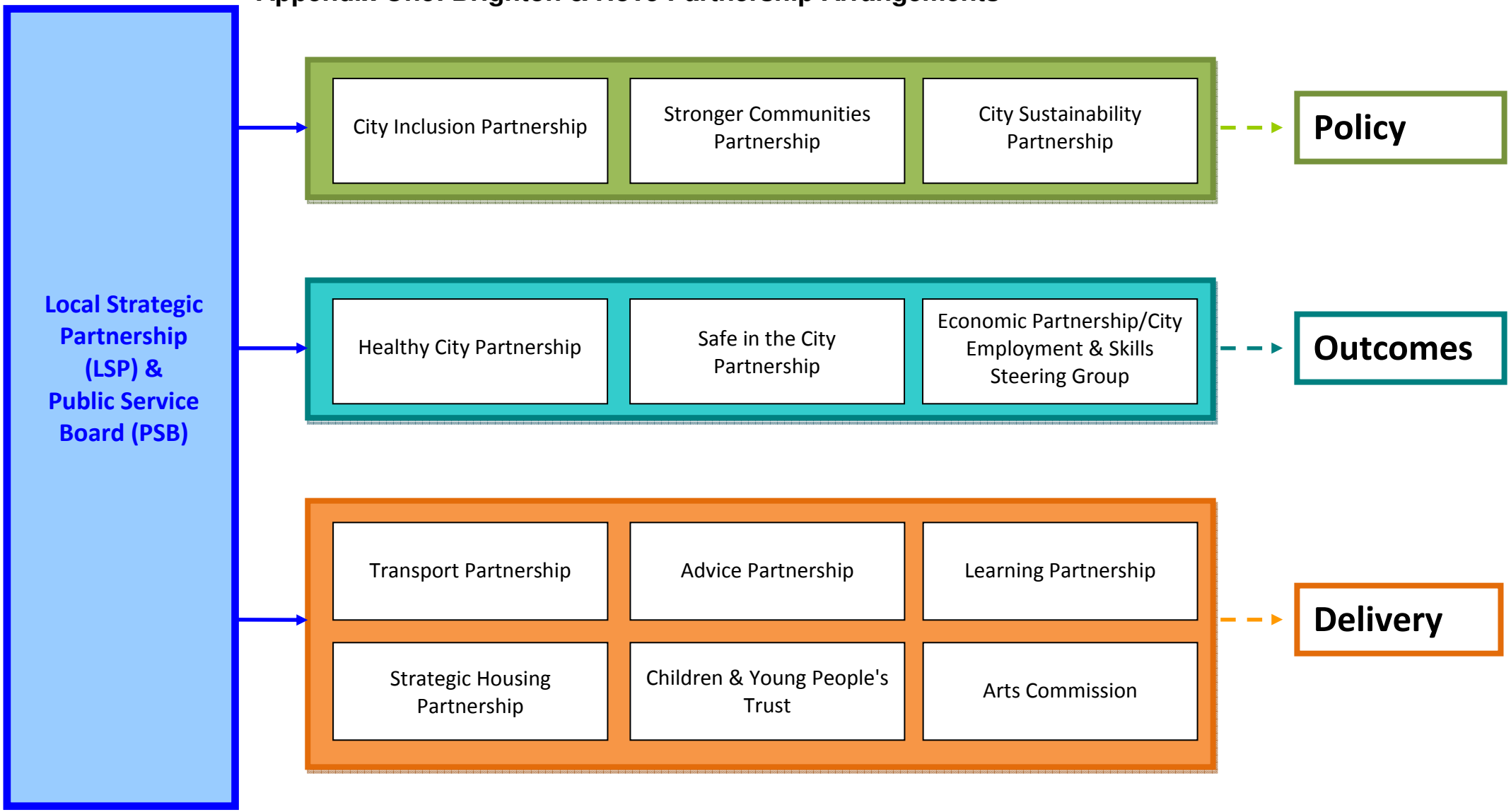
12. A nominee of the Secretary of State

Possible Observer/Non-voting membership

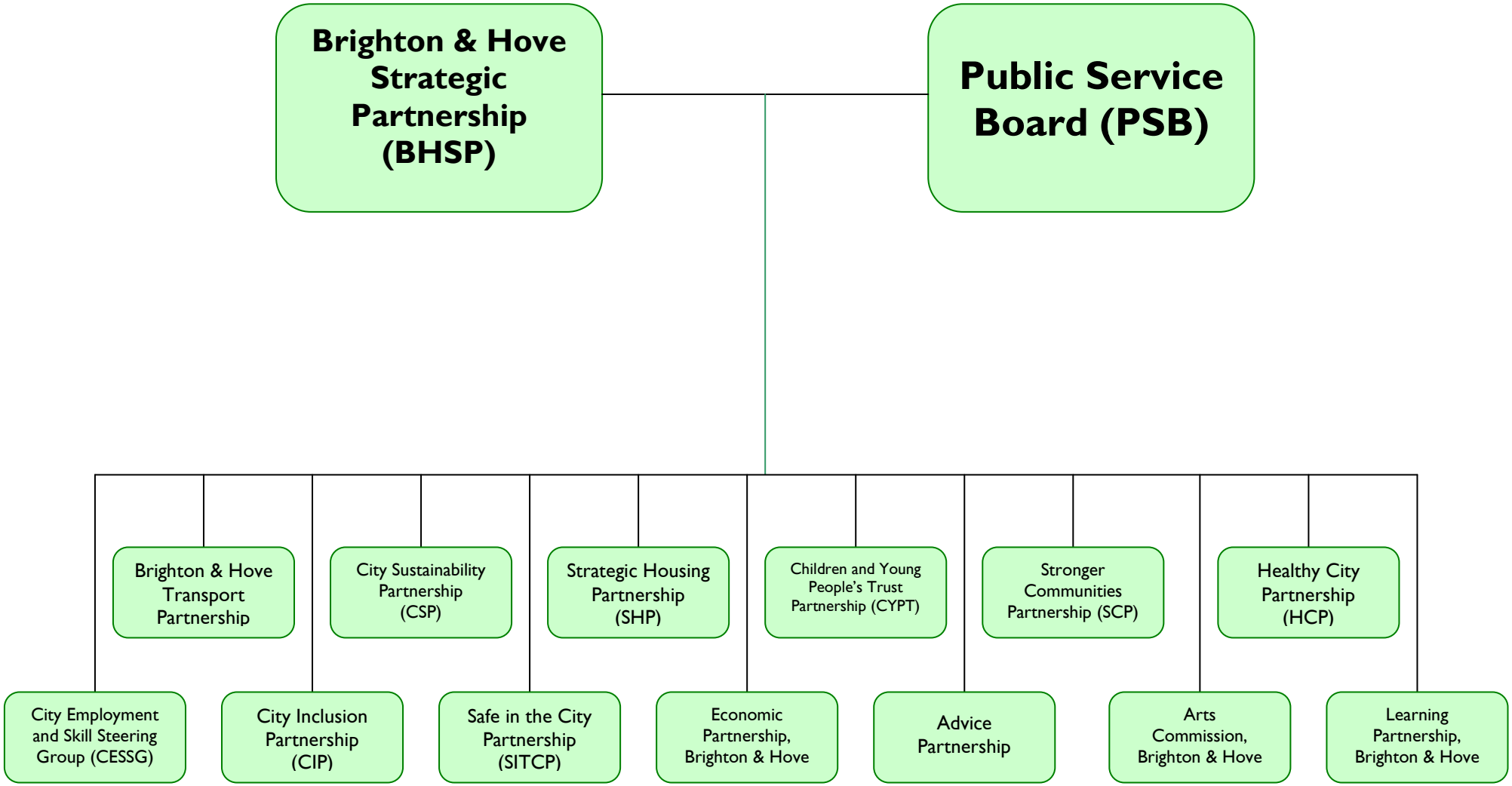
1. A representative from BSUH
2. A representative from SPFT
3. A representative from SCT
4. A representative from Sussex Police Service
5. A representative from the Probation Trust
6. A representative from the Community & Voluntary Sector (CVS)
7. An Older People's Council member (although Healthwatch has the remit to represent this group)

[1] Healthwatch will be the forum for all community engagement. The transition from LINks to Healthwatch will be of vital importance therefore in ensuring user representation on the HWB. This might include business partners and young people, for example.

Appendix One: Brighton & Hove Partnership Arrangements



Family of Partnerships



Health City Partnership (HCP)
The HCP has been the main delivery vehicle ensuring cross sector delivery of public health objectives within the City since Brighton & Hove became a World Health Organisation Healthy City in July 2004.

The HCP aims to improve the health and well-being of everyone living and working in the city by improving the conditions which influence their health and wellbeing and reducing health inequalities. In order to achieve this, the partnership oversees cross-sector contributions to tackling health inequalities in the city and acts as the focal point for representatives from all sectors to inform, influence and directly contribute to strategic planning in order to make Brighton & Hove a healthier city for everyone.

The HCP focuses its work in a number of areas including:

- Health Inequalities
- Healthy urban planning and environments
- Active living
- Mental health and wellbeing
- Healthy workplaces

Children & Young People's Trust (CYPT) Board
The partnership brings together education, health and social care for all 0-19 year olds and up to 25 years for those with special needs. The CYPT includes: Brighton & Hove City Council, NHS Brighton and Hove, South Downs Health NHS Trust, Brighton and Sussex University Hospitals NHS Trust, Sussex Partnership Foundation Trust, General Practitioners, Sussex Police, the Youth Council, the Parents Forum, Sure Start, the Community & Voluntary Sector Forum, Schools and 6th Form and Further Education Colleges and Job Centre Plus.

The CYPT works in partnership with parents and families – visit www.brightonandhoveparentsforum.com to see how. The CYPT has also established the Youth Council, which aims to give young people more influence with local politicians and councillors. Visit www.bhyap.org.uk for more information. The Children and Young People's Plan (CYPP) is a single, strategic overarching plan which defines the partnerships vision and sets clear improvement priorities for local services to achieve better outcomes for all children and young people in Brighton and Hove.

Learning Partnership (BHLP)
The BHLP aims to develop a culture of learning that will enable local people to fulfil their potential and improve the quality of their lives. The BHLP achieves this by:

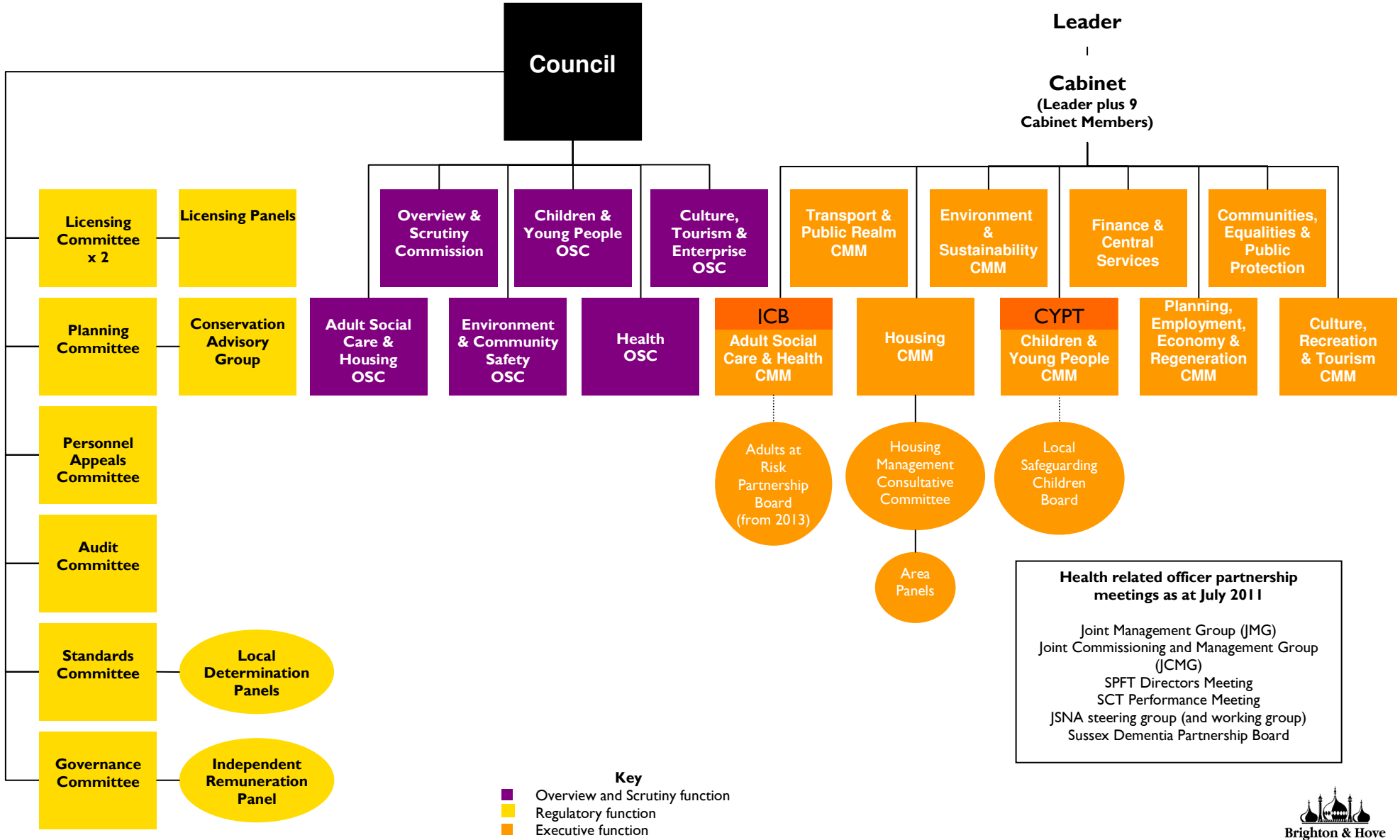
- Promoting collaboration between learning providers across the city and identifying the needs of the local learners, communities and employers
- Encouraging providers to respond to these needs with collective or co-operative actions

- Providing a focal point for learning providers and others to inform and influence the strategic planning of learning provision in Brighton & Hove
- Supporting providers to ensure that learning remains a vital component in social regeneration and in the city's economic and community development strategies

Key objectives for the partnership include:

- To strengthen partnership working across primary, secondary and further education so as to better deal with cross-phase issues, HE, adult and community learning issues
- To share, review and analyse all relevant data and information about provision, participation and performance
- To inform the development of high-level curriculum, finance and structural strategy
- To provide representation and reports for and from the Learning Partnership on the Brighton & Hove Local Strategic Partnership
- In line with the principles of Partnership for Success, to interpret and advise on the implementation of relevant Government initiatives

Appendix Two: Brighton & Hove City Council Constitution (July 2011)



Appendix Three: Health Related Council Bodies/Meetings/Governance

Relevant bodies established by the Council's Constitution

Full Council – responsible for approving the Policy Framework (including Children and Young People's Plan, Youth Justice Plan, Sustainable Community Strategy, Adult Learning Strategy) and Budget.

Joint Commissioning Board – responsible for exercising adult social care and health functions of the Council and the PCT under s75 partnership arrangements. Membership – Cabinet Member for Adult Social Care and Health (plus other Members attending as non-voting invitees) and members of the PCT.

Children's Trust Board – established pursuant to the Apprenticeship, Skills and Learning Act 2008, responsible for developing and monitoring the Children and Young People's Plan. Membership: Lead Member for Children Services, Director of Children Services and 4 other Members as co-optees plus representatives from wide range of partner agencies.

[Note: in respect of the CTB, we are currently in a transitional period. The requirement to produce a CYPP has been revoked. Statutory children's trust guidance has been withdrawn. The Education Bill will (subject to parliamentary approval) remove the duty on schools, non-maintained special schools, academies and FE colleges to cooperate through children's trusts. The Government's intention is to (subject to parliamentary approval) remove the requirement for local areas to have a Children's Trust Board and for Job Centre Plus to be a 'relevant partner' under a formal 'duty to cooperate'. It is expected this will happen in 2012.]

Children and Young People Cabinet Member Meeting – responsible for exercising education, children's social care and health functions of the Council

Adult Social Care and Health Cabinet Member Meeting – responsible for adult social services and joint delivery of a number of social care and health services l

Communities, Equalities and Public Protection Cabinet Member Meeting – responsible for co-ordinating the Council's preparation for and delivery of Public Health functions to be transferred under Health and Social Care Bill.

Children and Young People's Overview and Scrutiny Committee – responsible for discharging all overview and scrutiny functions in relation to education and children and young people. Membership:- 8 members of the Council plus a number of non voting co-optees

Adult Social Care and Housing Overview and Scrutiny Committee – responsible for all overview and scrutiny functions in relation to adult social care and housing. Membership:- 8 Members of the Council plus a number of non-voting co-optees.

Health Overview and Scrutiny Committee - responsible for discharging all overview and scrutiny functions in relation to health. Membership 8 Members of the Council plus a number of non voting co-optees

Other bodies with representatives of the Council required by statute

The Local Safeguarding Children Board (LSCB) [and LSCB Executive] – established in accordance with s13(3) of the Children Act 2004. Responsible for coordinating safeguarding and the welfare of children in Brighton & Hove

[From 2013 new duty to have Adults at Risk Safeguarding Board]

Officer bodies established by the Council's Section s75 Agreements

Joint Management group (JMG) – established by S75 partnership agreement for the integrated provision from a pooled fund for Children's Services (1st April 2010). Responsible for:- the management of the partnership arrangements. Membership; SDH Director of Operations; SDH Clinical Director; Council's AD Strategic Commissioning; Council's AD Integrated Services; Pooled Fund manager.

Joint Commissioning and Management Group (JCMG) – established by S75 partnership agreement in respect of lead commissioning from a pooled fund for Children's Services (1st April 2010). Responsible for:- the management of the partnership arrangements. Membership:- PCT's Deputy Director Of Commissioning; the Council's Assistant Director Strategic Commissioning; the Pooled Fund Manager; a maximum of two further Children's Services Commissioners from either Partner. If agreed by the JCMG, additional invitees may be requested to attend their meetings, such invitees to attend in a non-voting capacity.

SPFT Directors Meeting – deals with adult s75 provider arrangements and joint commissioning

SCT Performance meeting – quality and contract performance

Chief Officers' Group – oversight of all children's joint working

JSNA steering group (and working group)

Sussex Dementia Partnership Board – picking up as a local issue and part of Regional Transformation. Funding adversary group (NHS money)

Appendix Four: Context – JSNA (http://www.bhlis.org/profiles/profile?profileId=23&geoTypeId=4&geoIds=00ML)

NHS Brighton and Hove and Brighton and Hove City Council have worked together to develop this joint strategic needs assessment (JSNA) summary. It identifies the current and future health and wellbeing needs of the local population so that priorities can be set and plans put in place to address them. The JSNA summary pulls together findings from a range of needs assessments carried out across the city. This means it can provide an informed overview of the city's health and wellbeing and what is likely to impact on these in the future. Many people choose to come and live in Brighton and Hove for the opportunities it offers. However, the city is one of the most deprived areas in the South East. This, together with a relatively large proportion of younger adults, results in a population with particular, significant health needs and inequalities. As well as NHS health care, social factors such as education, employment and housing can have a significant impact on life expectancy. The recent recession may also impact on local health and wellbeing.

The JSNA summary highlights some of the main social issues in the city, including:

- *A high proportion of students*
- *A high proportion of lesbian, gay, bisexual and transgender residents*
- *Significantly higher child poverty rates than the South East and high numbers of children in households with no working adults*
- *Poor educational attainment; and higher levels of young people not in education, employment or training than in the South East*
- *A higher unemployment rate than the South East and nationally; and the number of people claiming out of work and incapacity benefits*
- *Sections of the population with low skills; and employment predominantly in service sector with little manufacturing or construction*
- *Lower average earnings than South East*
- *Low levels of home ownership; a high level of housing which does not meet the decent homes standard; and one in ten households in fuel poverty*
- *Higher levels of homelessness than the South East and England*
- *High volume of road traffic making trips which begin and end within the city and the impact of traffic on air quality*
- *High numbers of children in care*

Particular health and wellbeing needs in Brighton and Hove outlined in the JSNA summary include:

- *Almost half of the population in the city has current or possible future health concerns linked to lifestyle issues*
- *Widening inequalities in life expectancy and deaths from cancer and circulatory disease*

- *Significantly higher cancer deaths for the under-75s than in England and the South East*
- *Low cancer screening coverage; an estimated high number of smokers; High rates of sexually transmitted infections and HIV*
- *High levels of mental health problems; suicide; and illness and death related to alcohol and drug*

  Other key issues to be address, in common with other parts of the country, include:

  - *Teenage conception rates Childhood obesity*
  - *The needs of people with long term conditions*
  - *The needs of children and adults with physical and learning disabilities and autism*
  - *Carers and young carers*
  - *End of life care*

Further information from local needs assessments can be found through the link given above, and assessments being carried out in 2010/11 will be made available on this site once published. These include:

- Children and young people with disabilities and complex health needs—Available now
- Adults with learning disabilities
- Adults with autism
- Diabetes
- Child poverty
- Domestic violence
- Alcohol
- Drug related deaths

The JSNA usefully makes the point that it is often difficult to separate out health inequalities from those of education, poverty and housing. This means that any line drawn between the work of the health and wellbeing board and other boards in the city will be rather arbitrary but perhaps those lines should enclose those aspects of interventions that show the greatest coherence.