



**4.00pm 9 September 2014**

**Council Chamber, Hove Town Hall**

**Minutes**

**Present:** Councillor J Kitcat (Chair), Councillor K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald, Dr. Xavier Nalletamby, CCG, Geraldine Hoban, CCG, Dr Christa Beesley, CCG, Dr Darren Emilianos, CCG, Dr George Mack, CCG, Denise D'Souza, Statutory Director of Adult Social Care, Dr. Peter Wilkinson, Deputy Director of Public Health, Pinaki Ghoshal, Statutory Director of Children's Service, Frances McCabe, Healthwatch, Graham Bartlett, Brighton and Hove Local Safeguarding Children's Board, and Fiona Harris, NHS England

**Also in attendance:** Penny Thompson, Chief Executive, BHCC.

**Part One**

**20 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

- 20.1 Dr Daniel Emilianos, CCG declared that he was attending as a substitute for Dr Jonny Coxon, Fiona Harris, NHS England, declared that she was attending as a substitute for Sarah Creamer; Dr Peter Wilkinson declared that he was attending as a substitute for Dr Tom Scanlon.
- 20.2 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there

would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

20.3 **Resolved** - That the press and public be not excluded from the meeting.

## 21 MINUTES

21.1 The Chair informed the Board that at the last Health & Wellbeing Board, Iain Kelly, Senior IT Training Manager at BSUH had promised to provide answers to questions relating to the Child Protection Register Benefits as follows: -

*Question* - How is the Child Protection Register Benefits linked into BHCC current arrangements? *Answer* - Currently the process is a manual check. This system will check automatically against the spine when a child or pregnant mother presents and bring back local authority information if they are on a plan.

*Question* - Regarding the Child Protection Register Benefits; How does this link into the Child health information system? *Answer* – This project does not include a link to the Child Health Information system.

21.2 **Resolved** - That the minutes of the Health & Wellbeing Board held on 29<sup>th</sup> July 2014 be agreed and signed as a correct record.

## 22 CHAIR'S COMMUNICATIONS

22.1 The Chair gave the following update:

### **Care Quality Commission report on the Brighton and Sussex University NHS Trust**

22.2 The Chair informed the Board that the Care Quality Commission's Inspector report had mixed results. The CQC had commented favourably on the caring attitude of staff and had confidence in improved personalisation but had commented less favourably on other areas such as maternity services and cohesive working between the multi disciplinary teams. The Health & Wellbeing Overview and Scrutiny Committee would consider the action plan.

## 23 FORMAL PUBLIC INVOLVEMENT

23.1 There were no formal questions or petitions.

## 24 INTEGRATED COMMUNITY EQUIPMENT SERVICE

### Introduction

- 24.1 The Board considered a report of the Executive Director, Adult Services which set out future commissioning options for the Integrated Community Equipment Service (ICES) in Brighton & Hove. The options were explained in paragraphs 2.6 to 2.9. The report was presented by Denise D'Souza.
- 24.2 Ms D'Souza stressed that the staff at the equipment store did a very good job and the service was valued by those who received it. The Service was jointly provided and had been jointly commissioned by the CCG and the LA since 2004. It was staffed by 7 local authority employees and 15 Sussex Community Trust staff. Demand for the service had grown since 2004. Sussex Community Trust had decided that the service was not part of their core business and the Local Authority did not have the capital to invest in the service.
- 24.3 The Board were informed that the current building was in significant need of repair and a minimum of £193,000 was required to meet the minimum standards necessary for the building alone. This would still not address the lack of space for equipment, the poor decontamination facilities and the lack of space and facilities for staff.
- 24.4 Ms D'Souza stressed that it was necessary to move from the store and meet rising demands for the service. There was a need to improve delivery times and to have a daily delivery, seven days a week. There was also a need to improve recycling, and show value for money. A range of options for the service were presented in the report. Option 1 was recommended.

### Questions and Discussion

- 24.5 Councillor Morgan considered that the Board had been presented with a fait accompli. Councillor Morgan quoted a letter he had received from a union representing staff and agreed with the concerns raised. He stressed that the service had been highly valued over many years, and asked why the Board were not being asked to start its own company in the city. There were valid concerns over any service tendered out to the private sector. If it was too late to consider alternatives then Councillor Morgan asked for earlier and proper consultation.
- 24.6 Denise D'Souza replied that there had been conversations about involving the third sector in setting up a local service but this would have required the same amount of capital as the Local Authority.
- 24.7 Geraldine Hoban stated that a local service was an attractive proposition but the economy of scale that a small city could work in would be prohibitive. A store in Brighton & Hove would not be able to keep large equipment such as bariatric beds.

- 24.8 The Chair stated that there was no spare capital for a local service and none of the voluntary or third sector had any money.
- 24.9 Councillor Norman agreed with comments made by Denise D'Souza and Geraldine Hoban and stated that he supported the proposals. He agreed that there was no money to invest in the current service and he stressed the need to modernise and improve the service. There was no reason why a new organisation could not provide a better service.
- 24.10 **Resolved –**
- (1) That the Policy & Resources Committee be recommended to approve that the Council and the CCG enter into a contract with the equipment provider selected by West Sussex County Council (WSCC) as set out in Option 1 (paragraph 2.6 of the report).

## **25 BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST: 3T FULL BUSINESS CASE**

### **Introduction**

- 25.1 The Board considered a report of the 3Ts Head of Communication Engagement. Members were informed that on 1<sup>st</sup> May 2014, Brighton & Sussex University Hospitals Trust (BSUH) received approval of the Outline Business Case for the 3Ts Redevelopment of the Royal Sussex County Hospital. As the final step in the approval process the Trust was now required to submit a Full Business Case to the Trust Development Authority (TDA) and the Treasury by the end of September 2014. As part of the approval process for the Full Business Case the TDA would want assurances that key partners and stakeholders continue to support the 3Ts Redevelopment. BSUH was consequently seeking letters of support from key partners, including the Brighton & Hove HWB.
- 25.2 The report was presented by Matthew Kershaw, Chief Executive (BSUH), and Duane Passman, Director of 3Ts (BSUH). Members were informed of the process for the decant and main development. This was set out in the appendices to the report.
- 25.3 Mr Passman stressed that the building project would provide significant improvements in services for patients. It would be a better environment for patients and staff. Disparate services such as neurology and stroke services would be brought together in one place.
- 25.4 Matthew Kershaw informed the Board that the project would affect large numbers of patients and a far broader range of services would be available. The current environment was massively out of date. Mr Kershaw confirmed this was the final stage of the project.

### Questions and Discussion

- 25.5 Councillor Theobald commented that very few people would not want to support the project. He raised that issue of fresh cooking and asked if there would be a facility for kitchens to provide fresh food.
- 25.6 Councillor Norman fully supported the project but stressed that there needed to be some thought as to how food would be provided on the site as well as the car parking aspect of the project. Councillor Norman thought that there should be local food provision either in the hospital or nearby. This could be linked with the community meals service.
- 25.7 Mr Passman confirmed that there would not be a major production kitchen in the new build. Catering had been outsourced since the early 2000s. The service had recently been retendered and part of the specification related to sustainability. Mr Passman stated that he would be happy to have discussions on this subject with the local authority.
- 25.8 Dr Darren Emilianos considered that the challenge was to reassure people that there would be an improvement in the general service. Mr Kershaw agreed this was a challenge but stated that the CCG was positive about a number of the changes that were taking place. BSUH needed to work with the CCG and social care. The Better Care Fund was a good example of how the system could be reformed. Mr Kershaw was confident that there would be improvements for patients.
- 25.9 Dr Emilianos asked for confirmation that district general services would be improved. Mr Kershaw replied that they would be improved. He stressed that not many of these services were isolated in hospitals. They were shared services. There would be better facilities and pathways which would improve services.
- 25.10 Frances McCabe was pleased to hear the reassurances regarding the clinical position whilst changes were taking place. She noted that there had been a great deal of consultation about building works rather than the patient experience. She asked for more information about the system for communicating. Ms McCabe raised the issue of car parking and asked if payments would compromise the business case.
- 25.11 Mr Passman stressed that people would receive more information during the decant stage over the next six months. The information was being constantly updated and patients would be told the dates that the changes would take place. The Trust would be communicating within its existing systems in the hospital and through the media and its facebook page. Meanwhile, colleagues of Mr Passman were looking at implications of policy change made by the Secretary of State with regard to car parking. The scale of change would not undermine the business case.
- 25.12 Mr Passman explained that more car parking spaces were being created. This would enable the trust to segregate staff and patient parking. The trust was also providing 137 new cycle racks.

- 25.13 Mr Kershaw pointed out that issues relating to changes to services and the involvement of staff were already moving out of the 3Ts project and moving to a wider remit project. When funding was received there would be conversations about how the services would change.
- 25.14 Councillor Morgan referred to paragraph 3.8 relating to consultation. He thanked Mr Kershaw and Mr Passman for engaging and informing local residents. Residents faced a 10 year process of construction and Councillor Morgan hoped it would result in a world class facility.
- 25.15 Mr Passman stated that there would be 100 new beds on the site. He was confident that the number of beds on the site was appropriate. Mr Kershaw stressed that there needed to be some flexibility on the number of beds and what they were used for.
- 25.16 **Resolved –**
- (1) That the Full Business Case for the 3T initiative, as detailed in Appendix 1 to the report be supported.
  - (2) That it be agreed that the HWB Chair should write a letter in support of the 3Ts programme.

## 26 JOINT HEALTH AND WELLBEING STRATEGY UPDATE

### Introduction

- 26.1 The Board considered a report of the Director of Public Health which set out progress so far against the action plans for each of the Joint Health & Wellbeing priorities. These are cancer and access to cancer screening, dementia, emotional health and wellbeing, healthy weight and good nutrition and smoking. The action plans were attached as appendices 1 to 5 in the report. Members were asked to consider how these priorities could inform the future choice of strategic priorities. The report was presented by Dr Peter Wilkinson, Consultant in Public Health Medicine/Deputy Director of Public Health.
- 26.2 The Board were informed that ideas for a new JHWS would be discussed at the first Health & Wellbeing Partnership meeting in November 2014. A draft of the new JHWS would be presented for endorsement by the Health & Wellbeing Board at a meeting early in 2015.
- 26.3 Dr Wilkinson provided an update on each of the current priorities. The key outcomes for cancer for Brighton and Hove showed a higher incidence of cancer and poorer outcomes than other parts of England. The most recent local information available is from 2012/13. Dr Wilkinson stressed the importance of the early

diagnosis of cancer to enable early treatment and potentially improved survival. The information showed that Brighton and Hove GPs had above average rates of urgent referrals of patients with suspected cancer but below average rates in terms of the referred patients being subsequently diagnosed with cancer. Local cancer screening programmes have low coverage and uptake rates compared with the rest of the region and nationally. Dr Wilkinson advised that the Sussex Community Trust's Cancer Health Promotion Team is commissioned to raise awareness about the early signs and symptoms of cancer and to promote the uptake of the screening programmes. A local health protection forum has recently been established which will monitor the performance of local screening programmes. The CCG has established a Cancer Action Group which is developing a detailed work plan.

### Questions and Discussion

- 26.4 Councillor Morgan referred to appendix one, and considered the statistics alarming. He stressed that the City was performing badly on detection and requested full report on cancer screening with a breakdown of statistics across the city including GP Surgeries.
- 26.5 Christa Beesley agreed that there could be a more detailed report. She stressed that there was often a lower uptake rate in more deprived areas.
- 26.6 Councillor Jarrett considered that there was an issue about making people think about cancer. This was a public information issue that the council and its partners needed to consider.
- 26.7 Fiona Harris stated that there were more up to date figures which were available and which showed some improvement. She stressed that the issue was about how people accessed the screening programme. There needed to be more collaborative working amongst the partners.
- 26.8 Penny Thompson supported Councillor Morgan's request for a breakdown of cancer statistics. She stressed the importance of talking about people as citizens rather than just patients. She considered that the Health & Wellbeing Strategies should be re-considered but would be surprised if cancer did not play a part in the next strategy.
- 26.9 Graham Bartlett referred to paragraph 3.6 in the report and proposed that the health and wellbeing of children should be included as a priority area in the next strategy. Dr Wilkinson replied that the intention was to look at broader areas for the new strategy.
- 26.10 The Chair noted that a full report on dementia would be submitted to the next meeting of the Board.
- 26.11 **Resolved –**

- (1) That the progress made in the five priority areas of the Joint Health and Wellbeing Strategy be approved.
- (2) That the comments of the Board as set out above, inform the future choice of strategic priorities.
- (3) That a report on cancer screening with a breakdown of statistics across the city including GP's surgeries be submitted to the next meeting of the Board.

## **27 BETTER CARE FUND PROGRAMME UPDATE**

### **Introduction**

- 27.1 The Board considered a report of the Better Care Interim Programme Manager, Brighton and Hove Clinical Commissioning Group and Brighton & Hove City Council. The report explained that following amendments to national guidance for the Better Care plan, each area was required to update their submission by 19<sup>th</sup> September 2014. Officers were still finalising the plan due to the complexity and short timescales for return. As a result, Board Members had information on an updated plan that was still in draft. A final copy of the plan would be sent to members following the submission to NHS England on 19<sup>th</sup> September. Geraldine Hoban and Denise D'Souza presented the report.
- 27.2 Ms Hoban presented a slide which showed the programmes within the Better Care Fund and the outcomes expected in 2015/16. The vision for the frail and vulnerable population was to help them stay healthy and well by providing more pro-active preventative services that promoted independence and enabled people to fulfil their potential.
- 27.3 Ms Hoban informed members that there was a pooled budget of £19,660 million in the year financial year 2015/16. It would be necessary to have better management of long term conditions and 7 day working would need to be implemented. The Better Care Fund Programme was an ongoing transformational work which was constantly changing.
- 27.4 Denise D'Souza stated that the work would protect social care. There was funding in the Care Act and Disabled Facility Grant. She thanked staff who had worked hard to produce the work to date.

### **Questions and Discussion**

- 27.5 Matthew Kershaw informed the Board that the Better Care Fund Programme was a major issue for the acute trust. It fitted in well with the strategy of BSUH and they were supportive of the programme. However, Mr Kershaw stressed that it would be



important not to destabilise one part of the service whilst improving another. He stressed the importance of maintaining a dialogue with partners to mitigate risks.

- 27.6 Councillor Theobald asked for an explanation of how seven day working would work in practice. Geraldine Hoban explained that it was necessary to provide a better service over the weekend. For example, the public should have access to equipment seven days a week. If someone needed admission to a care home, then an assessment should be available at the weekend. It did not mean that every service would be available seven days a week. However, it would result in identifying critical services and when they were needed.
- 27.7 Dr Christa Beesley stated that the Better Care Fund Programme was about people getting the right care, in the right place, in the right way. The proposals were positive for people in the city.
- 27.8 The Chair thanked officers for the progress report and stated that he appreciated all the hard work involved.
- 27.9 **Resolved –**
- (1) That the final draft of the updated Better Care Plan as attached at Appendix 1 and 2 of the report be approved.
  - (2) That delegated authority is given to the Executive Director, Adult Services, following consultation with the Chair and the CCG, to sign off the final Better Care Plan for submission by 19<sup>th</sup> September 2014.

## 28 HEALTHWATCH: ANNUAL REPORT

### Introduction

- 28.1 The Board received a verbal presentation from Fran McCabe in relation to the Healthwatch Annual Report. The report was available online at <http://bit.ly/1nWzpNc>
- 28.2 Ms McCabe informed the Board that Healthwatch was a statutory organisation set up under the Health and Social Care Act 2012. Healthwatch was established in 2013 and the first Healthwatch report covered the year 2013/14. Key areas of work included the setting up of a helpline with a focus on primary care services. The helpline answered 300 calls in the year.
- 28.3 Healthwatch had a good data base of complaints in the city. This was reviewed on a quarterly basis. A major piece of work was being carried out on Urgent Care in collaboration with the CCG who worked with traditionally hard to reach groups.
- 28.4 Healthwatch produced a monthly magazine. <http://bit.ly/1zrtYyz>. The magazine dealt with issues such as cancer awareness.

28.5 Healthwatch had less than five full time members of staff. The remainder included members of the governing body and volunteers. 34 volunteers had been recruited in addition to the governors. A major issue had been making the public aware of Healthwatch.

**Questions and Discussion**

28.6 Councillor Jarrett commented that there was no other organisation carrying out the work of Healthwatch and there was no question that their work was required. He stressed that the Board members needed to ensure that Healthwatch was taken notice of and supported. If there was a problem with resources then the Board needed to see if help could be provided.

28.7 Councillor Norman noted that the total grant received by Healthwatch had been £199,000 and the total expenditure for the year had been £175,080.79. He asked if the outstanding sum of £23,919.21 could be carried over to the new financial year.

28.8 Ms McCabe confirmed that some money could be carried over to next years' budget. There would be a less favourable grant for next year which created a problem with staffing.

28.9 **Resolved –**

(1) That the Healthwatch Annual Report be noted.

The meeting concluded at 6.12pm

Signed

Chair

Dated this

day of