



4.00pm 9 December 2014

Council Chamber, Hove Town Hall

Minutes

Present: Councillor J Kitcat (Chair) Councillor K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald

Other Members present: Pinaki Ghoshal, Statutory Director of Children's Services; Denise D'Souza, Statutory Director of Adult Social Care; Dr. Tom Scanlon, Director of Public Health; Dr Xavier Nalletamby, Dr Jonny Coxon, Dr Christa Beesley, Geraldine Hoban, George Mack, Clinical Commissioning Group; Frances McCabe, HealthWatch; Fiona Harris, NHS England Surrey & Sussex Area Team.

Part One

42 PROCEDURAL MATTERS

- 42.1 There were no substitutes or declarations of interest.
- 42.2 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.
- 42.3 **Resolved** - That the press and public be not excluded from the meeting.

43 MINUTES

- 43.1 **RESOLVED** – that the minutes of the Health & Wellbeing Board meeting of 14 October 2014 be agreed and signed as a correct record.

44 CHAIR'S COMMUNICATIONS

- 41.1 The Chair asked members to note that some amendments to Item 46 (Joint Strategic Needs Assessment) had been circulated to members.
- 41.2 The Chair told members that he had agreed that Item 53 (letter from Cllr Morgan on the closure of Eaton Place GP Practice) should be considered as the first substantive item on the meeting agenda.

45 FORMAL PUBLIC INVOLVEMENT

- 45.1 There was none.

46 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

- 46.1 This item was introduced by Alistair Hill, Consultant in Public Health, and Kate Gilchrist, Head of Public Health Intelligence.
- 46.2 In response to questions on the planned children and young people emotional health needs assessment work, Ms Gilchrist assured members that young people would be actively involved in the needs assessment from an early stage. Schools will also be central to the process – there is a lot of useful information already provided by schools via the Safe and Well in Schools Survey.
- 46.3 In response to questions regarding the City Insight website, Ms Gilchrist told members that data held on the site could be used to inform discussions around providing city GP services (see Item 53 on this agenda).
- 46.4 Dr Scanlon reminded members that the data collected via the Joint Strategic Needs Assessment (JSNA) would underpin local health and wellbeing commissioning and provide the basis for the local Joint Health & wellbeing Strategy (JHWS).
- 46.5 Cllr Norman expressed concern about city rates for late diagnosis of HIV, and argued that this data should be included in the relevant JSNA sections. Alistair Hill responded that the issue of HIV and AIDS is a specific JSNA summary section and had been identified as a high impact area in the process of identifying areas for prioritisation for the JHWS. It was one of the small number of JSNA summary sections updated this year, but diagnosis of HIV remained a focus of ongoing work and focus of the Sexual Health Programme Board.

46.6 In response to a question from Cllr Theobald on mortality due to accidental poisoning, Ms Gilchrist explained that this is predominantly related to drug and alcohol accidental overdoses.

46.7 RESOLVED – that the Board:

(a) notes its duty to publish a Joint Strategic Needs Assessment (JSNA);

(b) approves a needs assessment for emotional and mental wellbeing of children and young people to be conducted in 2015 (as detailed in 4.5.3 of the report);

(c) approves the 2014 JSNA summary section updates;

(d) approves the plan for updating the 84 summary sections on a rolling basis (as detailed in 4.6.2 of the report), with the development of the programme delegated to the City Needs Assessment Steering Group.

47 MENTAL HEALTH CRISIS CARE CONCORDAT - ACTION PLAN AND DECLARATION OF SUPPORT

47.1 This item was introduced by Anna Mcdevitt, Brighton & Hove Clinical Commissioning Group, and John Child, Sussex Partnership Trust.

47.2 In response to questions on crisis support for young people, Mr Child told members that commissioners and providers worked hard to ensure that there was sufficient local acute bed capacity (which does include purchasing independent sector beds locally at times of peak demand to ensure local beds for local people).

47.3 In answer to queries about mental health ‘safe spaces’, Ms Mcdevitt informed members that the Royal Sussex adult A&E has a dedicated safe space for people with mental health issues. And consideration will be given to the development of a similar space for children and young people as proposals for a liaison team at the Royal Alexander Children’s Hospital are developed

47.4 Mr Child told members that the mooted reconfiguration of the S136 suite (hospital place of safety) at Mill View Hospital will be considering by the Trust’s Estates & Facilities department in the coming months.

47.5 In response to questions about the local adoption of a street triage service, Mr Child informed members that there was a commitment to test out street triage locally – this would be done using the additional capacity possible in urgent care services which should be available early next year.

47.6 Geraldine Hoban enquired why Sussex was an outlier in terms of using custody as a place of safety for people picked up by the police under Section 136 of the Mental Health Act. Ms Mcdevitt responded that the recent local performance trend is positive and there has been a reduction in the total amount of S136 activity over the last few years. More generally, the local focus has been on reducing avoidable

emergency admissions and A&E attendances for people experiencing a crisis in their mental health. The Concordat had raised the profile of S136 activity in Brighton and addressing this has subsequently become a key plank of the Concordat action plan locally

- 47.7 Dr Beesley noted that access to urgent care services in this area has improved dramatically in recent years as a result of significant investments, and that the police should in particular be commended for their approach to dealing with people in crisis. However, it is important that we remain ambitious about S136, and that there is a move away from an over-reliance on police input. Dr Beesley said we should aspire to reducing the number of people taken to custody on a S136 to as few as possible. Both Ms Mcdevitt and Mr Child concurred with this approach.
- 47.8 Denise D'Souza noted that the ongoing re-design of the Approved Mental Health Practitioner (social work) service was intended to result in a sustainable 24/7 service which would help the system deliver improvements to crisis care.
- 47.9 Cllr Shanks (attending the meeting as Chair of Children & Young People Committee) stressed that it was important that parents and carers are appropriately involved in crisis care, and that there is sufficient support for young people with mental health problems.
- 47.10 **RESOLVED** – that the Board approves the Mental Health Crisis Concordat action plan.

48 CCG DRAFT COMMISSIONING INTENTIONS

48.1 This item was introduced by Geraldine Hoban, Brighton & Hove Clinical Commissioning Group Chief Operating Officer.

48.2 **RESOLVED** – that the Board:

(a) notes the CCG draft commissioning intentions for 2015-16;

(b) agrees that the 2015-16 draft commissioning intentions take proper account of the Joint Health & Wellbeing Strategy priorities and the Joint Strategic Needs Assessment data.

49 EARLY HELP AND THE STRONGER FAMILIES, STRONGER COMMUNITIES PROGRAMME

49.1 This item was introduced by Steve Barton, Assistant Director, Children's Services.

49.2 **RESOLVED** – that the Board:

(a) agrees to proceed with the next stage of the strategy to inform the redesign, commissioning and decommissioning of early help services for families;



(b) supports the council's decision to become an 'early starter' for the expanded Troubled Families programme;

(c) agrees to hold discussions about opportunities presented by the new 'health offer' developed by the national troubled Families unit to support the expanded programme.

50 BRIGHTON AND HOVE WINTER PREPAREDNESS AND NHS CAPACITY PLANNING ARRANGEMENTS 2014

50.1 This item was introduced by Wendy Young, CCH Head of Commissioning for Planned and Emergency services, and by Dr Tom Scanlon, BHCC Director of Public Health.

50.2 Having been Chair of the scrutiny panel on winter planning, Cllr Morgan welcomed the resilience plan, particularly in terms of the clear commitment for joint working across public sector services.

50.3 Members discussed workforce planning across the local public sector as a key component of resilience planning. Dr Beesley noted that recruiting to Brighton & Hove posts could be problematic, particularly for short-term contracts, and that HR leads from across the city needed to work together to recruit to the system rather than as discrete organisations.

50.4 Geraldine Hoban commented that the main performance target will inevitably be the four hour A&E wait. This is likely to prove extremely challenging, and whilst the system does need to work towards attaining this target, it is important not to lose sight of, and celebrate success in, the many other ongoing work-streams.

50.5 RESOLVED – that the board notes the plans in place to ensure that Brighton & Hove is prepared for winter pressures.

51 BETTER CARE FUND PLAN UPDATE

51.1 This item was introduced by Denise D'Souza, BHCC Director of Adult Social Services.

51.2 Cllr Jarrett queried whether the Department of Health had been made aware of how demanding the process of making Better Care Fund submissions has been. Ms D'Souza responded that the issue has been raised by the Local Government Association and by ADASS.

51.3 RESOLVED – that the Board notes the progress made to approved the Better Care Fund Plan following the original re-submission in September 2014.

52 HOUSING ADAPTATIONS UPDATE

52.1 This item was introduced by Denise D’Souza.

52.2 Ms D’Souza told members that she and Geraldine Hoban have agreed to attend a meeting of the council’s Housing Committee to address the issue of adaptations. The Chair welcomed this, stressing that it was important to Housing Committee members that the issue of adaptations is a priority for the HWB.

52.3 Ms Hoban concurred, adding that adaptations would need to be factored in to the re-design of adult S75 services, and a robust mechanism for reporting performance to the HWB adopted.

52.4 Cllr Jarrett noted that there was also a need to continue reporting on adaptations to the tenants’ movement.

52.5 RESOLVED – that the Board agrees that the allocation for the Disabled Facilities Grant will be monitored by the HWB as part of the governance arrangements for all schemes in the Better Care Fund.

53 GP SURGERY PROVISION

53.1 Cllr Morgan spoke to his letter, informing members that the closure of Eaton Place surgery meant that more than 5,500 city residents would lose their GP. There are many vulnerable patients at the surgery for whom continuity of care is vital. There is a worrying lack of accurate information about the closure, with many people erroneously believing that an alternative surgery will be opening at the Marina.

The closure of Eaton Place will place additional pressure on other city surgeries, potentially increasing waiting times for patients. Given the proximity of Eaton Place to the Royal Sussex County Hospital there is also a risk that the closure of Eaton Place will lead to an increase in people presenting for treatment at A&E inappropriately.

NHS England has published a list of alternative GP practices for Eaton Place patients. However, not all the surgeries listed in fact have open lists; some are declining to offer home visits to patients in particular post codes; some will not accept new patients until they have finished a course of treatment; one practice has no permanent GP; and several will prove difficult to access for people currently registered at Eaton Place.

More generally, it is worrying that there are not more effective procedures in place for dealing with retiring GPs, particularly given the fact that it is widely accepted that an unprecedented number of GPs are actively considering leaving practice, and there are significant problems with recruiting into the profession. It is clear that

there is an urgent requirement to ensure that there are sufficient GPs to cover the needs of the city – and equally clear that the Health & Wellbeing Board (HWB) has an important role to play here.

- 53.2 Fran McCabe told members that Healthwatch had received a number of comments from service users about the closure of Eaton Place. Ms McCabe noted that the Eaton Place surgery has been identified as high risk by the Care Quality Commission (CQC) due to the large number of vulnerable patients on its list. Given that there is such a clear desire to maintain a GP service in the vicinity, the paucity of alternative providers, and the proximity of an over-stretched hospital A&E, surely there is an urgent case to find alternative provision.
- 53.3 Fiona Harris told members that things are improving, with co-commissioning offering opportunities to better align NHS England Area Team commissioners with local CCG commissioners and with other partners in the local health economy.
- 53.4 Dr Beesley noted that there is a lack of good modern GP premises in the city and there is a clear need for a citywide premises strategy. The CCG would soon begin to conduct a workforce survey across city primary care – it was important to take local ownership of workforce planning.
- 53.5 Denise D’Souza added that she was actively looking at the potential to use council premises in the area as a base for primary care services.
- 53.6 Members agreed that it was important that vulnerable patients on the Eaton Place list were supported to find alternative GP provision, particularly in terms of people with learning disabilities, mental health or substance misuse problems, and the frail elderly.
- 53.7 Members agreed that a report should be prepared for a future HWB meeting on the broad issue of developing and maintaining GP capacity across the city.
- 53.8 Members also agreed that urgent action was required to address the specific issue of the closure of Eaton Place surgery.
- 53.9 **RESOLVED** – that a report be prepared for a future HWB meeting on planning to develop and maintain city GP capacity; and that senior officers from the city council, Clinical Commissioning Group and NHS England Area Team meet urgently to address issues with regard to the closure of Eaton Place surgery.

The meeting concluded at 6.00pm

Signed

Chair

