



**4.00pm 13 June 2017
Council Chamber, Hove Town Hall**

Minutes

Present: Councillors Yates (Chair), Barford, Taylor (Opposition Spokesperson), Page (Group Spokesperson), Barnett and Penn. Lola BanJoko, Dr. George Mack; Dr. Manas Sikdar, Dr. David Supple, Clinical Commissioning Group.

Other Members present: David Liley Health Watch, Mia Brown (Safeguarding Business Manager), Pinaki Ghoshal, Statutory Director of Children's Services Rob Persey, Statutory Director for Adult Care, Peter Wilkinson Acting Director of Public Health.

Apologies: Adam Doyle – CCG, Pennie Ford – NHS England, Geoff Raw – BHCC, Graham Bartlett (Independent Chair of Safeguarding Boards) and Jennie Oates.

Part One

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

- 1.1 Prior to taking the formal items on the agenda, the Chair welcomed everyone to the meeting and stated that there had been some changes in people attending from the CCG. He therefore wished to welcome Lola BanJoko the Director of Performance, Planning and Informatics who would be attending the Board in place of John Child. John had gone on temporary secondment to the SPFT to oversee the mental health commissioning.
- 1.2 The Chair then asked for any declarations of substitutes.
- 1.3 Mia Brown stated that she was attending as a substitute for Graham Bartlett, Chair of the Adult and Children's Safeguarding Boards.
- 1.4 There were no other declarations of substitutes.

2 MINUTES

- 2.1 The minutes of the last Board meeting held on the 31st January 2017 were approved and signed by the Chair as a correct record of the meeting.

3 APPOINTMENT OF DEPUTY CHAIRS

- 3.1 The Chair noted that the Board's terms of reference allowed for the appointment of two Deputy Chairs, one from the City Council and one from the CCG. He therefore sought nominations for the two roles.
- 3.2 Councillor Barford proposed Dr. David Supple as the Deputy Chair from the CCG.
- 3.3 Dr. David Supple proposed Councillor Barford as the Deputy Chair from the City Council.
- 3.4 Councillor Taylor formally seconded both nominations.
- 3.5 The Chair noted that there were no other nominations and put the motion to the vote which was carried unanimously.
- 3.6 **RESOLVED:** That Councillor Barford and Dr. David Supple be appointed as Deputy Chairs of the Health & Wellbeing Board for the 2017/18 municipal year.

4 CHAIR'S COMMUNICATIONS

- 4.1 The Chair gave the following communications:
- 4.2 It is a very small agenda today. As many of you will be aware the recent General Elections meant that the purdah period has restricted our agenda but we did wish to proceed.
- 4.3 There are a number of members of the public here, which is good to see. Clearly there are issues on today's agenda which people feel passionate about. Please do note that you are here as observers, not as participants in the meeting. The council has a number of ways for people to ask questions or present petitions to committee meetings – and we have members of the public here today with a deputation. However, we cannot have the meeting disrupted by people shouting out from the public gallery, and I'm sure everyone here today will respect this.
- 4.4 At each Annual Council membership of the various council committees is reviewed. I would therefore like to welcome Councillors Dawn Barnett and Nick Taylor to the Board and in addition I would like to thank the following people; Councillors Vanessa Brown and Ken Norman who are no longer sitting with us today. In particular I would like to thank Councillor Ken Norman who was part of the Board since it was first established in shadow form. He also noted that Councillor Norman would now be chairing the Health Overview & Scrutiny Committee and hoped that the Board would be able to work closely with the committee on a number of matters that would be coming up in the future.

- 4.5 There have also been changes in attendance with the CCG and I note that this is the last meeting for George Mack. George will be leaving the area to relocate to London. George has been involved with Board again from the early days and I am sure we would like to thank him and wish him well in the future. John Child has been asked to go on secondment to Sussex Partnership Foundation Trust for a short period of time. John has been a regular contributor to the Board and we thank him. Lola BanJoko will be attending in his place. Thank you Lola.
- 4.6 HOSC are continuing to track the quality and improvement progress of a number of health bodies in the local area. This includes:
- Brighton and Sussex University Hospital Trust
 - South East Coast Ambulance NHS Foundation Trust
- 4.7 HOSC will shortly be talking to Sussex Partnership Foundation Trust about their recent CQC inspection and post inspection improvement action plan. HOSC will be also continuing to look at GP sustainability within our city. HOSC have also established a working group to look at the Sustainability and Transformation Partnership (STP).
- 4.8 I'm also aware that the CQC have recently inspected the Bon Accord nursing home in the city and have rated it inadequate. The council is working with the new management team and an update report will be provided at the next Board meeting.
- 4.9 The Chair also offered to write to the previous members of the Board to thank them for their time and contribution to the Board's meetings.

5 FORMAL PUBLIC INVOLVEMENT

- 5.1 The Chair noted that there were a number of public items on the agenda, which included a petition and public question on the same matter. He was therefore inclined to take both items before responding to them.
- 5.2 He also stated that given the number of written questions and new members to the Board, he intended to respond to the initial question but would provide written responses to any supplementary questions. The written responses would be sent to the individual questioners and reported to the next meeting of the Board for information.
- 5.3 The Chair then invited Ms. Walker to come forward to present her petition in relation to the service of a breastfeeding support worker.
- 5.4 Ms. Walker thanked the Chair and presented the petition which had been signed by over 500 people and called for the reinstatement of a breastfeeding support worker.

“My breastfeeding support worker is having her role removed by the NHS. Without her so many mums in the area will not receive the support needed and may fail to breastfeed their babies. Please sign this petition in the hopes that we can save Donna's breastfeeding support role.”

- 5.5 Ms. Walker stated that the service provided was essential and meant that she and other new mothers had been able to cope and develop a bond with their babies and breast feed. She was therefore seeking support for the reinstatement of their support worker whose role had been changed by the NHS.
- 5.6 The Board Members acknowledged that the petition raised an important question in relation to the importance of breastfeeding for children and the loss of dedicated support workers. It was noted that the service provision was a matter for Sussex Community Foundation Trust and it was felt that a report on the change of provision to the Board would be helpful.
- 5.7 The Acting Director for Public Health noted that the SCFT service was performing well and wished to reassure the Board that the aim was to provide a broader service across the city. The challenge was to duplicate the excellent service that had been provided at a local level. He also noted that breastfeeding figures for 6-8 weeks for South Portslade were at 77% and North Portslade 73%.
- 5.8 The Chair thanked Ms. Walker for the petition and invited Valerie Mainstone to come forward and put her question on the subject to the Board.
- 5.9 Ms. Mainstone thanked the Chair and asked the following question, "Will the Board prevail upon Sussex Community Foundation NHS Trust to re-instate the post of Breastfeeding Support Worker for Hangleton and Portslade while a full impact and equality assessment is conducted, including a meaningful consultation with the service users, and then brought to the Board?"
- 5.10 The Chair replied to the petition and the question, "Thank you both for your petition and for your question about the breastfeeding support worker.

As the Board is aware in the past 15 months we have had several reports on the Public Health Community Nursing 0-19 service which includes the breastfeeding service. The current provider of these services is Sussex Community Foundation Trust.

Within the Healthy Child Programme the Department of Health has identified breastfeeding as one of the six high impact areas where the work of the 0-19 teams is expected to have a significant impact on health and wellbeing and improve outcomes for children, families and communities. The breastfeeding rate is one of the key performance indicators for the new public health community nursing service 0-19 years.

In Brighton & Hove the breastfeeding rates are amongst the highest in the country. In 2016, the breastfeeding rate in Brighton & Hove at 6-8 weeks was 72% compared with the England rate of 43%. The local rates at ward level varied from 85% to 55% with Hangleton and Knoll at 67%.

The Health and Wellbeing Board does not have the authority to reinstate the breastfeeding support worker post. This is a matter for the Trust. Having spoken with Sussex Community Foundation NHS Trust their strategy is to develop the public health

nursing workforce to be able to provide the type of additional support being provided in Hangleton and Portslade for breastfeeding mothers living everywhere in the city.”

- 5.11 Ms. Mainstone asked the following supplementary question, “Could I have any information relating to the figures for Portslade and could the Chair explain how the revised service would support the most vulnerable people in regard to breast feeding.”
- 5.12 The Chair thanked Ms. Mainstone for her questions and invited Mr. Kapp to come forward to put his question to the Board.
- 5.13 Mr. Kapp thanked the Chair and asked the following question, “Will you please report on the number of vulnerable people who have been treated under the Better Care Fund (BCF) giving recovery rates and future plans to treat addicts and homeless people in the light of the Council’s policy of ending the need for rough sleeping by 2020?”
- 5.14 The Chair replied, “In 2014, the Homeless Integrated Health and Care Board was established under the Better Care Programme with the aim to: “Improve the health and wellbeing of homeless people by providing integrated and responsive services that place people at the centre of their own care, promote independence and support them to fulfil their potential.”

“As a result of the work of the Homeless Board during 2016 the CCG commissioned a new extended homeless GP practice to improve the health care offer to homeless people. The GP practice serves as a hub with an engagement outreach team working across the city. In addition the GP practice provides in reach support to homeless patients admitted to the Royal Sussex County Hospital and Millview Hospital. The service involved an additional investment in the service.

The contract for the new GP practice started in February 2017 and has been positively received.

The next phase of work is to ensure a broader range of health and care services are integrated to create a full Hub and spoke model. The aim is to change the way care is accessed, increasing utilisation of primary and community services and reducing reliance on unscheduled and emergency care.”

- 5.15 Mr. Kapp asked the following supplementary question, “What are you doing about dead doctors and nurses walking (not working) in the toxic NHS?”
- 5.16 The Chair thanked Mr. Kapp for his questions and invited Ms. Gee to come forward to put her question to the Board.
- 5.17 Ms. Gee asked the following question, “What is the HWB doing to support the self-management of the large number of primary care patients with medically unexplained symptoms yet who tend to reject psychological therapy (CBT) due to their explanatory model being physical and the stigma of mental health services?”

There is a research-informed approach based on substantial evidence which has been designed with service users and piloted at the University of Hertfordshire. This service promotes self-care for this patient population with strikingly positive outcomes for patients, substantial increased GP capacity as well as huge savings in the NHS.

5.18 The Chair replied, The CCG has commissioned the GP Persistent Symptoms service to provide a multidisciplinary care pathway for people with medically unexplained symptoms. The service started in April 2017 at the following surgeries:

- Matlock Road Surgery
- Hove Park Villas Surgery
- Trinity Medical Centre
- Charter Medical Centre
- Brighton Health & Wellbeing
- Benfield Valley Healthcare Hub

This is a 12 month pilot which will be fully evaluated using a range of evidence based clinical outcome measures. The GP, Psychiatrist and Psychologist providing this service have all received specialist training the treatment of medically unexplained symptoms, and have provided training to Primary Care Clinicians within the cluster.

We will be reviewing every 3 months and depending on demand / capacity will roll out to other Clusters over the course of the pilot.”

5.19 Ms. Gee asked the following supplementary question, “Will the pilot be focusing on self-management of symptoms?”

5.20 The Chair thanked Ms. Gee for her questions and invited Mr. Kirk to come forward and put his question to the Board.

5.21 Mr. Kirk asked the following question, “I can see the approach you collectively take to the STP is to make the best of it. To try and minimise the effect of the reduced budget and redefine services to fit the diminished funding and at the same time account for the deficit; yes and integration health and social care. The approach I think that would best serve the interests of B&H patients, and surely the message the general election result conveys, is for you to say ‘No, enough of this pretence. We had at one time a comprehensive health service and now you expect us to destroy it, we will not be part of the Conservative party’s pursuit of small government. What the government expects us to do is just plain immoral. Can you not see this?”

5.22 The Chair replied, “Thank you for your opinions around the STP. We understand the concerns you have raised about the national context of the STP. One of the priorities of all STP is, of course, to ensure that we are getting the most out tax payer’s money for the residents we cover and maximise the resources available, including the workforce. However, it is not right to say that the STP is just a cost cutting exercise.

The Sussex and East Surrey Sustainability and Transformation Partnership (STP) outlines how the NHS and social care will work together to improve and join-up services

to meet the changing needs of all of the people who live in our area. There are 23 organisations in our partnership – local authorities, providers and clinical commissioning groups. It is the first time that we have all worked together in this way and it gives us an opportunity to bring about significant improvements in health and social care over the next five years. The STP aims to ensure that no part of the health and care system operates in isolation. For example, we know that what happens in GP surgeries, impacts on social care, which also impacts on hospital wards, and so on. The STP aims to make practical improvements – like making it easier to see a GP, speeding up the diagnosis of cancer, and offering help faster to people with a mental illness. It also aims to support people to take more responsibility for their own health and wellbeing.

The STP is not one single separate plan. It is a way of making sure that all the plans being developed by the partners across the area are joined up and working together. The STP's overarching approach is to ensure that there are local 'place-based plans' so that people can get the care they need as close to home as possible. The place-based plans are being developed locally, led by the CCGs and local authorities, and are being incorporated into the STP, rather than the other way around. Much of the work that underpins the place-based plans would be going on already even if it were not for the STP; the STP ensures that it is joined-up.

Caring Together is Brighton and Hove's response to the STP and is part of the local place-based plans to improve health and social care across the city. The programme builds on work that has already been underway in Brighton and Hove and sets out how the city can improve and transform adult and children's services, physical and mental health, social care, public health, GPs, pharmacies, community, voluntary sector and hospital services. It is a joint programme led by Brighton and Hove CCG and Brighton & Hove City Council. The two organisations have already engaged with the public about the aims and objectives and a programme description was approved by the CCG's governing body in March. More detailed plans will now be developed alongside significant engagement with the public, patients, the community sector, Healthwatch and GPs in the coming months. A comprehensive engagement plan is being developed and the next public engagement event is planned for 4 July."

- 5.23 Mr. Kirk asked the following supplementary question, "Do you agree that the best approach for residents would be for the Health & Wellbeing Board to say no and not be part of the Government's proposals?"
- 5.24 The Chair thanked Mr. Kirk for his questions and invited Ms. Kehoe to come forward and put her question to the Board.
- 5.25 Ms. Kehoe asked the following question, "What impact assessments (ia) have been undertaken by Mr Persey, his department, council employees, Councillors or sub-contractors, of our STP/place-based plan relating to Brighton and Hove (B&H). A written report on its implications for health and care service changes/provision for B&H, including a financial breakdown of implementing these changes is essential. Consultation on same, with awareness of the impact of these changes to our health and social care provision, can then take place. Therefore, if not already available, when will a

full ia report on these changes be available? A time-table of public consultations would also be appreciated.”

- 5.26 The Chair replied, “Impact assessments are done at service level as changes are made. People who come to the Board regularly will know that as service are retendered or services reviewed a full impact assessment has to be undertaken as part of the process and this will continue.

With regard to public consultation and engagement. The council and CCG have had a series of events last year, which many of the people here attended. Now more information is becoming clear we are starting a programme of conversations about out health and care across the city, the first will be on 4th July. We are currently planning out the heath and care conversations and a communications strategy should be coming to the Board on 11 July.

- 5.27 Ms. Kehoe asked the following supplementary question, “Who will provide replacement financial implications of the changes being proposed and can you provide details of that information?”
- 5.28 The Chair thanked Ms. Kehoe for her questions and invited Ms. Dickens to come forward and put her question to the Board.
- 5.29 Ms. Dickens asked the following question, “Given Councillor Yates February statement refusing to cooperate with the STP Board how have the STP proposals relating to Primary and Social Care been passed into CCG operational plans for 2017-2019 with no public consultation no impact assessments? Given the council’s crucial role in the provision of social care did the HWB or another council committee sign off on this?

Will the HWB agree to demand urgent answers from the CCG on these matters of crucial public interest citywide; and in particular ask for urgent clarification of the true level of cuts entailed in the main STP and the Place-based plan and their consequences?”

- 5.30 The Chair replied, “Caring Together is the strategy for the future of health and care in the City. It is jointly owned by the CCG and Local Authority and approved by the Health & Wellbeing Board. The Operating Plan describes the actions required to deliver Caring Together. The Operating Plan indicates where our local plans align to the STP but does not commit us to any proposals for primary care which are over and above those set out in Caring Together.

The HWB has this item as a standard item. We are continuing to work with our partners on this and will provide further updates at each meeting. “

- 5.31 Ms. Dickens asked the following supplementary question, “There still appears to be a miss-match of the figures relating to the cuts, could a true figure be provided on the level of cuts that are anticipated?”

- 5.32 The Chair thanked Ms. Dickens for her questions and noted that brought the public questions item to an end. He confirmed that the written responses to the supplementary questions would be included in the minutes and sent to the questioners. He then invited Ms. Aston to come forward to present her deputation to the Board.
- 5.33 Ms. Aston thanked the Chair and outlined the deputation that had been submitted in relation to the findings of a survey of GPs and their views on the proposals relating to the STP.
- 5.34 The Chair thanked Ms. Aston and responded by stating that the Board was aware of the challenges currently being faced in General Practice. One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with other clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale.

Our GPs recognise the need for change and they can identify the benefits of working in this way. We have been engaging with them to help us shape a new model of care that works best for them and local people and work is currently being done to develop how this will look like. Our GPs are already working within groups, or 'clusters', caring for between 30,000-50,000 people and we already have some services that work across these clusters, such as pharmacists.

He also noted that a full response to the questions had been prepared and would be issued with the written response to the deputation and appended to the minutes for information.

- 5.35 Councillor Page stated that he had found the information given in the deputation to be very informative and that it gave a clear message that GPs were concerned about the implications of the STP. He was also aware that the HOSC had a Working Group looking at the STP process and hoped their findings could be considered in the future.
- 5.36 Dr. Supple stated that to date the engagement process with GPs in regard to the STP had been minimal and noted that things had been changing rapidly over the last few months, which may well have prevented any meaningful engagement until now. However, now that it was becoming clearer he was hopeful that an engagement process would be taking place across the city.
- 5.37 Councillor Barford stated that there had been a lack of information around the STP, but she had been reassured with the intention to take the Caring Together consultation process forward. She also welcomed the opportunity for a bottom-up approach to developing the provision of services across the city and feeding into the STP on a regional level.
- 5.38 David Liley stated from Healthwatch's perspective it was important to have a meaningful engagement process and he was encouraged by the intention to have a 'Caring Conversation.' He noted that a recent survey that Healthwatch had put online had

gained 90 responses within the first 48 hours, which showed the level of interest across the city and stated that he would share the results with the Board in due course.

5.39 The Chair noted the comments and proposed that the Board should note the petition and note the deputation and that the information provided by the deputation be shared with the HOSC Working Group.

5.40 **RESOLVED:**

(1) That the petition be noted and a report detailing the changes to the service provided by SCFT in relation to breastfeeding and support to mothers be requested for the Board in the autumn;

(2) That the deputation be noted and referred to the HOSC Working Group for information.

6 BRIGHTON & HOVE CARING TOGETHER - JUNE UPDATE

6.1 The Chair invited the Executive Director for Health and Adult Social Care and Dr. Supple to update the Board on the Caring Together project.

6.2 The Executive Director for Health and Adult Social Care and Dr. Supple gave a short presentation on Caring Together, (a copy of the slides can be found in the supporting papers to the meeting of the Board -). The Executive Director stated that the STP was now being referred to as the Sustainability and Transformation Partnership, which included East and West Sussex and part of Surrey as well as Brighton & Hove. It meant that Brighton & Hove were part of 23 organisations that formed the partnership and it now had the opportunity to develop service provision for the City and then feed into the STP.

6.3 Dr. Supple noted that the first engagement event was scheduled for the 4th July and that others were being planned across the city.

6.4 The Board welcomed the presentation and asked for regular updated to future meetings on the matter. Members of the Board also welcomed the approach and stated that they felt more positive about the joint working and hoped that in having conversations across the city that they would be taken on board and information considered in relation to developing how services could be provided within the city.

6.5 The Chair noted the comments and moved that the information be noted.

6.6 **RESOLVED:** That the information given in the presentation be noted.

7 COMMUNITY MEALS - POST TRANSITIONS USER SURVEY

7.1 The Commissioning Manager, Adult Social Care introduced the report which outlined the findings from a survey undertaken by Brighton and Hove Impetus in relation to the decision to end the contracted Community Meals Service on the 31st March 2016. She

noted that the results had shown a number of people had opted to provide for themselves or find alternative provision to meet their needs. She also noted that the decision to cease the service had meant a loss in terms of welfare checks for those people who had been in receipt of a community meal.

- 7.2 The Board welcomed the report and queried whether there was any concern in regard to the loss of a welfare check and the lack of a suitable diet or people going hungry as a result of choosing to feed themselves. Members of the Board also queried whether additional providers could be added to the Approved Provider List and noted that whilst the decision to cease the service had been reported to the Board, it would have been helpful to have received a report on the matter before that decision was taken.
- 7.3 Councillor Page stated that he remained concerned that some isolated elderly and disabled people may fall through the safety net, now that nutritious home-delivered meals were no longer subsidised, and few users of the previous RVS service had taken up with the new approved providers, hence missing out on the welfare check. He noted that the Board had not received any report on this change of service until now, and hoped that in future it would be involved in such decisions.
- 7.4 The Commissioning Manager, Adult Social Care stated that it was possible for additional providers to be added to the Approved Provider list as long as they met the set criteria. She also noted that it was felt that in exercising their own choice for their provision of meals, people were more in control over what they were eating. They were also able to decide where and when they would eat and choosing to share meals or eat with friends and families. She also drew the Board's attention to a leaflet produced by the Food Poverty Partnership about eating well that was available and had been included with the supporting papers on the council's website for the current Board meeting.
- 7.5 The Chair noted the comments and asked whether any issues had been raised in regard to people's welfare and nutrition that Board Members were aware of.
- 7.6 David Liley stated that he was not aware of anything being brought to the attention of Healthwatch and Mia Brown confirmed that she was not aware of any matters being raised at the Adult Safeguarding Board.
- 7.7 The Chair noted the comments and moved that the report be noted.

7.8 **RESOLVED:** That the report be noted.

8 UPDATE ON THE VOLUNTARY SMOKING BAN

- 8.1 The Environmental Health Manager introduced the report which provided the Board with an update on the progress made in relation to the recommendations approved in December 2015 to extend smoke-free areas to outdoor spaces. He noted that it was intended to launch a voluntary outdoor dining scheme in mid-June with local businesses signing up to it.

- 8.2 The Board welcomed the report and thanked the officers involved for the work that had been undertaken to encourage local businesses to sign-up to the voluntary scheme. It was noted that as a voluntary scheme it would need to be monitored to see how effective it was; however it was accepted that any action to encourage the cessation of smoking was to be welcomed.
- 8.3 The Chair noted that a report on tobacco reduction was due to be considered by the Children, Young People & Skills Committee at its meeting on the 19th June, 2017. He then moved that the report be noted.
- 8.4 **RESOLVED:** That the report be noted.

9 PHARMACEUTICAL NEEDS ASSESSMENT 2017/18

- 9.1 The Public Health Consultant introduced the report which detailed the revised Pharmaceutical Needs Assessment (PNA) that was due to be published in April 2018. She stated that a revised PNA had to be published every 3 years and as part of the process, consultation had to take place with neighbouring Health & Wellbeing Boards. As such, a formal response to the East Sussex PNA had been made and the Board were asked to note the process for the PNA in Brighton and Hove prior to its publication in April 2018.
- 9.2 Councillor Page noted that reference was made to the closing of a local pharmacy in the report and asked if its location could be made known.
- 9.3 The Public Health Consultant stated that a Boots Pharmacy in Boundary Road, Portslade was due to close; but noted that another pharmacy existed close-by.
- 9.4 The Chair noted the information and moved that report be noted.
- 9.5 **RESOLVED:** That the report be noted.

The meeting concluded at 6.40pm

Signed

Chair

Dated this

day of

2017