

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 12 SEPTEMBER 2017**

**COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD, HOVE, BN3 4AH**

**MINUTES**

**Present:** Councillors Yates (Chair), Barnett, Page (Group Spokesperson), Dr David Supple, Lola Banjoko, Malcolm Dennett, Clinical Commissioning Group

**Other Members present:** David Liley Health Watch, Graham Bartlett, Pinaki Ghoshal, Statutory Director of Children's Services, Rob Persey, Statutory Director for Adult Care, Peter Wilkinson Acting Director of Public Health.

**Also in attendance:** Counillor Janio, Councillor Penn

**Appologies:** Councillor Barford, Councillor Taylor, Dr Manas Sikdar

**PART ONE**

**22 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

- 22.1 Councillor Penn declared that she was attending the meeting as a substitute for Councillor Barford, Councillor Janio declared that he was attending the meeting as a substitute for Councillor Taylor. Dr Manas Sikdar had sent his apologies to the Chair and had not sent a substitute.
- 22.2 The Chair declared that he had a Disclosable Pecuniary Interest in Items 26, 27 as he was employed by Western Sussex Hospitals Trust. HE confirmed that he had been granted dispensation by the Council's Monitoring Officer to permit him to chair the Health and Wellbeing Board in its consideration of items relating to the NHS Sustainability and Transformation Partnership and, to speak and vote on those items, on the basis that the project to review health and social care services did not currently raise a direct or material conflict with his employment.

**23 MINUTES**

- 23.1 The Minutes of the previous meeting held on 11 July 2017 were agreed as a correct record and signed by the chair.

**24 CHAIR'S COMMUNICATIONS****Update on Brighton & Hove as an HIV Fast Track City**

- 24.1 The Fast-Track Cities initiative is a global partnership between the United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat) and the International Association of Providers of AIDS Care (IAPAC). Fast-Track Cities aims to build upon, strengthen and leverage existing HIV programmes and resources in high HIV burden cities to support their achievement of the UNAIDS 90-90-90 targets by 2020.
- 24.2 Brighton & Hove City Council officially joined the international Fast Track Cities initiative to end HIV/AIDS as a public health threat on Thursday 3<sup>rd</sup> August 2017 when the Mayor of Brighton & Hove and the Leader of the Council signed the Paris Declaration at a reception in the Mayor's Parlour.
- 24.3 We are now in the process of convening the Brighton & Hove fast track city task force which will bring together a group of core stakeholders to consult, plan and direct the city's approach to achieving the 90-90-90 targets and will be the group through which we will communicate with our international partners within the Fast Track Cities movement.
- 24.4 The next step is to develop our local action plan based on the epidemiology of HIV in Brighton and Hove, local demography and, supported by the international expertise that is now available to us, what we know to be effective.
- 24.5 A report on progress is expected to be brought to the Board in January 2018.

**Public Participation Groups Annual Engagement Report**

- 24.6 Each Year the CCG produce a report on the PPG activities and impact for the year. Available online: <https://www.brightonandhoveccg.nhs.uk/publications/plans-priorities-and-progress/plans>

**Pharmaceutical Needs Assessment for West Sussex**

- 24.7 Board members will remember each area has to produce a Pharmaceutical Needs Assessment. We are in the process of undertaking ours and a report will be coming to a later Board with the draft.
- 24.8 Neighbouring authorities also have a responsibility of asking bordering areas their views of their assessments and we recently had the East Sussex PNA here.
- 24.9 West Sussex have requested the views have sent through their consultation form and the public health team will be developing the response for the Board.
- 24.10 If people wish to put their own response in please go to the link below:  
<https://haveyoursay.westsussex.gov.uk/public-health/pna/consultation/intro/>

**Ardingly Court**

24.11 You may be aware that, when The Practice Group surrendered its contract in the city, one of the practices (Whitehawk) was taken on by the Ardingly Court practice. This well respected practice with committed staff has managed a very challenging patient list since that time. It has had to adapt, however, from working with 6,000 patients on one site to working with 12,000 patients on two sites. This has presented a number of difficulties.

24.12 The partners of the practice have contacted the CCG and informed the CCG that they wish to split the practice into two, focussing on the specific needs of the different populations in the city centre and Whitehawk areas respectively.

24.13 The CCG has supported this, because it will provide a number of opportunities:

- Each site can focus on the needs of different populations
- All of the doctors and nurses who work in the practice have indicated that they wish to stay working in the city
- The Whitehawk practice is co-located with a children's centre and other services as well as another practice and will be able to use the space to integrate these services more closely, in line with our joint Caring Together strategy
- The city centre practice will move into the new premises at Palace Place next year and will be able to co-locate with other services, again moving us towards our Caring Together vision.

24.14 In order to move from the current arrangement to the new arrangement, we need to follow a formal procurement activity. The Patient communications aspects of this are important, given recent changes to primary care in the city. A letter has been sent to patients the practice with the key messages as follows:

- The practice is splitting from one organisation into two
- All patients at both sites will continue to be able to receive care from 1 April 2018
- They will be asked to choose which of the two sites they wish to be seen at (they cannot in future be seen at both); if they do not choose, then, under NHS rules, they will remain with the city centre practice

24.15 The CCG will be working with patient groups, community groups etc to help support patients with this process. They have specific measures in place to support vulnerable patients through this process.

**Summary**

- We are beginning with primary care being provided on two sites and will end with primary care being provided on two sites.
- All of the doctors and nurses who currently work in the practice wish to continue to do so, on one or other of the two sites.
- The CCG's investment will increase
- There is a technical contractual process to follow to achieve this.

**HOSC**

24.16 HOSC looked at the sustainability of city GP services; plans to tender for a re-designed 111 service for non-urgent calls; and the Clinically Effective Commissioning initiative.

**25 FORMAL PUBLIC INVOLVEMENT**

- 25.1 The Chair noted that three public questions had been received and that there were no petitions or deputations.
- 25.2 The Chair invited Valerie Mainstone to come forward and put her questions to the board on the subject of targeted breastfeeding services.
- 25.3 The Chair read Ms Mainstone's question on her behalf; "The Joint Health and Wellbeing Strategy expressly supports targeted breastfeeding services, such as those provided by this worker, in order to reduce health inequalities by increasing breastfeeding rates. In view of this policy, can HWB now explain the decision made by Sussex Community Foundation NHS Trust, to cut this role and the dedicated support it provided; and will the Health and Wellbeing board now publish the Equality Impact Assessment and the results of the public consultation, which we assume was carried out prior to these changes in service?"
- 25.4 The Chair thanked Ms Mainstone for her question and responded "There is a report on breastfeeding coming to the Board today. I hope you can stay for this item as it will provide more detail.
- 25.5 "The Public Health Community Nursing Contract was awarded to Sussex Community NHS Foundation Trust in November 2016. An Equality Impact Assessment was undertaken as part of the re-procurement process. Available online from:  
[https://present.brighton-hove.gov.uk/Published/C00000826/M00008005/\\$\\$Supp27824dDocPackPublic.pdf](https://present.brighton-hove.gov.uk/Published/C00000826/M00008005/$$Supp27824dDocPackPublic.pdf)
- 25.6 "The Public Health commissioners set out the outcomes and key performance indicators the contract must achieve. It is for the provider to determine how it will achieve these outcomes within the financial envelope. We do not set a description of what will be delivered but we set an expected result". The Chair then asked if Ms Mainstone had a supplementary question.
- 25.7 Janet Sang asked a supplementary question on behalf of Ms Mainstone "The original question of why a health inequalities impact assessment wasn't done when this specific cut was made still stands. The data presented in the report shows that the lowest breastfeeding results in the city are in East Brighton which is likely to be the result of the cut support worker. The report also states that further questions should be taken to the Health Overview and Scrutiny Committee (HOSC), we have made two previous attempts to ask questions at HOSC both of which have been refused."
- 25.8 The Chair responded that "HOSC is entirely independent of the Health & Wellbeing Board. The Board has no influence over HOSC's agenda and there is no cross over in membership. The figures you quote from the report are the most up to date figures by

ward but they are from the first quarter of 2016 and so the support worker would have been in place.”

- 25.9 The Chair invited The Acting Director of Public Health to respond to the supplementary question. The Acting Director stated that the structure of the community nursing programme is down to the provider and not dictated by the council and if an impact equality assessment had been carried out it would have been service wide ahead of the restructure. He also stated that the points raised could be put to Sussex Community NHS Foundation Trust who are the provider and will be present later in the meeting.
- 25.10 The Chair then read Mr Kapp’s question to the board on his behalf as he was not present: “Can I ask if the Board thinks that the City should become a Vanguard pilot project, trialling the Multi-speciality Community Provider (MCP) model of mental health care, by inviting third sector organisations to apply for a licence agreement contract to provide Community Care Centres to treat vulnerable citizens with evidence-based interventions, including the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course and supporting meditations, on GP prescription, funded by the Better Care Fund.”
- 25.11 The Chair responded “As you may be aware the NHS invited areas to become Vanguard sites several years ago. While there are some areas still with pilot status that is coming to an end are no new opportunities available as this programme has ended. With regard to the mindfulness programme I can confirm that this is available through the Improving Access to Psychological Therapy service which has an option for GP and self-referral. The service has additional capacity from 2017/18 to meet more of our mental health need.”
- 25.12 The Chair then invited Ms Madders to ask her question to the board: “Why and how has there not been a public consultation on the proposed definitive form of service specification for the re-commissioning of the mental health provision services?”
- 25.13 The Chair thanked Ms Madders for her question and responded: “The CCG always undertakes consultation about services it is reviewing or commissioning. The Big Conversation update, which will be part of a report item later, is a demonstration of the range of engagement and communication that is undertaken and detailed consultation is undertaken if services are going through the commissioning process. I can confirm there are no new mental health services currently being procured at this time.”
- 25.14 The Chair asked Ms Madders if she had a supplementary question. Ms Madders asked “Where and with who does the accountability lie and what does the five year forward plan say?” Ms Madders also raised concerns around unqualified mental health workers practicing in the city who were not adhering to doctor patient confidentiality.
- 25.15 The Chair responded that from memory the forward plan made no mention of the recommissioning of mental health services. The Chair stated that being registered did not guarantee quality but it did guarantee oversight and that the Council, CCG, Healthwatch and CQC all provided oversight to unqualified practitioners.
- 25.16 Dr Supple also responded to the concerns raised by Ms Madders. He stated that the CCG acknowledged that there were issues around the provision of mental health care

and that it was one of the areas identified as being a priority for Brighton & Hove. Dr Supple also stated that he would be greatly concerned if there were practitioners in the city who were not aware of confidentiality. He asked Ms Madders to submit any specific complaints she had to the CCG and would be happy to revisit the complaint Ms Madders' had previously made.

25.17 Councillor Penn asked Ms Madders to copy her in to any correspondence with the CCG regarding this complaint. Mr Lilley also asked Ms Madders to copy Healthwatch in to any complaints to the CCG as they would also like to follow up on the concerns she had raised.

## **26 CARING TOGETHER - SEPTEMBER UPDATE**

- 26.1 The Chair invited Dr Supple and The Executive Director for Health and Adult Social Care to update the board on Caring Together. The Board agreed to hear both updates on Care Together and integration of Health and Social Care as a single item.
- 26.2 The Executive Director for Health and Adult Social Care spoke to the presentation on Integration of Health and Social Care. He highlighted; the national pressures on funding across Health services especially on historically underfunded mental health provision, pressure had also increased on GP services and there had been a number of practice closures in the city. The CCG and the Council were looking at how to; manage this pressure, reduce bureaucracy and focus spending on front line services. An ageing population was creating new challenges and improvements needed to be made in treating long term problems and providing end of life care outside of a hospital setting.
- 26.3 Dr Supple then updated the committee on Caring Together. He highlighted: the potential for a commissioning alliance between surrounding CCGs, Caring Together planning had now moved out of Hove Town Hall to take into account views from a wide range of stakeholders, draft care programmes were likely to be released at the end of September 2017.
- 26.4 Councillor Page expressed concern about the potential of future cuts to exacerbate the existing pressure on access to primary care and noted that the CCG had previously stated that Brighton & Hove had a very low ratio of GPs to patients.
- 26.5 Councillor Janio stated that with multiple public sector bodies commissioning health service in the city there would be potential for duplication of effort and therefore a loss of resources. He asked the presenters how commissioning would be arbitrated and what the governance arrangements for joint commissioning would be? The Chair and Mr Dennett both agreed with the sentiment that good governance is vital and added that commissioning should expand to include all stakeholders including providers. Outcomes should be agreed by all parties so all commissioners are expecting the same thing to be delivered.

- 26.6 In response to the points raised by the Board members Dr Supple stated that he agreed there was a high level of duplication present in commissioning efforts and the wider health service in general. He suggested that the way to remedy this issue was to move away from the siloed decision making which had proved difficult under the old governance arrangements. Caring Together represented a new way of working.
- 26.7 The Chief Executive of Brighton & Hove City Council responded that political leadership would come from the Secretary of State through the CCG and Local Councillors through the Council's budget. The first step to improving how these interact would be to align key dates for the CCG, Council and NHS England.
- 26.8 Councillor Penn noted the shortage of staff especially psychiatrists in the city and that policy decisions required adequate frontline staff before they could be implemented. The Executive Director for Health and Adult Social care responded that improving the workforce situation was a critical aim for the directorate.
- 26.9 Mr Liley was hopeful that Caring Together would take into account the mistakes made in the STP process and would consult a wide variety of stakeholders including patients and the third sector.
- 26.10 **RESOLVED:** The Board noted both updates.

## **27 INTEGRATION OF HEALTH AND SOCIAL CARE: UPDATE**

- 27.1 Item 27 was taken with item 26.

## **28 BETTER CARE PLAN**

- 28.1 The Executive Director for Health and Adult Social Care introduced the report and stated that the Better Care Plan had been submitted on 11 September 2017 and will be moderated by NHS England after which the final plan will be brought back to the board in November. The Plan identified four priorities which have been signed off by partners and featured a full list of recommendations on page 14 of the plan covering a number of issues which had been raised in the meeting.
- 28.2 The Chair stated that the Better Care Fund was part of why Health & Wellbeing boards had been established and what the Board had worked to arrange.
- 28.3 Mr Dennett sought to reassure the Board that the plan had been fully reviewed by the CCG and that lessons learnt from how the plan was produced would inform the writing process for future plans.

28.4 The Legal Advisor recommended an officer amendment to the recommendations to delete recommendation 3.1 and add new recommendations 3.1 and 3.2 in bold italics and strike through text as shown below:

~~3.1 "This report is presented for formal approval.~~

~~At the pre meeting of the Board following discussion the Board:~~

- ~~• Agreed the content of the working draft~~
- ~~• Authorised the Executive Director of Health and Social Care to undertake the final submission following consultation with the Chair of the Health & Wellbeing Board and the Accountable Officer~~
- ~~• Provide the Health & Wellbeing Board with the final submission for information as required by the BCF guidance.~~
- ~~• Agreed to a further report coming to the Board in November to provide more details on the monitoring and governance arrangement of the BCF in the light of the integration agenda~~

**3.1 That the Health & Wellbeing Board approves the Brighton & Hove Better Care Plan 2017 – 19 that was submitted to the Department of Health on 11 September 2017**

**3.2 This Board requests that a further report is produced for the November 2017 meeting to provide further details on monitoring and governance arrangements.**

28.5 The Board unanimously agreed to amend the recommendations.

28.6 The Board unanimously voted to agree to the recommendations.

28.7 **RESOLVED:**

- (1) That the Health & Wellbeing Board approves the Brighton & Hove Better Care Plan 2017 – 19 that was submitted to the Department of Health on 11 September 2017
- (2) This Board requests that a further report is produced for the November 2017 meeting to provide further details on monitoring and governance arrangements.

## **29 BRIGHTON AND HOVE CANCER STRATEGY 2017-2020**

29.1 The Public Health Principle from Brighton & Hove City Council, the Clinical Commissioning Manager for Cancer from the Brighton & Hove CCG and The Brighton & Hove CCG's Clinical Lead for Cancer introduced the report. The City's strategy was a synthesis of a number of national strategies. It sought to acknowledge that there is room for improvement and to make a real impact on health outcomes and value for money. Cancer accounted for 25% of deaths in the city and 40% of these diagnoses could have been prevented by a change in lifestyle. There was already a range of stop smoking services and the re-procurement of a weight management service all of which would help target inequalities in health outcome. Cancer rates would increase with an ageing population but this could be managed with early diagnosis and treatment.

- 29.2 Councillor Barnett was concerned that there was potential gender inequality around awareness of symptoms of cancer with women being better informed than men. She asked how this would be tackled in the new strategy.
- 29.3 The presenters responded that there was a range of national information campaigns to increase the awareness of symptoms including posters and adverts. They also highlighted the work of the CCG in the city including placing a large inflatable colon outside of Churchill Square and training peer workers. The Executive Director for Health and Adult Social Care also responded that following success in other local authorities the Council was hoping to work with Albion in the Community to improve cancer awareness through Brighton and Hove Albion Football Club.
- 29.4 In response to Councillor Penn the presenters clarified that the CCG and Council were looking at a holistic approach to care which would include possible cancer screening at different types of appointments, that there was a move to using electronic methods of communication with patients to prevent the contact being lost due to the city's high churn rate. They also responded that the large LGBTQ population in the city meant that the CCG and the council was in a privileged position to be able to work with that community to make sure the right information about cancer risks communicated. The Acting Director of Public Health also responded that the HPV vaccine take up rate was currently 86% but the full effects of the programme would not be seen for around 60 years.
- 29.5 Councillor Janio and Councillor Penn both asked that future reports include comparators more in line with Brighton & Hove's demographic with less emphasis placed on neighbouring areas which were relatively dissimilar.
- 29.6 Councillor Page welcomed the strategy and urged the Board to also consider how to impact upon the root causes of the unhealthy lifestyles and health inequalities.
- 29.7 **RESOLVED:**
- (1) That the Board is asked to approve the Cancer Strategy.
  - (2) That the Board agrees to receive an update including an estimate of the strategy's predicted impact on clinical and financial outcomes, including a sensitivity analysis, at the March 2018 meeting.

### **30 BREASTFEEDING UPDATE REPORT**

- 30.1 The Young People & Public Health Schools Programme Commissioner from the Council and The Director of Operations from Sussex Community NHS Foundation Trust presented the report. The Breastfeeding rates in Brighton & Hove were in the top 2 local authorities in the country. The model of breastfeeding support available in the city had changed from a support worker assigned to a specific ward to a support worker who works across the whole city. The change had been part of a recommissioned community nursing services for which an equalities impact assessment was done.

- 30.2 Councillor Janio asked the presenters to clarify the current budget for breastfeeding support in the city and what services had been cut in Hangleton. He also requested that officers update the Hangleton Ward Councillors on any changes in the breastfeeding rates.
- 30.3 The provider confirmed that £14.27 million covered the whole community nursing service and as breastfeeding support was often part of a combined offering at clinics there was no individual budget for it. The provider also stated that a breastfeeding clinic and a baby clinic had been provided in Hangleton. The separate breastfeeding clinic was stopped and the staff at the baby clinic had been upskilled which enabled them to provide breastfeeding support.
- 30.4 In response to Councillor Page's concerns about the reduced community nursing contract the provider stated that there had been no cut to the breastfeeding service and that they were confident that their new model of upskilling staff to provide breastfeeding support had made their service more robust and able to react more quickly.
- 30.5 Councillor Penn cautioned against the use of ward data as there was often a wide range of living standards and levels of deprivation within wards in the city. She also asked how postnatal depression effected breastfeeding rates.
- 30.6 The provider agreed that ward data could provide a false sense of security. An additional health visitor had been recruited to address the potential gap that existed around postnatal depression.
- 30.7 **Resolved:**
- (1) That the Health and Wellbeing Board note the report
  - (2) That the Board agrees that if further information is required concerning the contract and its delivery this is directed to HOSC

### 31 SAFEGUARDING REVIEW REPORTS

- 31.1 The Chair of the Local Safeguarding Children Board (LSCB) presented the serious case review to the Board. The review was published on 27 July 2017 and concerned the deaths of two siblings W & X who left the country to fight abroad. The Chair of the LSCB highlighted that this was the first review of minors who had travelled to warzones and dies as combatants. The review offered 13 findings under 4 themes, challenged how professionals treat people who have suffered trauma early in their lives and who face racist, religious and domestic abuse. The review also broadens the understanding of how counter terrorism efforts fit with safeguarding inside and outside of the police.
- 31.2 The Chair thanked everyone who had been involved in the review for their work in handling a very sensitive issue.

**Resolved:**

- (1) That the Board note the actions of the LSCB in developing the action plan in response to the findings of this serious case review.
- (2) That the Board requests the LSCB provide an update on the action plan as part of its annual reporting.

The meeting concluded at 18:32

Signed

Chair

Dated this

day of

