

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 13 NOVEMBER 2018

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Karen Barford (Chair), Clare Moonan, Nick Taylor, Lynda Hyde and Dick Page; Dr David Supple, Chris Clark (Director of Commissioning Brighton & Hove), Lola Bojanko (Brighton & Hove CCG)

Also in attendance: Geoff Raw, Chief Executive; Pinaki Ghoshal, Statutory Director of Children's Services; Alistair Hill, Director of Public Health; Grace Hanley, Assistant Director - Integrated Services; Chris Robson (Brighton & Hove Local Safeguarding Children Board); Graham Bartlett (Brighton & Hove Safeguarding Adults Board); and David Liley (Brighton & Hove Healthwatch) ;

Apologies: Councillor Wealls, Malcolm Dennett (Brighton & Hove CCG); Wendy Carberry (Brighton & Hove CCG); Dr Jim Graham; Rob Persey (Executive Director- Adult & Social Care) and Pennie Ford (NHS England)

PART ONE

35 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

Declarations of Substitutes

35.1 Councillor Hyde was in attendance as a substitute for Councillor Wealls; the Assistant Director - Integrated Services was in attendance as a substitute for the Executive Director - Health & Adult Social Care, Lola Banjoko, Deputy Managing Director, in attendance as a substitute for Wendy Carberry, Managing Director.

Declarations of Interest

35.2 There were none.

Exclusion of the press and public

35.3 There were no Part Two items on the agenda.

36 MINUTES

36.1 **RESOLVED:** That the Health & Wellbeing Board agreed the minutes of the meeting held on 11 September 2018 to be a correct record of the meeting.

37 CHAIR'S COMMUNICATIONS

37.1 The Chair stated:

“Agenda

In terms of the Agenda, we have moved the Moving Towards Integration item further down, to enable Chris Clark from the Clinical Commissioning Group to first attend the MINDOUT AGM.

Integration progress and January report

Members will see from the minutes of the September HWB that a paper to this Board was expected on joint commissioning intentions between the Council and CCG for 2019/2020. Whilst later on the agenda today we will receive a paper from Chris Clark on behalf of the CCG, this is not a joint paper and will largely focus on how the NHS expects an Integrated Care System across Sussex to work, although it does also refer to Brighton and Hove specifically. Whilst I welcome the debate this may stimulate, I have asked officers to explain why the requested paper could not be presented.

The HWB in September 2017 endorsed an integration direction of travel with an agreed scope and established initially a shadow year in 2018/2019. Members will recall that this was then extended to a shadow period as a set year with a specific end date no longer fits with the national and regional timelines.

Whilst the commitment of both the Council and Brighton and Hove CCG toward integrated working remains undiminished, there have been significant changes to the external landscape over the past year.

- The establishment of the Central and East Sussex Alliance was not known at time of agreeing our city based direction of travel. This has understandably added complexity and been a distraction through much of 2018. Organisationally we continue to work through and within this significant structural change to local organisational form.
- Capacity for us all to engage with key partners across both the system and locally has in reality been challenging with various changes of personnel in key positions across different organisations. This has slowed the rate of progress we were hoping for in our original plans.

As Chair of the HWB I recognise that we operate within a dynamic environment and note the significant changes to the landscape within which we operate, not only structurally but equally financially and performance wise.

I am satisfied that on an operational level there is much good joint working which can be evidenced in the sustained improvement of our Delayed Transfers of Care performance and services to carers, to name but two.

Further to the CCG paper that Chris will present later today, I have been clear with officers in my expectation that the Health and Wellbeing Board on 29th January 2019 will receive the overdue paper outlining a proposal for a more formalised approach to future integration, including reference to aligned governance arrangements to ensure appropriate oversight and accountability for areas, such as finance and performance.

Kendal Court

I now move onto Kendal Court and can update you on the actions taken following the Notice of Motion received at Health and Wellbeing Board and Housing and New Homes Committee on 'deaths in temporary accommodation'.

Officers across Housing and Health and Adult Social Care directorates are currently seeking the following:

- Information on the number of deaths in all the different forms of temporary and emergency accommodation over the last 2 years. This information will be presented to the Housing and New Homes Committee tomorrow evening as part of the paper identifying the scope of the review that is being undertaken.
- Therefore, following understandable concern over deaths in Kendall Court, Newhaven, the Council is undertaking a review of the support services that residents can access in Newhaven and a comparison with those available to residents in Brighton & Hove (including rough sleepers), including any changes to the support provided over the last 2 years. This review is now underway.
- A review of the support needs of the 54 Kendal Court residents, analysis of how well they are being met and what steps may need to be taken should more support be needed.
- An independent survey of residents in Kendal Court has been commissioned to identify their issues and concerns that we may seek to address.

Officers are in discussion with relevant colleagues across East Sussex to ensure a joined up and coordinated approach where appropriate.

Following completion of this review a more detailed joint report will be submitted to the Health and Wellbeing Board and Housing and New Homes Committee reporting on the findings of this review. In light of the importance of this review but members will appreciate the complexity this work entails means it is likely this review will not report until early summer. With this in mind I intend to meet with

the Chair of Housing and New Homes Committee to suggest that any initial findings and early learning can be reported ahead of the summer.

I would like to give you an update on the mobilisation of the **rough sleeping provisions** for this winter. These were outlined in the Board paper in September 2018.

The rough sleeper hub is in operation with 17 beds and the churches night shelter is already open with 15 beds. The council run night shelter at the Brighton Centre, with 30 beds, will be open on 24th Nov. There has been a few weeks delay in the opening of this service as we did not receive any tenders for the service, so have had to make alternative arrangement. However, I am please the service will be up and running in 11 days time. Our Severe Weather Shelter is in operation and will convert to the new lower trigger at the end of the month. This is an emergency provision for any rough sleeper in the city, when it is very cold or there is a severe storm.

Joint Health & Wellbeing Strategy Policy Panel update

You may recall that the Board asked that a policy panel be set up to support the refresh of the Health & Wellbeing Strategy for the city. I am happy to report that the panel, made up of key stakeholders across our City, met again in October to further this work. Engagement on the draft document will be conducted in December and January. It is anticipated the Strategy will come to the Board in March for approval.

Food Strategy Action Plan

At the Health & Wellbeing Board meeting in July, the Board agreed to receive reports on progress against the new city-wide food strategy action plan. The action plan has now been completed and a condensed version will be attached as an appendix to the Minutes of this meeting.

The full version will be unveiled online at www.bhfood.org.uk from 26th November, the public launch date for both the action plan and for the Brighton and Hove bid to become a Gold Sustainable Food City, which the Board endorsed at the same meeting. Cllr Daniel Yates as Leader of the Council, will be formally launching both the action plan and the bid.

The five year action plan is believed to follows a year-long consultation to gather commitments and ideas from across the city and beyond. The action plan sits under the Brighton & Hove food strategy Spade to Spoon, which sets out a 20-year vision of achieving healthy, sustainable and fair food for all.

There is a particular focus in the plan on food poverty and the citywide 'Veg City' campaign, both of which have been chosen as areas of excellence in the bid for Gold which is on schedule for achievement in Spring 2020.

Allied HealthCare

We have been informed by the Care Quality Commission (CQC) that Allied Healthcare (Homecare Provider) is experiencing significant financial difficulties and that local authorities should start contingency planning.

At this stage, provider failure has not been confirmed but we are working on the basis that this may occur and so plans need to be developed that will address this if and when this occurs.

Currently, Allied Healthcare provide support to approximately 49 clients which commissioned by Adult Social Care totalling around 474.75 hours a week, as well as a number of private clients.

Officers are monitoring the situation and working at a national and local level on contingency plans.

RightPro

The Board recently received a letter via Councillor Wealls from Rightpro. This is an organisation that supports parents with children who have autism.

The Children, Young People and Skills Committee met yesterday to discuss support for children with autism, including the concern raised by Rightpro.

The Children, Young people and Skills Committee is therefore well placed to consider the concerns raised and this committee met yesterday. Councillors Wealls is also a member of this committee and was supportive that the letter was dealt with there.”

38 FORMAL PUBLIC INVOLVEMENT

38.1 The Chair noted that there was one public question had been received and that there were no petitions or deputations.

38.2 The Chair invited Ms Fiona Sharpe to ask her question:

“I would like to submit a question to the Board on behalf of GalvaniseBH - a community lead campaign to end rough sleeping (www.galvanisebh.org)

The Bureau of Investigative Journalism reported that 449 homeless people died last year in the UK, at least 20 of them in Brighton. Crisis wants every death of a homeless person to be reviewed by the safeguarding adult system.

While I understand you have already commissioned some work, Will Brighton and Hove City Council:

1. Immediately establish a review process of all deaths where someone was rough sleeping, or in emergency, temporary or supported accommodation provided by Brighton and Hove City Council
2. Use the information from these reviews to inform council practice, procedures and commissioning
3. Publish the anonymised findings of the review of each death”

38.3 The Chair responded:

“At the last Board we had two reports and some public questions covering similar issues. Indeed, some questions on this subject were sent to the Housing and New Homes Committee for this cycle and have been forwarded to this Board but too late for officers to prepare formal responses. These will therefore be addressed at the January HWB. But to answer your question specifically:

In Chairs Communications I have highlighted that we have begun a detailed review, firstly of those people in Kendall Court but also of a number of other issues.

This systemic review of all homeless deaths over the past two years will ensure that we agree a process for learning that can be applied to our practice and procedures. This will be additional to those deaths that meet the specific criteria for a Safeguarding Adult Review as set out in the Care Act. I would like to state at this point in Kendall Court that none of the deaths previously notified were open to safeguarding investigations.

You have raised the issue of publishing anonymised reviews. As a relatively small city we have to make this decision on a case by case basis with family and friends rather than have a blanket policy and we will be publishing all. This is to prevent upset and distress. However if you see the Safeguarding Adults desktop review, I think this level of information that is made public is helpful. More detailed learning is already used to help constantly review services and responses”

38.4 There was no supplementary but Ms Sharpe requested that the council be transparent in reviewing the deaths.

39 FORMAL MEMBER INVOLVEMENT

39.1 There was none.

**40 BRIGHTON & HOVE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT
2017/18**

- 40.1 Chris Robson, independent Chair of the Brighton & Hove Local Safeguarding Children's Board (LSCB), introduced the 2017/18 annual report and the progress they had made over the last year in safeguarding and promoting the welfare of children and young people. The report helped inform professionals, councillors and the local population to identify areas of weaknesses, causes and future actions. This annual report would be the last before the transition to the new safeguarding partnership arrangements being brought in nationally under the Children and Social Work Act 2017. This would lead to new arrangements between the Local Authority, Brighton & Hove Clinical Commissioning Group and Sussex Police who would hold joint responsibility as Safeguarding Partners. These new arrangements had not yet formalised
- 40.2 The Chair thanked Chris Robson for the report and stated that the HWB supported involvement which resonated with Brighton & Hove's as well as the national agenda. She asked if there would be discussions before the next HWB to consider future options for the future new arrangements and determine the level of engagement.
- 40.3 The Executive Director - Families Children & Learning stated that the challenges that children in the city faced needed to be recognised by the Board. It was the frontline key partners that saw those unsafe environments on a daily basis and through their work meant Brighton & Hove Children's services had been rated Good by Ofsted. He added that there needed to be to be independence, scrutiny and accountability of safeguarding prior to finalising future safeguarding arrangements and that a report should come back to the Board for further discussion with key partners.
- 40.4 Councillor Taylor welcomed the report. It provided important guidance and feedback to identify challenges as well as made sure we do the best for vulnerable children. He said that this report should be sent to members of the Children, Young People & Skills (CYPS) Committee because of the relevant crossovers to ensure they were aware of this information. He wanted to ensure that the HWB could be engaged in the proposed future arrangements prior to finalising them.
- 40.5 The Chair confirmed that the paper would be circulated to the CYPS Committee. In addition there would be engagement prior the January Board when a report finalising the arrangements should report. She added that council members had democratic oversight and the Chief Executive would engage with the process.
- 40.6 Chris Robson stated that he was happy to circulate the Brighton & Hove LSCB Annual Report 2017-18 and it could also be accessed online. The HWB was welcomed to involvement in future arrangements however this was not legislatively required. The Act did specify the Council, the Police and the CCG as the strategic agencies.

- 40.7 The Chief Executive stated that those who held responsibly and personal accountability would welcome an independent review for reassurance of checks and balances mechanisms. In the future this Board, other committees and partner agencies needed to be clear where accountability lay and a sense of measurable performance. Developing strategy opportunities for Child safeguarding needed a coordinated delivery with voluntary organisations, a planned budget and a commitment to these serious challenges.
- 40.8 Councillor Page raised concern for the unclear future and transition arrangements and how future reporting would go to the Department for Education rather than the Local Authority which removed immediate accountability. He added that many families were struggling through deprivation routed from austerity and those pressures had to be recognised. Current practices lacked the voice and input of children as well as protection for immediate and extended family that needed support.
- 40.9 In response to the increased number of child protection plans in the city above the national average, Councillor Hyde suggested this Board should interact with other boards and Local Authorities. She added that in terms of difficulties in receiving data, organisations withholding important information should be named. The struggle to involve more young people in consultation and engagement should initiate panel and meetings with children and to give them the opportunity to speak to the Board and other councillors, many boards in the city focussed on children shared this challenge.
- 40.10 The Executive Director - Families Children & Learning said since the report was released the number of children in care had lowered and the key reason for change was the move to a relationship based approach in the way that children were paired with the same social worker and experienced more continuity.
- 40.11 Councillor Moonan stated that all members were corporate parents and should be forwarded the report as well as the CYPS Committee.
- 40.12 The Chair agreed and stated that all councillors could attend the corporate parent boards.
- 40.13 **RESOLVED:**
- That the Board:
1. Noted the report and supported partner agencies in their contribution to keep children safe from abuse and neglect.
 2. Noted LSCB achievements and challenges.
 3. Used its influence to steer and support the development of the new Safeguarding Partner's strategic objectives.

41 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18

- 41.1 Graham Bartlett, independent Chair of the Safeguarding Adults Board (SAB), introduced the 2017/18 annual report that outlined the progress made over the past year for safeguarding adults with care and support needs. The report provided an assessment of the SAB's work on monitoring and scrutinising what is done by partner agencies. This included multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities, collection and analyses of multi-agency safeguarding data and evidence drawn from the testimony of adults with care and support needs and frontline professionals. The report covered performance, challenges and priorities for the SAB.
- 41.2 Grace Hanley, Assistant Director - Integrated Services, formally welcomed the annual report on behalf of Adult Social Care and stated that report showed transparency on areas that still needed focus. As part of the Challenge event, Board members provided opportunities for self-assessment on the management of safeguarding adults work which resulted in furthering development of post-training audit. This evidenced what people had learnt and highlighted what was next in understanding how to improve and enable better knowledge into practice and to provide better services to people who required safeguarding.
- 41.3 In response to the Chair, Graham Bartlett stated that decisions on whether to pursue Safeguarding Adult Reviews were never made on financial grounds but did expect them to be undertaken efficiently.
- 41.4 The Chair stated that the Board would always take recommendations into the budget setting process.
- 41.5 Councillor Moonan stated that she was pleased to see the development of regional arrangements, information sharing and audits. She added that she also sought reassurance on budgeting challenges and asked the level of risk the budget was imposing into safeguarding and wider review work. She questioned what the SAB planned to address the decrease in reporting and hoped that this was due to the decreasing level of need. The homeless work from the SAB was encouraging and she stated that this Board had a lot to offer on the topic of self-neglect and signalled that there was room to commission a joint piece of work.
- 41.6 Graham Bartlett reiterated that he would never decide not to undertake a Safeguarding Adults Review because of funding deficiencies but the lack of resources meant some of the business plan could not be delivered on time and there were fewer multi-agency audits with a reduced scrutiny function. The SAB would like to achieve its ambition to fund some multi-agency training to increase people's capability across organisational boundaries. To achieve our ambitions we would need more support from all Board members and not just the statutory members that the Care Act requires.
- 41.7 Councillor Page stated that it was important there was a robust independent challenge to partner agencies and that any death of a vulnerable person in the city was one too many.

- 41.8 Councillor Taylor raised concern over resource challenges and said that there could be a discussion with colleagues and members prior to budget council.
- 41.9 Graham Bartlett thanked the council for its responsiveness and raised that funding should be sourced from partnership agencies as well as the council.
- 41.10 The Chair stated that the following correction had been made on section three, Important Considerations and Implications, on the report cover paper:

“Equalities:

The SAB through the City Council and other partner agencies will continue to work to ensure all people have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons. The work of the Board contributes to improved community cohesion. Where reviews recommend ways to better meet needs of people sharing a protected characteristic these are provided to the relevant organisations, implemented and monitored.

Sarah Tighe-Ford

Date: 12 October 2018”

41.1 **RESOLVED:**

That the Board:

1. Noted the report and supported partner agencies in their contribution to safeguarding adults with care and support needs.
2. Noted SAB achievements and challenges
3. Noted the draft strategic plan objectives for 2019 - 2022 as set out and agreed to work with the Safeguarding Adults Board in their development and resourcing.

42 INDEPENDENT ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2018

- 42.1 The Director of Public Health introduced the 2018 independent annual report on the state of local public health that focused on the role of arts as a determinant of health and wellbeing. This report included themes of inequalities in access to art and culture, mental health and wellbeing, social isolation and concentrated on Brighton & Hove already being a hub for creative health and how it had the potential to be a national centre of excellence for arts and health.
- 42.2 The Chief Executive commended the report and applauded its interesting and innovative approach. He added that the report was an excellent foundation to help develop policy as well as understanding.
- 42.3 Councillor Taylor stated that the report was a work of art in itself and creatively engaged readers with long-standing public health issues that highlighted the

emerging field of social prescribing. He stated that it was concerning to see such high levels of unemployment in Brighton & Hove and this needed to be specifically tackled as it was a key determinant of good health.

- 42.4 The Director for Public Health stated that employment would be at the heart of the forthcoming Health and Wellbeing Strategy as it was critical for people to have a sense of purpose which linked to the national Industrial Strategy.
- 42.5 Councillor Page stated that the report was beautiful and interesting and was a dynamic and appropriate approach for Brighton & Hove. Art projects that enthused, helped people to gain skills and develop confidence were critical to help people to find employment. He added that there were challenges with accessibility because art could often be associated with affluence and hoped that inequality could be a key focus.
- 42.6 The Chair stated that everyone could benefit from this initiative and even link in with the city's tourism offer as an arts and wellbeing leader. The presentation could be found on the following link:
- <https://www.brighton-hove.gov.uk/content/health/public-health-brighton-hove/annual-report-director-public-health>
- 42.7 **RESOLVED:** That the Board agreed to note the report.

43 FAST TRACK CITIES

- 43.1 Stephen Nicholson, Lead commissioner HIV, sexual health and substance misuse, introduced the first Fast Track Cities report. This report covered the progress made in the aims to build, develop and improve existing HIV programmes and resources in high HIV burden cities and specifically Brighton & Hove as the first UK city to sign up to the international initiative. He added that the report is to support the journey in achieving the UNAIDS 90-90-90 targets by 2020 and to eradicate HIV stigma and discrimination. He stated that he would like to thank Councillor Yates, the Leader of the Council and Dr Gillian Dean for co-chairing the Taskforce and all of the members of the Taskforce for their valuable contribution.
- 43.2 The Director of Public Health expressed his endorsement for the campaign in terms of the many lives lost to AIDS in the city. He added that the baseline data revealed ambition for the initiative and asked if there would be an annual report each year..
- 43.3 The Chair welcomed the report and thanked the Towards Zero HIV Taskforce. She added that HIV had far reaching consequences beyond this city.
- 43.4 Councillor Page stated that there were a percentage of people who were unaware of their HIV status who were not getting treated and the Action Plans 2018-2019 stated that actions to tackle this included increased funds and resources. The budget for HIV and sexual services has had a substantial reduction of 13%

simultaneously to a 13% rise in clinic attendance and he asked how much impact and improvement of testing uptake would the Fast Track Cities initiative have on those living with HIV.

- 43.5 The Director for Public Health stated that public health budgets had nationally been reduced annually since 2015/16 and within that, local authorities had to take budgeting decisions and priorities locally. He responded to Councillor Page that the initiative was effective through partnership by bringing together experts and people affect across the city to collectively focus on raising the profile of the challenges and achieving those goals together.
- 43.6 Councillor Taylor stated there were a low number of heterosexual people that tested for HIV and it was for the whole city to be responsible - illness never discriminated. He stated that in the report there was an absence of a green tick for the City specific Dashboard on the Web portal and questioned if this had now been updated or if there was an estimated time of delivery.
- 43.7 Stephen Nicholson responded that they were still in discussion with the Fast-Track Cities Executive about creating the dashboard, although the information was currently available to populate it.

43.1 **RESOLVED:**

That the Board:

1. Noted the annual report from the Towards Zero HIV Taskforce.
2. Agreed the draft Terms of Reference of the Taskforce.

44 BRIGHTON GENERAL COMMUNITY HEALTH HUB - OUTLINE BUSINESS CASE

- 44.1 Mike Jennings, Director of Finance and Estates, Sussex Community NHS Foundation Trust, and Geoff Braterman, Head of Health Planning, Sussex Community NHS Foundation Trust, presented the report and slide show that outlined the business case propositions for the redevelopment of the Brighton General Hospital site into the Brighton General Community Health Hub. The focus detailed the central proposal of health and wellbeing services, an update on the progress and the engagement thus far.
- 44.2 Geoff Braterman stated that there was overwhelming support for the plans of the site facing Elm Grove due to the close proximity to bus services and that it created a civic presence for the area.
- 44.3 Mike Jennings stated that the current design was an artist's impression however the façade may be subject to change and was now going through an engagement process before sign-off. Due to the size of the project approval would be required from the Trust's regulator (NHS Improvement). It was expected that the detailed planning and full business case would take approximately one year, expected construction set to commence in 2020 with health hub completion expected in

2023. It was noted that these were targets rather than committed timescales given a number of factors not fully in the Trust's control.

- 44.4 The Chief Executive questioned what the business case asked of the HWB, whether this proposal was to note or to seek endorsement to return to the Planning Committee. He added there were many things to like about the proposal including its integrated service delivery model and housing development but would need a clearer vision on how this site would fit in with other services.
- 44.5 The Chair responded that the proposal would not receive formal approval from this Board and would just be noted.
- 44.6 Mike Jennings stated that the proposal sought recognition of its engagement with other health partners and services and looked to the Board for open dialogue of ideas, praise and qualms. Other discussions from different paths of engagement had previously identified components that had been incorporated to the proposal in order to produce updated preferred options.
- 44.7 Geoff Braterman stated that town planning issues would need to be considered through the remit of the Planning Committee and that this Board had a remit in ensuring the proposals aligned with the strategic vision for health and care in the city as well as the wider public health impacts. He added that in terms of the health services planned to be provided there was not a huge change however it was exciting to bring primary care to the site and provided opportunities for collaboration between different services that was currently constrained on the existing site.
- 44.8 Councillor Page stated that he welcomed GP led services and a pharmacy to be built on the site because the city had a low number of GPs per capita and few primary care facilities in the Elm Grove/Hanover area in particular. He questioned if the funding for the project was inextricably linked to the sale of the majority of the site to housing developers. The site would contribute to the city's housing needs to build affordable homes for key workers; however he recognised the concerns of selling public land.
- 44.9 Mike Jennings responded that the sale was linked with the funds to build the health hub, as the project needed to be self-funding. The project team was already engaged with the council's planning team but that formal engagement with the market in terms of specific housing development strategies would take place as part of the Full Business Case Development.
- 44.10 The Director for Public Health stated this was an opportunity for a development that promoted healthy living, independence and aging. He stated that site should aim to fit in the city's framework of existing services, for instance the proposed mental health facility and homeless service could link together with the local Morley Street site.
- 44.11 Geoff Braterman stated that he would welcome Public Health expertise, engagement with the council and other existing services. He stated that the Brighton General Health Hub would be part of a network of services serving the

city and East Brighton in particular. Without pre-empting any outcome, it would make sense to consider this perspective and consider any potential changes in the wider configuration of services e.g. to concentrate and integrate homeless services located in central areas. However, the overall building envelope at Brighton General was likely to change substantially from that set out in the Outline Business case.

- 44.12 Councillor Hyde questioned if the project had engaged with local residents and if they were notified of the proposed housing development. She stated that on many new sites there were always proposals for new GP clinics and this always eased the planning application process, however they were often never delivered. She added this was a large site and in turn expected a larger health facility to be proposed and asked if there was any further thought in using a greater proportion for the health hub.
- 44.13 Mike Jennings responded that local residents were informed of the proposed layout of the project and had fully engaged with community groups. He stated that the design was still flexible and had the opportunity for expansion in a future phase if required. He stated that primary care services were a key part of the strategy and the HWB involvement was intended for a health care perspective, as already practiced with other health colleagues and services, not a planning perspective
- 44.14 Councillor Moonan stated that she welcomed the assurances for the provision of affordable and key worker housing which was important to many key players in the city and these issues would be pushed.
- 44.15 Councillor Taylor stated that it was right for the NHS to look to surplus land requirement for solutions; services provided on the Brighton General site had significantly changed and community services had to be developed to further integration. Health providers should work with any site that became available without having to lose any services. He asked if any surplus funding from the project would be channelled into any other services.
- 44.16 Mike Jennings responded that they were not expecting any surplus funds but if there were to be then they would remain within the organisation to enhance other health services, which may not necessarily be the Brighton General site but in such case they would invite further engagement
- 44.17 The Chair stated that the role of the HWB in the wider realm of health needed to be considered and added that it was good to seek endorsement within the sector and that the full business case for the proposal should return to the Board for full backing.
- 44.18 The Chair asked if the presentation slides could be rectified to ensure they were visible to clarify the format of the tables and their narrative which can be found on the following link to the agenda on pages 211 and 213:

[https://present.brighton-hove.gov.uk/Published/C00000826/M00008124/\\$\\$ADocPackPublic.pdf](https://present.brighton-hove.gov.uk/Published/C00000826/M00008124/$$ADocPackPublic.pdf)

44.19 **RESOLVED:** That the Board agreed to note the report.

45 MOVING TOWARDS INTEGRATION: UPDATE ON DEVELOPING AN INTEGRATED MODEL OF CARE, INTEGRATED URGENT CARE AND PRIMARY CARE STRATEGY

45.1 Chris Clark, Director of Commissioning Brighton and Hove, introduced a report on the update on what an Integrated Health & Care Partnership model could look like within the city, further information on the Primary Care Strategy and explained the developing model for Integrated Care Services.

45.2 The Chair commended that the plans recognised GP practices that pushed for a change for better services. She stated that in terms of integrated partnership between the public, organisations and people outside the city it was important to retain democratic oversight and a caveat of accountability. She asked if the Weymouth or the Manchester model had new funds for the integrated care partnership to operate or was it a budget shifted from other services.

45.3 Chris Clark responded that Manchester did receive new funds however he was not aware of any new money for Brighton & Hove to support integration. The government had announced as part of the NHS funding settlement specific transformation funding which would further clarify on how that money was to be invested that would come with the NHS planning guidance, which would be published in early December 2018. He stated that there was an opportunity to create investment by shifting the focus from A&E services in to a community based structure that would release funds and said that they are able to do anything but could not do everything. In January there would be options to discuss how proposed models would work within the commissioning structure, see what models health partners would feel comfortable with and look to other successful integration models in the country.

45.4 The Chair stated that the ambitions for integration were for a health partnership and not a merger approach.

45.5 Councillor Taylor stated that he backed the transformative integration strategy that was necessitated by the changing nature of people's needs which has been planned for decades. He stated that partners should focus on enhancing their relationships and must be careful not to create any unnecessary new structures. He added that he wanted to see more clarity in the January report and stressed that success of the model was reliant on the governance strategy.

45.6 In response to Councillor Page, Chris Clark explained that a final decision on the walk-in centre had not yet been made. When these plans have been finalised they will be taken to the Health Overview & Scrutiny Committee (HOSC) for consultation. It was necessary to understand what precisely the centre currently delivers in order to ensure that any replacement provides improved evening, walk-in and GP led services. Mr Clark stated that this plan would channel people in to the services that are best suited to their need, support closer to home visits and relieve pressure on hospital services.

- 45.7 In response to the Chair, Chris Clark stated that the intention was to bring plans to the January HOSC, including plans for the walk-in centre.
- 45.8 Councillor Moonan stated that the integrated care model was complex and important to the city so other committees should keep sight of progress.
- 45.9 David Liley, Brighton & Hove Heathwatch, stated that he recognised the good work around integration and its intentions in the context of significant financial constraints in this CCG and alongside the Strategic Transformation Plans (STP). He stated that he hoped lessons had been learnt from the tragedies of disintegration, Kendal Court a prime example, and that it was crucial that housing services were involved. Healthwatch had been nationally asked for public engagement with the NHS long-term plan which would come with a small amount of funding to link with parts of the city.
- 45.10 Chris Clark stated that the context of the budget would change with integration. Partners would plan investment together and address challenges collectively. He responded that housing services and supported patient engagement in the long-term plan should be part of the process along-side reducing waste in the system.
- 45.11 The Chair stated that there would be a more detailed report about the health and social care partnership in the January HWB. She stated she would seek clarity and reassurance for the public on the oversight and accountability through elected members and the HWB. In terms of finance it needed to be clearer whether there would be new or redistributed funding and each organisation retaining financial control of their money.
- 45.12 The presentation could be found on the following link:
[http://phantom.brighton-hove.gov.uk/Published/C00000826/M00008124/AI00070586/\\$MovingTowardsIntegrationIntegratedCarePartnershippresentationPDF.pdfA.ps.pdf](http://phantom.brighton-hove.gov.uk/Published/C00000826/M00008124/AI00070586/$MovingTowardsIntegrationIntegratedCarePartnershippresentationPDF.pdfA.ps.pdf)

45.1 **RESOLVED:**

That the Board:

1. Noted the national and local strategic case for change to integrated health and social care services.
2. Noted developments and progress that had been made so far with developing our services towards integration.
3. Supported the proposed approach to deliver integrated health and care through a Partnership Approach, as an alternative to options such as forming new organisations or only integrating healthcare. Formal agreement will be sought at the January Health and Wellbeing Board.

4. Supported the proposals to develop local primary care models including the development of Health and Wellbeing hubs in the city.
5. Supported the approach to deliver integrated urgent care services in the city.

The meeting concluded at 8.00pm

Signed

Chair

Dated this

day of

