



# **HEALTH & WELLBEING BOARD ADDENDUM**

**4.00PM, TUESDAY, 28 JANUARY 2020**

**COUNCIL CHAMBER, HOVE TOWN HALL**





## **ADDENDUM**

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39(a) Minutes of Special Meeting of the Board, 5 November 2019 (copy attached)	



**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD  
(SPECIAL MEETING)  
9.30am 5 NOVEMBER 2019**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Moonan (Chair) Councillor Shanks (Opposition Spokesperson) and Nield

**Brighton and Hove CCG:** Dr Andrew Hodson, Chair of CCG, Co -Deputy Chair of the Board, Lola Banjoko and Ashley Scarff

**Non-Voting Members present:** Rob Persey (Statutory Director Adult Social Care), Nicola Rosenberg (in substitution for the Director of Public Health), David Liley (Brighton and Hove Healthwatch)

**PART ONE**

**23 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**23(a) Apologies**

23.1 Councillors Appich and Bagaeen sent their apologies. Apologies were also received from Malcolm Dennett (CCG); Dr Jim Graham (CCG), Graham Bartlett (Safeguarding Adults Board) and Chris Robson (Local Safeguarding Children Board).

**23(b) Declarations of Substitutes, Interests and Exclusions**

23.2 Nicola Rosenberg stated that she was present in substitution for Alistair Hill, Director of Public Health.

**23(c) Exclusion of the press and public**

23.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely

in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

23.4 **RESOLVED** - That the public are not excluded from any item of business on the agenda.

23.5 The Chair explained that this meeting although being webcast would not be available to watch live, although once uploaded would be available for repeated future viewing.

## 24 CHAIR'S COMMUNICATIONS

24.1 The Chair welcomed everyone to this special meeting of the Board. Dr Andrew Hodson was also welcomed to the meeting. He was the newly appointed Chair of the CCG and was also one of the Vice Deputy Chair's of the Board. In addition Karen Breen was present from the CCG and Jayne Black from the BSUHT in order to assist with the presentation on the local response to the NHS Long Term Plan.

24.2 The Chair went on to explain that this special meeting of the Board had been arranged at the request of the CCG to discuss the Sussex Health and Care Plan. Members had been informed at the last meeting of the Board that the submission date for this document was 17 November 2019. The Board's scheduled meeting dates had been set for the year ahead and it had been clear therefore that if the Board wished to discuss the Plan and to make comments on it that it would need to meet before its next scheduled meeting in order to ensure that any comments could be included in any submission. If the Board had met to discuss this paper too early then Members would not have been able to see the "final draft" document. It was in recognition of those considerations that the special meeting had been arranged. The Chair was grateful to those present for taking time to attend this additional meeting.

24.3 **RESOLVED** – That the position be noted.

## 25 FORMAL PUBLIC INVOLVEMENT

### 25(a) Written Questions

25.1 There were none.

### 25.(b) Petitions

25.2 There were none.

### 25(c) Deputation – Saving our NHS – NHS Long Term Plan

25.3 The Chair, Councillor Moonan, referred to the Deputation which had been received and invited the Lead Deputee, Madeleine Dickens to address the Board in support of their Deputation. The Chair went on to explain that the Board would be asked to agree to note the contents of the Deputation. As a number of the points raised could be addressed and responded to by representatives from the CCH when considering the

report dealing with the local response to the in respect of the Long Term Plan they would be dealt with at that point in the proceedings.

- 25.4 The Deputation (circulated with the agenda papers), stated that there were five key asks on which they were demanding action:

Demands:

“1) Stop any Long Term Care Plan (LCP) planning until the measures below have been carried out and the results analysed:

2) The Council to organise a public consultation via its consultation portal – Citizen Space;

3) Carry out urgent economic and equality impact assessments on LCP proposals;

4) Clearly the LCP represents a substantial variation in service and as such before any decision is implemented it such that it be referred to the Health Overview and Scrutiny Committee for consideration;

5) In view of the extremely concerning far reaching implication of the proposed Plan and its impact on Brighton and Hove residents across all wards of the city, we ask it to be referred to Full Council for approval.

- 25.6 Ms Dickens stated that campaigners were concerned about “integrated care” considering that the NHS was adopting an American approach, which was a direct result of years of underfunding. It was of particular concern that the report stated

“A significant proportion of contracts are already “deliver aligned incentive contracts for 2019-20 and we are exploring risk- sharing models to stimulate delivery of our new models of care. The partnership is committed to identifying innovative and benefit sharing options to engage both providers and commissioners.”

- 25.7 Ms Dickens stated that in recent years government initiatives government and NHS policies had primarily sought to bear down on funding. If all initiatives were required to save money, with integrated care, healthcare would become restricted by a fixed population budget. Clinically effective commissioning had already removed access to 110 NHS treatments. They were concerned that integrated care systems would restrict NHs budgets and would result in an institutionalised denial of care and was why campaigners were fighting to preserve the NHS.

- 25.8 The Chair thanked Ms Dickinson and the Deputies for their Deputation, the views they had expressed in support of their Deputation were noted. Their concerns would be responded when considering the report itself (referred to elsewhere in the body of these minutes (Item 27) “Local Response to the NHS Long-Term Plan”), where the discussion and decision making process in respect of that item are set out.

- 25.9 It was explained that the Health and Wellbeing Board had been delegated power by Full Council to make decisions in relation to all matters which affected the health and wellbeing of residents of the city. Further, it was a Partnership Board made up of representatives not just from the council but from the CCG, Healthwatch and the local

safeguarding boards. Whilst it was technically possible for the board to agree to refer the item to Full Council for decision and not to agree to note the Local Plan that would be against custom and practice for a decision delegated to committee to be taken back to Full Council. The impact of not noting the report would be that it could create some uncertainty and delay on funding which needed to be put into place going forward. The Plan must be submitted in order to meet the agreed deadlines and would therefore need to be submitted by the CCG by the due date with a summary of the consultation undertaken to date. There was no legal requirement to consult but there was an expectation that there would be full local engagement.”

25.10 **RESOLVED** – That the contents of the Deputation be noted and received.

## **26 FORMAL MEMBER INVOLVEMENT**

### **26(a) Petitions**

26.1 There were none.

### **26(b) Written Questions**

26.2 There were none.

## **27 SUSSEX HEALTH AND CARE PLAN -THE LOCAL RESPONSE TO THE NHS LONG TERM PLAN**

27.1 The Board considered the joint report of the Executive Managing Director, Brighton and Hove Clinical Commissioning Group and the Executive Director of Health and Adult Social Care, Brighton & Hove City Council which set out the proposed local response to the NHS Long Term Plan.

27.2 It was noted that the Special Meeting had been called to consider and deal with this matter as a formal response to the Plan was required by 15 November 2019 and this requirement had not been known before the last Health and Wellbeing Board meeting took place in September 2019. The Special meeting had therefore been called and timed in order to allow time for the discussion and comments from the Board to be taken into account.

27.3 It was explained that the NHS Long Term Plan (LTP) had been published. Each area of the NHS was required to produce a response to this plan explaining what they needed to do and what they wished to achieve in response to the needs of their local community whilst also achieving the key objectives as set out in the NHS Long Term Plan. The Sussex Health and Care Partnership which was made up had formed a Partnership of the CCG's and health bodies that covered East and West Sussex and Brighton and Hove, the Sussex Health and Care Partnership (SHCP). The respective local authorities would be collaborating with the Partnership and needed to produce a five year strategic plan for NHS England outlining what they wished to achieve. The Full Plan and the three area placed based plans were set out in Appendix 1 to the report. The plan represented the CCG response to the local health and care needs of the populace and included commitments to change how health and care organisations worked together to



transform patient pathways, addressed financial deficit addressed the workforce gap and delivered the significant number of initiatives included in the Long Term Plan.

- 27.4 In answer to questions by the Chair, Councillor Moonan, it was explained that work and consultation on the Plan as presented had been on-going since January of this year and had to be agreed by a specified deadline. A response was required and it had to follow a timetable, it had been prepared as part of the on-going long term planning process locally, was integral to the allocation of funds in the medium and longer term.
- 27.5 The Deputy Chief Executive and Chief Operating Officer of the Sussex and East Surrey CCGs, Karen Breen, responded to the concerns raised by the Deputies and others who were present in the Chamber. Ms Breen explained that the CCG were very aware of the concerns which had been voiced locally about the risks to the NHS of privatisation. Nothing set down in the Long-Term Plan suggested that working in this way would increase privatisation in the NHS. What was very clear however from what had been said by the local population as well as nationally was that more needed to be done to increase collaboration across organisations so that care was much more seamless and joined up. Importantly, no new care system was being set up, the integrated care system for Sussex would not be a decision-making body. Decision making would remain with the various CCGs and the NHS trusts serving Brighton and Hove.
- 27.6 In responding to the questions raised in respect of the consultation process it was explained that discussions had taken place with a number of partner organisations and that more than 4,000 conversations had taken place with Brighton and Hove residents about the response. The Director of Commissioning and Deputy Chief Officer for the Brighton CCG, Ashley Scarff confirmed that this was the case also that meetings where discussions had taken place had been public meetings. Those elements of the Plan which required approval by the other constituent CCG partners had already taken place and approval been given.
- 27.7 The Statutory Director for Adult Care, Brighton and Hove City Council, Rob Persey, stated that the Plan as put forward set out the with the aims of partners in order to provide cohesive strategies which were aligned. The Plan would form the basis of continued discussion and he confirmed that those discussions were regular and on-going.
- 27.8 Lola Banjoko and Ashley Scarff, CCG, stated that the plan represented a continuation of what was already in place and how that would continue to be delivered, it set out the key aims and importantly strategies to address the longer-term health needs of those who had multiple conditions and sought joined up delivery of services. As with all strategic documents, changes were anticipated. The recent Queen's Speech had highlighted that it was intended that legislation would be introduced to further support the NHS, an Adult Social Care White Paper was also awaited and these could impact on the Plan and it was very important therefore to have a continuing Plan in place which indicated the direction of travel for services. There was an on-going commitment to engaging with the Board and local residents as/when the Plan needed to be refreshed. Jayne Black, CCG, confirmed that the Plan had been drawn up in consultation with staff and also provided them with a degree of surety going forward.

- 27.9 The Chief Executive, Brighton and Hove Healthwatch, David Liley, explained that Healthwatch had an on-going monitoring role and in that capacity had regular conversations with the public, the CCG, third sector organisations, patients and the public in relation to service delivery. Healthwatch were of the view that going forward the manner in which consultations could be broadened out could be improved and that that was worthy of discussion. The Plan itself was an important building block and should therefore in his view be noted and supported in general terms.
- 27.10 The Chair, Councillor Moonan, noted all that had been said and the passions and concerns which had been voiced by those in the public gallery. She understood and shared some of those concerns, which in her view formed part of a wider debate on the future of the NHS. She considered that means by which making consultation processes could be improved or made more inclusive in future should be explored in order to see whether/what practical changes could be made. Noting the Plan was however a necessary process and seeking to delay that process would not in her view be beneficial for anyone. The Board had the power to note the Plan and a further update would be brought forward to the January 2020 meeting. She considered that it could be helpful for this matter to be forwarded to Full Council for information and for elected Councillors if they considered it appropriate to put together a Notice of Motion or to use other mechanisms to broaden the debate in relation to the wider concerns and issues which had been raised.
- 27.11 Councillors Shanks and Nield stated that they also shared a number of the concerns expressed and considered that it was very important that the Plan had been brought forward for the Board's consideration and that it was important for a wider debate to take place in the correct forum. All the consultation being referred to was the "Big Health and Social Care Conversation" about the Joint Health and Wellbeing Strategy, and there had been no public consultation specifically about the Local Response document at all. All that was positive in the report was set against the backdrop of the NHS being expected to close its deficit by 2023/24, which locally stood at £200 million, and so the pressure would be on to use all the innovation in the report to close that financial gap even where it did not provide a fitting solution or give good service. Councillors Nield and Shanks proposed an amendment which was that the report should be deferred for more consultation stating that they could not support the Long Term Plan.
- 27.12 Councillor Shanks proposed that points 1.1 and 1.2 of the report recommendations were deleted and that the submission of the response to the Long Term Plan was delayed to allow for wide consultation with stakeholders, this was seconded by Councillor Nield.
- 27.13 In response to issues raised during the course of the discussion, The Head of Legal Services, Elizabeth Culbert, confirmed that it would be appropriate for the report to be forwarded to Full Council for information should the Board wish to do so.
- 27.14 A vote was then taken. The Chair formally put the proposed amendment that consideration of the report be deferred (as set out in paragraph 27.12 above), that was lost on a vote of 4 to 2 (Councillors Nield and Shanks voted against noting the Plan). A vote was then taken on the substantive recommendations as set out in the report which were agreed on a vote of 4 to 2. It was also agreed subsequently that the report be referred to Full Council for information.

27.15 **RESOLVED** – That the Board agrees to the following:

- (1) To note the further developed SHCP 5 year strategic plan set out at Appendix 1 to the report; and
- (2) That a progress update report will be provided to the January Health and Wellbeing Board. This will update the Board on the:  
Submission and outcome;  
Development of the operational delivery plan;  
Financial implications for Sussex and the Brighton and Hove Based Plan;  
Any Targets that have been set and monitoring arrangements.

**RESOLVED TO RECOMMEND** – That the report accompanied by an extract of the minutes of the special meeting be forwarded to Full Council for information.

**27B ITEMS REFERRED FOR FULL COUNCIL**

27.16 Councillors Nield and Shanks requested that the report be referred to Full Council for information which was agreed.

27.17 Item 27 – “Sussex Health and Care Plan – The Local Response to the NHS Long Term Plan”

The meeting concluded at 11.15am

Signed

Chair

Dated this

day of

