BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 11 SEPTEMBER 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair) Councillors K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Bowden, Pissaridou and Shanks

Other Members present: Pinaki Ghoshal,Statutory Director of Children's Services, Denise D'Souza, Statutory Director of Adult Social Care, Dr. Tom Scanlon, Statutory Director of Public Health, Dr. Xavier Nalletamby, Geraldine Hoban, Clinical Commissioning Group Hayyan Asif ,Youth Council.

PART ONE

13. PROCEDURAL BUSINESS

13A Declarations of Substitute Members

13.1 There were none.

13B Declarations of Interests

13.2 There were none.

13C Exclusion of the Press and Public

13.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

13.4 **RESOLVED** - That the press and public be not excluded from the meeting.

14. MINUTES

14.1 **RESOLVED -** That the minutes of the meeting held on the 12 June 2013 be approved as a correct record of the proceedings and signed by the Chair.

15. CHAIR'S COMMUNICATIONS

Pinaki Ghoshal

15.1 The Chair welcomed Pinaki Ghoshal, Statutory Director of Children's Services to his first meeting of the Board.

Sarah Creamer

15.2 The Chair welcomed Susan Creamer, Director of Commissioning at NHS England, Surrey & Sussex Area Team.

Robert Brown

15.3 The Chair reported that Robert Brown had sent his apologies. He was unable to attend the meeting as the LINk Transitional Board disbanded in July. Robert wished to inform the Board that Healthwatch were currently recruiting staff. It was hoped that a Healthwatch representative could be in place for the next Board meeting. Robert thanked all members of the Shadow Board and the present Board for their help and friendship in setting up the Health and Wellbeing Board.

15.4 **RESOLVED** – That a vote of thanks to Robert be recorded for all the time he has spent involved in health matters.

16. PUBLIC INVOLVEMENT

(a) Petitions

Improving Mental Health and Mindfulness

16.1 John Kapp presented the following e-Petition which was signed by 27 people.

"We the undersigned call on the Health and Wellbeing Board to empower the Clinical Commissioning Group (CCG) to outsource provision of the Mindfulness Based Cognitive Therapy (MBCT) course to the third sector, so that GPs could prescribe it on a voucher scheme to reduce the waiting time from 20 years to a few weeks."

16.2 The Chair responded as follows.

"I recognise both that MCBT is a valuable treatment option and that 3rd sector providers have a role to play in providing this and other services. The CCG recently re-commissioned a range of services in this area, seeking to improve quality and reduce waiting times. This re-commissioning has been widely welcomed – specifically by HWOSC – and providers now include non-NHS not for profit providers of MCBT. Given

these actions I am content that the CCG is acting properly in this regard and do not intend to ask them to make further changes."

16.3 **RESOLVED-** That the petition be noted.

(b) Written Questions

16.4 Mr Terence Rixon had asked the following questions:

- It has just been reported by Hansard that yesterday (11th June) Jeremy Hunt, the Secretary of State for Health, when asked about "What steps he is taking to increase accountability in the NHS" ….
- That he replied "We have transformed accountability in the health system by setting up Healthwatch and introducing stronger local democratic accountability through Health and Wellbeing boards".

- My question is ...
- Can the Health & Wellbeing Board apply pressure to the Community Voluntary Sector Forum (the CVSF) to accept the recommendations (and comments) of Robert Francis QC in respect of how they are developing the Brighton & Hove Healthwatch?

- The Francis Report identified many serious shortcomings of the Staffordshire Link, and made firm recommendations to be carried forward into the new Health & Social Care Watchdog to be known as Healthwatch.

- These are detailed in a separate paper, which is too long to read out now.

- My own experiences of our local LINk and the CVSF show many parallels with Mr Francis's findings, and I am concerned that the CVSF are now developing our Brighton & Hove Healthwatch without any regard to the Francis Report recommendations.

- We are now over two months into the contract for the new HealthWatch, and there has been no Public Engagement yet. The CVSF seem to be going their own "closed shop" way, and showing no "transparent process", despite questions being asked of their Chief Executive Officer.

- I shall conclude by quoting just two examples:
    - Paragraph i.174 (of the Francis Report) states that those with a responsibility for HealthWatch should seek the involvement of the public (as set out in the full table of recommendations).
    - Page 481 of the Francis Report is flagrantly being disregarded in which concerns are expressed about "recruiting from a small unrepresentative pool of the usual suspects". The CVSF are not inviting "fresh blood" to join them in the set-up of HealthWatch.

- So my question is:

Can the Health & Wellbeing Board apply pressure to the CVSF to accept the recommendations (and comments) of Robert Francis QC in respect of how they are developing the Brighton & Hove Healthwatch?

16.5 Mr Rixon had been given the following response:

"The Health & Social Care Act (2012) required all upper-tier local authorities to establish a local Healthwatch organisation to replace Local Involvement Networks (LINks) in enabling public and patient involvement in the commissioning and provision of health and social care services.

In Brighton & Hove we opted to go out to tender for a Healthwatch provider. The ensuing procurement process was managed by the council's Communities & Equalities team, which also performance manages the Healthwatch provider going forward.

A steering group was established to oversee the procurement process. This included representatives from the Council's Policy, Scrutiny, Finance, HR, Legal and Procurement teams. It also included representation from the Clinical Commissioning Group and the LINk steering group volunteers. (The actual procurement was undertaken by a core group with no possible commercial interest in the awarding of the funding agreement.)

Subsequent to the Brighton & Hove Community & Voluntary Sector Forum (CVSF) being awarded the Healthwatch contract, the steering group was re-constituted as a virtual implementation group overseeing the implementation and performance management of the agreement.

One of the major issues in managing the transition from LINk to Healthwatch that was identified, was the loss of organisational memory and working capacity during the period of transition and the early months of Healthwatch operation. Local and national experience of managing the transition from Patient & Public Involvement Forums (PPIF) to LINks in 2008 underpinned these concerns. Many LINks took a year or more to actually begin investigative work following the transition from PPIFs, and few local areas had measures in place to ameliorate this problem. As the Francis report makes clear, this was the situation pertaining in Staffordshire at the time of the crisis in Mid Staffs hospital.

Having identified this major risk in terms of the LINk/Healthwatch transition, the approved provider - CVSF sought to mitigate the risk by appointing a group of former LINK members as a transitional group to continue investigative and representative work while Healthwatch was established. This action has the support of the implementation group as it offers continuity between LINK and Healthwatch, ensures that there is some retention of organisational memory, and avoids a situation where there is a 'gap' between one organisation and its successor (as was the case in Mid-Staffs).

An additional risk consists of the current limited public understanding of Healthwatch. It was felt that an exercise to recruit Healthwatch volunteers at an early stage would be unlikely to succeed in attracting the broad cross-section of the local public necessary to ensure that Healthwatch does not only appeal to the "usual suspects". To reach a broad section of the local public, a process of public awareness of what Healthwatch is needs

to be ongoing: hence there are significant advantages in having a considered approach to the involvement of the public.

There is absolutely no intention of limiting the recruitment of volunteers to Healthwatch to "a small representative pool of the usual suspects". It is CVSF's intention and that of the implementation group to encourage as wide a group as possible of local residents to become involved in Healthwatch. However, it has been agreed that the most sensible and least risky approach in the early months of Healthwatch is to retain a transition group of experienced LINK members whilst establishing Healthwatch organisational structures and planning how best to recruit and support volunteers to Healthwatch in the longer term. There is no intention to retain the transitional group for longer than is strictly necessary or to favour its members in terms of the development of volunteer roles within Healthwatch.

In terms of the question then, I'm sure it is the case that HWB and HWOSC members would agree that Healthwatch Brighton and Hove should "seek the involvement of the public" and should avoid "recruiting from a small unrepresentative pool of the usual suspects."

However, at this time we are confident that the measures being taken by CVSF accord with both of these aims (and with the need to ensure there is continuing volunteer capacity to undertake investigative/representative work during the early days of Healthwatch), so we will not be seeking to apply additional 'pressure'.

We are actively monitoring the establishment of Healthwatch and the HWB plans to have an item on Healthwatch development at its September committee meeting."

16.6 Mr Rixon asked the following supplementary question in respect of contract compliance:

'Given the growing groundswell of public concern about the lack of broad democratic public involvement of our Local Healthwatch, as evident from the content of the paper to be discussed at Agenda Item 22, page 135, when can we expect a report to be brought to this committee which has been prepared by the council's Contract Monitoring Section as to levels of performance and compliance concurrently being achieved under the contract?

Finally one of the 'Tag Lines' or 'Mission Statements' of Healthwatch is 'For the People by the People'.'

16.7 The Chair informed Mr Rixon that he would receive a written response to his supplementary question. He gave a commitment that he would get in touch with Healthwatch to find out when they would be fully operational. He was concerned as Mr Rixon that Healthwatch should be the face of the public.

16.8 **RESOLVED-** That the written questions be noted and a written response be prepared for Mr Rixon' supplementary question.

(c) Deputations

16.9 The Chair noted that the following deputation had been referred from full Council held on 18 July 2013.

16.10 Mr Kapp presented the following deputation:

"I am a complementary therapist, and a facilitator of the Mindfulness Based Cognitive Therapy (MBCT) 8 week course (1) which is NICE-recommended (2) to improve mental health by teaching people self-help tools by which to better manage their emotions, so they don't need to go to A&E. There are more than 20 facilitators in the third sector of the city (3) providing this course for clients who pay the going rate (£150-370). This course is provided free on the NHS, but the waiting time is 20 years unless you are suicidal. (4) causing health inequalities as the poor can't afford it.

3 years ago, to reduce the waiting time, I created the Social Enterprise Complementary Therapy Company (SECTCo) (5) whose slogan is: 'medication to meditation', and whose mission statement is: 'Give a man a pill, and you mask his symptoms for a day. Teach him mindfulness, and he can heal his life'. To get public sector contracts I sent hundreds of e mails, documents, phone calls, to commissioners. These were not answered, because there was no-one at home who could make a decision, even to say: 'no'. The NHS did turn 65 last week, and decision paralysis is a symptom of dementia. Even Jeremy Hunt says it is sick. My experience proves that it has dementia. For the sake of both doctors and patients, we need to cure it. I am the Julia Bailey of Brighton, and pleading for your help now,

The government has done its part by filling the democratic deficit in health. You are now responsible for public health, and for directing the strategy of the new Clinical Commissioning Group, (CCG). I am therefore calling on you councillors to play doctor to the CCG and cure its demented paralysis by banging heads together. Please set up a 'chemist shop' voucher system by which GPs can prescribe the MBCT course as easily as Prozac. This would boost their morale by restoring their original function as teachers, (6) Then patients could access the course free within a few weeks from the third sector, so wouldn't need to go to A&E. This will fill the disconnect (7) between drugs and talking therapies, and restore patients' trust.

Please do not dismiss this proposal automatically as 'privatisation by the back door'. It is just a way of reducing waiting times for effective treatment, which has had all-party support nationally for more than 7 years. (8). Opening up the market to local complementary therapists would create local jobs and keep the money in the local economy, benefitting our citizens, rather than swelling the profits of drug companies. It will also improve health, reduce inequalities (9) and save taxpayers' money.

First recommendation. The Council authorises the CCG to engage with SECTCo to do 2 pilot trials of the MBCT course for £5,000 (10) and to engage a researcher to evaluate them, and report back to Council in November.
Trial 1. Up to 12 patients referred from a GP surgery in Hove.
Trial 2. Up to 12 sick council staff.

Second recommendation. The Council instructs the CCG to consider this proposal to set up a voucher system for the MBCT course in the city, and report back to the Health and Wellbeing Board (HWB) at its next meeting on 11.9.13."

16.11 The Chair had given the following response at full Council:

"Thank you for your enquiry.

Improving mental health and wellbeing has been a priority for the city council and Clinical Commissioning Group and there is considerable joint work in pursuing this aim. The 2012 Mental Health Commissioning Prospectus was as you know a joint initiative between the CCG and the city council the commissioning and the management of mental health budgets are undertaken jointly.

You will also know that there is now a Brighton and Hove Wellbeing Service which aims to improve access to psychological and support services for people with common mental health conditions such as anxiety and depression. This contract was awarded following a competitive tendering process and includes as part of the specification a range of evidence-based treatments including Mindfulness CBT. General practitioners across the city are referring patients to this new service.

The city council and Clinical Commissioning Group will be retendering mental health promotion contracts next summer (2014) following approval of the Public Health Commissioning paper at P&R committee on 11th July 2013. The defined outcomes will reflect the mental wellbeing strategy that is being developed through the Health and Wellbeing Board and is likely to 'Five Ways' (Connect, Be Active, Take Notice, Keep Learning, Give) and the Public Health /NHS/ Adult Social Care outcomes frameworks.

Many other locally commissioned programmes across the city council and CCG deliver on 'Five Ways'. These include joint work of Public Health with the Sports Development Team (Be Active), considerable city council and CCG community development and equalities work (Connect), Adult Learning Schools (Keep Learning), Volunteer training and coordination (Give) and a large arts and culture programme (Take Notice) including a proposal for specific arts and culture work for World Mental Health day this year.

Mindfulness courses are also delivered independently by several local voluntary organisations such as Mind and MindOut, and you will be aware that there are several local independent practitioners of mindfulness.

The city council and CCG will continue to work together on the mental health and wellbeing agenda, and promote mindfulness where there is evidence for its effectiveness. Mental wellbeing will remain a priority on the current Health and Wellbeing Strategy."

16.12 **RESOLVED** - That the deputation be noted.

Deputation on Sexual Health Services to Brighton and Hove Health and Wellbeing Board meeting on 11 September 2013

16.13 Mr D A Baker and Mr Ken Kirk presented the following deputation:

'We apologise for the short notice of this deputation. We have only recently been alerted to the issue and have therefore submitted this deputation for your consideration at short notice. We thank the board and the Chair of the board for their indulgence in receiving this deputation. Because of the short notice we have only been able to put two names and addresses to this deputation. However many people were involved in discussions about this issue and we could send a full list to the chair after the meeting if he requests it.

We the undersigned (and others) are concerned about the possible competitive tendering and hence privatisation of Brighton and Hove sexual health services. As lay people we may not fully understand the current position. We will layout our understanding of the position in point 2 below.

1 We seek the following from the board:

1.1 a clarification of the current position (see our understand in point 2 below)

1.2 an undertaking that putting sexual health services out to competitive tender will only be undertaken if there is clear evidence that such a process will lead to an improvement in sexual health services for the people of Brighton and Hove and that this evidence will be made available publically.

1.3 a reassurance that if there is evidence that sexual health services will be improved by putting them out to competitive tender then to ensure the best possible service the CCG or other commission body will insist that the current NHS providers in the field of sexual health will be expected to submit a tender.

1.4 an explicit reassurance that any potential restructuring of sexual health services resulting from competitive tendering will not result in any adverse sexual health services for the people of Brighton and Hove.

1.5 an undertaking that any potential restructuring of the sexual health services due to competitive tendering will not result in adverse employment conditions for current staff in the area of sexual health in Brighton and Hove.

2 Our understanding of the current position.

Since April 2013 the NHS Commissioning Board is responsible for commissioning HIV treatment, while local authorities remain responsible for the commission of sexual health and genito-urinary medicine (GUM) services, and HIV prevention and testing. At the moment many of the facilities in sexual health are shared. Plans to put sexual health services out to competitive tender could result in a clear cut separation of such services. This separation may mean that if a part of the sexual health service goes to an outside provider then the BSUH trust may find that continued independent HIV treatment and care is unviable. This may have huge implications for HIV patients. They might either lose a vital service or have these services transferred to a different or new provider.'

16.14 The Chair responded as follows.

"I recognise concerns about the future of sexual health services and would not want to see any reduction in quality of these services. However, it is important that services for

local people are as good as they can be and offer the best possible value for money. This does mean that the council will put services out to tender when there is a compelling case to do so. A written response will be provided on what the current obligations are and what commissioning will take place."

16.15 **RESOLVED-** That the deputation be noted.

17. ISSUES RAISED BY COUNCILLORS AND MEMBERS OF THE BOARD

17.1 The Chair noted that there were no petitions, written questions, letters or Notices of Motion from Councillors or members of the Board.

18. NEW ECONOMICS FOUNDATION: A PRESENTATION ON WELLBEING

18.1 The Board considered a presentation with slides from Juliet Michaelson from the Centre for Wellbeing nef (the New Economics Foundation). The presentation showed a map of the UK highlighting levels of wellbeing after controlling for deprivation. Another map of the UK showed local wellbeing inequality. The presentation set out nef's research on well-being and local government and explained the understanding of wellbeing at a local level. The dynamic model of wellbeing was explained.

18.2 The research recommended looking at means of linking disparate areas of local authority work and re-imagining the role of local government from provider of services to facilitator of good lives. The research showed that factors promoting wellbeing were not evenly distributed, so to improve wellbeing inequalities and deprivation should be tackled. There was also a need for balance between support for the vulnerable & the whole population focus.

18.3 The areas for action were strategic leadership, services & commissioning, strengthening communities, using LAs' own organisation levers and measuring wellbeing outcomes.

18.4 Councillor Meadows asked if nef was an independent think tank. She stated that she did not find anything new being proposed and stressed that the council had been discussing these issues for many years. Councillor Meadows considered that the council were already engaged in this work and already knew what it wanted to achieve. Ms Michaelson replied that nef were funded through its research work. She was sorry she had not brought anything new to the table. She was hopeful that there would be the opportunity to work more closely in future.

18.5 The Chair informed members that the council had not contracted nef to carry out this work. He further explained that he had seen a presentation that Juliet had given to the Local Government Association and had invited her to give the presentation to the HWB.

18.6 Tom Scanlon found the research very interesting and thought that there might be an opportunity to work together. He was keen to bring wellbeing into the sexual health service. There was a need to re-commission with a broader mind set.

18.7 Geraldine Hoban stressed the need to commission social capital. It was necessary to promote health and wellbeing in the city more generally. Any help in how officers commissioned would be valuable.

18.8 Ms Michaelson reported that an area of research was co-production. This was working in partnership. For example, time banks were a mechanism for people to help in any way they could and a means of building up relationships.

18.9 Councillor Pissaridou considered that the council should look at its own resources. The LA could be equipped to deliver this service. Ms Michaelson stressed that although nef did work with local bodies, she was not attending the Board to make a direct pitch to provide a service.

18.10 The Chair stated that there could be further discussions as to whether the council needed a further service as a result of considering this research. He thanked Ms Michaelson for her presentation.

18.11 **RESOLVED** – That the presentation be noted.

19. SARAH CREAMER, DIRECTOR OF COMMISSIONING AT NHS ENGLAND, SURREY & SUSSEX AREA TEAM TO ADDRESS THE BOARD

19.1 The Board considered a presentation with slides from Susan Creamer, Director of Commissioning at NHS England, Surrey & Sussex Area Team. The presentation was an introduction to the Surrey and Sussex Team of NHS England. It explained the role, ways of working and responsibilities of NHS England. The presentation further explained the NHS England structure along with the structure of the Surrey and Sussex CCGs and hospital sites. The Surrey and Sussex Areas Team structure was set out with details of work carried out by the area team.

19.2 Ms Creamer explained that NHS England would welcome a seat on the Health and Wellbeing Board.

19.3 Councillor Pissaridou asked to whom were the area team responsible and how did they commissioned GPs. Ms Creamer explained that the area team was responsible to the board of NHS England. GPs were commissioned in a variety of ways. For example there were general medical contracts, lifelong contracts and other contractible vehicles and personal medical services.

19.4 Councillor Meadows thanked Ms Creamer and stated that she hoped NHS England did get a seat on the HWB. Councillor Meadows referred to the commissioning of primary care. She pointed out that private businesses such as dentists and opticians were involved and asked how this could be monitored. Ms Creamer explained that the CCG provided oversight for commissioning. There were a variety of vehicles for monitoring quality.

19.5 Xavier Nalletamby noted that the area team was not huge and stressed the importance of working together. Ms Creamer would commission what was required in partnership with GPs.

19.6 Councillor Meadows asked if GPs commissioned services to dentists and pharmacists. Geraldine Hoban explained that the situation was complex. The CCGs did not commission GPs. Basic contracts were agreed through the Area Team. GPs were

CCG members and the CCG was trying to engage its members regarding quality issues. The CCG influenced better quality services rather than holding people to account over a contract. There was a need to work closely with the Area Teams.

19.7 Denise D'Souza asked where safeguarding would be placed. Sarah Creamer replied that there had been conversations to decide on where safeguarding should sit. A variety of models existed. She offered to take the question back for a definitive answer.

19.8 Councillor Bowden stated that this was the fourth reorganisation of the NHS that he had observed. He considered it a complicated hierarchical arrangement. He asked how much it would cost and what it would mean to the general public. He asked where sexual health would be placed. He further asked whether there would be further reorganisation if there was a general election and a new government.

19.9 Sarah Creamer referred to the NHS England, "Call to Action" agenda which was encouraging a debate to help the NHS meet future demand and tackle funding gaps. She stressed that if services continued to be delivered in the same way as now it could result in a funding gap which could grow to £30bn by the end of the decade. A dialogue was beginning with stakeholders to see how health services could be affordable.

19.10 Councillor Pissaridou asked about the position of preventative medicine in the new NHS structure. Tom Scanlon explained that this was part of the public health agenda and included work in housing, the environment, transport and education.

19.11 The Chair thanked Ms Creamer for her presentation and informed her that there would be discussions about her presence on the HWB.

19.12 **RESOLVED** – That the presentation be noted.

20. JOINT HEALTH & WELLBEING STRATEGY SEPTEMBER 2013

20.1 The Board considered a report of the Director of Public Health which stated that the Health & Social Care Act 2012 required each local Health & Wellbeing Board to publish a Joint Health & Wellbeing Strategy. Brighton & Hove Shadow HWB agreed a draft JHWS in September 2012. However, HWB's did not become statutory bodies until April 2013, meaning that the JHWS must also be agreed by the statutory board.

20.2 The Health and Wellbeing Board Business Manager introduced the report. Members were informed that the strategy that members were being asked to consider was substantially the same document that was agreed at the September 2012 meeting. However, the opportunity had been taken to:
a) update the strategy where relevant (e.g. with a new section on the Joint Strategic Needs Assessment);
b) reflect consultation and engagement with a range of stakeholders - principally facilitated by the Brighton & Hove Community & Voluntary Sector Forum (CVSF);
c) undertake equalities impact assessment work (an EIA for the JHWS was attached as Appendix 2 to the report).

20.3 The revised JHWS was included as Appendix 1 to the report. The five priorities were listed in paragraph 3.3 of the report. (Cancer & Cancer Screening, smoking, emotional

health and wellbeing (including mental health), dementia and healthy weight and nutrition.)

20.4 Geraldine Hoban reported that one of the areas that the CCGs were concerned about was the health of homeless people. It was considered that the delivery of this service needed better integration. She asked if it was time to consider whether the health of homeless people should be a priority.

20.5 The Deputy Director of Public Health replied that the five key priority issues in the strategy have been identified through a prioritisation process. There are several health and wellbeing priorities for the city, such as alcohol, which are not included in the strategy. In the first instance the plan is for a programme board to be established to consider issues related to homelessness.

20.6 The Chair stated that the HWB could think about additional items that don't fall into the normal identification process, when choosing priorities in the next cycle.

20.7 The Health & Wellbeing Board Business Manager stressed that the strategy was intended to add value to what was already happening in the city. He asked if the Board wanted to carry out this work through the strategy or through other measures. There was a need for a carefully managed strategy.

20.8 The Director of Public Health agreed that the paper on homelessness would be considered by the programme board.

20.9 Hayyan Asif asked about the process for deciding priorities for the next session. He asked how organisations would be contacted. The Health and Wellbeing Board Business Manager explained that there would be engagement with a number of organisations, particularly the CVSF.

20.10 Councillor Meadows asked how long it had taken to finish the consultation. The HWB Business Manager replied that the CVSF response was received in late spring 2013.

20.11 The Chair stated that it would be logical to think about priorities for the next year in the next few months.

20.12 Councillor Bowden stated that he considered smoking as a target to be an unwinnable battle. Many smokers were students who moved into the area. The Director of Public Health stated that prevalence was decreasing. A great deal of work was being carried out in East Brighton, although he acknowledged that new smokers were being imported.

20.13 Councillor Shanks asked if there was joint working with the universities. The Director of Public Health replied that Public Health did work with the universities with regard to smoking, alcohol etc. It was important to engage universities.

20.14 Councillor Norman stated that it was a good strategy which allowed for flexibility. He looked forward to seeing continued good work in the future.

20.15 Councillor Bowden praised the strategy's impact on licensing applications.

20.16 **RESOLVED** – (1) That the Joint Health & Wellbeing Strategy set out at Appendix 1, be approved and that its publication be authorised.

21. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE SEPTEMBER 2013

21.1 The Board considered a report of the Director of Public Health which explained that from April 2013, local authorities and clinical commissioning groups had equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA). This duty was to be discharged by the Health and Wellbeing Board. The Board were therefore asked to note the publication of the JSNA summary for 2013. The plan for the 2013 summary update was approved by the shadow Board in March 2013. The Head of Public Health Intelligence informed members that the JSNA 2013 had been updated in line with this plan.

21.2 Members were informed that as part of the consultation process, there had been a call for evidence to the community and voluntary sector. There were 14 submissions from 12 organisations as set out in paragraph 4.5 of the report. The Head of Public Health Intelligence thanked the Community and Voluntary Sector Forum for its involvement in this process, and in promoting it to the sector.

21.3 Hayyan Asif asked about whether information from the schools surveys feed into the JSNA. The Head of Public Health Intelligence confirmed that evidence from the surveys is used widely in the JSNA.

21.4 Hayyan Asif asked about public engagement. The Head of Health Intelligence noted that the board had agreed in March that there would be no specific engagement with the public for the 2013 update. With Healthwatch now in place, Jane Viner, Healthwatch Manager, attended the September City Needs Assessment Steering Group to discuss and plan for how Healthwatch will be involved in providing further public voice into the JSNA. This is part of the action plan of the City Needs Assessment Steering Group.

21.5 Tom Scanlon stressed that the JSNA was a fantastic piece of work which provided a great wealth of information.

21.6 The Chair asked if additional information was expected from the 2011 census which could feed into the JSNA. The Head of Public Health Intelligence explained that more detailed data will be released up until February 2014.

21.7 The Chair thanked the Head of Public Health Intelligence, and all those involved, for their work on the JSNA.

21.8 **RESOLVED –** That the 2013 JSNA summary be noted for publication on BHLIS: www.bhlis.org/jsna2013

22. HEALTHWATCH: PROGRESS UPDATE - PRESENTATION

22.1 The Board received a presentation from Jane Viner, Healthwatch Manager, along with a Healthwatch Update paper.

22.2 Ms Viner explained that Healthwatch was an independent organisation which worked with patients to provide a quality service. The three main roles of Healthwatch were i) Influencing services, ii) Signposting through a helpline which was open from 10.00 am to 12.00 noon every day and iii) Advising. People could be referred to the complaints process.

22.3 Ms Viner explained the Healthwatch development process. The transition process Phase 1 - took place from April to July 2013. Phase 2 – Mobilisation was taking place between August to October 2013. Phase 3 – Implementation would take place from November to March 2014. Phase 4 – full independence would be in place from April 2014 onwards. By then the Healthwatch contract would be transferred from the CVSF to the new Independent Governing Body.

22.4 Councillor Shanks referred to the Shadowing Governing Body which was being set up. She asked how Healthwatch was ensuring diversity in the open recruitment process. Ms Viner explained that part of the selection and recruitment process was to interview people who had skills. Healthwatch wanted to ensure that the process was representative and were keen to engage young people.

22.5 Councillor Pissaridou asked who funded Healthwatch and how many workers were paid employees. She asked if Healthwatch was already a statutory body. Ms Viner replied that funding was received from the government, via the local authority. There was a tendering process and Healthwatch was centrally managed by Michelle Pooley, Community Engagement Co-ordinator at the council. There were four members of staff and an independent Chair who were all paid. 80 volunteers were signed up. The Volunteer Co-ordinator was a paid post.

22.6 Councillor Bowden asked if the helpline could be extended to 24 hours. Ms Viner explained that the helpline was transferred from the PCT. It was currently 10-12.00 noon, five days a week. Healthwatch wanted to extend this service and this might be carried out via outreach drop-ins or surgeries.

22.7 Councillor Bowden observed that most surveys of NHS users showed satisfaction. He asked how people were evaluated when they phoned and how complaints were validated. Ms Viner replied that Healthwatch worked with individuals and if someone wanted to make a complaint they would be referred to an independent advocacy process. Healthwatch empowered individuals to make choices for themselves.

22.8 Geraldine Hoban noted that Healthwatch would be accountable to the council over the next year. She asked to whom Healthwatch would be accountable post 2014. Ms Viner explained that Healthwatch would be independent but would still be funded and monitored by the council. Healthwatch would also be required to send an annual report to the Department of Health.

22.9 The Chair stated that he was keen to have a Heathwatch representative on the Health & Wellbeing Board. Ms Viner explained that a Healthwatch representative could be appointed when the Shadow Governing Body was in place. This would happen before the next meeting of the Health & Wellbeing Board.

22.10 **RESOLVED** – That the presentation be noted.

23. INTEGRATED HEALTH, SOCIAL CARE & HOUSING SUPPORT FOR "HOMELESS" PEOPLE

23.1 The Board considered a report from the Chief Operating Officer, CCG which informed members that the Department of Health had informed the CCG that the proposal for the delivery of integrated health, social care and housing advice to “homeless people” through a co-located multi-disciplinary team had not been successful. Whilst feedback on the bid was very positive, they did not feel that the pilot would have the broader population impact required of the national pioneer sites.

23.2 There was however, from earlier discussions with partner agencies, a real willingness to implement a local integrated service along the lines of the model proposed. It was therefore recommended that despite not achieving national pioneer status the City proceed with a programme to deliver an integrated service and set up the necessary governance arrangements to oversee implementation.

23.3 Geraldine Hoban informed the Board that there had been a significant increase in street homelessness and that the life expectancy for the street homeless was low. There was increasing evidence that if resources were used wisely it led to better outcomes. Great improvements could be made by changing ways of working. The proposal was to provide a model of care for the homeless in the city which was primary care led.

23.4 Councillor Meadows expressed disappointment that the Government had not supported the bid. She supported the recommendation to implement the integrated model. Councillor Meadows considered that the probation service and the police should be involved in the project. She asked where the pump priming would come from and how much money was required.

23.5 Geraldine Hoban explained that a small amount of start up money might be required to fund nursing teams. She agreed that the suggestion to involve probation services and the police was a good idea.

23.6 Councillor Pissaridou also supported the recommendation. She mentioned that she was having a meeting with the Head of Housing and the Executive Director of Adult Services regarding the current lack of integration. There was currently no formal link between Adult Care & Health and Housing.

23.7 Councillor Bowden thought the approach was excellent. He asked if there were plans to work with ex service charities. Geraldine Hoban confirmed that working with ex service charities had been expressly focused on in the bid.

23.8 Hayyan Asif asked how the model would be assessed. Geraldine Hoban replied that there had been a national call for a pioneer bid and an opportunity to test integrated

working. There was a recommendation for a strong integrated team model. This was about creating a culture to innovate and test the service. Ms Hoban explained that she would like to develop links with the University of Brighton in order for them to carry out an evaluation of the model.

23.9 Pinaki Ghoshal stated that he supported the model and noted that there were many actions. He stressed the need to look at what was already happening in the City to avoid duplication and explore what would be the right options. Mr Ghoshal drew attention to the needs of young people who were homeless.

23.10 Geraldine Hoban agreed that there should not be duplication and reported that there would be multi disciplinary teams. She would make sure Mr Ghoshal's comments regarding young people were considered.

23.11 The Chair agreed with Councillor Meadows that the probation service and the police should be involved in the project.

23.12 **RESOLVED** – (1) That the detailed expression of interest in becoming a national pioneer site for integrating health, social care and housing support and the Department of Health's response, be noted.

(2) That the intention of partner agencies to implement the integrated model described in Appendix 1, be endorsed.

(3) That the setting up of a multi-agency Programme Board to oversee implementation of the integrated care model, be approved.

(4) That an oversight of the Programme Board be provided on an ongoing basis.

24. FUNDING TRANSFER FROM NHS ENGLAND TO SOCIAL CARE

24.1 The Board considered a report of the Chief Operating Officer, CCG and the Executive Director, Adult Social Services, BHCC which sought approval from the Board for the proposed plans developed jointly for the use of funding streams to support health and social care joint working.

24.2 In previous years this allocation had been passed by Primary Care Trusts to local authorities. In 2013/14 it was announced that the funding transfer to local authorities would be carried out by the NHS Commissioning Board and that the sign off of local proposals should be by Health and Wellbeing Boards.

24.3 The allocation for 2013/14 in Brighton and Hove is £4,397,579. It is a condition of the transfer that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. The funding must be used to support adult social care services in each local authority, which also has a health benefit.

24.4 Members were informed that this was the first opportunity for the Board to formally approve the Section 256 agreement. The Executive Director of Adult Social Services explained that plans were already in train and that some of the funding had already been committed in projects.

24.5 **RESOLVED** – (1) That the proposed use of the allocation as set out in section 3.5 be agreed and that the Section 256 agreement between the local authority and NHS England appended to this report be signed.

(2) That the Health and Wellbeing Board is provided with regular updates on how the funding is being used locally against the overall programme of adult social care expenditure and the overall outcomes against the plan, in order to assure itself that the conditions for the funding transfer are being met.

The meeting concluded at 6.36pm

Signed Chair

Dated this day of