4.00pm meeting 24 March 2015

Council Chamber, Hove Town Hall

Minutes

Present: Councillor J Kitcat (Chair) Councillor K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald, Dr Xavier Nalletamby, CCG, Geraldine Hoban, CCG, Dr Christa Beesley, CCG, Dr George Mack, CCG, Denise D'Souza, (Statutory Director of Adult Social Services), Tom Scanlon, Director of Public Health, Pinaki Ghoshal, Statutory Director of Children's Services, Frances McCabe, Healthwatch, Graham Bartlett, Brighton & Hove Local Safeguarding Children's Board and Deborah Tomalin, NHS England.

Apologies: Dr Jonny Coxon

Part One

62 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

62.1 There were no declarations of substitutes.

62.2 Dr Xavier Nalletamby declared an interest in Item 68 as he worked for a GP Practice as a GP. He had applied for and been granted dispensation by the Council's Monitoring Officer to speak and vote. Dr Christa Beesley declared an interest in Item 68 as she worked for a GP Practice as a GP. She had applied for and been granted dispensation by the Council's Monitoring Officer to speak and vote.

62.3 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.

62.4 **Resolved** - That the press and public be not excluded from the meeting.

63 MINUTES

63.1 **Resolved** - That the minutes of the Joint Children & Young People Committee & Health & Wellbeing Board held on 3 February 2015, and the Health & Wellbeing Board held on 3 February 2015 be agreed and signed as a correct record.

64 CHAIR'S COMMUNICATIONS

Section 75 Children

64.1 The Chair reported that Sussex Community Trust and Children's Services currently had a Section 75 provider agreement in place in relation to the delivery of integrated services for children and young people. This meant that Children's Services had been operationally managing the delivery of community health services for children and young people. This included for example, Health Visitors, School Nurses, and Speech & Occupational Therapists. The agreement ceased at the end of March 2015. The agreement primarily related to the integrated service delivery at the council's Children's Centres and the council's service for disabled children based at Seaside View. The Local Authority and Sussex Community Trust had held a number of meetings to ensure that the services that children and their families received were not disrupted. They had agreed that the current arrangements would continue until October 2015, agreed through a local Memorandum of Understanding that was now being finalised. Children and their families should experience no change in the service that they received. Over the next six months Sussex Community Trust and the council would agree longer term arrangements for the delivery of these services. In the autumn, the council and Clinical Commissioning Group would be bringing the overall strategy for children's health and wellbeing to the Health & Wellbeing Board.

Child Sexual Exploitation

64.2 The Chair stated that Members of the Health & Wellbeing Board would be aware of the publicity associated with child sexual exploitation in areas such as Rochdale, Rotherham and Oxfordshire. Recently central government had also provided further guidance for agencies that were tasked with tackling this issue.

Child sexual exploitation was taking place in the city of Brighton & Hove and in every city across the country. Council, police and health staff within the city were working closely with each other to identify victims and potential victims, provide support for them and to pursue perpetrators of Child Sexual Exploitation (CSE). The Local Safeguarding Board had agreed to take overall responsibility for the oversight of agencies that were tackling CSE. Recent developments had included the following:

- A detailed analysis that sought to identify young people within the city who are vulnerable to CSE, those who are currently being exploited and patterns and trends across the city to identify 'hot spots'
- Training and awareness raising, including across the council's secondary schools
- The development of a dedicated Missing children/Child Exploitation Team based at the MASH (Multi-Agency Safeguarding Hub) who would work with the most complex CSE cases
- Work to identify boys and young men who are victims of CSE, a group where there is under-reporting both nationally and in Brighton & Hove

At the last Local Safeguarding Children's Board (LSCB) meeting it was agreed that in addition to the scrutiny that would be applied by the LSCB itself that an annual report on Child Sexual Exploitation would be presented to the Health & Wellbeing Board so that the health and wellbeing system as a whole had the opportunity to assure itself that this issue was being properly addressed. The report would be presented to the next meeting of the Health & Wellbeing Board.

64.3 Councillor Jarrett raised the issue of the sexual exploitation of young adults. He stressed that there were incidences where sexual exploitation continued beyond childhood and action needed to be taken in these cases. Denise D'Souza concurred and stressed that Adult Social Care worked with colleagues in Children's Services regarding this issue. She would also be raising the issue with ADASS (Association of Directors of Adult Social Services).

Proposed Change to the Corporate Parenting Board

64.4 The Chair reported that the Corporate Parenting Board was currently an Advisory Board reporting to Policy & Resources Committee. This arrangement was established in 2013 in order to ensure that the Council's duties as Corporate Parent retained a high profile. The role, scope and membership of the Health & Wellbeing Board had now been significantly developed and it was proposed that the Corporate Parenting Board should report to it. This would be consistent with the Children's and safeguarding functions of the Health & Wellbeing Board and would ensure that the council's Health Partners were able to be fully engaged in the commitment to improving outcomes for children in care and care leavers.

The Board would report to the Health and Wellbeing Board at least twice annually. The proposal would necessitate a change in the Policy & Resources Committee and Health & Wellbeing Board Terms of Reference. All members of the Health and Wellbeing Board would be supported with training to enable them to undertake this function.

Update on Eaton Place

64.5 The Chair reported on an NHS England update as of 19 March 2015. Further to the NHS England update on the 9 March 2015 they could confirm that out of the original 170 vulnerable patients identified by Eaton Place Surgery, only 20 did not register with an alternative GP surgery themselves and had therefore now been assigned to a new GP practice in order to guarantee their immediate access to care. This did not prevent these patients from choosing to register with another GP surgery subsequently, should they wish to do so.

All children classified as "at risk" had registered with a new practice.
NHS England was currently awaiting updated registration figures following the completion of the de-registration process but it was estimated that there were 1,200 remaining patients who had yet to register with another GP practice. This included 180 patients who had applied to register with the Brighton Health and Wellbeing Centre. These patients had all been notified by the Brighton Health and Wellbeing Centre that their practice was no longer in a position to open a branch surgery at Eaton Place and had been given the choice of either completing their registration with the Brighton Health and Wellbeing Centre, as an out of area patient, or registering with another local GP practice.

NHS England would be undertaking a review of the process undertaken to maintain patient care, as result of the Eaton Place Surgery contract coming to an end following the retirement of the two GP partners there. NHS England would ensure that any appropriate learning was identified and shared appropriately with stakeholders.

64.6 Graham Bartlett stated that he had regular contact with NHS England but it had been difficult to obtain figures on Child Protection Plans or children in need in terms of registration. The Local Safeguarding Children's Board was keen to ensure that these most vulnerable children in the city received continuous GP care. Mr Bartlett was now satisfied that was the case but felt that there were lessons to be learnt for the future. The Chair replied that a report would be submitted to the Health and Wellbeing Board in July on the lessons learnt from the surgery closure.

64.7 Frances McCabe asked if the review of the process carried out by NHS England could show the cost in terms of money and time that could have been used

differently. Deborah Tomalin replied that there would be an analysis of the cost of the closure.

64.8 Councillor Norman asked if a copy of the Chair's Communications could be circulated to members of the Board. The Chair agreed to this request.

Councillor Kitcat's last meeting

64.9 Councillor Norman thanked Councillor Kitcat for his good work in chairing the Board fairly and honestly. He wished Councillor Kitcat well in whatever he chose to do in the future.

64.10 The Chair confirmed that this would be his last meeting as Chair of the Board. The fact that the Board was coming together as a body for consensus decision making was powerful and exciting. However, the outcomes for citizens must change. The Board must not only carry out decision making collectively but to provide accountability and scrutiny to all the services being provided for the health and wellbeing of the citizens of the city.

65 PUBLIC INVOLVEMENT

65.1 There was none.

66 REDUCING LATE DIAGNOSED HIV INFECTION

Introduction

66.1 The Board considered an approved Notice of Motion from Council and a report of the Director of Public Health which was provided in response to the Notice of Motion of 11th December 2014 on the HIV Diagnosis – Halve it campaign. The paper described HIV infection in Brighton and Hove and the current initiatives to reduce the numbers of people diagnosed late and living with undiagnosed HIV infection. The report was presented by the Lead Commissioner HIV and Sexual Health.

Questions and Discussion

66.2 Councillor Norman informed the Board that he had proposed the Notice of Motion. Councillor Norman was grateful for the detailed report and was happy with the recommendations. He stressed that the council must keep on pursuing this important work.

66.3 Councillor Jarrett mentioned that the Terrence Higgins Trust was carrying out very good work on this issue. He asked if it would be more difficult for Brighton & Hove

to achieve the Halve it aims as it already had a lower late diagnosis rate than the national South East average. The Lead Commissioner HIV and Sexual Health agreed it would be harder for the city but stated that there was a determination to reduce late diagnosis further.

66.4 Frances McCabe noted that the figures for black women were high and she asked if there was specific work with this group. The Lead Commissioner HIV and Sexual Health explained that the Terrence Higgins Trust had a dedicated African HIV Worker who worked with community and faith groups. NICE guidance was that in areas of high prevalence, all men being offered a blood test and all African women who were offered a blood test in primary care should be offered opt out HIV testing. People in risk groups were also offered HIV testing.

66.5 **RESOLVED:**

(1) That the approaches being taken to reduce late diagnosed HIV infection be noted and supported.

67 JOINT HEALTH AND WELLBEING STRATEGY

Introduction

67.1 The Board received a verbal update from Dr Tom Scanlon, Director of Public Health on the development of the Joint Health & Wellbeing Strategy. He reported that he was encouraged by the work to date. Officers were looking at broad strategies and priorities and receiving feedback. There had been discussions on how the council would engage with the public. Information would be available in a web based form and a report would be submitted to the Board in the Autumn. Members would be kept updated as work progressed.

Questions and Discussion

67.2 The Chair remarked that the strategy had been discussed at Brighton and Hove Connected. He asked if there had been a great deal of outreach in relation to the strategy. Dr Scanlon confirmed that there had been a considerable outreach.

68 DEVELOPING ENHANCED HEALTH & WELLBEING GP SERVICES

Introduction

68.1 The Board considered a report of the Public Health Principal, the Interim Primary Care Transformation Lead, and the GP Lead for Primary Care Quality and Public Health, which briefed members on the work to develop and enhance primary care in the city. Members were invited to provide feedback and were asked to support the

overall process. The report was presented by Nicola Rosenberg, Public Health Principal and Suzanne Novak, Interim Primary Care Transformation Lead.

68.2 The Interim Primary Care Transformation Lead stated that the objective with the transformation was to improve health outcomes. General practices were being asked to work very differently. Contracts were being aligned with GPs to achieve universal coverage and equal access to all patients. There was a need to expand GP capacity. Not having enough doctors impacted on the health of patients. There were ambitious plans to attract high quality GPs and there would be an emphasis on prevention of premature mortality. There was a desire for doctors to be able to have dedicated time with children and young people. The result would be an improved patient experience in primary care.

68.3 The Public Health Principal stated that the contract was based on GPs working in clusters as set out in Appendix 1 of the report. This was a five year contract.

68.4 The Interim Primary Care Transformation Lead explained that there would be six clusters across the City. They would each have shared values and objectives. There would be a transition year from April 2015

Questions and Discussion

68.5 The Chair stated that the report was clear and the audit on mortality was very useful.

68.6 Pinaki Ghoshal considered that having GP clusters was the right approach. However, he stressed that over the last couple of years a great deal of work had been carried out with schools across the city to develop a cluster based approach. The clusters in the current report were not geographically based and did not bear much relationship to other clusters arrangements across the City. He asked if there would be an opportunity to look at the proposed clusters to see whether there were other ways for these groups to come together that fit in with other arrangements. The Interim Primary Care Transformation Lead agreed that this was a valid point. She stressed that the priority was for GP practices to deliver services in groups. They were being asked to find people they could work with. It was hoped that eventually they would develop relationships with schools and other services and realise it would make sense to be more geographically coherent. In the meantime it had to be recognised that GPs had patients registered with them from all round the city.

68.7 Councillor Morgan stated that he thought a patient could only register with a GP surgery in their locality. He referred to the GP Clusters map on page 42 of the agenda and noted that there were huge gaps city wide. For example, when Eaton Place surgery was taken out there was an enormous geographical separation between the GP surgeries in an area where there was high deprivation. Councillor Morgan asked how practically did the strategy impact on that area and how these

concerns would be addressed. The Interim Primary Care Transformation Lead explained that although GPs covered their geographical area, patients sometimes moved out of the boundaries. Any patient could register with any practice if this was agreeable to both parties. Populations overlapped quite significantly. There were concerns about practices closing and officers were hoping to carry out assessments of health outcomes and were trying to identify problems. GPs were working at cluster level to address gaps. There was a desire to attract more GPs into the area and address the problems Councillor Morgan highlighted.

68.8 Denise D'Souza also expressed concern that the boundaries of the GP clusters did not align with other clusters in the city. She asked if the funding for this work was different from the Better Care Fund funding. This was confirmed to be the case.

68.9 Geraldine Hoban stressed the importance of having a skill mix in terms of clusters. Clinical leadership was essential to deliver change. Additional GP capacity was essential. There were also other skill mixes that were needed in the clusters. With regard to boundaries Ms Hoban stressed the importance of starting work on looking how to sensibly align other community services with the emerging clusters. There could then be a sensible configuration for integrated services in the city. In the meantime, the willingness of GPs to work together was a huge step forward.

68.10 Councillor Jarrett stressed that the hardest thing to alter was the GP practice locations and where their core patients lived. Altering local authority provider services might be simpler than rearranging where GP surgeries were sited. It was inevitable that some boundaries did not match but there was a need to be clear about procedures.

68.11 Frances McCabe raised the issue of the variability of the service. As there were so many discrepancies already she asked how officers were going to make sure that there was a fair service provided for everybody in the city. The Interim Primary Care Transformation Lead replied that this question had been discussed at the CCG. She explained that the City was not in an ideal situation regarding inequalities of health, provision and capacity. There was a need to make inequalities more explicit through baseline assessments and through asking the clusters to self assess with regard to their structures and outcomes. Clusters would develop action plans to address this. The CCG would test action plans to see if value for money was being achieved and to see if it was a good return for the taxpayer. The CCG wanted to see transparency at every step of the process and wanted to see Clusters addressing some of these inequalities.

68.12 Tom Scanlon stated that GP practices working together was a step forward and a big change in primary care.

68.13 **RESOLVED:**

1) That it is noted that the paper presents the plans for developing a new way of commissioning enhanced services from GPs for discussion and feedback. The new commissioning approach will be about developing more proactive and integrated primary care organised around clusters of practices to start in all areas by April 2016. It is agreed that an update on the progress of the new contract will be brought back to the Health and Wellbeing Board in July 2015.

2) That it is noted that the new commissioning approach will require a new contractual relationship with GP's, the details of which are currently being developed. It is agreed that contract management will be carried out jointly between the CCG and BHCC.

69 PHARMACEUTICAL NEEDS ASSESSMENT - FINAL REPORT AND THE PROCESS FOR FUTURE PNAS AND SUPPLEMENTARY STATEMENTS

Introduction

69.1 The Board considered a report of the Public Health Principal which presented a final Pharmaceutical Needs Assessment (PNA) 2015 report and the process for future PNAs and supplementary statements for approval by the Health and Wellbeing Board. The report was presented by Nicola Rosenberg, Public Health Principal.

Questions and Discussion

69.2 Councillor Theobald mentioned that he had previously raised the issue of where people could find pharmacies out of hours. He asked if the current report addressed this issue. The Public Health Principal confirmed that this matter was addressed in the report. The online portal and individual pharmacies would provide this information. The link to the online portal could be found on the CCG, Argus and NHS Choices websites.

69.3 **RESOLVED:**

1) That the final Pharmaceutical Needs Assessment (PNA) 2015 report is approved.

2) That the process for supplementary statements is approved and that the Director of Public Health, working in consultation with the PNA Steering Group, is given delegated authority to identify and implement any future amendments to the PNA and to bring back a full revised PNA to the HWB in 2018.

70 BETTER CARE SECTION 75 POOLED BUDGET

Introduction

70.1 The Board considered a report of the Executive Director of Adult Services, and the Chief Operating Officer which reminded members that the Better Care Fund was announced in June 2013 and set out the expectation that the Clinical Commissioning Group and Local Authority have agreed plans and pooled budgets to oversee the plans. The funding was not new money but would need to demonstrate that it is meeting objectives of the plans. The Health and Wellbeing Board would be responsible for overseeing the agreement. The report was presented by Denise D'Souza and Geraldine Hoban.

70.2 Denise D'Souza referred to paragraph 4.2 of the report which highlighted the work that was progressing in a number of areas. Paragraph 4.5 detailed the budgets aligned to these schemes. The total spend was £19.6m.

Questions and Discussion

70.3 The Chair emphasised that this was the first Section 75 for this service. It was a step on the journey for integrating health and social care. Denise D'Souza stressed that GPs were also involved not just nurses and social care.

70.4 Tom Scanlon welcomed the report. He drew attention to homelessness and hoped this was an area which could be picked up in the Health and Wellbeing Strategy. The city was seeing an increasing number of homeless people and there needed to be a strong stream of work linking not only to health and wellbeing but to housing as well.

70.5 Denise D'Souza stressed that as the Better Care pooled budget progressed more funding would be added. For example, she would like to see money allocated for housing support and community care added to the Better Care Fund Programme.

70.6 George Mack stated that pooled budget was a tremendous opportunity but he was concerned that the work was very rushed. He stressed the need for sufficient robust governance and scrutiny. He supported the proposals but felt that the there was a need to get mechanisms right to control and manage the process properly.

70.7 Frances McCabe referred to performance measures particularly in relation to non-elective admissions. She questioned how robust the figures were and asked how confident were officers that a reduction could be achieved? Geraldine Hoban explained that some performance measures had been provided, for example non-elective admissions metric was a national mandatory outcome. The reduction of 3.7% was considered achievable. The other performance measures were comparing the city against benchmarks with other areas. The City was benchmarked very high with residential admissions compared to other areas. Reablement was less

robust as a measure as the baseline was very complicated. Officers were very clear that there needed to be a reduction with delayed discharges of care. A local measure had not yet been set for patient/service user experience. An outcome measure was required that was patient determined. Officers would report back to the Health & Wellbeing Board on the delivery of all the measures.

70.8 Denise D'Souza referred to reablement figures. The figures were complex and there were two sets of baselines and two sets of data collected. The figures were out of kilter but the city put more people through reablement than many other local authorities. There was a need to differentiate between people who needed a short recuperation and those who needed more assistance.

70.9 Councillor Morgan referred to the patient metric. He stressed that members of the public would want to know what this meant for them and their families in terms of how they measured progress, & how they interacted with the services. How would officers interact with the acute trusts and the mental health trust? Dr Christa Beasley replied that this was a valid point. There needed to be a difference to patients and their families. There needed to be a change in hospital care both in the acute trust and within the mental health trust. This was not part of the Better Care Fund plans yet but was part of the CCG plans.

70.10 **RESOLVED:**

1) That it is noted that the requirement that the Better Care Fund is operated as a pooled budget between the Clinical Commissioning Group (CCG) and the Council and that the mechanism for establishing a pooled budget, is through entering into a Partnership Agreement under Section 75 NHS Act 2006.
2) That the Executive Director Adult Services and CCG Chief Operating Officer are authorised to finalise and agree a new Section 75 Partnership Agreement between the Council and the Clinical Commissioning Group relating to the commissioning of health and social care services from a pooled Better Care Fund.
3) That it is noted that the Section 75 Agreement referred to paragraph 3.2 in the report will include the schemes and schedules as detailed in the body of the report and will take effect from 1st April 2015 with a three year term and with provision to review the Agreement after 12 months.

71 EXPLORING OPTIONS FOR THE FUTURE OF COMMUNITY SHORT TERM SERVICES REHABILITATION BEDS

Introduction

71.1 The Board considered a report of the Commissioning Manager, Brighton & Hove CCG and the Commissioning Manager, Brighton & Hove City Council which explained that a new model was required for Community Short Term Services beds to meet the needs of people with high levels of complexity and dependency. The new

model would have an outcomes based specification with clear lines of accountability. The proposal was to invite potential providers to put forward ideas/proposals of what the new model could look like. It would include how a potential provider could work with the CCG & the Council to deliver the service, and what role the interested party may see for themselves in the new model. The report was presented by Geraldine Hoban.

71.2 Geraldine Hoban explained that the total commissioning funding for 2014/15 was £4.615.

Questions and Discussion

71.3 Denise D'Souza welcomed the report. There was a need to have a more cohesive approach and to work in a different way with others.

71.4 Councillor Norman stated that he had seen a number of reports on this issue over a period of time. Each report was different which reflected the need to change. It was good to see this issue moving forward. He supported the proposals.

71.5 **RESOLVED:**

1) That approval is given for the Clinical Commissioning Group and the City Council to undertake preliminary engagement with potential providers of care to explore a new model of care in partnership.

The meeting concluded at 5.13pm

Signed Chair

Dated this day of