

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 29 JULY 2014

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Councillor K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald, Dr. Xavier Nalletamby, CCG, Geraldine Hoban, CCG, Dr Christa Beesley, CCG, Dr Jonny Coxon, CCG, Dr George Mack, CCG,

Denise D'Souza, Statutory Director of Adult Social Care, Dr. Tom Scanlon, Director of Public Health, Pinaki Ghoshal, Statutory Director of Children's Service, Frances McCabe, Healthwatch, Graham Bartlett, Brighton and Hove Local Safeguarding Children's Board, and Fiona Harris, NHS England.

Also in attendance: Penny Thompson, Chief Executive, BHCC and Councillor Sue Shanks, Chair of the Children and Young People Committee.

Apologies for absence: Sarah Creamer, NHS England

PART ONE

11 DECLARATIONS OF SUBSTITUTES, INTERESTS AND EXCLUSIONS

11A Declarations of Substitutes

11.1 There were none.

11B Declarations of Interests

11.2 There were none.

11C Exclusion of the Press and Public

11.3 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.

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

12 MINUTES

12.1 Graham Bartlett asked for the following amendment. The first line of paragraph 7.10 should read 'Graham Bartlett was surprised to see no mention of children at all in the plan.'

12.2 **RESOLVED** - (1) That the minutes of the Health & Wellbeing Board held on 10th June 2014 be agreed and signed as a correct record.

13 CHAIR'S COMMUNICATIONS

13.1 The Chair gave the following updates.

Better Care Fund

- Revised guidance on elements of the Better Care Fund was released last Friday.
- The most significant change is that the £1 billion 'performance' element of the BCF has been reconfigured so that payments are now wholly dependent on an area's scale of ambition in terms of reducing emergency admissions. It is anticipated that local areas will have to plan for and achieve a minimum of 3.5% reduction in admissions to qualify for a share of a £300 million national pot.
- The remaining £700 million of the BCF performance money will now be directly invested in NHS-commissioned out-of-hospital services – subject to local agreement.
- These changes will require HWBs to revise and re-submit their BCF plans. The submission date is 19 September 2014. A revised local plan will be presented to the HWB for approval at the 09 September committee meeting.
- Staff will be working over the summer to produce a revised plan, with the support of the NHS England Area Team and local government peers. A revised assurance process is also being put in place.

Trans Equalities Scrutiny

13.2 The council's Overview & Scrutiny Committee recently considered a monitoring report on the implementation of the Trans Equalities Scrutiny recommendations. Although implementation was generally progressing really well, there had been a lack of movement in terms of recommendations relating to primary care, and in particular to specialised services commissioned by the NHS England Area Team.

13.3 In response to this the Chair had asked Geraldine Hoban to set up a meeting between the CCG, NHS England and a representative from the scrutiny panel. Geraldine had

spoken to the Director responsible for direct commissioning at the Area Team and a meeting had now been arranged.

Brighton & Sussex University Hospitals Trust Bids for ICT Projects

- 13.4 The Council had only recently been made aware that BSUH was bidding for funding for two ICT projects: the first aimed at developing regional video and audio conferencing infrastructure; the second intended to improve the accuracy of patient data recording.
- 13.5 BSUH had informed the council that both these bids would need HWB support if they are to progress. The Chair had therefore agreed to accept a late report seeking HWB support for these bids, and it was proposed to take this report as the first substantive item. Iain Kelly, Senior ICT Project Manager at BSUH was in attendance to answer members' questions.

Update on Integrated Community Equipment Service

- 13.6 The Integrated Community Equipment Service is jointly commissioned by Brighton & Hove City Council and the Clinical Commissioning Group. The service is managed by Sussex Community Trust, and has employees from the Trust & Brighton & Hove City Council.
- 13.7 In June Sussex Community Trust served notice on their contract to provide the Equipment Service as it does not align with their Clinical Care Strategy. They initially gave notice that they would cease provision in March 2015 but after further discussions have agreed to continue to provide the service until 31st September 2015.
- 13.8 A new service will therefore need to be procured and a report will be presented to Health & Wellbeing Board in September identifying the options for sourcing an equipment service that meets the future requirements whilst demonstrating value for money.

Update on Day Services Review

- 13.9 A decision had been taken to undertake an independent review of Learning Disability Services. A briefing had been circulated to members of the Board and the information had been shared with service users and carers.

14 FORMAL PUBLIC INVOLVEMENT

- 14.1 Mr John Kapp asked the following question:

Patients' statutory rights

"Please will the HWB confirm that the 30,000 depressed patients in the city have the statutory right under the NHS Constitution to a NICE-recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course if their doctor says it is clinically appropriate?"

14.2 The Chair gave the following response:

“Mindfulness Based Cognitive Therapy is one of a range of evidence based therapies offered by the Brighton and Hove Wellbeing Service for the treatment of depression in people who have experienced depression on 3 or more occasions (in keeping with NICE Guidance). The Wellbeing Service offers 9 week courses of MBCT and there is currently no waiting list for this service.”

14.3 Mr Kapp stated that there were only two facilitators for the Brighton and Hove Wellbeing Service. He asked if the answer to his first question regarding eligibility was yes or no.

14.4 The Chair replied that patients did have a statutory right to NICE recommended MBCT courses if this was considered appropriate treatment.

14.5 Tom Scanlon informed Mr Kapp that courses were run three times a year for 12 persons. There was currently no waiting list. Clinicians needed to make a judgment as to whether MBCT was an appropriate option for patients.

14.6 **RESOLVED-** That the written question be noted.

14A BRIGHTON & SUSSEX UNIVERSITY HOSPITAL TRUST (BSUH) BID FOR ICT PROJECTS

Introduction

14a.1 The Board considered a report of the Director of Public Health which explained that Brighton & Sussex University Hospitals Trust (BSUH) was currently submitting two ICT related bids for funding to NHS England. Bid 1, for enhancing video and audio conferencing infrastructure in order to improve collaboration across NHS organisations was a joint bid with East Sussex Hospital Trust and West Sussex Hospital Trust. Bid 2, an initiative to check and where necessary update the records of patients presenting for hospital treatment, was made by BSUH alone. BSUH stated that in order for bids to progress, NHS England would require the trust to demonstrate that it has the support of the relevant Health and Wellbeing Board(s) including the Brighton and Hove HWB. The report was presented by the Health & Wellbeing Board Business Manager.

14a.2 Iain Kelly, Senior IT Training Manager, BSUH attended the meeting to answer questions.

Questions and Discussion

14a.3 George Mack stated that he was encouraged to see the proposals, which aligned to the Board's priorities and objectives.

- 14a.4 Geraldine Hoban stated that she would support the bid in principle but would need to ensure that the proposals were submitted to partnership groups for discussion. She commented that it was unfortunate that the information had been received at such short notice. Ms Hoban would provide feedback through the CCG and the Health and Wellbeing Business Manager.
- 14a.5 Iain Kelly explained that there was a tight bid timeframe and it was necessary to have the Board's support. He agreed that the BSUH had failed to spot the necessity of dealing with certain bids in a timely manner.
- 14a.6 Pinaki Ghoshal referred to the section on the Child Protection Register Benefits. This related to Bid 2 (BSUH Local Bid). Mr Ghoshal stated that he was not aware of a national register. He asked how the implementation of an Electronic Patient Record was linked into internal arrangements for people in Brighton and Hove.
- 14a.7 Mr Kelly replied that he was not the lead on the second bid but would provide an answer to Mr Ghoshal's question after the meeting.
- 14a.8 The Chair suggested that it would be helpful if approval of similar bids were delegated to officers after consultation with the Chair of the HWB. He suggested that a report on delegations be submitted to a future meeting.
- 14a.9 **RESOLVED** – (1) That the two Brighton & Sussex University Hospital Trust bids for funding be supported in principle.

15 ARRANGEMENTS FOR PUBLIC PARTICIPATION

Introduction

- 15.1 The Deputy Head of Law presented a report which set out proposals to ensure that there is strong and effective public engagement in the work of the new Board. It was stressed that one of the functions of the Health & Wellbeing Board was to involve stakeholders, users and the public in quality of life issues and health and wellbeing choices.
- 15.2 **RESOLVED** – (1) That the proposed arrangements for public questions and petitions as outlined at paragraphs 3.3 to 3.9 of the report and set out in full at Appendix 1, be agreed.
- (2) That it be agreed to trial an informal 'Meet the Board' session in advance of the formal meeting, as set out at paragraph 3.10 of the report;
- (3) That it be agreed to keep the arrangements for public participation in the work of the Health and Wellbeing Board under review.

16 RESPONSE TO THE SCRUTINY PANEL REPORT: SERVICES FOR CHILDREN WITH AUTISM

Introduction

- 16.1 The Board considered a report of the Executive Director, Children's Services which set out the initial response to the Scrutiny Report into services for children with autism and detailed progress to date.
- 16.2 A Scrutiny Panel comprising of cross-party City councillors was set up in July 2013. The Scrutiny Panel's report was published in April 2014, setting out 20 recommendations for further development of services for children with autism across health services, the council and schools. A response to each of the 20 recommendations in the Scrutiny report was summarised in Appendix 2. The report was presented by the Assistant Director of Children's Services.
- 16.3 Councillor Jarrett addressed the Board as Chair of the Scrutiny Panel on Services for Children with Autism. He welcomed the fact that some of the proposals had already been implemented. Parents had felt that change was overdue and that there was a need for increased home support. An issue had been raised concerning the monitoring of schools to see if they were taking up training. Councillor Jarrett asked for this issue to be investigated.

Questions and Discussion

- 16.4 Dr Jonny Coxon raised queries about compulsory training and having a second autism champion (in addition to the Director of Children's Services). The Assistant Director of Children's Services replied that the local authority did not have the power to insist on compulsory training for schools. However, school heads had agreed to take up training.
- 16.5 Pinaki Ghoshal explained that the issue of an autism champion had been fully considered. There was a need to consider exactly what a champion did and what powers a champion would have. Mr Ghoshal considered that it was his statutory duty to be a champion for all children. There was also a need to consider who else might need a champion. There were a range of different groups with different needs. For example, Trans Children and Young Carers. Was the local authority expected to have a champion for each different group of children? Mechanisms were in place to ensure the local authority met the needs of children with autism. Meanwhile, the Disability and Special Educational Needs review would be focusing on all aspects disability and SEN.
- 16.6 The Chair expressed concern that champions were being increasingly asked for in many areas. There was a need to think about what champions were for and why they were needed.
- 16.7 Frances McCabe felt that the paper was education oriented rather than health orientated. She considered that there were examples where champions had a specific and successful role.
- 16.8 **RESOLVED** – (1) That the responses to the individual recommendations as set out in Appendix 2 be agreed.

(2) That it is noted that as the Disability & Special Educational Needs Review will be focused on all aspects of disability & SEN, the report will include further recommendations that respond to the scrutiny panel report.

17 ANNUAL PUBLIC HEALTH REPORT

Introduction

- 17.1 The Board considered a report of the Director of Public Health which informed members that Directors of Public Health were required to deliver an annual independent report on the state of local public health. This year's report looked forward in time to 2024, predicting and imagining what the major health and wellbeing issues for local people will be in 10 years' time.
- 17.2 Tom Scanlon gave a presentation on the key findings of the report. He stressed that previous Annual Reports had received national recognition and had resulted in change. An Executive Summary was attached to the report. This covered demographic shifts, lifestyles, health and healthcare, mental and emotional wellbeing, schools, the economy, housing, transport, air quality and climate change, and projections and assumptions and the uncertainty therein.
- 17.3 Among Dr Scanlon's predictions was an increase in the very old, similar rates of dementia, but more older people living with dementia. Older people would be looking after even older people. There would be more irresponsible 50 year olds and a big increase in ethnic diversity among white other groups. There would be fewer teenagers and more families with children would be moving out of the city.
- 17.4 There would be fewer teenage pregnancies but an increase in abortions for under 18s.
- 17.5 There would be more bus and bike use. The use of diesel buses would lead to an increase in poor air quality unless buses were converted to electric hybrid vehicles. There would be a fall in opiate use and an increase in legal substances.
- 17.6 The big killers such as cancer and diabetes would increase. There would be an increase in melanomas and Dr Scanlon stressed the need to look at tanning venues. Unhealthy weight would be most serious in 10 years time. Scanlon stressed that more work needed to be carried out with the food and drink retailers, and more engagement with cooks. For example, there was no reason why a takeaway meal could not have less fat and salt.
- 17.7 The housing shortage would lead to more intergenerational living. Dr Scanlon questioned whether housing was being designed to take this into account. Projects such as the shipping containers might become permanent.

Questions and Discussion

- 17.8 Councillor Norman thanked Dr Scanlon for his presentation and commended the Annual Report.

- 17.9 The Chair commented on the challenges presented by the Annual Report. He stressed that the city would be more resilient by working together.
- 17.10 Graham Bartlett thought it was an excellent concept to look at life in the city 10 years ahead and plan to mitigate issues. He asked if there had been thoughts and findings about the needs of children and how other issues would impact on their safety and needs. Dr Scanlon replied that there had been no specific section on children in the report. However the report had looked at education. He thought that children from poorer backgrounds would perform better in future.
- 17.11 Denise D'Souza questioned how the city would deal with a 50% increase in the over 90s. This would present a real challenge even though it would involve relatively small numbers. It was important to keep older people independent and there was a need to re-think how to care for the older population.
- 17.12 Councillor Shanks raised the issue of the student population. She asked if there was a trend for students to study in their own communities rather than moving away from home. Dr Scanlon replied that this had not happened yet. He mentioned that there was a large number of foreign students in the city. There were particularly large numbers of Chinese students at Sussex University.
- 17.13 Geraldine Hoban raised the issue of the older population living with multiple conditions. The acute trust solution for a sustainable NHS was acute community bases, more integration with the council, integrated care and self care.
- 17.14 **RESOLVED** – That the report be noted.

18 COMMISSIONING CHILDREN'S SERVICES IN BRIGHTON & HOVE

Introduction

- 18.1 The Board considered a report of the Executive Director, Children's Services, BHCC and the Chief Operating Officer, CCG which set out the mechanisms for strengthening joint commissioning arrangements between the Council and CCG following dissolution of the Section 75 Children's Commissioning Agreement on 1st October 2014.
- 18.2 Geraldine Hoban informed the Board that it was felt that there was a need to strengthen the commissioning arrangements, the performance monitoring mechanism and the safeguarding agenda. The report recommended that rather than have the Section 75 arrangement, there would be strengthened collaborative working.
- 18.3 Pinaki Ghoshal stressed that Section 75 agreement had been written at a different point of time. He mentioned that the CCG no longer had responsibility for certain services. Services were now commissioned and provided by Public Health, NHS England and Children's Services in addition to the CCG. The provider agreement with the Sussex Community Trust was unaffected by the proposals.

Questions and Discussion

- 18.4 Councillor Shanks commended the recommendations. She wanted to ensure that all services worked well together.
- 18.5 Frances McCabe stressed that what was delivered was the most important consideration. It would be commendable if services were delivered in a more integrated way, particularly for people with complex needs.
- 18.6 Denise D'Souza commented that she considered it an appropriate time to review all the commissioning arrangements in adult services. She would be submitting a report on the subject to the Board in the Autumn.
- 18.7 George Mack commended the proposals and looked forward to a strategic view of what was happening in children's work. Meanwhile, he questioned the wording of recommendation 2.2.
- 18.8 Pinaki Ghoshal agreed that the wording of recommendation 2.2 needed to be amended to refer to the SEN review.
- 18.9 **RESOLVED** – (1) That it be agreed to endorse the mechanisms for strengthened collaborative commissioning arrangements between the CCG and Council (outlined in Part 3 of the report).
- (2) That it be agreed that the LA and the CCG develop a joint strategy for children's health and wellbeing services which will be brought back to the Health & Wellbeing Board in 2015. This will be informed by the recommendations of the Disability & Special Educational Needs Review to be agreed by the Health & Wellbeing Board in early 2015.

19 HAPPINESS: BRIGHTON & HOVE MENTAL WELLBEING STRATEGY

Introduction

- 19.1 The Board considered a report of the Assistant Chief Executive which asked the Board to agree the Happiness: Brighton & Hove Mental Health Wellbeing Strategy and to confirm details of monitoring its progress. The report was presented by Dr Becky Jarvis, Clinical Lead for Mental Health at the CCG.
- 19.2 Dr Jarvis informed the Board that there had previously been three separate strategies relating to children, adults, and mental health promotion. There was now one strategy which officers had tried to make as concise and readable as possible. It was a living document which would be reviewed after the first year against the action plan.
- 19.3 There would be 12 Happiness Champions to promote wellbeing across the city. The Champions would attend at least two meetings a year.

Questions and Discussion

- 19.4 Dr Jonny Coxon commended the document. He considered it was well presented and was providing an important message. The Five Ways of wellbeing were a great resource for GPs. Dr Coxon considered this message should be made available to all GPs.
- 19.5 George Mack also commended the report. He asked if there was a full action plan. Dr Jarvis replied that there would be an action plan which would also link to other strategies. Much of the work already had an action plan.
- 19.6 Councillor Jarrett stressed the importance of promoting the message that mental health wellbeing was every body's business.
- 19.7 Councillor Shanks stated that the Youth Council would be interested in having a presentation about the strategy and in having a role as champion. Dr Jarvis replied that there were still six champion roles to fill. Other groups could be invited.
- 19.8 Penny Thompson considered the strategy to be an excellent piece of work. She suggested that the strategy could be taken to the City Management Board, and possibly the Children in Care meeting. Ms Thompson asked Tom Scanlon if the strategy could be shared with Public Health England and other organisations.
- 19.9 Dr Scanlon replied that he was happy to share the document with Public Health England. Meanwhile, Sussex Police had nominated a champion, Chief Inspector Dave Padwick. The Chair suggested that the Fire and Rescue Service may also wish to nominate a champion.
- 19.10 Councillor Norman stated that he liked the report but had issues with some of the text colour. He asked for more detail about the financial implications. Dr Jarvis promised to provide this detail to Councillor Norman.
- 19.11 Dr Coxon asked if the report would be presented to the local media. He felt it was important that everyone should get to hear about its message. The Chair replied that public health reports usually received good coverage in the media.
- 19.12 Denise D'Souza mentioned that the Sussex Community Trust did not have representation on the City Management Board. She stressed the need to find a way of discussing the strategy with the Trust.
- 19.13 **RESOLVED** – (1) That the strategy and its broad and integrated approach be agreed and endorsed as set out at Appendix One of the report.
- (2) That the change of focus for the Steering Group be changed to monitor progress and delivery, drive the Champions programme and report back on an annual basis.

The meeting concluded at 5.42pm

Signed

Chair

Dated this

day of