



4.00pm meeting 14 October 2014

Sussex County Cricket Ground - Hove

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 Jonny Coxon, CCG, Dr George Mack, CCG, Brian Doughty, Head of Adults Assessment (for 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.

Part One

29 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

- 29.1 Brian Doughty, BHCC attended as a substitute for Denise D'Souza. Fiona Harris, NHS England attended as a substitute for Sarah Creamer.
- 29.2 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.

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

30 MINUTES

30.1 **Resolved** - That the minutes of the Health & Wellbeing Board held on 9th September 2014 be agreed and signed as a correct record.

31 CHAIR'S COMMUNICATIONS

31.1 There were none.

32 FORMAL PUBLIC INVOLVEMENT

(a) Petition

Petition from the users of the Community Centre currently administered by Southdown and located in Buckingham Road.

32.1 Richard Barraball presented the following Petition which was signed by 19 people.

“We the users of the Community Centre currently administered by Southdown and located in Buckingham Road do hereby petition Brighton & Hove Policy & Resources Committee to adequately fund day centres as part of the Care in the Community program of Social Inclusion. We are of the opinion that this is Value for Money as it would be far more affordable to tax payers than admission to Mill View Hospital or into A&E.”

32.2 Mr Barraball explained that Buckingham Road Community Centre was a well used resource with nice facilities. Mr Barraball stressed that it was important to have a safe environment where people could congregate and have a meal together. It was helpful to be able to talk to other service users rather than only talking to professionals. Mr Barraball stated that every organisation that tendered for services had to spend money on the tender process. This money could be used for services.

32.3 The Chair responded as follows:

“The Brighton and Hove CCG and Brighton and Hove City Council are committed to ensuring that day services support is available as part of the overall pathway of

mental health care. We aim to ensure there is choice available for all service users including the provision of:

- a day centre at the Preston Park which provides support 365 days a year
- a new Recovery College starting this Autumn which offers over 20 courses across the city with Peer Support tutors co-delivering the courses
- The CCG currently spends £900,000 per annum in the commissioning of mental health day services in Brighton and Hove. The development of the Recovery College provides more choice to service users and has been cost neutral from a financial perspective. It does not represent a funding cut.”

32.4 Geraldine Hoban explained that the proposed changes were part of a long term review of the whole model of care. For example, some service users had said that they wanted to access courses. Ms Hoban accepted that Day Centres fulfilled an important role. The locations had been reduced from 3 to 1. The changes were about extending choice for people in the city. It was not a funding cut. It was simply funding a different range of options. Ms Hoban asked people to contact her if the capacity in Preston Road was not sufficient.

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

(b) Written Question

32.6 Nick McMaster, UNISON Branch Communications Officer asked the following question:

Outcome from the Adult Drug and Alcohol Recovery Procurement Process

“It has been established that there were no legal requirements to put these services out to tender. It has been established that the new provider of the mental health and substance misuse pathway did not need to be an NHS health trust. Effectively privatising these services, decommissioning them from an established and confident local NHS provider appears a risky proposition with little impact assessment on the local health economy. With the public generally having an emotional and practical attachment to their local NHS services, why did you and your officers not consider trying to build on that local provision instead?”

32.7 The Chair stated it had been advised that the service needed to be tendered. It had been an exemplary process. He read the following statement.

“With regard to working with local NHS services to the exclusion of any other discussions on provision. It is clear that within the NHS and voluntary sector there are providers who sometimes are better placed to deliver better patient and public services. The key role of health commissioners is to deliver the best quality patient

and public services possible. The re-commissioning of this service will mean a major shift in the delivery of this service, moving from a harm-reduction to a recovery model. The selection of the preferred bidder, which was made with considerable input from service users, will facilitate that service shift.”

32.8 Mr McMaster asked the following supplementary question:

“It is extraordinary that the local NHS provider was not included in the tender process. Why has the service shifted to small third sector organisations?”

32.9 The Chair replied that the proposals would retain an NHS provider and local not for profit organisations. Meanwhile Sussex Partnership NHS Foundation Trust had won work elsewhere.

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

33 OUTCOMES FROM THE ADULT DRUG AND ALCOHOL RECOVERY PROCUREMENT PROCESS

Introduction

33.1 The Board considered a report of the Director of Public Health which reminded members that in July 2013, the Policy & Resources Committee agreed for Public Health to commence the procurement process for the new Adult Drug and Alcohol services contract with a greater focus on recovery. The report described the procurement process that had led to the preferred bidder (Cranstoun as the lead provider in the Pavilions Partnership) being recommended for approval by the Health & Wellbeing Board and Policy & Resources Committee. The report was presented by the Consultant in Public Health Medicine/Deputy Director of Public Health and the Strategic Commissioner, Public Health.

33.2 The Deputy Director of Public Health stressed that extensive consultation had been undertaken to support the development of the new recovery focused service specification. The aim was to build on existing good practice and to have an outcome based specification. The specification did not include the contracts for in patient detoxification beds and residential rehabilitation. Evaluation of the bids had looked at quality, cost and partnership working. The Pavilions Partnership was led by Cranstoun as the lead provider and the focus would be on recovery.

33.3 If Policy and Resources Committee agreed the recommendations on 16th October, there would be a mobilisation period until April 2015, to enable the commissioner and the partnership to develop a robust and clear implementation plan taking account of changes for service users. The cost effective delivery model would

complete a process that made approximately 8% savings to the Public Health budget.

Questions and Discussion

- 33.4 Councillor Morgan stressed that the City topped the drug death league table and saw above average levels of alcohol related health and community safety issues. Helping people deal with addiction and dependency was hugely important. Councillor Morgan recognised that the bid recommended for approval mirrored the existing NHS/voluntary mix, but had real concerns about the proposals for the service.
- 33.5 Councillor Morgan raised concerns and questions about the following areas.
- The potential loss of local expertise and knowledge in the delivery of services. Why was there was a recommendation to approve a bid from a Trust and charity from out of the area?
 - Why was the potential disruption to the service, staff and service users not factored in to the scoring system used to award the contract to employers from outside of Sussex?
 - Why were the views of service users and local voluntary organisations not taken into account? Is there a risk that without more detail on the TUPE process, staff will inevitably start to look for other jobs as they won't want to move to a voluntary organisation where their terms and conditions can be changed after a year and where their union won't be recognised? This will lead to a major loss of local knowledge and experience.
 - If the proposed new service is judged to be different to the existing SPFT one in terms of treatment and recovery, is there a risk that TUPE will be judged not to apply, with SPFT then being faced with a potential redundancy bill of hundreds of thousands of pounds? Would this not impact hugely on the local health economy?
 - Should there not be a more thorough impact assessment undertaken before this decision goes ahead? It is this issue of an impact assessment on the local health economy that has now stalled the contracting out of a large chunk of clinical services to Virgin Healthcare in West Sussex.
 - The procurement process for Adult Drug and Alcohol Services commenced in July 2013. Did the Council let SPFT's managers know that they wanted to emphasise the recovery aspect of the service more? What discussions took place with SPFT over doubts as to the quality of their substance misuse service in the City?
 - Can you provide any evidence that these concerns were directly discussed with the Trust by those within the Council who are responsible for monitoring this type of contract?
- 33.6 Councillor Morgan asked the Board to look again at the tendering process and whether Sussex Partnership could build on the good partnership working it already

had with a multiple of local voluntary organisations in the City. He suggested that the Board should be seeking to retain local NHS provision; local expertise and local staff wherever possible, and asked that the report be referred back for further work on a locally based and accountable service.

- 33.7 The Strategic Commissioner, Public Health explained that officers had followed procedures rigorously with regard to service users and TUPE. This work had been monitored by finance teams who were satisfied that the TUPE requirements had been taken into account. Service users had been at the heart of the process. Extensive consultation had taken place and an online survey had received feedback from 250-260 people from the local community. This feedback had influenced the service specification. The Evaluation Panel had included service users throughout the process.
- 33.8 The Deputy Director of Public Health explained that there would inevitably be some disruption with any new service. Sussex Partnership Foundation Trust was aware that the new service would be focused on recovery.
- 33.9 Councillor Jarrett stated that he could understand the concerns being expressed about the loss of a lead provider from the local area. He referred to Councillor Morgan's request for an impact assessment. Councillor Jarrett did not think there would be a big impact but proposed that a decision be deferred for a short period to enable an impact assessment to be carried out on the local health economy.
- 33.10 The Director of Public Health stated that he appreciated the concerns being expressed about the new service but stressed that service users were totally at the heart of the proposals. Bids had been evaluated and the Pavilion Partnership, which included a number of local partners, stood out as the best bid. This was the bid that scored highest and service users support the awarding of this service to the preferred bidder. The Director stressed that everyone involved in the process cared as passionately about the NHS. The proposed new service would be the best service for people in Brighton and Hove.
- 33.11 The Director of Public Health stated that if the recommendations were agreed at the Board and ratified by the Policy & Resources Committee there would be a mobilisation period which was like an impact assessment. There would be open discussions during this process. If there was a deferral there was a danger that the current contract would run out before a new contract was put in place. It was important to proceed with the process.
- 33.12 Councillor Theobald considered that the most important people were the service users. The process started in July 2013 and there was a need to move forward straight away.
- 33.13 The Deputy Head of Law advised that the recommendation to award the contract to Cranstoun as the lead provider in the Pavilions Partnership had a caveat stating

that the award of the contract was subject to the Director of Public Health being satisfied about the detailed delivery arrangements. The Board could recommend deferral and this may be considered to be justified where there were new facts or new information presented to the Board. It was possible that Cranstoun could challenge a decision to defer on the grounds that they were the successful bidders following a fair and transparent procurement process.

33.14 At this point Councillor Morgan moved an amendment to the recommendations. He proposed a deferral of the decision. The amendment was seconded by Councillor Jarrett. A vote was taken and the amendment was not approved.

33.15 **Resolved –**

- (1) That the Policy & Resources Committee be recommended to award the Adult Drug and Alcohol Recovery Service contract to Cranstoun as the lead provider in the Pavilions Partnership at a value not exceeding £15.6m over a three year period, subject to the Director of Public Health being satisfied about the detailed delivery arrangements; and authorises the Director of Public Health to award this contract upon being satisfied as to the delivery arrangements, and to take all necessary steps in connection with the letting of the contract.
- (2) That the Policy & Resources Committee be recommended to further grant delegated powers to the Director of Public Health to extend the contract at the end of the three year term, with the potential to extend the contract for a further two years if he deems it appropriate

34 PHARMACEUTICAL NEEDS ASSESSMENT - SUPPLEMENTARY STATEMENT AND WORKING DRAFT OF PNA REPORT OF CONCLUSIONS AND RECOMMENDATIONS

Introduction

34.1 The Board considered a report of the Public Health Principal which presented an updated supplementary statement to the 2010 Pharmaceutical Needs Assessment. The Pharmaceutical Needs Assessment was a comprehensive statement of the need for pharmaceutical services in the population of the area. The report also presented a working draft of conclusions and recommendations of the ongoing PNA for discussion. The PNA Steering Group would approve the draft of the PNA report prior to a 60 day consultation period. The final draft would be presented to the HWB in March 2015 for approval.

Questions and Discussion

- 34.2 Councillor Morgan mentioned that there had been issues in the past in his ward in relation to coverage. There had been a two year battle to get a replacement pharmacy following a closure. He asked for more information about coverage. The Public Health Principal replied that this detail was provided in the report. Pharmacies were positioned close to where people lived.
- 34.3 Fiona Harris stated that it would be useful to clarify issues with regard to the awarding of contracts. The process was carried out by NHS England. There had been some changes to make the process more focused on need. A good application from pharmacies would highlight need.
- 34.4 The Chair raised the issue of pharmacies in supermarkets. Fiona Harris explained that if the supermarket was undergoing a major relocation they would need to re-apply to NHS England to be included on the pharmaceutical list.
- 34.5 Fran McCabe stated that work carried out by Healthwatch showed that people were concerned about the out of hours service. She stressed that work needed to be carried out on informing people about the range of services on offer, and questioned whether pharmacies had sufficient capacity to take on more work.
- 34.6 The Chair suggested that Ms McCabe shared data with the Public Health Principal. Meanwhile, the Public Health Principal offered to share more details about the out of hours service details in the report.
- 34.7 Councillor Theobald reported that he had recently tried to use a pharmacy near Hove Town Hall which was about to close. The staff did not know where the nearest out of hours pharmacy was situated. Councillor Theobald suggested that notices could be placed in the windows of pharmacies stating the location of the nearest out of hours pharmacy.
- 34.8 Christa Beesley explained that work was being carried out to have a mobile phone enabled website to state where the nearest pharmacy was situated. However, she agreed that notices in windows would be equally useful.
- 34.9 Geraldine Hoban reported that a pharmacy in the Seven Dials was open to 10.00pm. She stressed that the role of pharmacies was an untapped resource in the city and should be used more. For example, this was happening within the dermatology service. Instead of attending a GP, patients could attend a local pharmacy. This could be extended to other long term conditions. She requested that this suggestion was included in the consultation.
- 34.10 Jonny Coxon requested that there should be an update on Epic at the Health & Wellbeing Board. There was a need for record sharing between pharmacies and GP's surgeries.

34.11 The Chair agreed that an update on Epic should be included in the forward plan for the HWB.

34.12 George Mack asked if NHS England had supported the work on the PNA. Fiona Harris confirmed that NHS England had supported the PNA. There was a partnership between NHS England who had responsibility for the commissioning of this core service and local commissioners who carried out detailed work.

34.13 Tom Scanlon stressed that work on the PNA was a shared responsibility. Partners would be building on good work.

34.14 **Resolved –**

- (1) That the updated supplementary statement to the 2010 Pharmaceutical Needs Assessment (PNA) be approved.
- (2) That it is noted that the paper also presents a working draft of conclusions and recommendations of the ongoing 2015 PNA for discussion as requested by the HWB at the meeting on 05/02/2014. It is further noted that the PNA Steering Group will approve the draft of the PNA report prior to a 60-day consultation period, as agreed at the HWB meeting 5th February 2014. The final draft PNA document will be presented to the HWB in March 2015 for approval.

35 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2013-14

Introduction

35.1 The Board considered a report of the Executive Director of Adult Services which presented the Brighton & Hove Safeguarding Adults Board Annual Report 2013/14. The Annual Report, attached as appendix 1, outlined work carried out across the City during the period of 2013-14, and noted the priorities for 2014-15. A protocol to ensure clarity of work between the Health and Wellbeing Board and the Adult and Children's Safeguarding Boards had been included this year as an appendix 2. The report was presented by the Head of Adult Safeguarding and the Head of Adults Assessment.

35.2 The Head of Adult Safeguarding referred to Section 3 of Annual Report which set out Performance and Practice for 2013/14. Safeguarding figures had reached a plateau due to awareness of adult safeguarding. There was a raised level of people alerting. Meanwhile, the Care Act would lead to significant changes in the coming year. For example, recording would be based on a different criteria from 2015.

35.3 The Head of Adults Assessment referred to assessments carried out under the Deprivation of Liberty Safeguards. Following a Supreme Court Judgement in March 2014 it was anticipated that the numbers of applications for authorisation of Deprivation would rise significantly.

Questions and Discussion

35.4 Councillor Jarrett thanked the Head of Adult Safeguarding for the effective work that had been carried out. Councillor Jarrett noted a steady increase in the willingness of the public to report incidents and did not anticipate a reduction in figures in the future.

35.5 **Resolved –**

- (1) That the safeguarding work carried out in 2013-14, and the priorities for 2014-15 be noted.
- (2) That the report be agreed for circulation.
- (3) That the protocol between the Brighton & Hove Health & Wellbeing Board, the Brighton & Hove Safeguarding Children's Board and the Brighton & Hove Safeguarding Adults Board be approved.

36 LOCAL CHILDREN SAFEGUARDING BOARD ANNUAL REPORT

Introduction

36.1 The Board considered a report of the LSCB Independent Chair which set out the Local Children Safeguarding Board Annual Report 2013/14. The Annual Report provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children. Safeguarding activity was progressing well in the area and the LSCB had a clear consensus on the strategic priorities for the coming year. A protocol for co-working between the LSCB and the HWB was attached to the report. The report was presented by Graham Bartlett.

Questions and Discussion

36.2 Pinaki Ghoshal thanked Mr Bartlett for chairing the LSCB and strengthening partnership arrangements. He noted that a great deal of work had been carried out. Amongst the issues that stood out was private fostering. This issue has caused significant concerns and there had been a need to better identify private arrangements. The increased numbers of private fostering arrangements notified is testament to the work carried out in this area. A great deal of work had been carried out in the last year on missing children and good work was being carried out

on combating child sexual exploitation. Mr Ghoshal stressed that the LSCB was a learning organisation. Amongst other areas of focus, it identifies where things may have gone wrong and aim to ensure it did not happen again. Mr Ghoshal endorsed the report.

- 36.3 The Chair saw the learning review as a positive approach.
- 36.4 Councillor Morgan thanked everyone involved in the report and found it reassuring to see the depth of the work being carried out. Councillor Morgan mentioned the Rotherham inquiry into child sexual exploitation and asked for more detail on work to ensure another Rotherham case did not occur.
- 36.5 Graham Bartlett replied that there had been awareness regarding issues of child exploitation for some years. It was important to deal with these cases as well as to identify those at risk. Pinaki Ghoshal had chaired a meeting about this issue recently. The LSCB's models of engagement were very good. Mr Bartlett had data on this issue. He stressed the need to identify factors that put children at risk.
- 36.6 Mr Bartlett reported that he was aware that investigating cases of child sexual exploitation was very complex. Children could be very vulnerable and put themselves in harm's way. However, this must not deter action to help children before they became victims of crime. The LSCB is revising its structure to deal with this issue.
- 36.7 Councillor Norman commented that the reports on children's and adult's safeguarding were closely related. He thanked Mr Bartlett and everyone involved in the work of the LSCB. He stressed the need to be vigilant and to report cases where there might be an issue.
- 36.8 Penny Thompson stated that as Chief Executive she had the responsibility of holding the Independent Chair of the Safeguarding Children's Board to account. She assured the Board that these matters were taken very seriously and officers were open, vigilant and learning from experience. Ms Thompson thanked colleagues from health and other organisations such as the police. The degree of open joint working in these demanding roles was exceptional.
- 36.9 Tom Scanlon thanked everyone involved in the work and stressed the need to focus on child protection plans. Dr Scanlon mentioned the work of the Multi-Agency Safeguarding Hub (MASH) which linked to work with schools and public health. There also needed to be a link with primary care.
- 36.10 Pinaki Ghoshal informed the Board that the Multi-Agency Safeguarding Hub had been operating for a short while. Health staff would be joining MASH from 14 December.

- 36.11 The Chair referred to Appendix 2 of the Annual Report. This set out details of membership and representation at LSCB meetings in 2013/14. The Chair asked if the Board could help to improve attendance.
- 36.12 Graham Bartlett replied that there was an attempt to demonstrate who was playing a part in the LSCB main meetings. It did not reflect the attendance at sub groups or in other LSCB activities. Members could be encouraged to take a more active role in attending meetings.
- 36.13 Fran McCabe referred to the figures quoted in the section of the report titled Child Protection and Children in Need Plans – Example of Multi-Agency Audit (page 125 of the agenda). She asked if the initiatives that were being put in place would address that issue.
- 36.14 Mr Bartlett replied that all audits had action plans in place to fill gaps. These areas would be tested. There had been a great deal of work carried out around the audit.
- 36.15 Pinaki Ghoshal stated that there had been an audit a year ago and the scale of the audit had been increased. There had been an improvement in the scale of practice.
- 36.16 **Resolved –**
- (1) That the information report is noted and that members of the Board support their relevant organisations in their contribution to keep children safe from abuse and neglect.
 - (2) That the challenges for the LSCB in 2014/15 be noted.
 - (3) That the protocol for co-working between the LSCB and the HWB be approved.

37 BRIGHTON & HOVE DEMENTIA PLAN 2014-2017

Introduction

- 37.1 The Board considered a joint report of officers which explained that the Dementia Plan had been produced in response to the recommendations of the JSNA and built on the Dementia Plan 2012-2015. It was overseen by the Dementia Steering Group and had been arrived at through a detailed and broad process of consultation and engagement. The report was presented by the Commissioning Manager, CCG, the

Public Health Programme Manager and the Commissioning Manager, Adult Social Care, BHCC (co-authors).

- 37.2 Key findings from the JSNA were that the city had some pockets of excellent dementia services, but they were not always joined up and there were some gaps. Key recommendations included the need for better/more: Early intervention; joined up services that support patient centred care; carers support; support to local community services & training and education.
- 37.3 The Commissioning Manager, CCG stated that there had been thorough consultation on the Dementia Plan. The aim was to treat dementia as a long term condition with all services being dementia friendly. The Better Care Fund for 2015/16 agreed by the Health & Wellbeing Board included an allocation of £250,000 for the Dementia Delivery Plan. The Dementia Implementation Group would oversee each project and monitor the on-going delivery of services.
- 37.4 The Public Health Programme Manager reported that there had been a successful consultation event on the draft plan attended by many people who had not been involved before. The discussion generated was wide ranging and interesting. The meeting would be used as a model for future consultation.

Questions and Discussion

- 37.5 George Mack stated that he found the Dementia Plan very comprehensive but had concerns. He questioned whether the plan was affordable and achievable and asked if the four priorities would involve too much work.
- 37.6 The Commissioning Manager, CCG replied that there needed to be transparency about costs. There were risks but a great deal could be achieved with £250,000. A refresher plan would be brought back to the Board following discussions.
- 37.7 Christa Beesley stated that there had been a modelling exercise on this issue four years ago. Savings could be made by delaying the time that people had to go into care. Dr Beesley stressed that the Dementia Plan was worth implementing but the impact would be seen over a long period of time. The plan was about early intervention.
- 37.8 Fran McCabe declared that she was on the Board of Age UK. She considered the Dementia Plan to be good and comprehensive. Many issues had been brought together and people with dementia were seen as 'whole persons'.
- 37.9 **Resolved –**
- (1) That the Dementia Plan and its broad and integrated approach is endorsed.

- (2) That the resources available from the Better Care fund are noted and that the Dementia Implementation Group be authorised to prioritise spending on the Plan.
- (3) That the process of monitoring the progress of the Dementia Plan be agreed.

38 CANCER SCREENING IN BRIGHTON & HOVE

Introduction

- 38.1 The Board considered a report of the Director of Public Health which presented an overview of screening performance in Brighton and Hove for the three NHS cancer screening programmes: bowel, breast and cervical cancer, considering uptake/coverage rates by CCG locality and by GP practice. The report made provisional recommendations for increasing cancer screening rates in the city. The paper was intended to inform members about current performance and to promote discussion as to the way forward. The report was presented by the Public Health Principal, and by the Sussex & Surrey Screening and Immunisation Lead.

Questions and Discussion

- 38.2 The Chair thanked officers for the cancer screening figures and asked if anything could be done to improve the screening uptake. He noted that Brighton and Hove was below the national average for screening take-up. The Public Health Principal explained that the role of public health in local authorities was to raise public awareness. From the evidence received, there were no major omissions in the work carried out. Officers needed to select priorities from a public awareness point of view. There was a need to make GP's aware of the screening rates for the three cancer screening programmes and strategies as to how they might assist in increasing uptake could be reviewed. For example, the breast screening unit are asking GPs for the phone numbers of those who do not attend for their mammogram so that they can contact them to find out why. It was known that if people attended a first screening they were more likely to attend again.
- 38.3 The Sussex & Surrey Screening and Immunisation Lead officer stated that it would be helpful if the Board could support the joint work carried out by the statutory services. The City had a different social economy to the rest of the South East and there was a need to work on areas with a low screening take-up.

- 38.4 Councillor Morgan thanked officers for the report and noted that Whitehawk was highlighted as one locality where screening rates were low. He questioned whether the lack of a mobile screening van had contributed to the low turn-out. Councillor Morgan suggested that providing taxi vouchers to people attending appointments and sending out invitations with the GP's letter head might encourage a higher take-up. Councillor Morgan thought there would be value in having a Health Scrutiny Panel on this issue.
- 38.5 Councillor Theobald noted that the take up rates were not particularly good throughout the city. He asked if GP's would be notified if someone did not take up the bowel cancer test.
- 38.6 Christa Beesley replied that family doctors were notified and GP's headed note paper was being used to contact patients and give them a second chance to be screened in some pilot practices. Recommendations for increasing cancer screening rates in the city were included at Section 6 of the Cancer Screening document.
- 38.7 Dr Beesley stressed that there needed to be a response from the wider community and questioned whether employers could have a role by allowing screening in the workplace.
- 38.8 The Chair suggested that the issues raised in the report should be considered by a Task and Finish Group of the Health & Wellbeing Board. The Group should have a fixed end date. Fiona Harris and Fran McCabe volunteered to be members of the Group.
- 38.9 The Sussex & Surrey Screening and Immunisation Lead mentioned that there were Local Programme Boards and suggested that they could be linked to the HWB. The Public Health Principal mentioned that there was a Local Cancer Action Group. She suggested that that there could be a more formal link between that and the Programme Boards.
- 38.10 Geraldine Hoban stressed that that screening was only one part of improving cancer outcomes. The Cancer Action Group had a specified focus. There was a need to target effort where the biggest impact could be seen.
- 38.11 **Resolved –**
- (1) That the overview of screening performance in Brighton & Hove for the three NHS cancer screening programmes: bowel, breast and cervical cancer, considering uptake/coverage rates by CCG locality and by GP practice be noted.
 - (2) That the provisional recommendations for increasing cancer screening rates in the city be noted.

- (3) That the issues raised in the report should be considered by a Task and Finish Group of the Health & Wellbeing Board. The Group should have a fixed end date.

39 BRIGHTON & HOVE CITY COUNCIL SUMMARY REPORT OF HEALTHWATCH B&H PERFORMANCE: YEAR 1 - 2013/14

Introduction

39.1 The Board considered a report of the Head of Policy and Performance which provided performance information for the first year of the Healthwatch contract (2013-14). The information was attached as Appendix 1 to the report.

39.2 **Resolved –**

- (4) That the report be noted.

40 DRUG AND ALCOHOL RECOVERY SYSTEM PROCUREMENT OUTCOME - EXEMPT CATEGORY 3

40.1 **RESOLVED:** That the information contained in the appendix be noted.

Note: The appendix was not discussed and the Board did not exclude the press and public from the meeting.

41 PART TWO PROCEEDINGS

41.1 **RESOLVED:** That the information contained in the appendix at Item 40 remain exempt from disclosure to the press and public.

The meeting concluded at 6.00pm

Signed

Chair

Dated this

day of