



4.00pmeetingTime 21 July 2015

Auditorium - The Brighthelm Centre

### Minutes

**Present:**

Councillors Yates (Chair), K Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford (Lead Member for Adult Social Care), and G Theobald, Dr. Darren Emilianous, Geraldine Hoban, Dr. Christa Beasley, Dr. George Mack; Clinical Commissioning Group.

**Other non-voting members present:**

Frances McCabe Health Watch, 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.

**Also in attendance:**

Councillor Penn (Lead Member for Mental Health); Dr. James Thallon, Medical Director NHS England, Mia Brown and Dr. M. Kammerling, Consultant in Public Health Medicine, Screening and Immunisation Lead for Surrey and Sussex PHE/NHSE.

**Apologies:** Dr. Xavier Nalletamby, Pennie Ford, NHS England and Graham Bartlett.

### Part One

#### 1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

- 1.1 Prior to taking the formal items on the agenda, the Chair welcomed everyone to the first meeting of the Board following the recent local council elections. He also

stated that he wished to clarify the position of Councillor Penn following a question during the informal question time prior to the start of the meeting. He noted that Councillor Penn was the council's Lead Member for Mental Health and as such he had invited her to attend the meetings of the Board and to speak on matters relating to mental health.

- 1.2 Councillor G. Theobald noted that Councillor Penn was sitting with the other Council Members of the Board and stated that he felt it was inappropriate and confusing as she would not be able to vote on any matters. He felt that she should be invited to come to the table and speak on matters but should not sit with the Members of the Board on a permanent basis as this gave the wrong picture. She should be treated like any other representative who was invited to speak and come forward to address the meeting at the appropriate time.
- 1.3 The Chair noted the comments and stated that he felt it was appropriate for Councillor Penn to be invited to attend and to sit with the Board.
- 1.4 Councillor Mac Cafferty asked for guidance on the matter and clarification of the position.
- 1.5 The Lawyer to the Board stated that the Councillor had been invited to attend the meeting by the Chair in her capacity as Lead Member for Mental Health. There was no suggestion that the membership of the Board was being altered or that there were any changes to the terms of reference proposed. The meeting was open to all Members to attend and they could seek the Chair's agreement to speak on a matter. However, she noted that concerns had been expressed and suggested that further discussions with Members could be held outside of the meeting to clarify matters.
- 1.6 Councillor K. Norman stated that the Chair had approached him prior to the start of the meeting and asked if he would move seats on this occasion, which he had agreed to do. He accepted that any Member had the right to attend and speak at the meeting with the Chair's permission, but this did not extend to sitting with the Board on a permanent basis; and suggested that if this was to be the case that discussions could have been held prior to the meeting.
- 1.7 The Chair noted the comments and stated that he believed the matter had been discussed at the pre-meeting but he was happy to discuss it further outside of meeting. In the meantime he was happy for Councillor Penn to sit with the Board.
- 1.8 The Chair noted that Mia Brown was attending for Graham Bartlett and Dr. Thallon was attending on behalf of Pennie Ford.
- 1.9 In accordance with Section 100A(40) of the Local Government Act 1972 (as amended), 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.

1.10 **RESOLVED:** That the press and public be not excluded from the meeting.

## 2 CONSTITUTIONAL MATTERS

2.1 The Board considered a report of the Monitoring Officer which set out the Board's terms of reference, its membership and programme of meetings for 2015/16.

2.2 **RESOLVED:** That the report be noted.

## 3 CHAIR'S COMMUNICATIONS

3.1 The Chair welcomed everyone to the meeting and noted that at the Health and Wellbeing Board meeting on the 24<sup>th</sup> March 2015 approval was given for the City Council and the Clinical Commissioning Group (CCG) to undertake preliminary engagement with potential providers in the city to explore a new model of care for Community Short Term Service (CSTS) beds.

3.2 These beds are provided in a range of units:

- Craven Vale – City Council – 24 beds
- Knoll House – City Council – 20 beds
- Highgrove Nursing Home – Victoria Nursing Home – 21 beds

3.3 He noted that since 2012 a higher proportion of people were being discharged from hospital straight to their own home with support from community short term services, and the comparatively smaller proportion of people that do require care in one of the bedded units are the most dependent and have the most complex needs.

3.4 The current service specification for CSTS beds has been in place since 2012 and a new model of care is required to meet the needs of people with high levels of complexity and dependency. Potential providers were therefore invited in April to put forward their ideas for what the new model of care for CSTS beds could look like. These were submitted in May and meetings were then held with all interested providers to explore their ideas in more detail.

3.5 A total of 6 providers submitted their ideas and met with City Council and CCG commissioners. These included existing and new providers. Given the level of interest evidenced for delivery of a new model of care for CSTS beds, and the variety and complexity of the ideas presented, the Health and Wellbeing Board is asked to note that the CCG and the City Council will continue to develop the new model of care over the coming 3 months, taking on board the options and ideas

gathered from the recent engagement exercise, with a view to presenting more formal proposals on a way forward at the October meeting of the Board.

- 3.6 He stated that these proposals will also be informed by the capacity and demand review that Ernst and Young recently completed for the CCG, which will provide evidence for the number and type of community beds that the city requires to meet the needs of the local population.
- 3.7 The Chair confirmed that a partnership event would be taking place on the 15<sup>th</sup> September here at Brighthelm from 2.00 to 5.00pm and that the next Board meeting would therefore be on Tuesday 20<sup>th</sup> October at 4.00pm.

#### 4 MINUTES

- 4.1 The minutes of the last Board meeting held on the 24<sup>th</sup> March 2015 were agreed and signed by the Chair as a correct record.

#### 5 FORMAL PUBLIC INVOLVEMENT

- 5.1 The Chair welcomed Mr. Kirk to the meeting and invited him to put his question to the Board.
- 5.2 Mr. Kirk thanked the Chair and asked the following question,

“Board members will have seen an Argus article<sup>1</sup> about syringe needles in the toilet at the Level. I have heard recently of a case of a little girl injuring herself on a syringe needle in Queens Park. This coincides with the outsourcing of the Substance Misuse Service to Cranstoun/Surrey Borders NHS Trust, in particular, the fact the needle exchange venue has now moved location and the additional services that were offered to clients has now ceased. Apart from the need for the Council to safeguard children playing in Brighton and Hove parks –

- a) How does the Council monitor the performance of the new SMS provider?
- b) Are there any clauses in the new contract to take account of a degradation of the service? For example, is there a clause in the contract that can enforce the Council taking the service in-house following clear service failure?
- c) The SMS service was exemplary and despite advice the Council went ahead with outsourcing. Will the Council take heed that, despite the promises made by alternative providers, outsourcing is so often followed by service inadequacy?”

- 5.3 The Chair stated that he had a written response which he would ensure was copied to Mr. Kirk following the meeting and replied, “The Substance Misuse Neighbourhood Liaison Officers have been in touch with the Police, CityClean and

City Parks and to date have not been able to confirm that the child did injure herself on a needle in Queen's Park. The drug litter bins in the public toilet at The Level were installed in October 2014 in response to an increase in needle finds over the summer months.

Pavilions were not able to continue to provide a needle exchange from the building used by the previous provider in St. George's Place. The needle exchange is currently being provided from premises on Ditchling Road. In addition 18 local pharmacies provide a needle exchange.

In regard to your other points, performance is managed through the contract and against predetermined key performance and quality outcome indicators. The performance of the new SMS provider, Pavilions is being monitored at quarterly contract review meetings chaired by the Lead Commissioner for Alcohol and Drugs. Performance data and information is drawn from national statistics, activity based reports and service provider summaries. In addition, monthly mobilisation and post contract commencement meetings have been held with Pavilions in order to address transitional issues.

With regard to drug litter, relevant service information is included in the quarterly Service Provider summaries, which include Needle Exchange and Open Access interventions.

Where the Local Authority is of the opinion that a material breach has occurred then the authority may take any of the following actions:

- (i) Require the contractor to submit a performance improvement plan to address the areas of concern;
- (ii) Suspend the individual service element, without terminating the contract;
- (iii) Without terminating the entire contract, terminate the individual service element and then the Authority may supply or procure a third party to deliver this element of the service.

The previous adult drug and alcohol service providers were not provided by the council, but by a partnership of NHS and non-statutory providers. The Pavilions partnership consists of a range of partners including the NHS and local agencies. The performance of the partnership is being monitored and performance issues will be addressed as described above.

- 5.4 Mr. Kirk thanked the Chair and stated that he understood there could be a number of variances in service provision and asked whether the monitoring included asking the staff how good the service was?
- 5.5 The Chair stated that he had met with staff and received positive feedback and he would continue to seek that feedback.

5.6 The Chair noted that there were no other public questions.

## 6 ISSUES RAISED BY COUNCILLORS AND MEMBERS OF THE BOARD

6.1 The Chair noted that no items had been submitted by Members for consideration at the meeting.

## 7 ETHICAL CARE CHARTER

7.1 The Board considered a Notice of Motion, concerning the Ethical Care Charter approved by the Council on the 30<sup>th</sup> January 2014 and referred to the Board for consideration; along with a briefing paper from the Executive Director for Children's Services.

7.2 The Board welcomed the briefing paper and noted that there were 12 providers across the city and that aspects of the Charter had already been included in current contractual arrangements. The Board also noted that there had been a move to more flexible provision of support plans and whilst there was a preference to phase out zero our contracts, it was recognised that in some cases they may be preferred by some care workers.

7.3 **RESOLVED:** That the notice of motion and the action being taken to provide future arrangements for the commissioning of care be noted.

## 8 TIME TO CHANGE PLEDGE

8.1 The Board considered a Notice of Motion, concerning the Time to Change Pledge approved by the Council on the 26<sup>th</sup> March 2015 and referred to the Board for consideration; along with a briefing paper from the Director of Public Health.

8.2 The Board welcomed the motion and supported the intention to sign up to the Charter and adopt the pledge across all areas of provision within the council and partnership organisations / agencies. The Board also noted that there would be a need to look at the level of resources and suggested that this should be addressed in some way.

8.3 Councillor Penn thanked the Board for their support and stated that there was a lot of misunderstanding around mental health and she hoped that by discussing matters it would help to improve that situation and give a positive message.

8.4 The Chair stated that he hoped matters would be taken forward including the question of resources as part of the work on the development of the Mental Health & Wellbeing Strategy. He also offered to provide an update on this as part of his Chair's communications at the next Board meeting.

8.5 **RESOLVED:** That the notice of motion be noted and the Board agree to adopt the Time to Change Pledge and encourage others to do so.

## 9 CONSULTATION ON EXTENSION OF SMOKE FREE AREAS

9.1 The Director of Public Health introduced the paper which outlined the advantages and practicalities of extending smoke-free spaces in Brighton and Hove to include city parks and beaches. He noted that the issue had raised a lot of interest in the city and sought the views of the Board on the proposals.

9.2 The Environmental Health Manager stated that it was intended to consult the public on the proposals to extend smoke-free spaces to include parks and beaches across the city. He noted that should there be a significant level of support any decision to introduce smoke-free areas would not have any legal backing and would require people to adhere to the ban on a voluntary basis. Such voluntary bans had already proved successful in children's playgrounds and it was hoped could be extended to other areas.

9.3 The Director of Public Health stated that signage would be provided and it was then anticipated that it would become self-policing. He noted that such areas had been successfully introduced in Bristol.

9.4 The Board welcomed the paper and the proposals to extend smoke-free areas and queried whether as a result of the consultation it would be possible to select specific areas if it appeared that there was not support for all areas to be included. The Board also expressed some concern over how well it could work in some areas such as the beach when other activities such as barbecues were prohibited but generally appeared not to be enforced.

9.5 The Chair stated that it was a difficult issue and there was a need to find out the level of public appetite for the introduction of smoke-free areas in parks and on the beaches. It was something that would need public support to be successful as it would limit public freedom albeit for public good.

9.6 The Board agreed that there was a need to determine what level of public support existed and noted that it was intended to bring a report back to the December meeting on the outcome of the consultation process.

### 9.7 **RESOLVED:**

- (1) That the paper be noted and that a public consultation exercise be undertaken to gauge public support for the extension of smoke-free spaces to include parks and beaches within the city; and
- (2) That a paper on the outcome of the consultation and options for any extension of smoke-free areas be brought to the December meeting of the Board.

**10 PUBLIC HEALTH NURSING COMMISSIONING FOR HEALTHY CHILD PROGRAMME 0-19**

- 10.1 The Public Health Programme Manager introduced the paper which detailed the Public Health Nursing commissioning strategy for the delivery of the Healthy Child Programme 0-19 years. She noted that in October 2015 the responsibility for commissioning Public Health services for children aged 0-5 years would transfer from NHS England to the Council. It was therefore proposed that these services should be combined along with those under the Healthy Child Programme and commissioned under one Public Health Nursing Contract from 2017/18. In order to meet this proposal there was a need to extend current contract with Sussex Community Trust (SCT) to March 2017.
- 10.2 The Executive Director for Children's Services drew the Board's attention to paragraph 4.2 of the paper and noted that the integration of services was a central part of the commissioning process and would build on the current model.
- 10.3 Dr. Beasley stated the proposed integration was welcome and hoped that there would be an opportunity to look at the clusters across the city and primary care provision.
- 10.4 The Public Health Programme Manager stated that a Transition Board would be established, chaired by NHS England which would bring in colleagues from all areas to look at the future provision of services and improvements that could be made.
- 10.5 **RESOLVED:** That the proposed Public Health Nursing commissioning strategy be noted and the extension of the contracts with SCT until the 31<sup>st</sup> March 2017 as detailed in the paper be agreed.

**11 RESPONSE TO CHILD SEXUAL EXPLOITATION (CSE) WITHIN BRIGHTON & HOVE**

- 11.1 The Executive Director for Children's Services introduced the paper and noted that the matter of child sexual exploitation (CSE) had been discussed at the last meeting and it had been agreed to have a further report. He also noted that since the last meeting, there had been an Ofsted inspection and one area it had looked at was CSE; and the inspectors' comments had been very positive. There was a lot of work taking place with schools and the police and this was overseen by the Safeguarding Board. It was recognised that there were victims in the city and others yet to be identified.
- 11.2 Dr. Mack noted that there were budgetary pressures and a projected overspend in some areas and queried how this would have an impact on the work to address CSE.

11.3 The Executive Director for Children's Services stated that overall projection for Children's Services had increased, however resources had been put into priority areas and work was in hand to bring the overall projection down.

11.4 **RESOLVED:** That the Board's assurance for the developing response to CSE within Brighton and Hove be noted and the Board's thanks to the officers for a detailed paper be recorded.

## 12 HOUSING ADAPTATIONS SERVICE UPDATE

12.1 The Executive Director for Adult Services introduced the paper which provided an update on the Housing Adaptations Service for 2014/15, including Disabled Facilities Grant (DFG) investment in private sector housing. She stated that the Housing & New Homes Committee had considered a report at its meeting on the 17<sup>th</sup> June and referred it to the Board for information; and noted that an extract from the minutes of the meeting had been included in the agenda papers.

12.2 Councillor G. Theobald noted that there was a significant under-spend for disabled adaptations in private sector homes and asked how this was being addressed.

12.3 The Executive Director for Adult Services stated that there was a need to encourage landlords to undertake works so that greater provision could be made.

12.4 Frances McCabe noted that adaptations were important in terms of enabling people to return to their homes and queried whether there was any information on the impact of this and whether in the future adaptations would be made to meet needs.

12.5 The Executive Director for Adult Services stated that a lot of work was being done to reach the lifetime homes standard but that the DFG was not really the mechanism to enable people to return to their homes.

12.6 The Chair noted that the Housing & New Homes Committee had expressed concerns about the level of delayed discharges because of the need for improvements/adaptations to be made and suggested that he should discuss this further with the Chair of the Committee and report back to the Board.

### 12.7 **RESOLVED:**

(1) That the paper and extract from the Housing & New Homes Committee meeting be noted; and

(2) That it be noted that the Chair of the Board would discuss the concerns of the Housing & New Homes Committee with its Chair and report back to a future meeting of the Board.

**13 CHILDREN'S SERVICES OFSTED INSPECTION AND REVIEW OF LOCAL SAFEGUARDING CHILDREN BOARD 2015**

- 13.1 The Executive Director for Children's Services introduced the paper which provided an update on the recent Children's Services Ofsted inspection and detailed the proposed action plan resulting from the inspection report. He noted that overall the report was positive having looked at around 200 cases of looked after children and met with parents, grandparents, adopters, carers and young people. The finding was one of requiring improvement to be good, but a number of actions had already been identified and put in place.
- 13.2 The LSCB Business Manager stated that the review of safeguarding had come out as good and this reflected the journey that had been undertaken over the past year. There had been changes to the governance arrangements which were more transparent and the Inspector's recommendations had already been built into the action plan. She noted that the Inspection team had commented on how well developed the CSE approach was in the city.
- 13.3 The Executive Director for Children's Services noted that a re-inspection was expected for 2018, although the current framework was under review and may look rather different. The main concern had been around front-line arrangements and a consultation on changes to this had finished and was due to be implemented which would see social workers within smaller teams and working with young people throughout their lives rather than being split between specific age groups.
- 13.4 Frances McCabe referred to the number of looked after children and queried how this compared with other authorities and how the level of placements outside of the city was being addressed.
- 13.5 The Executive Director for Children's Services noted that the council had been found to be good by the Inspectors in terms of looked after children. The council had a higher number of young people in care compared to its statistical neighbours but that had always been the case and in fact numbers were increasing across the country. The vast majority of placements were within a 20mile radius of the city centre and work was ongoing to reduce the number beyond that down. There were regular review meetings and more robust arrangements to track children through their educational life were being implemented as part of the action plan.
- 13.6 **RESOLVED:**
- (1) That the Ofsted report listed as appendix 1 to the paper be noted; and
  - (2) That the Local Authority post Ofsted action plan as detailed in appendix 2 to the paper be noted.

- 14 INTERIM REPORT: PROGRESS ON THE MERGING SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) REVIEW IN CHILDREN'S SERVICES AND THE LEARNING DISABILITY (LD) REVIEW IN ADULT SERVICES**
- 14.1 The Assistant Director, Children's and Adult Services introduced the paper which detailed the progress of the two reviews in Children's and Adult Services and set out the direction of travel for merging Special Educational Needs and Disabilities (SEND) review and the Learning Disability (LD) review. She noted that SEND review had been reported to the joint meeting of the Health & Wellbeing Board and Children & Young People Committee in February. The LD review had then been taken to the Board following that meeting and since then a decision had been taken to merge the two reviews because of the degree of overlap across both areas.
- 14.2 She stated that it was intended to come back to a joint meeting of the Board and Children & Young People Committee towards the end of October with recommendations for an integration of the services. There had been an initial consultation exercise with families which had raised a number of concerns and it was proposed that a cross-cutting reference group should be established to review the proposals and to help steer changes in areas. She stated that she had attended the Children, Young People & Skills Committee meeting on the 20<sup>th</sup> July who had made it clear that they would like to remain involved and had suggested that joint Working Group consisting of representatives from the committee and the Board be established.
- 14.3 Councillor Mac Cafferty welcomed the report but expressed concerns about the integration of services and possible reduction of provision for children and young people. He sought an assurance that any amalgamation would result in a better outcome with dedicated service provision to meet children's mental health.
- 14.4 The Executive Director for Children's Services stated that by combining the reviews and taking into consideration the overlap in areas, it should result in a range of recommendations to reflect an integrated service. There would likely be some aspects that were particular to children and young people and others to adults, but having a personalised approach should provide a more uniform provision.
- 14.5 The Executive Director for Adult Services stated that the personalisation approach for provision was very important to parents and a lot of time had been spent on how the transition of service provision would be achieved to reassure all those involved.
- 14.6 Councillor K. Norman welcomed the paper and stated that he felt it was the right approach, although it was going to be a difficult task.
- 14.7 The Board noted that a joint meeting of the Children, Young People & Skills Committee and the Health & Wellbeing Board would need to be scheduled for the

end of October/early November. It was also noted that there was a need to review the terms of reference of the Children, Young People & Skills Committee although this would not be completed before the Joint meeting. The Board also noted that as part of the consultation on the joint review input would be sought from all those involved including parents, third sector providers etc.

14.8 The Lawyer to the Board noted that a clear decision making process would be required for the joint meeting and that both bodies would be informed by the joint discussion. However, the recommendations for each would need to be set out so that everyone was aware of who was taking each decision and how that impacted on any others.

14.9 The Board also noted that significant changes were likely to be put forward and that consolidation of services would be a part of that change, although the aim was to enhance the quality of service provision without detracting from the quality. There was an expectation that improvements could be delivered across the city and that savings could be achieved.

14.10 **RESOLVED:**

- (1) That the paper be noted and the direction of travel be approved;
- (2) That it be noted that concrete proposals to amalgamate specialist provision for children with SEN and disabilities, including behavioural, emotional and mental health difficulties, will be presented to the Board in October/November;
- (3) That the setting up of a cross-party Members' Reference Group to oversee both reviews during the implementation phase be approved.

15 **UPDATE ON CANCER SCREENING IN BRIGHTON AND HOVE**

15.1 Dr. Kammerling introduced the paper which detailed the actions taken following the recommendations of a Task & Finish Group that had reviewed the issues raised by a presentation on cancer screening to the Board in October 2014.

15.2 Councillor Mac Cafferty welcomed the paper and noted that GP practices were working in clusters and queried whether that might lead to 'super practices' being established.

15.3 The Chief Operating Officer for the CCG informed the Board that there were 6 clusters across the city covering a population of 55,000 each, which would share resources and had scope to work across the areas.

- 15.4 Dr. Beasley stated that all practices had been asked about the idea of having ‘super practices’ and there had been no interest expressed for this but rather a preference for the federated model.
- 15.5 Dr. Mack stated that he was pleased to see the progress made but queried whether there could be any improvement in the release of data e.g. cervical smear information from NHS England.
- 15.6 Dr. Kammerling stated that it was accepted that there was a need to improve the time-lag for the release of data; however there was a due process that had to be followed. He hoped that by the autumn there would be a visible improvement.
- 15.7 The Chair thanked Dr. Kammerling for attending the meeting and providing the update.

15.8 **RESOLVED:** That the paper be noted.

## 16 BETTER CARE FUND UPDATE

16.1 The Chief Operating Officer for the CCG introduced the paper which detailed the Better Care Fund for Brighton and Hove and provided a breakdown of the Section 75 pooled fund. It also provided an update on the performance and delivery of the Better Care Programme. She stated that it was intended to bring a quarterly report to the Board for information and that it was hoped to formalise the arrangement under the Section 75 Agreement by the end of the month.

16.2 **RESOLVED:** That the paper be noted.

## 17 GP PRACTICE CLOSURES

17.1 Dr. Thallon introduced the paper which detailed the background in relation to the recent closure of GP practices within the city and the role of NHS England in relation to the closure of a GP practice. In regard to the two closures within the city, he noted that in one case the Partners had returned the contract and in the other case the CQC had sought the closure of the practice resulting from a review of operating procedures. He noted that the closure had caused a level of stress and anxiety that this would be looked as part of the review into the matter. However, he also noted that there had been a high degree of silence over the closure from users/patients etc.

17.2 The Chair stated that he had only taken over in May and had been struck by the speed of how things developed and welcomed the support that had been provided. He also wished to extend the Board’s thanks to the practice that took on the contract and the group of patients.

- 17.3 Councillor G. Theobald stated that concerns remained over how the position had been reached and what level of support existed to help practices before they reached a critical stage. He hoped that this would also be considered as part of the review into the matter.
- 17.4 Dr. Thallon stated that he was sure the review would look at the issue and noted that support was available from the CCG, Local Medical Centre and NHS England, who was committed to working with practices across the country.
- 17.5 Dr. Beasley noted that the LMC gave advice and the CCG had a Quality Team to help practices and to give practical support. It was also hoped that with the introduction of the clusters peer support would also become available and beneficial.
- 17.6 The Chief Operating Officer for the CCG stated that one aspect that would need to be considered was the financial viability of practices in the City. There were a number of relatively small ones and some in poor premises and therefore the business models would need to be looked at. There was a need to be more proactive and it may be that the clustering of practices would result in a more collaborative approach; otherwise it was likely that more practices would go under.
- 17.7 Frances McCabe noted that NHS England had previously agreed to provide information following a formal review of Eaton Place and asked if that could be actioned.
- 17.8 Dr. Thallon stated that he would have to check on the situation regarding Eaton Place but was happy to report back in due course. In terms of why one practice falls into financial difficulty and another does not, it was not easy to answer and suggested that the CCG might be better placed to recognise when a practice was falling into difficulty. He agreed that there was room for improvement in regard to working with the CCG and that there was a need to support vulnerable patients better in such circumstances and to provide information at an earlier stage.
- 17.9 The Chair thanked Dr. Thallon for attending the meeting and stated that he was reassured to an extent that NHS England would review the process. He would await their findings and would also welcome an action plan from both NHS England and the CCG to give the Board assurance about future processes.
- 17.10 **RESOLVED:** That the paper be noted.

## 18 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING TRANSFORMATION PLAN FOR BRIGHTON AND HOVE

- 18.1 The Children and Young People's Mental Health and Wellbeing Commissioner introduced the paper which detailed the Children and Young People's Mental Health and Wellbeing Transformation Plan for Brighton and Hove. She stated

that council officers and the CCG were working with Public Health to develop a Joint Needs Assessment which would be aligned to the Children's Strategy and a report brought to the autumn meeting of the Board.

- 18.2 She also informed the Board that the council had been asked to submit a transformation plan to the National Task Force in September. She was still awaiting guidance on the actual submission required and its due date but sought the Board's agreement to the submission of a plan as requested and drew attention to the draft on pages 189 and 190 of the agenda. She welcomed any comments by email and any suggestions for what could be included or looked at prior to the final document being prepared.
- 18.3 The Executive Director for Children's Services suggested that the draft submission could be considered by the Children & Young People Wellbeing Strategy Group prior to it being sent.
- 18.4 **RESOLVED:** That the paper be noted and the submission of the transformation plan in accordance with the required deadlines be approved.

The meeting concluded at 7.15pm

Signed

Chair

Dated this

day of

2015