

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 14 NOVEMBER 2017

COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD, HOVE, BN3 4AH

MINUTES

Present: Councillors Yates (Chair), Barford, Barnett, Page (Group Spokesperson) and Taylor (Opposition Spokesperson); Dr David Supple, Chris Clark, Malcolm Dennett and Dr Manas Sikdar, Clinical Commissioning Group

Other Members present: Graham Bartlett, Chris Robson, Pinaki Ghoshal, Statutory Director of Children's Services, Rob Persey, Statutory Director for Adult Care, Alistair Hill, Acting Director of Public Health, Bob Deschene, Healthwatch

Also in attendance: Councillor Penn

Apologies: David Liley and Lola Banjoko

PART ONE

32 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

32 (a) Declaration of substitutes

32.1 Bob Deschene declared that he was in attendance as a substitute for David Liley.

32 (b) Declaration of interests

32.2 The Chair declared that he had a Disclosable Pecuniary Interest in Item 39 as he was employed by Western Sussex Hospitals Trust. He confirmed that he had have applied for and been granted dispensation by the Council's Monitoring Officer to permit him to chair the Health and Wellbeing Board in its consideration of items relating to the NHS Sustainability and Transformation Partnership and, to speak and vote on those items, on the basis that the project to review health and social care services did not currently raise a direct or material conflict with his employment.

32 (c) Exclusion of press and public

32.3 There were no Part Two items on the agenda.

33 MINUTES

33.1 Resolved – That the Board agreed the minutes of the previous meeting on 12 September 2017 were agreed as a correct record.

34 CHAIR'S COMMUNICATIONS**“Pharmaceutical Needs Assessments**

- 34.1 Members of the Board may remember we were asked to comment on the East Sussex PNA at the last Board. This time we have a couple of items around PNA.
- 34.2 The first is that West Sussex County Council are also engaged in their consultation for their PNA. As a ‘bordering’ county they have to consult with us.
- 34.3 The timelines for the consultation submission did not coincide with our Board dates and our Acting Director of Public Health has, in line with his duties, reviewed it, made appropriate comments and sent in the response. The full submission is available online here: [https://present.brighton-hove.gov.uk/Published/C00000826/M00006664/\\$\\$Supp28044dDocPackPublic.pdf](https://present.brighton-hove.gov.uk/Published/C00000826/M00006664/$$Supp28044dDocPackPublic.pdf)

Brighton & Hove Pharmaceutical Needs Assessment

- 34.4 Since April 1 2013, every Health & Wellbeing Board (HWB) in England has had the statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA looks at the current provision of pharmaceutical services across Brighton & Hove and whether this meets the current and future needs of the population. It is used by NHS England in making decisions on applications to open new pharmacies, dispensing doctors or appliance contractors, as well as changes to existing services.
- 34.5 The last PNA for Brighton & Hove was published in 2015 and is now being updated. This has involved engagement with key stakeholders (Brighton & Hove CCG, NHS England, Local Pharmaceutical Committee and Healthwatch) as well as with the public, community pharmacists, GPs, non-medical prescribers, care and nursing homes and the third sector, through a range of surveys. A draft version of the PNA is now available for consultation on the Council’s consultation portal at: http://consult.brighton-hove.gov.uk/public/nhs/health/pna/brighton_hove_pharmaceutical_needs_assessment_consultation
- 34.6 The consultation is open from Wednesday 18 October 2017 until Sunday 17 December 2017. As part of the NHS Pharmaceutical services regulation 2013, the draft PNA must be available for at least 60 days for all key stakeholders to comment on the contents of the assessment before it is finalised and published. As well as consulting with the public, neighbouring HWBs will also be contacted to ask for feedback and comments prior to the publication of the final PNA. The outcomes of the consultation will be reported to Chairs’ Communications in January 2018.

Fast Track City update

- 34.7 Brighton & Hove City Council officially joined the international Fast Track Cities initiative to end HIV/AIDS as a public health threat in August 2017 when the Mayor of Brighton & Hove and the Leader of the Council signed the Paris Declaration at a reception in the Mayor's Parlour.
- 34.8 I have now chaired the first meeting of the Brighton & Hove fast track city task force which brought together a group of core stakeholders to consult, plan and direct the city's approach to achieving the 90-90-90 targets and will be the group through which we will communicate with our international partners within the Fast Track Cities movement.
- 34.9 A report on our work will be coming to the Board in June 2018.

Food and Hydration issues

- 34.10 A number of food and hydration related issues have come to the Board and the Board requested further updates. The officers went through this and there will be reports coming as well as information updates through Chairs Communications.

Safeguarding

- 34.11 At the last Board we mentioned the changes in the chairing arrangements of our Safeguarding Boards. I am happy to formally welcome Chris Robson as our Chair for the Local Safeguarding Children Board to his first official Health & Wellbeing Board. I would also like to confirm that Graham Bartlett will remain as our Chair for the Local Safeguarding Adults Board.

New STP lead

- 34.12 Mr Bob Alexander will lead the Sussex and East Surrey STP. He will start in November although still supporting NHSI until January 2018. Mr Alexander comes for NHS Improvement. We welcome Mr Alexander to his new role and look forward to meeting with him soon.

Acting Director of Public Health

- 34.13 Finally on staff changes, many people will know Peter Wilkinson has been our Acting Director of Public Health for nearly two years. Peter has been attending the Health & Wellbeing Board in this role. Peter has been wishing to semi retire for some time and as from December will be reducing his hours. In line with this a new Acting Director of Public Health has been appointed. We welcome Alistair Hill in this new role and look forward to his continued contribution at the Board."

35 FORMAL PUBLIC INVOLVEMENT

- 35.1 There were no items of public involvement.

36 FORMAL MEMBER INVOLVEMENT

- 36.1 The Chair invited Graham Bartlett to ask his question:

“Universal Credit is set to be rolled out across the city shortly. As Chair of the Safeguarding Adults Board I am particularly concerned about those adults with care and support needs who may need additional help to deal with these changes. The Safeguarding Board were briefed and whilst there is some assurance that adults with care and support needs will be helped during this time, there remain concerns about the changes and potential safeguarding risks arising from this. We are committed to sharing our concerns with the Health and Wellbeing Board and ask if the Board feel that the city is ready to deal with these changes, especially for the most vulnerable.”

- 36.2 The Chair thanked Mr Bartlett for his question and responded: “Universal Credit is already being rolled out across the city. A comprehensive report went to the Neighbourhoods, Inclusion, Communities and Equalities Committee on 9 October. The link to the report can be found here. [https://present.brighton-hove.gov.uk/Published/C00000968/M00006936/AI00060743/\\$20170927170556_014014_0051991_CommitteeReportTemplate210617newsavedformat.docxA.ps.pdf](https://present.brighton-hove.gov.uk/Published/C00000968/M00006936/AI00060743/$20170927170556_014014_0051991_CommitteeReportTemplate210617newsavedformat.docxA.ps.pdf)
- 36.3 “For those who are unaware UC is a national policy change in the way benefits for working age people are claimed, administered and paid. UC combines six existing benefits, Housing Benefit (which is currently administered by The Council), Working and Child Tax Credits, Jobseeker’s Allowance, Employment Support Allowance and Income Support. This will be administered centrally by the Department for Work and Pensions and once fully rolled out more than an estimated 7 million households will be receiving UC across the country. This includes around 20,000 households in Brighton & Hove.
- 36.4 “A detailed booklet aimed at professions helping claimants was part of the report and can be found here: [https://present.brighton-hove.gov.uk/Published/C00000968/M00006936/AI00060743/\\$20170927170557_014343_0051993_6245UniversalCreditguideforprofessionalsV21draft.pdfA.ps.pdf](https://present.brighton-hove.gov.uk/Published/C00000968/M00006936/AI00060743/$20170927170557_014343_0051993_6245UniversalCreditguideforprofessionalsV21draft.pdfA.ps.pdf)
- 36.5 “The report highlighted the cross service working and service readiness action that had been put in place to try and help people affected by the changes and there were details about the additional actions adult social care and childrens services were undertaking.

Support for vulnerable cohorts.

- 36.6 A risk analysis identified a number of cohorts of people who may be at particular risk in trying to maintain UC claims. They include rough sleepers, people affected by domestic violence, people with mental health issues, and people with substance misuse issues. An issue has also been identified with people who struggle to attend Work Capability Assessments in Lewes which is leading in some cases to benefits being stopped. Work is in place to provide support to these cohorts, including working with the local Jobcentre Plus so with appropriate permissions from the claimant information can be shared between organisations to make sure appropriate support is in place.
- 36.7 In answer to the question is the city ready – the city, and by this we include all bodies especially our community and voluntary sector agencies, are working together, have prepared but does not underestimate the challenges that all organisations will face in

trying to deal with introduction of Universal Credit. However the biggest challenge will be borne by the most vulnerable claimants.

- 36.8 One area of concern is people will be unable to get free prescriptions during the claiming and waiting period and the impact on their health and wellbeing during the assessment to decision process? Following extensive research we can confirm that once a person has made a claim for Universal Credit and it is confirmed they are entitled they are able to access free prescriptions, they don't have to wait for the actual payment to come through.
- 36.9 If a person has a lot of difficulty establishing their Universal Credit claim and hence whether they are entitled to free prescriptions they can apply to the NHS low income scheme <https://www.nhsbsa.nhs.uk/nhs-low-income-scheme>. In a situation where a person with no other means is waiting to establish their Universal Credit claim they can apply for this which should give them access to free prescriptions. We have been working with welfare advice bodies to make sure this is understood.
- 36.10 The Neighbourhoods, Inclusion, Communities & Equalities committee will continue to monitor the roll out and the impact.”
- 36.11 Mr Bartlett thanked the Chair for his response and stated that the roll out of universal credit was a concern across the Local Safeguarding Adults Board and he would continue to relay these concerns to the Health & Wellbeing board.
- 36.12 The Chair read David Liley's question out as Mr Liley was not in attendance:

“Doctors of the World have recently produced a briefing which in summary states:

‘The Government has made new regulations extending NHS charges to community healthcare services and placing a legal requirement for all hospital departments and all community health services to check every patient's paperwork, and charge upfront for healthcare, refusing non-urgent care where a patient cannot pay. Healthcare charges may be introduced for services provided by all community health organisations in England except GP surgeries. Organisations receiving NHS funding will also be legally required to make similar checks and possibly charge for services. A wide range of health services could be affected.’

Can the HWB give some clarity on which services locally will now be under these regulations and how these issues will impact on local residents?”

- 36.13 The Chair thanked Mr Liley for submitting his question and responded: “The Doctors of the World statement is reporting on the recent amendments made to the National Health Service (Charges to Overseas Visitors) which provide for the making and recovery of charges for relevant services provided under the National Health Service Act 2006. In line with the guidance the Health and Well-being can confirm exempt services include accident and emergency services, family planning services; diagnosis and treatment of specified infectious diseases and sexually transmitted infections; palliative care services; treatment required for a physical or mental condition caused by: torture; female genital mutilation; domestic violence; or sexual violence.

- 36.14 Exempt categories of person include vulnerable patients and those detained this includes refugees and their dependents; asylum seekers and their dependents; victims, and suspected victims, of modern slavery.
- 36.15 The Public Health and Community Safety team are also in the process of finishing the International Migrant Needs Assessment, which was supported by the HWB. The steering group includes the Council, NHS, community and voluntary sector and academic representatives.
- 36.16 Although the needs assessment will not be published until early 2018 it is clear there will be recommendations coming from the assessment. These recommendations will come to the Board in January or March.”

37 CARING TOGETHER UPDATE

- 37.1 Dr David Supple and the Executive Director, Health and Social Care presented an update on Caring Together. They highlighted that a shadow integration year would be beginning in April 2018. While life expectancy was increasing healthy life expectancy was falling and Brighton & Hove was experiencing population growth especially in the number of older residents. The CCG was continuing to run Big Health and Social Care Conversation engagement events, a formal evaluation of the Big Conversation would be produced in March 2018. Four local CCGs including Brighton & Hove CCG were forming a commissioning alliance.
- 37.2 Members of the Board requested that future updates cover services providing support children and young people in greater detail as the Council had a statutory duty to represent the voices of children.
- 37.3 Dr Supple responded that he would provide details of how children and young people were being included in the Big Conversation at the Board’s January meeting.
- 37.4 Malcom Dennett stated that external auditors had reviewed the Big Conversation within wider patient/CCG interactions and had come back with a substantial reassurance.
- 37.5 Councillor Page expressed concern about a national funding gap for health and social care but welcomed the urgency with which issues with primary care in the city were being address.
- 37.6 Mr Deschene was concerned that the Big Conversation did not seem to include providers from the private or third sectors.
- 37.7 Dr Supple provided assurance that every effort was being made to include all stakeholders in the Big Conversation but agreed that more could be done to reach the private sector. The Chair also stated that he felt private and third sector providers were

missing from not just the Big Conversation but from the Health & Wellbeing Board's membership.

- 37.8 The Chief Executive, Brighton & Hove City Council reported that through the Greater Brighton Economic Board and the Brighton & Hove Economic Partnership the Council was discussing wellbeing strategies with private sector organisations.
- 37.9 Councillor Barford asked what work was taking place to ensure that minority and disadvantaged groups were able to participate in the Big Conversation.
- 37.10 Dr Supple stated that he would be able to provide a detailed response in writing.
- 37.11 Councillor Barford expressed concerns that palliative care was not mentioned in the update.
- 37.12 Dr Supple responded that the CCG had a clinical lead for palliative care and that hospices had been added to the list of providers to include in the Big Conversation.
- 37.13 Councillor Penn asked why mental health had been included as part of a grouping in the list of priorities and stated that it should be brought to the fore.
- 37.14 Dr Supple stated that the grouping was based on commissioning teams and did not represent the importance or lack thereof the CCG placed on any one subject or area. Mental health was one of the three key strategic areas for the local Sustainability and Transformation Partnership.
- 37.15 Councillor Taylor stated that he was concerned that the Health & Wellbeing Board appeared to be marginalised in the proposed integrated governance structures and that its centrality should be maintained.
- 37.16 **Resolved** - That the Health & Wellbeing Board noted the update

38 BETTER CARE PLAN

- 38.1 Officers introduced the report. The Better Care Plan was approved in September by the Board and submitted to NHS England for moderation. The Plan would be delivered through a section 75 agreement. The Better Care Steering Group was tasked with making key performance indicators (KPIs) into measurable targets.
- 38.2 Councillor Page stated that he felt the percentage of service users in residential care should be reported as a KPI.
- 38.3 The Executive Director, Health & Adult Social Care responded that there would be indicators around residential care.
- 38.4 Mr Deschene asked if there was any intention to pool budgets from mainstream monies.
- 38.5 The Executive Director, Health & Adult Social Care responded that the end goal of integration in health and social care would be a wider pooling of budgets. The Chair also

stated that the integration report which was taken to the Policy, Resources and Growth Committee did seek to identify how to integrate budgets.

- 38.6 Councillor Taylor asked that when reports are brought back to the Board targets are included with KPI figures.
- 38.7 Chris Clark stated that the intention was for all reporting to include a target which would be set by the steering group.
- 38.8 **Resolved –**
- 1) That the Board notes the moderation feedback of the BHCC Better Care Fund Plan as set out in paragraphs 4.2 to 4.4 of the report;
 - 2) That the Board agrees the proposed Better Care Fund governance and monitoring arrangements set out at paragraphs 4.6 to 4.8 and Appendices One and Two of the report;
 - 3) That the Board authorises the Executive Director Health and Adult Social Care and the CCG Chief Operating Officer to finalise and enter into a new Section 75 Partnership Agreement for the commissioning of health and social care services from the Brighton & Hove Better Care Fund for the period 2017-2019.

39 CHILDREN AND YOUNG PEOPLE MENTAL HEALTH TRANSFORMATION PLAN

- 39.1 Officers introduced the transformation plan which was originally approved in 2015 and refreshed in 2016. The 2017 refresh placed emphasis on providing proactive support for young people how and where they chose to access it. 75% of mental health issues started before the age of 18 and 1 in 10 children would have mental health problems. 17% of expected need in the city was currently reached and the plan aimed to increase this to 30%.
- 39.2 Officers responded to Councillor Penn's concerns around support available to children in care that looked after children were a priority. There was an imbedded mental health support worker but this single post was not enough to meet demand and more funding would be allocated in the next annual budget. The Executive Director, Children Families and Learning stated that there was an opportunity for the CCG and Council to work closer together to provide more funding and support.
- 39.3 Councillor Penn asked what progress had been made on changes to tier three CAMHS especially around outreach, how many children still faced the old system with an 18 week wait and how long was the backlog of referrals inherited by the community service.
- 39.4 Officers responded that the new specification for the tier 3 service was partially implanted from 1 June 2017 and a second phase which would include outreach was being implemented from 1 January 2018. The community provider YMCA expected the waiting list to be cleared by December 2017. Officers stated that they would provide written clarification around how many individuals were still being treated under the previous tier three specification.

- 39.5 Officers stated that they would provide a written response to Councillor Penn's query about the gap between referrals and acceptance rates.
- 39.6 The Chief Executive of Brighton & Hove City Council asked officers to summarise the expected outcomes of the plan in 3-5 years' time and how the Board will be able to measure these.
- 39.7 Officers responded that the outcome would be a city more open about mental health and seeking support for mental health issues. The new specification was based on evidence based treatments which will provide measures to show effectiveness.
- 39.8 Councillor Barford asked what caused the unmet mental health needs.
- 39.9 Officers responded that there was a mixture of individuals not seeking support and a historic threshold for CAMHS services which meant that individuals were often referred to other community and voluntary providers rather than admitted.
- 39.10 Councillor Barford asked why the CCG was not fully compliant on joint commissioning, why there was no published workforce plan and why allocated funding had not been spent.
- 39.11 Officers responded that the interface between the CCG and NHS around crisis response was not of a satisfactory standard and this was reflected in the lack of compliance in joint commissioning. There was no workforce plan for Brighton & Hove but a workforce plan covering the whole CCG area would be published by March 2018. All allocated funding had been spent the surplus was the result of a reporting error.
- 39.12 Councillor Taylor asked how much preventative work was being done in schools.
- 39.13 Officers responded that preventative work was key part of the role of CAMHS workers in schools. The CCG aimed to be more proactive in talking to children about mental health. The Executive Director, Children, Families and Learning supported the introduction of workers into school but stated that there was a lack of performance data.
- 39.14 Mr Deschene stated that it would have been useful to provide absolute numbers to allow the Board to see the magnitude of the issue.
- 39.15 Officers clarified that 1 in 10 children in Brighton & Hove was equal to 4,500 individuals and that only 17% around 765 children accessed support.
- 39.16 The Acting Director of Public Health and The Chair stated that they wanted future updates to put more focus on patient outcomes and move away from a description of process.
- 39.17 Councillor Penn suggested that it would be beneficial to adopt the Thrive model to jointly agree outcomes and targets with all stakeholders.
- 39.18 **Resolved** – That the Board approves the draft Children and Young People's Mental Health Local Transformation Plan 2017 – annual refresh.

40 INTEGRATED COMMUNITY EQUIPMENT SERVICE UPDATE

- 40.1 Officers introduced the report. The new providers for the integrated community equipment store had received improved feedback and reduced costs. There was still an issue around failed deliveries and but retrieval rates had increased. Feedback was based on a patient survey conducted through Healthwatch which received 580 responses.
- 40.2 Councillor Page asked why all equipment users were not contacted about returning equipment and only high value equipment was targeted. Councillor Page also asked what the target for recovery was.
- 40.3 Officers responded that there was a post within the service provider focused on retrieving equipment but there were cost associated with collection such as assessments to find out if the equipment was not still needed which reduced the value of collecting low cost items. The target for the value of collected items was 80% of expenditure on equipment.
- 40.4 Councillor Barnett suggested setting up local drop off points for unneeded equipment as a way to improve collection rates.
- 40.5 **Resolved** – That the Board note the content of the report

41 UPDATE ON MENTAL HEALTH CRISIS SUPPORT

- 41.1 Officers introduced the report. There was a high level of need for crisis support in the city. Crisis support was a system wide process with separate pathways for adults and children. There was a 24 hour helpline and 24 hour mental health team at the county hospital and there had been a reduction in the number of individuals taken into custody. However there was still an overreliance on A&E. A crisis care hub with a single point of access and community response for adults was anticipated by summer 2018. A region wide service for children was planned.
- 41.2 Dr Sikdar asked that the crisis support line number is kept the same for the new service to avoid undoing the outreach work which had already been done. Dr Sikdar stated that the service map in the report was incomplete as it did not reflect the role GPs played in the crisis management.
- 41.3 Officers responded to Councillor Penn that there was no clinical definition of crisis; it is dependent upon if an individual perceives themselves as being in crisis.
- 41.4 Councillor Penn expressed concerns about the rise in the number of individuals being sectioned and asked if the individuals being sectioned were generally already known to services.
- 41.5 Officers responded that most individuals who were sectioned were known to services but the system was very fragmented and it could be difficult to identify people.
- 41.6 Councillor Penn asked if there was any specific capacity to prevent children in crisis ever being taken into custody and what support was available to children after 10pm.

- 41.7 Officers responded that there were five section 136 suites and a sixth focused on children was planned at Chalkhill Hospital. A child who is known to services and is in crisis can be referred to an on call community team otherwise they will go to A&E.
- 41.8 Councillor Taylor asked if there was a plan to prevent people in crisis having to be admitted through A&E.
- 41.9 Officers responded that efforts were made to prevent people who only needed mental health support attending A&E but many people in crisis need physical treatment as well. The children's model was underdeveloped and there was no a finalised model but the need was much smaller than for adults so an STP wide approach was being developed.
- 41.10 Mr Bartlett asked if there had been any move to introduce a permanent street triage function after a successful pilot had been run.
- 41.12 Officers agreed that the street triage had been successful in terms of admitting people into appropriate care and avoiding custody. However the large amount of downtime for on call staff meant in it was not an efficient use of resources.
- 41.13 Councillor Barford asked what follow up there was to calls which were terminated due to a person in crisis being verbally abusive.
- 41.14 Officers responded that clinical staff had to make judgement calls about risk. The expectation would be that the case would be referred to emergency services. The officers stated that they would investigate any specific case where Councillor Barford feels there was not an appropriate follow up.
- 41.15 **Resolved** - That the Health & Wellbeing Board notes the report

42 LOCAL ACCOUNT AND DIRECTION OF TRAVEL FOR ADULT SOCIAL CARE

- 42.1 Officers introduced the report. In 2015 the Board agreed the roadmap for 2016-2020. The final report will be presented to the Board in January 2018 and will be published both online and as a printed document. The report will use the 'making it real' headings and will present information in terms of 'we have' and 'we will'. Publishing a local account and direction of travel was no longer a statutory duty but was still considered a worthwhile exercise.
- 42.2 The Chair asked that any infographics including a written description to enable those using a reading device to get the information.
- 42.3 Members of the Board supported the engagement work that this report represented.
- 42.4 **Resolved –**
- 1) That the Board agree the proposed approach to the Local Account report as set out in the presentation

- 2) That the Board supports use of the 'Making it Real' markers in the presentation of the Direction of Travel review
- 3) That the Board confirm that the proposed content aligns with the priorities of the Board.
- 4) That the Board agree the final Local Account publication will be presented at the Health & Wellbeing Board in January 2018.

The meeting concluded at 7:07pm

Signed

Chair

Dated this

day of