

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 6 MARCH 2018

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Brighton & Hove City Council; Councillors Yates (Chair), Barford, Barnett, Page, and Taylor. Brighton & Hove Clinical Commissioning Group; Chris Clarke, Dr David Supple and Malcolm Dennett

Other Members present: Graham Bartlett, Safeguarding Adults Board; Pinaki Ghoshal, Statutory Director of Children's Services; Rob Persey, Statutory Director for Adult Care; Alistair Hill, Acting Director of Public Health; David Liley, Healthwatch

Also in attendance: Councillor Penn

Apologies: Chris Robson, Dr Sikdar, Wendy Carberry, Lola Banjoko

PART ONE

53 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

53 (a) Declarations of substitutes

53.1 There were no substitutes

53 (b) Declarations of Interest

53.2 Councillor Yates declared a Disclosable Pecuniary Interest in Items 58, 59 and 60 as he was employed by Western Sussex Hospitals Trust. Councillor Yates stated he had 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 service did not currently raise a direct or material conflict with his employment.

Councillor Barford declared a Disclosable Pecuniary Interest in Items 58, 59 and 60 as she was employed by St Peter and St James Hospice North Chailey. Councillor Barford stated that she had applied for and been granted dispensation by the Council's Monitoring Officer to permit her to attend and participate in 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 service did not currently raise a direct or material conflict with her employment.

53 (c) **Exclusion of press and public**

53.3 The Chair stated that as there were no Part Two items the press and public would not be excluded from the meeting.

54 **MINUTES**

54.1 **RESOLVED:** That the Minutes of the meeting held on 30 January 2018 be agreed and signed as a correct record.

55 **CHAIR'S COMMUNICATIONS**

55.1 The Chair gave the following communication:

Welcome to the meeting

There are a number of members of the public here, which is good to see. Clearly there are issues on today's agenda which people feel passionate about. Please do note that you are here as observers, not as participants in the meeting. The council has a number of ways for people to ask questions or present petitions to committee meetings. However, we cannot have the meeting disrupted by people shouting out from the public gallery, and I'm sure everyone here today will respect this.

Market Position Statement

The Market Position Statement (MPS) provides a useful tool for informing the market of future demand and the services that the Local Authority will commission and develop to meet that need.

The MPS also provides valuable information to support provider development and to ensure that organisations position themselves and their resources to meet future demand for services.

The Council published its first MPS in 2015 and as such it now needs to be refreshed to take into account the changing nature of demand and associated service development to support delivery.

A draft paper will be brought to the June meeting for consideration and comment with the final paper coming to the September meeting for approval. This will then fit with the budget cycle.

Migrant Needs Assessment

International Migrants in Brighton & Hove, a report which forms part of the city's JSNA programme, was endorsed by the Neighbourhoods, Inclusion, Communities and Equality Committee and published in January 2018. Both the full report and a summary of key points and recommendations are now available on the Brighton & Hove City

Council website - <https://present.brighton-hove.gov.uk/ieListDocuments.aspx?CId=968&MId=8040&Ver=4>

The report uses a broad definition of a 'migrant' as being any person who lives temporarily or permanently in a country where he or she was not born, looking at those whose intention is to stay in the UK for at least twelve months. So it examines the needs and assets of those who have come to the city to study, work or join family members as well as those who have been forced to migrate as refugees. The report has 42 recommendations, some of which relate to health and healthcare. Another group of recommendations relate to barriers to migrants accessing services generally.

The recommendations will be implemented through an action plan led by the Communities, Equality and Third Sector team. Many will focus on incorporating the findings of the report into existing structures and pieces of work rather than new initiatives.

Dr Manas Sikdar

Dr Sikdar will no longer be attending the Health & Wellbeing Board. This is due to changes in role within the CCG. Dr Sikdar has been a valued member of the Board. I am sure the Board would like me to send a letter of thanks.

Healthwatch

I am pleased to be able to announce that the Healthwatch contract has been extended by waiver. The current contract will therefore run until 2021.

56 FORMAL PUBLIC INVOLVEMENT

56.1 Petition

Ms Jackie Madders submitted the following petition (on behalf of Mr Kapp who was unable to attend). The petition was signed by 5 people.

We the undersigned petition Brighton & Hove Council to end the crisis in primary care by adopting a policy of medication to meditation, by mass-commissioning mindfulness courses that teach self-care, funded by the Better Care Fund, so that GPs can prescribe them instead of antidepressants to treat the epidemic of depression and addiction.

Background information to the petition:

- 1. The root cause of the crisis is not shortage of money, but a toxic system where GPs and nurses don't want to work, because they can only over-prescribe drugs which generally do more harm than good.*
- 2. Before 1980, when antidepressants started to be mass-marketed, mental disorders (called 'nervous breakdowns') were rare (less than 1 in 1,000) Now, 1 in 10 adults are on antidepressant medication, numbering 30,000 in the city of Brighton and Hove, and 6 million in England.*
- 3. This proves Robert Whitaker right, who published 'Anatomy of an epidemic' in 2010, saying that the root cause is the medication given to treat it.*
- 4. The Improving Access to Psychological Therapies (IAPT) programme was launched in 2006 to 'end the Prozac nation' but antidepressant prescribing has since more*

than doubled from 30 to 65 million monthly prescriptions annually, mostly against NICE guidelines, which say that talking therapy should be the first choice of treatment.

5. *Like street drugs, medication has harmful and addictive side effects, making patients go round in a revolving door, overwhelming primary care, and causing the crisis in A&E and GP surgeries, and burning out GPs (who now retire at an average age of 55) and nurses (for whom there are now more than 30,000 vacancies)*
6. *The solution is for the Council to mass commission the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course, so that GPs can prescribe them, instead of having to prescribe antidepressants, breaking their Hippocratic oath 'do no harm' and making them feel so guilty and ashamed that they burn out and have to take early retirement at an average age of 55.*
7. *The Better Care Fund (BCF) was enacted in 2013 to create Community Care Centres as mental A&Es to treat vulnerable patients, personified as Rachel, (65, depressed and in sheltered accommodation), and Dave, (40, alcoholic and homeless), for which the city has been allocated over £20m pa since 2015, which is enough to treat 20,000 Rachels and Daves annually.*
8. *However, in answer to a public question at the HWB on 13.6.17, no Community Care Centres have yet been created, and no Rachel or Dave has yet been treated, which is a scandal. For further details see paper 9.118, and other papers on section 9 of <http://www.reginaldkapp.org>*

56.2 The Chair gave the following response:

Thank you, and Mr Kapp, for the petition.

As you are aware from previous questions you have put to the Board, the CCG have already commissioned mindfulness services. The Better Care Fund has very strict criteria for what it can and cannot be used for. A report will be coming to the Board to update on the use of the fund and I hope you stay for this. As we have already submitted the Better Care Plan to NHSE, which has been accepted, we are not in a position to change it.

56.3 **RESOLVED:** The HWB agreed to note the petition.

56.4 **Deputation**

Dr Tredgold and Dr Aston presented the following deputation:

The Effect of Reductions to the Social Care Budget – A Survey of GPs

Is the present level of spending delivering the services people need? GPs in Brighton and Hove have told us that lack of Social Care may result in unnecessary hospital admissions and delay discharges. But how does this really affect patients and the GPs trying to car for them? Demand for Social Care is rising but the budget to meet it is failing. A survey of all Local Authorities undertaken by the Association of Adult Social Care Services (ADASS)

(<https://www.adass.org.uk/media/5994/adass-budget-survey-report-2017.pdf>) states the problems. The need for Social care is rising each year - as the numbers of the elderly and the disabled rise. The costs of Social Care are rising – due to the rise in the

National Living wage and Statutory Duties. Since 2010 Council budgets have been reduced each year. They are forced to make savings each year. (Brighton and Hove Policy Resources Committee agreed this February to make further savings in the Community Care budget (savings that they say mean reducing demand and diverting people from publicly funded services). Many councils were 'close to collapse' in 2016/17. They were saved by an improvement in the Better Care Fund and being able raise extra funds for Adult Social Care. But the ADASS report makes it clear that this additional funding only temporarily eased the problems. They are clear that the resources Social Care needs are not being met. Only 9 of the 138 Directors who responded to their survey (4%) felt fully confident of being able to deliver their statutory duties in 2018/19.

But the really important questions are: What does it actually mean to patients and GPs if they can't access Social Care? How often do the difficulties GPs have mentioned to us occur? To try and find out we sent a survey to 124 GPs in Brighton and Hove – 47 responded. All but one had experienced patients having problems because of difficulties with Social Care provision – over half had experienced these weekly, another third monthly. All but three had experienced patients being admitted to hospital unnecessarily because of limited Social Care resources – a fifth weekly, a half monthly. A large majority had experienced patients whose discharge had been delayed. For a quarter this had occurred weekly. A third were aware of Council plans to further reduce the Social Care budget in 2018-2020. A large majority thought that further reductions would severely worsen patients' health outcomes and safety. Eighteen GPs then gave their own comments and these give a clear picture of the difficulties they and their patients are having. GPs have experienced difficulty in getting a response to their requests and difficulty in getting adequate support. Their feeling of frustration is palpable – and, too, their feeling of shame that the system of which they feel a part should have failed their patients. The pressures on the NHS and Social Care are now so great that some GPs have said to us 'at what point should care professionals declare the system is no longer safe or sustainable and resign?' The patients are suffering and it is probably the most vulnerable who are suffering the most - the ones with the least voice to speak up. Some have been discharged without adequate social care; some have been unable to get care at home and have reluctantly been admitted to hospital. In the worst instance there was no care for a retired teacher with cancer who wanted to die at home. He had to be admitted. He died within 24 hours having spent most of that time on a trolley. As The Argus stated, 'this should be a wake-up call to us all'.

Social Care desperately needs more resources.

Signed by: Dr Jane Roderic-Evans, Dr Judith Aston, David Jones, Dr Anne Miners, Dr Yok Chang, Dr Richard DeSouza, Dr Tim Worthley.

- 56.5 The Executive Director Health & Adult Social Care noted that the ADASS survey was a national survey, and so wasn't directly referring to Brighton and Hove. The Director said that it was a challenging situation, and the Authority was working closely with health colleagues. Budgets for Adult Social Care had been cut nationally since 2010, with a 5% cut in Brighton and Hove, but there was growth with an additional £4.6m being put into the budget for 2018/19. All referrals to adult care are triaged and no one who is prioritised has to wait more than 13 days for an assessment. A report would come to the June meeting of the Board to address the issues raised in the deputation.

- 56.6 Councillor Page said that at the recent Budget Council meeting councillors were informed that over the last year there had been fewer requests for social care support, and yet demand was rising with an aging population who had complex needs. He asked if there were performance indicators to quantify the needs of the residents and how they access support. The Chair suggested that that could be addressed in the report which would come to the next meeting of the Board. The Executive Director Health & Adult Social Care agreed.
- 56.7 Councillor Barford suggested that some of the issues could be down to perception, as in Brighton & Hove the budget for social care had increased. The government needed to provide a sustainable funding model, as the Council had put over 40% of the General Revenue Fund into the adult social care budget which was not sustainable. Councillor Barford suggested that understandably social care support was sometimes confused with continuing health care which is funded by the CCG not the council, which is why further integration is important to ensure people get the best outcomes no matter who provided the funding.
- 56.8 Mr Supple said that as a GP it was hard to know what was funded by Social Care and what by Community Services, and it was important to establish who commissioned what service if solutions were to be found. Mr Supple referred to the example given in the deputation of the person with cancer and, whilst accepting he did not know the full details of the case, suggested the problems were to do with provision of community services rather than social care. Community Services were commissioned by the CCG.
- 56.9 The Chair said that when the Clinical Commissioning Groups were established one of the rationales behind it was to allow GPs to commission the services they felt were required. It was therefore ironic that GPs were coming to the Health & Wellbeing Board (HWB) to complain about services they had the power to commission but thinking they were delivered by Adult Social Care. He said it was a complex situation and the HWB was established to integrate the different services. Dr Tregold asked who was responsible for provision of the services and who GPs should complain to, and was advised it was the CCG.
- 56.10 **RESOLVED:** That the deputation be noted, and a report on the issues raised would come to the next meeting of the Board.

Public Question

- 56.11 Two Public Questions had been received.

(1) Amanda Bishop asked the following question:

In relation to the Big Care Conversation I note some respondents reported concerns around mental health waiting lists and risks to suicide. I note that Brighton & Hove have 50% higher suicide rates than the national average. But these are 2013/2015 reported figures. Do you think (or know) if this has increased, and what steps are you taking to ensure respondents concerns in this area are being prioritised, resulting in less suicides and better mental health care?

56.12 The Chair gave the following response:

Thank you for your question. The most recent information on suicide rates is for the period 2014-16. I have been given some data which will be reported in the minutes and also I have a printed copy of this response for you to take home today. The Brighton & Hove rate was 14.4 per 100,000 people compared with the England rate of 9.9/100,000. The suicide rates for 2013-15 were 15.2/100,000 and 10.1/100,000 respectively. Brighton & Hove has historically had a high rate of suicide. The gap between the national and local rates narrowed significantly between 2001-03 and 2010-12, when the local rate fell from 18.9 to 12.6/100,000, but this trend has levelled off over the past four years. The national rate has remained between 9.2 - 10.3/100,000 since 2001-03. The Five Year Forward View for Mental Health has set a target for all areas of a 10% reduction over the four years between 2017-18 and 2020-2. A local multi-agency suicide prevention steering group oversees the suicide prevention action plan. Priorities within the plan include;

- Analysing local information, including Coroner's records and emergency services information.
- Continuing professional development for clinicians
- Reducing rates of self-harm
- Support for people in high risk groups
- Action at high frequency suicide locations

56.13 Ms Bishop asked the following supplementary question:

Why do emergency hostels in the city not have suicide prevention information or notices available to vulnerable residents, and will the Board commit to getting this resolved?

56.14 The Chair asked Mr A Hill (Acting Director of Public Health) to respond. Mr Hill said he didn't know exactly what information was available in different locations, but thought that it would be appropriate for such information to be available in homeless services and so he would check to see what was provided.

56.15 Councillor Penn said that Public Health had a suicide prevention strategy, which they were looking to update. This was a very important issue, with suicide being the biggest killer for men under 45 years of age, and need to not only target the most vulnerable but the public in general. It was important for people to know how to support those at risk of suicide, and said that Grass Roots had produced an app on that issue, and encouraged people to download it to their phone. Councillor Penn noted that many public toilets had information about sexual health, and suggested it would be useful to have information on suicide and self-harm too.

56.16 Mr A Hill said the City did have a suicide prevention strategy, and the action plan was available on the Council's website, and confirmed that an item on that would be brought to a future meeting of the Board.

56.17 Mr C Clarke agreed that information on suicide prevention should be available in public places. He said that the CCG would have a modest uplift from its national awards in what it could commission on mental health next year, and some of that would be spent on suicide prevention and mental health in children and young people. Many mental

health support services would be re-procured in 2018/19, and the specifications on those services would come to the Board in June.

56.18 (2) Mr Daniel Harris asked the following question:

I've read the big health and care conversation report and note that homeless people were mentioned in this report just 8 times.

There were almost 2800 conversations, I also sadly note that this survey managed to get just 15 people either homeless or affected by homelessness to respond. More people affected by homelessness died in Brighton and Hove in 2017 than responded to this survey. We know homeless people use A&E services 5 times more than the average Brighton and Hove resident so what steps will the council take to rectify this social injustice and ensure the voices of those truly affected by homelessness are reflected in this report?

56.19 The Chair gave the following response:

Thank you for your question.

The Big Health & Care Conversation is being reported here later today and I do hope that you stay for that item or pick it up later on the website. The Big Health & Care Conversation is not finished, it is such be viewed as a brand of activity that we will use as needed. The Big Conversation represented a focused period of engagement; however, we continue to engage with service users, carers and the public routinely as part of our ongoing commissioning and service delivery, which includes targeted work to ensure that the voices of marginalised and vulnerable groups are sought and heard appropriately, and that feedback is used to shape and improve services. It is important to note that this is not the only engagement and service user feedback mechanism we use. Our work directly with homeless or insecurely housed people includes ways to systematically seek their views and feedback, and to ensure these are used to change and improve services. For example we have contracted a Patient Participation Group at the Arch. The Board is aware of the health and care needs of those who are not only homeless but are vulnerably house. The Board helped secure the specialist GP provision within the city when the Practice Group withdraw its contracts and the Morley Street service was at risk. At the last Board we also supported the work that is being done through the Housing First initiative and have secure additional resources to support this service. It is through these longer term contacts that we can help address these needs. For example, having fast track provision for those that were seeking housing, to health and care provision, which may be of secondary importance to those individuals at that time.

The report that is coming to the Board today was requested by the Board, as the first phase of activity comes to an end.

56.20 Mr Harris asked the following supplementary question:

GP services are being closed down, and there has been an increase in people requiring mental health support. Can the Board ensure that those people get the correct advice?

56.21 The Chair said that the HWB received a report at their last meeting regarding support available for those with mental health issues.

57 FORMAL MEMBER INVOLVEMENT

57.1 Councillor Taylor asked the following question:

Following studies from Public Health England in 2016 and the Annals of Medicine in 2017 vaping was recommended as a safer alternative to tobacco and in particular in supporting smoking cessation. Given news that there is some evidence that vaping itself may be carcinogenic there has been much public concern on their safety. Subsequent reports have shown that this new evidence is specifically referring to nicotine which is of course consumed by smoking. Can the Chair of the HWB reassure residents of this city that vaping is safe?

57.2 The Chair gave the following response:

It is very timely as Public Health England has recently (February 2018) updated its evidence review of e-cigarettes and heated tobacco products.

As regards the health risks of electronic cigarettes the 2018 report has reviewed the available evidence. It is still relatively early in terms of longer-term effects of electronic cigarettes. The report refers to an assessment of the published data on emissions from cigarettes and electronic cigarettes which calculated the lifetime cancer risks. It concluded that the cancer potencies of electronic cigarettes were largely under 0.5% of the risk of smoking. In 2015 an expert review from Public Health England stated that the best estimate was that electronic cigarettes are around 95% less harmful than smoking. In 2016 the Royal College of Physicians came to a similar conclusion.

As regards the safety of nicotine the 2018 report states that "While nicotine has effects on physiological systems that could theoretically lead to health harms the long-term use of nicotine as smokeless tobacco (snus) has not been found to increase the risk of serious health problems in adults, and use of nicotine replacement therapy by pregnant smokers has not been found to increase risk to the foetus. Adolescent nicotine use (separate from smoking) needs more research. The long-term impact of nicotine from e-cigarettes on lung tissue is not yet known and may be different from its impact systemically." The report also states that no health risks of passive vaping to bystanders have been identified to date.

The advice to cigarette smokers is that it is better to stop smoking completely than to change to electronic cigarettes. Specialist help to stop smoking is available locally from pharmacies and GP surgeries. However, for smokers who are unable to quit, electronic cigarettes are considered a safer option.

57.3 Councillor Taylor asked the following supplementary question:

Aside from the availability of snus, in Norway for example less than 1% of under 25s are consuming tobacco related products. Are we therefore looking at the best international evidence to ensure tobacco and smoking cessation services are taking that into account.

57.4 The Chair asked Mr Hill to respond. Mr Hill confirmed that the most up to date data was being used.

58 MOVING TOWARDS INTEGRATION

58.1 The report was introduced by The Executive Director Health & Adult Social Care and Mr C Clark (Brighton & Hove Clinical Commissioning Group). The report outlined the work being undertaken to establish a golden thread for the vision for health and wellbeing in the city, proposing the process to prioritise objectives and set out how the shadow year of working arrangements between the Council and Clinical Commissioning Group would support improved integrated health and social care delivery. The report further confirmed the piloting of a policy panel with a proposal to focus on and refresh the Health & Wellbeing Strategy.

58.2 The Chair noted that there were a number of errors in the proposed recommendations. Point 1 should read paragraphs 2.3 - 2.6, point 2 should read paragraphs 2.7 - 2.10, and point 3 should read paragraphs 2.11 – 2.21.

58.3 The Chair said that during the shadow year it was important to try something which was going to be as successful, and to ensure that all parties understood the processes. It would be challenging to bring two large organisations together and needed everyone to work together.

58.4 Mr Dennett (CCG) said the CCG had commissioned a broader governance review for the purposes of the alliance of the CCG, and that that review picked up best practice elsewhere in the country of working with local authorities, and that should assist the dialogue on best practice in the future.

58.5 Councillor Page said that closer working would avoid duplication and hopefully provide a better service, but he was concerned that the integration was being done on the instruction of the government with the financial restrictions which came with it, and it was important to ensure that the needs of patients were still being met. He noted that there was no information of the costs of officer time for those involved in the reorganisation, and hoped that that would be taken into account. The CCG had recently cut funding to the low vision clinic, but some funding was subsequently provided by the local authority. There did not appear to be any working together in this case with a relatively small budget, so he hoped such problems would not occur in future. With regard to the Policy Panel he hoped that it would be open and inclusive to everyone.

58.6 Councillor Taylor said that the Conservative Group supported the integration, which made sense and would achieve better outcomes for the city.

58.7 The Chair referred to the panel, and proposed that all members of the Board be contacted to ask if they would be interested on sitting on it. He added that the panel would not be restricted to members of the Board.

58.8 Resolved:

That the Health & Wellbeing Board:

- Agreed the approach set out in paragraph 2.3 - 2.6 of the report to refresh the Health and Wellbeing Strategy using the JSNA to determine priorities
- Agreed the JSNA Forward Plan from April 2018 to March 2020, as set out in paragraph 2.7 – 2.10 of the report
- Supported the approach to developing a joint commissioning programme in the shadow year of integration including budget management and governance processes as set out in paragraph 2.11 - 2.21 of the report
- Noted the timelines to support the integration of health and social care as outlined in Appendix 1
- Agreed that the HWB establishes a pilot policy panel
- Agreed that using the prioritisation and scoping document, the pilot should focus on the Joint Health and Wellbeing Strategy for the city
- Agreed that the pilot panel should report the outcomes of the work to the HWB by September 2018
- Agreed that the pilot panel should also report back on the resources required to support a panel to enable a decision to be making on any future panels and the forward plan for such work

59 BETTER CARE PLAN

59.1 The report was introduced by The Executive Director Health & Adult Social Care and Mr C Clark (Brighton & Hove Clinical Commissioning Group). The report provided an update on the Better Care Plan for Brighton and Hove.

59.2 The Board were advised that there had been a change to the financial issues (paragraph 3.3 of the report), which should now read:

The Better Care fund is a section 75 pooled budget which totals £25.350m for 2017/18, including £5.093m Improved Better Care funding (iBCF). The CCG contributes £18.276m to the pooled budget and the Council contributes £7.074m including the iBCF. Any spend variance at outturn is subject to a 50:50 risk share as per the section 75 agreement. We are in the process of setting the 2018/19 budget however there are timing issues due to the differing budget timetables between the Council and the CCG. The financial performance of the Better Care fund is regularly reported to the joint Health & Adult Social Care Finance and Performance Board.

59.3 Councillor Penn referred to the stats, and asked they related just to those who were resident in the city. Mr Clark confirmed it was anyone who was currently registered with a GP in the city.

59.4 Councillor Taylor referred to the graph showing the 'Delayed Transfer of Care – Total Delayed Bed Days', and noted that there had been a substantial increase during 2016/17 and asked if there was confidence that there wouldn't be any further unexpected demands in the future. Mr Clark said he was optimistic that steps had been taken to address transfer of care, and the expectation was that the numbers would fall.

59.5 Resolved:

- 1) That the Board note the progress and updates reported from the Better Care Fund Steering Group
- 2) That the Board review the draft BCF Dashboard metrics for discussion and assurance of the Better Care Plan.

60 BIG HEALTH & CARE CONVERSATION

60.1 The report was introduced by Ms J Lodge, Head of Engagement Central Sussex Commissioning Alliance. The report related to the 'Big Health and Care Conversation', which was a joint CCG and Adult Social Care engagement exercise held between July and December 2017, where over 2700 conversations were held about health and care issues which were important to the residents of the city.

60.2 The Board were advised the Equalities section (paragraph 3.3 of the report) had been amended to read:

The intention to engage with and reflect the views of a wide range of residents has been built into the 'Conversation' process from the start. The use and analysis of data and engagement will help ensure that funding is spent on healthcare that best meets the needs of the local population. Community researchers were recruited and trained specifically to increase opportunities for people from specific groups to engage. Barriers and concerns for people who share a protected characteristic are identified throughout this report and actions responding to them have been noted. These include targeted provision, accessible information, work with focused CVS groups and diversifying the workforce. If either the CCG or Council were going to make any significant / substantive changes the relevant party would have to decide if this required formal consultation. The Big Health & Care Conversation is not formal consultation in but engagement.

60.3 Mr Dennett noted that the Big Conversation had been commended by other CCGs as being very effective, and Ms Lodge and her team should be congratulated on the work undertaken.

60.4 Councillor Page said that whatever the cost of the exercise the feedback was that it was worth it.

60.5 Dr Supple agreed with Councillor Page and hoped that the information obtained was shared and would be a platform for discussions about the STP.

- 60.6 Councillor Penn said that it was a really good piece of work involving many people. She hoped that the feedback would be weighted in terms of priority, and that some issues were not overlooked. One area of importance was parents with depression or with mental health issues, a condition which impacted on their children, and hoped the provision of support for them would not be lost amongst the other issues raised in the Big Conversation.
- 60.7 Mr Liley said it was a pleasure to be involved in the project and noted that the work with young people was particularly impressive. The information obtained from the Big Conversation would prepare people for the challenges ahead.
- 60.8 The Chair said it was a fantastic piece of work, and it was important to think how the information obtained would inform how we worked in the future. He referred to the responses on the sustainability and transformation plans, and noted that they echoed the concerns which the Board had and only raised issues that weren't expected. He hoped that the information obtained would be acted on and not just placed on the shelf. Ms Lodge reassured the Board that the information obtained would be used. There were some things which could be addressed straight away, and other things which would take longer, but all the data would be analysed and not put on the shelf.
- 60.9 The Chair noted that an analysis to review the progress made against the 'we have' and 'we will' areas, would be carried out in September 2018 and asked how that would be reported. Ms Lodge said she would be happy to bring a progress report to the Board.
- 60.10 The Chief Executive Brighton & Hove City Council said the Board would have to juggle the views of the general public, and what we find out from things like the Strategic Needs Assessment regarding things like government advice etc. when redesigning and funding services going forward. This document gives us a good reference point to refer back to, but not to lose sight of the other reference points which need to be considered.

60.11 Resolved:

That the Health and Wellbeing Board:

- 1) Notes the feedback and associated actions outlined in the report
- 2) Endorse the proposed approach for the Council and the CCG to refer to and reflect the findings in this report when they plan, commission and re tender services.

61 ADOLESCENT HEALTH OFFER

- 61.1 The report was introduced by Ms K Clarke (Children Young People and Public Health Schools Programme Commissioner), and Ms A Gianfrancesco (Head of Service BHCC, Adolescents, Children Families & Learning). The report provided an update, and sought endorsement, on the new Adolescent Health Offer, being developed to reduce the harm to young people caused by substance misuse and early sexual relationships.
- 61.2 The Executive Director Families, Children and Learning BHCC, said that some of the health outcomes for adolescents were the worst in the country, and the report outlined

the new more integrated way of working to address that. Integrated working enabled agencies to work with each other to support adolescents. He gave the example of young people entering the criminal justice system, and said the city had had a high number, but groups had worked together to address issues such as exploitation, and now the number of children in criminal justice system, and those reoffending, was very low. It was hoped that working with multiple agencies would improve the health of young people in the city.

- 61.3 Mr G Bartlett thanked officers for the report. He referred to the transition of children to adulthood, and said that their vulnerability did not stop when they reached eighteen, and asked if there were plans to extend the integration into adult services. He was advised that there was, and staff worked closely with adult services. Young people who were likely to need continued support, were assigned an adult-worker to assist with the transition.
- 61.4 Councillor Taylor welcomed the report and said it was vital that there was more joined approach to this area of work. He noted that officers would be working with two secondary schools, Cardinal Newman and Patcham High School, to co-produce a whole school approach, and asked if it would go out to other secondary schools later. He was advised that from past experience it was preferable to work with just two schools to really work out the details, and then produce a single plan which could be then rolled out to other schools.
- 61.5 Councillor Taylor noted that the service would be launched in May/June which would be shortly before the school summer holidays, and asked if services would be provided over that period. He also noted that the report said that it was everyone's responsibility to support young people and named groups such as the Police, NHS etc but did not make reference to parents. Officers said that the service wouldn't just be delivering in schools but in other settings across the city, and so no one would miss out just because it was the school holidays. With regard to not referring to 'parents', it was confirmed that that was an oversight in the report, and added that support was also available to parents to enable them to assist their children.
- 61.6 Councillor Penn said that the city was quite drug tolerant, and so it might be necessary not to just support parents but also to challenge them. Allowing young people to smoke cannabis at home, for example, was not being a good parent. Officers said that tolerance was an issue, and it was important to educate parents on the risks of substance misuse.
- 61.7 Mr A Hill said that this would be a long term process and it was essential that worked started on social media before the summer. It would require a change of social behaviour within the city, and so there should be a long term strategic approach to address that. Officers said that there was a social media element within the plan, and websites had already been identified which would be used to publicise the messages on health.
- 61.8 The Chair said that integrating services could be challenging but usually worthwhile. He referred to tolerance in the city, and said whilst it was good to accept some things, it wasn't good to tolerate behaviour which could impact on a young person's health.

61.9 The Chair suggested that the report be referred to the Children Young People & Skills Committee for information.

61.10 Resolved:

- (1) That the Health and Wellbeing Board endorse the city wide approach addressed in this paper to reducing the harm caused to young people by substance misuse (drugs, alcohol and tobacco) and early sexual relationships (teenage pregnancy and sexually transmitted infections).
- (2) That the report be referred to the Children Young People & Skills Committee for information

62 PHARMACEUTICAL NEEDS ASSESSMENT: FINAL REPORT AND THE PROCESS FOR FUTURE SUPPLEMENTARY STATEMENTS

- 62.1 The report was introduced by Ms N Rosenberg (Consultant Public Health) and Ms B Hardcastle (Public Health Specialist). The report presented the 2018 Pharmaceutical Needs Assessment (PNA).
- 62.2 The Chair thanked officers for the report. He was concerned that when the next review PNA were due, things may be more challenging with additional pressure on pharmacists to deliver more extended services.
- 62.3 Mr A Hill congratulated officers on the work undertaken, and which showed that action had been taken on the recommendations from the last report and that the Board were listening to suggestions made.
- 62.4 The Chief Executive Brighton & Hove City Council asked what the relationship was between opportunities which public service providers might want to put with pharmacists, and the financial viability of them undertaking those opportunities. Officers said that if a service were financially viable pharmacists would bid for it.
- 62.5 Dr D Supple noted that many privately run pharmacists had closed so there were now more chain store pharmacies. He said that the LPC were concerned about passing work to pharmacists which was not paid, such as advising the public on medical issues. Councillor Page asked if there had been an increase in the public visiting their pharmacist rather than their local doctor or A&E. Officers said that it was part of the national contract for pharmacists to give advice to the public. The number of consultations made was not recorded, but the LPC would say there was increasing pressure on pharmacists to deliver that service.

62.6 Resolved:

- 1) That the Board approves publication of the 2018 Pharmaceutical Needs Assessment Report.
- 2) The HWB are asked to approve the process for supplementary statements delegating authority to the Director of Public Health working with the PNA Steering Group to identify and implement any future amendments to the PNA and to bring

back a full revised PNA to the HWB in April 2021. Before this any pharmacy closures will be reported to the HWB.

The meeting concluded at 6.55pm

Signed

Chair

Dated this

day of