

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 10 JULY 2018

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Cllrs Karen Barford (Chair), Clare Moonan, Dick Page, Nick Taylor and Andrew Wealls; Dr David Supple, Wendy Carberry, Malcolm Dennett, and Dr Jim Graham (Brighton & Hove Clinical Commissioning Group)

Also in attendance: Rob Persey, Statutory Director of Adult Social Care; Alistair Hill, Director of Public Health; Jo Lyons, Assistant Director, Education & Skills; and David Liley (Brighton & Hove Healthwatch)

PART ONE

14 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

Declarations of Substitutes

- 14.1 The Assistant Director, Education & Skills was in attendance as a substitute for the Executive Director, Families, Children, & Learning.

Declarations of Interest

- 14.2 There were none.

Exclusion of the press and public

- 14.3 There were no Part Two items on the agenda.

15 MINUTES

- 15.1 **RESOLVED:** That the Health & Wellbeing Board agreed the minutes of the meeting held on 12 June 2018 to be a correct record of the meeting.

16 CHAIR'S COMMUNICATIONS

- 16.1 The Chair stated:

“Councillor Penn

“Councillor Penn has been a valued long standing attendee of the HWB. Although not a voting member she attends as the lead member for mental health. She will not be attending the Board for a period of time to concentrate on the Children and Young Peoples agenda.

Fast Track City

“The Towards Zero HIV Taskforce and its four working groups (covering: stigma; innovations in testing and care; patient involvement and peer support; research and education) are now established with terms of reference in place and are meeting regularly.

“Bertrand Audoin, Vice President Strategic Partnerships, International Association of Providers of AIDS Care (IAPAC) visited Brighton & Hove on 21st June to spend the day meeting with members of the Towards Zero HIV Taskforce and other stakeholders.

“The first annual report of the Towards Zero HIV Taskforce on progress to date is due to be completed in August and will be presented to the Health and Wellbeing Board in due course

Carers Week

“Each year National Carers Week is celebrated and last month Brighton & Hove City we held a range of events to:

- Thank our city’s carers young and old
- Promote support for carers with employers
- And
- Publicise our Carers Hub which is a new partnership of three local charities and local authority assessment staff, who have joined together to create a focal point for unpaid carers, to get information and support they need. The Carers Hub aims to improve the quality of life of carers in Brighton & Hove by offering a wide range of services and comprehensive local resources for carers of all ages. The link to the hub is <https://carershub.co.uk/#primary>

“In Brighton & Hove we have nearly 24,000 unpaid carers and while the role can be rewarding, it equally can have negative impacts. Carers will sometimes need support both in their caring role and to have a life outside of caring. Yet, national statistics evidence that both the physical and mental wellbeing outcomes of carers is less than people of a similar age without caring responsibilities. But there is support available. If you know anybody

who you think might benefit then please direct them to the Brighton & Hove Carers Hub

TAKEPART 2018:

“On Saturday 23rd June 2018, an estimated 6000 people attended TAKEPART 2018 event held at the Level. TAKEPART is an annual public health initiative celebrating active lifestyles for people in the city.

“TAKEPART is organised by Brighton & Hove City Council Healthy Lifestyles Team working in collaboration with 70 local sports clubs, dance, exercise groups and other organisations who provide opportunities for people to lead an active lifestyle in the city.

“The event provided a wide range of performances/demonstrations and taster activities for people of all ages and abilities, and included a dedicated active transport zone.

1. The event and all activities were free to participate in and attend.
2. All activities were suitable for beginners or those with no prior experience of the activity
3. Activities were only promoted if they were available in the city throughout the year.
4. All activities promoted the ethos of inclusion

“Alongside physical activities, the event included a Sugar Smart Healthy Eating area supported by local food outlets registered with the Healthy Choice Scheme, and a dedicated Healthy Lifestyles Zone. Hosted by the Healthy Lifestyles Team and Beezee Bodies this zone provided information and advice, wellbeing checks and referral/signposting to local support on becoming more active, healthy eating, stopping smoking and alcohol reduction.

“The event also saw Albion in the Community (AIRC) launch their Check A Mate & Save A Life skin cancer campaign. AIRC worked in partnership with Brighton and Sussex University Hospitals NHS Trust and Brighton and Hove CCG to provide a free mole check clinic, as well as free sun cream and UV reactive wristbands and advice about staying safe in the sun. Sixty eight mole checks took place resulting in five referrals to secondary care, including two serious skin cancers.

“Work in the planning and delivery of TAKEPART sought to reduce environmental impact. Teaming up with the Sustainability Business

Partnership CIC work was undertaken to review the event with a focus on reducing single use plastic. This led to: the use of reusable drinking containers for staff and volunteers, ensuring availability of free drinking water at the event and providing specific guidance to caterers and exhibitors on reducing their environmental impact when attending the event.

Walking Out of Darkness

“The Walking Out of Darkness event was held on Sunday 24th June. The 10 mile walk was part of several around the country aimed at raising awareness on mental health issues run by CLASP(Counselling Life Advice Suicide Prevention Charity). The Executive Director of Health & Adult Social Care, Rob Persey, was one of the walkers on what was one of the hottest days of the year so far.

Small Acts of Friendship

“Small Acts of Friendship is having a real impact on patients in the elderly care wards at the Royal Sussex County “Hospital. A regular and structured team of Small Acts of Friendship Activity Staff and Volunteers providing hairdressing, hand massage, art and poetry sessions and digital reminiscence sessions for those patients who are well enough and wish to participate. Daily newspapers are offered and are really popular with patients.

“In order to record and celebrate the impact of Small Acts of Friendship, filmmaker David Ward produced a short film .The film is available on the Small Acts of Friendship website, on vimeo <https://vimeo.com/273850892> and on Facebook <https://en-gb.facebook.com/Friends-of-Brighton-Hove-Hospitals-118526171594340/>. I understand there is also a just giving campaign and again the link will be in the minutes.

<https://www.justgiving.com/campaigns/charity/fbhh/smallactsoffriendship>

Draft City Plan

“The draft City Plan Part Two was approved at the 21 June Tourism Development & Culture Committee for a 10 week period of consultation from July 5th to September 13th. The City Plan Part Two supports the implementation and delivery of the City Plan Part One (adopted in March 2016) through the allocation of additional development sites and through a suite of detailed development management policies which will be used in the determination of planning applications. The development management policies cover a wide range of topics including high quality design and

places, safe and sustainable travel and community facilities. A number of these policies are intended to promote health and wellbeing and we would be very pleased to receive responses to the consultation from members of the Board. Details of how to respond are available on the City Plan Part Two webpage www.brighton-hove.gov.uk/content/planning/planning-policy/city-plan-part-two”

17 FORMAL PUBLIC INVOLVEMENT

17.1 The Chair noted that four public questions had been received and invited Sophie to ask her question:

““Why has the St Mungo's Contract for outreach services been extended without the authority of Councillors (contrary to advice from the Council’s auditors) and without an examination of effectiveness, results, value for money, or competence of work prior to March 2018?”

17.2 The Chair responded:

“In 2015 a competitive tender was undertaken by Brighton & Hove City Council for the Rough Sleeper Street Outreach Service. Following a successful bid, St Mungos was awarded the contract and replaced CRI (now CGL) the previous provider.

“The Street Outreach Service contract contains an extension clause which can be utilised upon mutual agreement by both parties. This is standard and applies to the majority of the contracts awarded to homeless services through Health & Adult Social Care. The contract can be extended beyond the current expiry date of 01/09/2018 for an additional period of up to two years. The Council should give 3 months’ notice should they wish to utilise this option. The use of the extension is permitted under the Public Contracts Regulations 2015, as the option was included in the original Contract Notice dated 24/04/2015.

“We can find no record of auditors making any recommendations regarding this contract.”

17.3 Sophie put a supplementary question to the chair:

“Does the Committee believe that the views of those who are homeless and those who attempt to represent their interests should have an input into the renewal of this contract?”

17.4 The Chair responded:

“Where ever possible, stakeholders including service user representative feedback is utilised as part of the contract monitoring process. This service has received consistently positive feedback with stakeholders commenting on quick responses and good partnership working.”

- 17.5 The Chair invited Ms Garrett-Gotch to ask a question on behalf of Nichole Brennan who was not in attendance:

“At the Committee meeting held 13.6.18 the Chairperson stated ‘We are proposing to recommission Severe Weather Emergency Protocol (SWEPE) provision this year and a timetable is currently being drawn up by our procurement department based on available resources.’ What progress has been made and what measures have been taken to ensure the process is transparent and accountable?”

- 17.6 The Chair responded:

“Brighton & Hove City Council is due to go out to tender in summer 2018 for severe weather provision for rough sleepers. As part of the recommissioning process the trigger for opening severe weather provision is subject to a public consultation. We are also gathering feedback from agencies working with rough sleepers and supporting SWEPE. The consultation closes on Friday 6th July. Once collated the feedback will inform the development of the specification for the newly tendered service. The tender will be issued publicly and Service Providers who are interested in running severe weather provision will need to submit a proposal and answer a series of evaluation questions which will be evaluated by a panel. The tender will be evaluated and awarded in early Autumn 2018.”

- 17.7 Ms Garrett-Gotch asked if the Council had considered bringing the SWEPE provision in house rather than using an external contractor.

- 17.8 The Chair responded that the responses to the consultation would have to be considered before a decision could be made about what form the SWEPE provision would take. The Council would be approaching the process with an open mind and no options had yet been ruled out.

- 17.9 The Chair invited Dr Tredgold to ask his question. Dr Tredgold stated that his question followed from the response to the GP survey which was presented at June 2018 Board meeting. He stated that he was pleased to learn that the social care budget was being protected but there was still a lack of provision and of coherent signposting and support for GPs. He asked the Chair how many hospital admissions in Brighton & Hove might have been avoided with more support in the community.

- 17.10 The Chair responded that it was an almost impossible question to answer as most admissions bar urgent accident and emergency could be avoided if there was robust preventative services, people made appropriate lifestyle choices and there were an infinite level of resources available in the community from all areas including health and social care.

- 17.11 Dr Tredgold stated that he disagreed with the assertion in the response to the GP survey that GPs were confused about where to direct patients but that there was an issue with lack of capacity in the Rapid Response service. He asked how many patients had been referred to social services who had then been transferred to Rapid Response and how many referrals had been made to Rapid Response at times when there was no capacity in the service.

- 17.12 The Chair thanked Dr Tredgold for raising the issues as the Council was always looking to remove any confusion and ensure that access and pathways were clear to all parties in the system. This is an ongoing activity which reflected the improvement and changes in care pathways. Access Point was the single route into social care services or for sign posting to community provision. Last year 60 people were referred from Access Point to Rapid Response.
- 17.13 The Chair stated that she did not have the figures for how many referrals were made to Rapid Response at a time when there was not capacity to accept them and she would provide a written response to Dr Tredgold.
- 17.14 The Chair invited Ms Garrett-Gotch forward to ask her question:
- “It has come to our understanding that the meals on wheels contract had come to an end with BHCC. What would replace this and were there any provisions for the city’s food poverty action plan for people who were living with malnutrition in your accommodation?”
- 17.15 The Chair responded that:
- “The Health & Wellbeing Board have had several reports covering the community meals provision over the past 2 years.
- “Brighton & Hove City Council’s Community Meals Service contract (meals delivered to people in their own homes) with the Royal Voluntary Service (‘the RVS’) ended on the 31st of March 2016. This was due to a significant reduction in the numbers of people requesting the service. The increase in funding needed by the RVS to continue running the service was not available.
- “Therefore in December 2015, in advance of this end of contract, the Council sought new providers who could offer multiple choice menus of wholesome and nutritious meals. At the end of February 2016 three providers had come forward, two providing hot & chilled meals (License to Freeze and Mother Theresa’s) and one providing frozen meals (Oakhouse). All satisfied the nutrition and Safe & Well criteria and all are available to residents of emergency accommodation.
- “In addition a list of lunch clubs/coffee clubs was created which can be obtained, via AccessPoint, by individuals sourcing food options for themselves or a family member.
- “As mentioned earlier, there have been several reports about the change to the service at this board. The last one came to the Board on 13th June 2017. This report covered the post transition user survey which showed that people were happy with the new provision, that they felt it was less restrictive and also provided a wider range of meals for varied tastes and needs. The report is available online: <https://present.brighton-hove.gov.uk/ieDecisionDetails.aspx?ID=3794>”
- 17.16 Ms Garret-Gotch asked the Chair if she could provide the figures for the number of people suffering from malnutrition in 2016 compared to now as through her work with Sussex Homeless Support she had encountered a lot of individuals in temporary accommodation who were coming to them for food.

- 17.17 The Chair thanked Ms Garret-Gotch for her question and stated that she would provide a written response which was sent to Ms Garret-Gotch on 26 July 2018:

“Thank you for your question. As you may be aware there are statutory responsibilities for ensuring safeguarding of vulnerable people. Care Assessments are undertaken to assess the ability to access adequate food and nutrition as well as being able to eat and drink. The Board understands that this issue has come up in previous committees and would like to stress that if anyone has any concerns about any individual in our city please contact AccessPoint, the first point of contact for Adult Social Care.

Phone 01273 295555

Minicom 01273 296205

Email: accesspoint@brighton-hove.gov.uk”

18 FORMAL MEMBER INVOLVEMENT

Written Questions from Members

- 18.1 The Chair noted that two questions and a letter had been received and invited Councillor Page to ask his question:

“There have been recent local press releases concerning significant saving having to be made by our local CCG in health care services in this financial year. Are these total proposed savings not more or less cancelled out by the prime minister’s announcement this week of extra funding for the NHS?”

- 18.2 The Chair responded on behalf of Brighton & Hove CCG:

“Brighton and Hove CCG welcomes the news of a proposed new long-term funding agreement with the NHS and we await the details of what this will mean for our local population. However, as the proposal is due to start in 2019-20, any new funding agreement will not change our financial obligations for the current financial year.

“Last week we set out the need for the five CCGs across the Alliance to collectively save £50m by next April and we remain committed to achieving this. We have a duty to ensure local services are being commissioned in a sustainable and affordable way and that we do not carry on spending more money than is available to us. This will involve some difficult decisions having to be made and will need us to be open and honest with our patients, public and stakeholders about the services that we can no longer afford.

“As part of this, clinicians are currently reviewing all health and care services that have limited or no clinical benefit to patients to identify any areas where money is not being spent as effectively as it should be. Any decisions proposed as a result of this review will be based on whether a service is clinically effective and is a clinical priority, as well as input and feedback we have received from our local population.”

- 18.3 Councillor Page asked if the CCG could provide assurance that any future proposed reductions in services would be made public and be subject to a full consultation process.

18.4 The Chair stated that she would ask the CCG to provide a formal written response and that the Board's priority was always ensuring the best outcomes for residents

18.5 The Chair invited Councillor Mac Cafferty to ask his question:

“Can the Chair of the Health and Wellbeing Board tell me if they believe this Council practices effective partnership work with the Clinical Commissioning Group when funding was suddenly cut to the counselling services at the Brighton Women's Centre. Shouldn't effective partnership working mean such cuts to contracts won't come as a surprise to important providers, this council or our city?”

18.6 The Chair responded:

“As you are aware the Council and CCG agreed to a period of shadow working together prior to integrating services. The reason for the shadow period was because health and social care are very different in many areas. There are different governance and decision making structures and as your question demonstrates very different budget setting timelines. While a council has to set a balanced budget by the end of each February, NHS bodies often do not know what their financial position is and can, have in year cuts as well as in year increases. The very issue you have raised are the reasons effort is being made to integrate key commissioned areas within the city to provide stability. However the shadow period only formally started in April this year and joint working does require working through difficult decisions made by one or other partner before a robust partnership can be formalised as well as having agreed ways of working to prevent or minimise these issues in future and there is a Caring Together standing item on the board.

With regard to the particular service you mentioned in your question, the Brighton Women's Centre, it is particularly important to note that the CCG did not 'cut' funding to this service. The decision was made independently by HERE, the contracted provider.”

18.7 Councillor Mac Cafferty stated that research from the Women's Budget Group suggested that the burden of austerity had fallen disproportionately on women and that services such as those provided at the women's centre had seen an increase in demand. He asked how the Board would be supporting the women's centre given that the budget was unlikely to increase next year.

18.8 The Chair stated that she was in agreement with Councillor Mac Cafferty that these services did need to be protected and would provide a formal written response to him.

Members Letters

18.9 The Chair invited Councillor Janio to speak to his letter. He stated that he felt residents of Hove and Portslade currently suffered from under-resourced health infrastructure and had done since the closure of the Hospital in Hove. Cancer diagnostics was the most important evolving issue in health care and GP services in North West Hove were inadequate. An urgent treatment facility in Brighton & Hove had been mandated by the Government and Toad's Hole Valley was the ideal location for this as there was already a lot of development in the area which would mean access to s106 and Community Infrastructure Levy funds. Councillor Janio called on the Board to commission a

feasibility study to push forward with locating a new facility in Hove and provide the services which residents desperately needed.

- 18.9 The Chair responded to Councillor Janio's letter: "As you are aware the HWB have had queries about the numbers of GPs within the city and access to some services. These are referred to HOSC as part of their ongoing scrutiny of primary care within the city. Their next report is due in October.

"In September we will be having a presentation about the Brighton General site from Sussex Community Trust. We will be happy to take this letter and give this to the CCG as I understand that the CCG will be presenting their vision of primary care in the city including services across the city as part of the Health and Wellbeing Board normal reporting under Caring Together.

"Toad Hole Valley is a large development and infrastructure would have to part of the build. Again we would ask the CCG to address this in their September update."

18.10 **RESOLVED:**

That the Health and Wellbeing Board:

- 1) Agrees that this letter is referred to the CCG and be addressed as part of the presentation at the September Board
- 2) Notes the letter

19 CARING TOGETHER: MOVING TOWARDS INTEGRATION

- 19.1 The Executive Director, Health & Adult Social Care and Dr Hobson, representing the CCG introduced the report which covered why there was a drive to integrate, where the process started and what it would take to achieve. They emphasised that integration was not motivated by savings; it was about delivering effective services for the city and the best possible outcomes for patients.
- 19.2 Councillor Page stated that integration would not address the systemic issues in health and social care and that budget pressures would continue. He understood that while the motivation to integrate was not to address these problems he hoped that closer working would allow the organisations to share intelligence and better consult about service changes in the future.
- 19.3 The Executive Director, Health & Adult Social Care responded that the sustained period of financial challenge was very likely to continue and that while integration would not directly address this it would ensure that resources are being effectively used. The organisations also needed to learn how to work effectively together so that the Council and CCG can have the difficult conversations with patients that were needed.

- 19.4 In response to Councillor Page, Wendy Carberry stated that no decision about the closure of the walk in centre had been taken and that the CCG would engage in a full consultation before taking any decisions about future models of care in the community.
- 19.5 Malcom Dennett urged the Board not to underestimate the complexity of the governance issues involved in integration. The CCG and Local Authority had a different statutory and funding basis. There was a lot of work which needed to be completed during the shadow period. It was not enough to rely on Section 75 Agreements as these were designed for a very different purpose.
- 19.6 The Chair stated that it was important to remind residents that the Caring Together programme was a way of the Council and CCG working together; the Council had not signed up the local Sustainability and Transformation Partnership (STP), the STP was not statutory, they varied across the country, and STPs were not an Accountable Care System.
- 19.7 **RESOLVED:** That the Health & Wellbeing Board noted the report

20 ADDITIONAL TARGETED FUNDING TO REDUCE ROUGH SLEEPING

- 20.1 Officers introduced the report which detailed additional funding which the Council had successfully bid for to reduce rough sleeping over winter 2018/19. This would provide an additional 20 places on top of the Council funded night shelter.
- 20.2 Officers proposed a motion to amend recommendation 1.3 as shown in bold italics below to clarify the period of the potential extension:
- “1.3 to procure and award a contract for the provision of and management of a Rough Sleepers Hub and subject to satisfactory performance and available funds to agree extensions of that contract ***for an additional year;***”
- 20.3 Councillor Moonan stated that rough sleeping had been a priority for the administration and that the report was part of a broad programme which sought sustainable outcomes and to get people into stable accommodation. The recent consultation on the Severe Weather Emergency Protocol provision had received 334 responses and the majority of these welcomed the proposed drop in the threshold for enacting the protocol. There were an estimated 178 rough sleepers in the city and with the improved provision Councillor Moonan was optimistic that this would be significantly reduced.
- 20.4 Councillor Page stated that the report was a very positive development and hoped that the service could be provided beyond the one or possibly two years suggested in the report. He asked if the housing first model would be considered when assessing rough sleepers through the night shelter.
- 20.5 Officer responded that the Housing First model was still an option but it depended on the availability of suitable accommodation and so could not always be offered.
- 20.6 In response to Councillors Page and Taylor, Officers stated that in order to promote good governance they were trying to limited the number of Committees reports went to. As the Social Care budget and strategic oversight for programmes aimed at reducing

rough sleeping sat with the Health & Wellbeing Board this report had been brought to this meeting. Where there were specific asks for other committees reports would be taken there for approval.

- 20.7 The Chair stated that the report would be circulated to members of the Housing & New Homes Committee for information.
- 20.8 Councillor Taylor stated that he was pleased that the Government had awarded this grant to the Council and was keen that oversight of the programme was maintained by either the Health & Wellbeing Board or Health Overview & Scrutiny Committee.
- 20.9 Officers responded that a high level of reporting to Central Government had been a requirement of the grant and that this data would also be available for scrutiny by Members.
- 20.10 The Director of Public Health stated that Community and Voluntary Sector partners had been excited by the prospect of being able to build upon the good work from last year when the Council had discussed the award with them.
- 20.11 The Chair asked the Board to formally thank the officers who had written the successful bid with short notice. The Health & Wellbeing Board agreed to formally give thanks to the officers.
- 20.12 The Chair called a vote; the Board agreed to amend recommendation 1.3 and to the substantive recommendations as amended.

20.13 **RESOLVED:**

That the Health & Wellbeing Board grants delegated authority to the Executive Director for Health and Adult Social Care to:

- 1) procure and award contracts in accordance with the requirements of the funding allocation from MHCLG for the provision of services for rough sleepers;
- 2) vary the terms of existing contracts for the provision of rough sleeper services where permitted to give effect to the terms of the funding allocation from MHCLG for the provision of services for rough sleepers;
- 3) to procure and award a contract for the provision of and management of a Rough Sleepers Hub and subject to satisfactory performance and available funds to agree extensions of that contract for an additional year;
- 4) to take all steps necessary to establish and manage a night shelter over the winter of 2018/9 with funding from the H&ASC Commissioning Budget

21 FOOD STRATEGY AND FOOD ACTION PLAN UPDATE

- 21.1 Officers introduced the report with Emily O'Brien from the Brighton & Hove Food Partnership. Emily O'Brien stated that Brighton & Hove had been one of the first places

to take a strategic approach to food poverty and she was proud of what had been achieved over the last three years. The report showed the next steps for the city including achieving the Gold Standard for Food Sustainability and the new partnership action plan which would pick up the wider food strategies.

- 21.2 The Chair welcomed the report and stated that the call for the Board to take more strategic ownership of the area was welcome.
- 21.3 Councillor Page stated that access to good nutritious food was a basic human right and that this report highlighted the need to ensure that this was available to residents. Councillor Page proposed a motion to amend the wording of recommendation 1.3 as show below in bold and italics.
- “1.3 Include in the formal action plan a request for officers to undertake a further investigation into the nutrition and hydration needs of older **and vulnerable** people in the city, as part of a citywide preventative approach to spot malnutrition earlier and reduce avoidable hospital admissions & readmissions.”
- 21.4 Councillor Page stated that as highlighted by the public questioner earlier in the meeting there were vulnerable people in the city potentially in council accommodation who were suffering from malnutrition. The Chair seconded the motion.
- 21.5 Councillor Wealls stated that he was aware of the excellent school governor support service run by the Council and stated that this could be a vehicle to allow the Brighton & Hove Food Partnership to better engage with schools.
- 21.6 The Assistant Director, Education & Skills stated that she would be happy to help the Food Partnership better engage with schools and that the work that had been done around ‘poverty proofing the school day’ had looked at malnutrition.
- 21.7 Emily O’Brien stated that Brighton & Hove Food Partnership were a relatively small organisation and did not have the capacity to engage with schools on an individual basis and would welcome any chance to engage with schools across the city.
- 21.8 The Director of Public Health welcomed the positive but challenging report. He stated that the Health & Wellbeing Strategy should look to build health and wellbeing throughout the City and the Food Partnership exemplified that approach.
- 21.9 The Chair called a vote; the Board agreed to amend recommendation 1.3 and agreed to the substantive recommendations as amended.

21.8 **RESOLVED:**

That the Health & Wellbeing Board:

- 1) Note the progress on and the success of the citywide strategic approach to addressing food poverty
- 2) Agree that the Health & Wellbeing Board / Performance and Information Group receive a report of progress against the Food Strategy Action Plan as necessary.

- 3) Include in the formal action plan a request for officers to undertake a further investigation into the nutrition and hydration needs of older and vulnerable people in the city, as part of a citywide preventative approach to spot malnutrition earlier and reduce avoidable hospital admissions & readmissions.
- 4) Approve the bid for Brighton and Hove to continue to lead the way nationally by becoming a 'Gold Sustainable Food City.'

22 VERNON GARDENS EXTRA CARE SCHEME

- 22.1 Officers introduced the report which sought to retender a joint Council and CCG contract to provide care services at the Vernon Gardens Extra Care Scheme. The provider would have to be registered with Care Quality Commission and the have a commitment to pay the Brighton & Hove Living Wage.
- 22.2 In response to the Chair, officers stated that the contract called for the provider to cover scheduled health visits between 7am -11pm as well as an overnight on call service and an intercom service for every flat.
- 22.3 In response to Councillor Page, Officer stated that the contract would be more flexible than the existing contract as it would allow patients to choose an alternative provider for their day time care visits if they did not wish to use the overall provider for the scheme.

22.4 **RESOLVED:**

That the Health & Wellbeing Board grants delegated authority to the Executive Director of Health and Adult Social Care to:

- 1) Procure and award a contract for home care to support people living at Vernon Gardens extra care scheme with a term of five years and;
- 2) Agree an extension (or extensions) of up to one year plus another year to the contract if it's deemed appropriate & subject to the budget being available.

23 PHARMACEUTICAL NEEDS ASSESSMENT

- 23.1 Officers introduced the report which was a response to a proposal to close a pharmacy and merge its service with another larger pharmacy which was located on the same street.
- 23.2 The Executive Lead Officer, Strategy, Governance & Law proposed a motion to amend recommendation 1.3 as shown in bold italics below:

- 1.3 ~~The Board approves~~ ***Recommends to the Policy, Resources & Growth Committee delegating authority to the Director of Public Health in liaison with the Chair of the HWB and the PNA Steering Group for sending representations to NHS***

England, if a request for a consolidation of a pharmacy happens within 45 days when the Health & Wellbeing Board is not meeting.”

- 23.3 Explaining the purpose of the officer amendment, the Executive Lead Officer, Strategy, Governance & Law stated the change to the recommendation was necessary as the constitution did not allow for the Board to make a permanent change to the scheme of officer delegations and this would have to be approved by Policy, Resources & Growth Committee.
- 23.3 Councillor Page stated that he was reassured that the consolidated pharmacy would be retaining the late night provision.
- 23.4 Councillor Taylor stated that he had no concerns about the closure addressed by the report but asked what work officers were doing to monitor pharmacy provision in the city to ensure that any the Council and CCG.
- 23.5 Officers stated that any changes to pharmacy provision are reported on a quarterly basis by NHS England to the Pharmaceutical Needs Assessment Steering Group. Changes are mapped to give a clear picture of provision in the city and to show where there is any possible under or over provision.
- 23.6 The Chair called a vote; the Board agreed to amend recommendation 1.3 as proposed and agreed to the substantive recommendations as amended.

23.7 RESOLVED:

That the Health & Wellbeing Board:

- 1) Agrees that the following representation should be made to NHS England:

The Board requests that NHS England ensures that the proposed consolidation of two pharmacies (Paydens Ltd trading as Ashtons Pharmacy, 98 Dyke Road, Brighton, BN1 3JD and Canterbury Pharmacies Ltd, trading as Watt & Co Chemist, 110 Dyke Road, Brighton, BN1 3TE) does not create a gap in pharmaceutical services; the Board would like assurance regarding the space available and if this is sufficient for the demand required by patients, details regarding the number of pharmacists available to provide services in the consolidated pharmacy in comparison to across both sites when open and whether the time to prepare and provide prescriptions will be increased.

- 2) If answers to the above issues are that the consolidation of the pharmacy will not reduce service provision, the Board seeks assurances that the proposed consolidation of the two pharmacies would not create a gap in pharmaceutical services that could be met by a routine application to meet a current or future need for pharmaceutical services, secure improvements, or better access, to pharmaceutical services.
- 3) Recommends to the Policy, Resources & Growth Committee delegating authority to the Director of Public Health in liaison with the Chair of the HWB and the PNA Steering Group for sending representations to NHS England, if a request for a consolidation of a pharmacy happens within 45 days when the Health & Wellbeing Board is not meeting.

24 ITEMS REFERRED TO FULL COUNCIL

24.1 No items were referred to Full Council.

The meeting concluded at 6.20pm

Signed

Chair

Dated this

day of