

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 23 JULY 2019**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Moonan (Chair); Appich (Deputy Chair), Shanks (Opposition Spokesperson), Bagaeen (Group Spokesperson), Nield, Brighton and Hove Clinical Commissioning Group (BHCCG): Dr David Supple (Deputy Chair), Llola Banjoko, Ashley Scarff and Malcolm Dennett

**Also in Attendance :** Geoff Raw (Chief Executive), Rob Persey (Statutory Director, Adult Social Care), Pinaki Ghoshal (Statutory Director, Children's Services), Alistair Hill (Director Public Health), Graham Bartlett (Brighton and Hove Safeguarding Adults Board), David Lile (Brighton and Hove Healthwatch) and Liz Culbert, Head of Legal Services

**PART ONE**

**1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**1(a) Apologies**

1.1 Apologies for absence were received from

**1(b) Declarations of Substitutes, Interests and Exclusions**

1.2

**2 MINUTES**

2.1 **RESOLVED** – That the Chair be authorised to sign minutes of the meeting held on 19 March 2019 as a correct record.

**3 CHAIR'S COMMUNICATIONS**

3.1 The Chair opened her communications by stating how delighted and honoured she was to have been appointed as Chair of the Board. There were many exciting opportunities ahead including:

- There was an ambitious Health and Wellbeing strategy to be implemented; this would have a real impact on the health and happiness of residents throughout their lives;

- Also, a new NHS Plan with a real focus on prevention and integration with the Board at the forefront of its implementation.

- 3.2 The Chair, wanted to stress the critical nature of the partnership with health colleagues, resident groups and other partners and how important it would be to work together to address the health challenges we had in the city. She welcomed new and existing members and gave them the opportunity to introduce themselves. At the last Board meeting it had been agreed to review the Board's terms of reference and membership. In view of the work coming forward it was very important that membership of the Board reflected that and that it was focusing on the right issues. The Chair wished to reassure Board members that the next steps in commencing that work would be starting very soon and that members would be kept fully informed.

### **Length of Chair's Communications**

- 3.3 The Chair went on to explain that a great deal of information was placed into Chair's Communications. Whilst this information was welcome and it was important to keep people informed about what was going on, the amount of information seemed to be growing at each meeting. She wanted to see if it would be useful to reduce these at the meeting, but to send a summary newsletter following each Board meeting providing detail on items from both the Council and CCG. This would be trialled over the summer to enable Board members to provide their views and in the meantime she was seeking to reduce the content that was verbally updated at the meeting.
- 3.4 The Chair provided an update in respect of the following:

### **Equalities Lead**

- 3.5 Councillor Grimshaw had been appointed Lead Member for Equalities. This was very welcome as the equalities agenda was vital to ensure inclusion and representation of all groups with protected characteristics. In order to support her the Chair would be focusing on Mental Health and Councillor Appich would be providing a focus on Learning Difficulties and Disabilities. The most important message that they wanted to get across was that the council was inclusive and here to support the city's most vulnerable residents and the providers who supported them and she was sure that health partners were in agreement with those aims.

### **Carers Festival**

- 3.6 A very successful carers festival had taken place. This had been well attended and the Chair had asked for a report on the event and its outcomes. An updated Carers Strategy which would build on the Health and Wellbeing Strategy 4 Wells, was scheduled to come to the September meeting of the Board.

### **Disability Pride**

- 3.7 That years Disability Pride event had also taken place recently. However, notwithstanding that it had been well attended it was intended to engage the Board in supporting the event earlier next year in order to ensure that this event received the support it needed.

### What's Out There

- 3.8 On 18 July more than 240 people had come along to the biggest free event in the city for people with learning disabilities or autism to see for themselves what was on offer in Brighton and Hove. This had been a great example of collaboration between the council, CCG, Amaze, Speak Out and the Carers Centre. Around 50 local organisations had showcased the advice/support they provided around health, housing, education, employment, money and more. There had also been activities to try out including dance, sketching, hula hooping and badminton.

### Pride

- 3.9 The Chair had been asked to provide information about how everyone could support the NHS during Pride. Brighton Pride was the biggest summer festival in the city that saw hundreds of thousands of local residents and visitors flocking to the streets to enjoy the celebrations. The local NHS was pleased to support Pride in the city. With so many visitors and locals out enjoying the festivities it was more important than usual the everyone had access to local health services, receiving the right care, in the right place at the right time. Alternatives to A&E for urgent care when it was not an emergency, included the NHS [www.nhs.uk](http://www.nhs.uk) and pharmacists could also help by offering treatment advice and recommending remedies.
- 3.10 The Local NHS was calling on everyone to support ensuring that Pride visitors accessed non-emergency care offered in the city, freeing up emergency services for those who needed them most over Pride weekend by using the materials in the toolkit a link to which would be provided in the minutes. Members support in spreading the messages of this campaign would be greatly appreciated and would help to ensure that the local NHS emergency department was free to treat those in most need first during Pride 2019.

### Strategy

- 3.11 The Health and Wellbeing Strategy covered a huge number of areas and impacted on a lot of the council's business not all of which came to the Board, so the Chair highlighted a few items which had been considered at other committees:
- Safeguarding in the Night Time Economy had provided an update on the services that were available to help people in the city at night <http://phantom-brighton-hove.uk/ieDecisionDetails.aspx?Id=5488&LLL=0>
  - The Cycling and Walking Infrastructure Plan <http://phantom.brighton-hove.gov.uk/mgAi.aspx?id=74060&LLL=0>. Both of these supported the Living Well agenda. People were encouraged to have a look.

### Pharmacy

- 3.12 one of the key responsibilities of the Board was to oversee the Pharmaceutical Needs Assessment of the city to ensure residents had access to pharmaceutical support. NHS England been informed that Boots in London Road was relocating to 5-8 London Road. This was only 100 metres across the road and would not have a detrimental impact in

the community as the level of service and opening hours would not be changing. As there was no gap in provision created by this relocation, the HWBB did not need to make any representations to NHS England about the move.

### **Suicide Prevention**

- 3.13 Recently an update had been received in respect of the council's suicide prevention strategy. Brighton and Hove had a higher than average suicide rate and the Chair was very pleased to announce that confirmation had recently been received that, following submission of a bid earlier in the year, the Sussex and East Surrey STP had been awarded £687,000 Suicide Prevention Transformation Funding by NHS England. Funding had been awarded initially for one year. This initiative would complement the local authority led local Suicide Prevention Strategy agreed by the Health and Wellbeing Board earlier in the year.
- 3.14 Additionally, the Chair was pleased to report NHS Brighton and Hove CCG and Brighton and Hove City Council had been awarded a five-year "Community Roots" contract to local housing, care and support provider, Southdown, to transform non-clinical mental health services across the City. The first of its kind in Sussex, the City wide contract which would start in October 200119 would bring together 15 separate organisations to strengthen, develop and integrate mental health support for different levels of need.

### **Homelessness and Rough Sleeping**

- 3.15 At Full Council on Thursday of that week it was hoped that the proposal to consolidate homelessness and rough sleeping issues into one committee, the Housing and New Homes Committee would be approved. This would improve consistency and clarity around decision making on this very important policy area. Therefore, papers and public engagement on these issues would be forwarded to that committee rather than come forward to the Board. The Chair wanted to assure everyone however, that committee papers would still have input the Health and Adult Social Care directorate and relevant lead members as necessary to ensure that the very best, evidence based decisions were arrived at.
- 3.16 **RESOLVED** - That the content of the Chair's Communications be received and noted.

### **Callover**

- 3.17 The Chair stated that there were two late reports. She had taken the decision as Chair to accept them on this occasion. However, as reports were usually planned well in advance of each Board meeting there was generally little reason for delay and late reports might not be accepted in future.
- 3.18 The following items on the agenda were reserved for discussion:
- Item 6: Adults with Multiple Long-Term Conditions – Joint Strategic Needs Assessment;
  - Item 7: Moving Forward Together in Partnership – Presentation;
  - Item 8: Brighton and Hove Health and Wellbeing Strategy 2019-30 Delivery Plan;
  - Item 9: Better Care Plan;

- Transition to New Children’s Safeguarding Arrangements

3.19 The following item was not reserved for discussion and was therefore taken as received and the report recommendations agreed:

- Item 11: Commissioning of Sexual Health Services.

#### **4 FORMAL PUBLIC INVOLVEMENT**

##### **Written Questions From Members of the Public**

4.1 The Chair informed the Board that one public question had been received from Mr John Kapp. The Chair invited Mr Kapp to put his question:

“Does the Board agree that health inequalities and the crisis in primary care would be reduced if a new social prescribing system were co-created with complimentary therapists, by which they would be paid as pharmacists are paid for drugs, and if so, what plans has the Board to use their budget of £540mpa to implement this new system.”

4.2 The Chair thanked Mr Kapp for his question and explained for the benefit of the public who were present that Social prescribing is a way of enabling healthcare professionals to refer patients to a link worker to co design a non clinical social prescription to improve their health and wellbeing, in ways that address the environmental, social and economic determinants of health and wellbeing. It works holistically and flexibly in a person centred way to understand people’s issues and find and connect them to services and/or activities that will support and help them. Most issues at the centre of social prescribing and its approach included: loneliness, housing, work/skills and finance/debt.

4.3 The Chair stated that she considered that it was important to highlight that this was not an alternative to clinical/medication intervention and did not include counselling. The detailed written response which was provided and is set out below response provided information about the NICE guidance and the national picture which helped with the understanding of the anticipated provision.

##### **“Social Prescribing in Brighton and Hove.**

Brighton and Hove Impetus have been the provider of SP within primary care through “Community Navigation” for approx. 5 years, growing from a 16 practice pilot to a city wide model. The service developed to cover all GP “clusters”, however approx. half of the GP practices in the city either do not use the service or have a very low level of referral. Referral is currently by GP or practice nurse; the service is working with the “Cluster”/PCN 6 pilot to trial referral by District Nurses, and is also working with Adult Social Care to explore referral.

Impetus are one of 23 organisations to bid successfully for additional funding for SP, which is match funded by the CCG; this funding facilitates specialist SP for Gypsy, Roma and Traveller communities, Transgender people and people with an overseas language need, support in the Whitehawk area – recognising its particular health inequalities, and support for cases which are particularly complex.

The Impetus service underwent a Public Health led rapid evaluation in late 2018; this, plus the introduction of PCN Link Workers and associated national guidance is forming the basis of a review in Brighton and Hove. An options paper will be produced to outline potential modelling which encompasses both the existing service and PCN Link Workers, and develops the service further in line with guidance and best practice.

Early conversations with PCNs are taking place, and PCN Clinical Directors were invited to a workshop in June 2019 to overview SP and to gather feedback to inform local principles and options development.

Services people have been signposted to include:

Befriending;

Day activities;

Self-run older people's groups;

Information advice and guidance services;

Advocacy services;

Carers Centre support;

Adult social care"

4.4 The Chair invited Mr Kapp to ask a supplementary question and he referred to details in relation to "Possibility People" which had been considered at the Health, Overview and Scrutiny Committee recently.

4.5 In response the Chair confirmed that she was aware that a report and also questions at the Health Overview and Scrutiny Committee (HOSC) the previous week had covered that area. In addition, she was mindful that there could be further activity at HOSC. The council tried to ensure that there was to put one report to one committee unless a matter was referred elsewhere. This issue had not been referred to the Board for consideration. However, she would ask officers to place the link to the HOSC meeting in the minutes (see below) so that people could access that information should they need it.

[link to go in here]

4.6 **RESOLVED** – That the position be noted.

## 5 FORMAL MEMBER INVOLVEMENT

### Written Questions from Members

5.1 The Chair invited Councillor Nield to put the following question:

"In the light of the proposed merger of Matlock and Beaconsfield GP surgeries, and with 10 GP practices closing in Brighton and Hove since 2015, we have an ongoing situation of small local GP surgeries being absorbed into bigger hubs, which may offer patients better facilities, but at the expense of proximity and accessibility to those patients. What forward plan can be put into place to mitigate the effects of the loss of primary care to our residents, many of whom may be elderly or otherwise vulnerable and for whom travel is often difficult? Could we have more branch surgeries so that older and frailer residents don't have to make these longer journeys when they are ill?"

It seems that this is a trend which is going to continue, and the problems it creates are going to get worse as our population ages. What is the plan for how to keep primary care within reach of those who need it?"

5.2 The Chair thanked Councillor Nield for her question and gave the following written response which had been agreed in consultation with the CCG:

5.3 "The CCG are committed to ensuring local people have access to GP surgeries and every effort was made to support GPs in the city. The proposed merger of the two practices was not the result of any changes to levels of CCG funding or reorganisation plans.

The plan to merge the practices had come from partners in the two surgeries. As the lease of Matlock Road Surgery comes to an end next year, the existing partner GP, Dr Allen felt he was unable to commit to a new lease following a number of unsuccessful attempts to recruit a new partner.

The CCG were notified by the partners at Matlock Road Surgery and Beaconsfield Medical Centre of their plans to come together to form a single larger partnership, offering greater stability and sustainability for local general practice services for the future. The CCG has worked with them to inform and consult with patients and other stakeholders. The surgery partners have told us they have come to the decision to merge practices to ensure their future sustainability, and their ability to provide high quality care to their valued patients. The business plan they have presented proposes that they will come together in early 2020, but patients will be consulted on their views before a final decision is made by the CCG whether to agree to the proposed merger.

We would like to stress that there is no need for patients registered at either surgery to do anything to get a new GP, as they will automatically transfer to the new practice. All Matlock Road staff, including Dr Allen, will be moving to the new surgery so there will be no reduction in the overall workforce in the city. In addition, Matlock Road patients will have access to a range of primary care services not currently provided by their smaller surgery. Beaconsfield is the nearest practice geographically to Matlock Road. However, recognising there is no direct bus route linking the two sites, the CCG will be writing to all patients advising them of other practices which may be more directly accessible by public transport, and how to register with them.

As Chair I am aware that the workings of general practices, who are independent contractors, can be complex and I have asked the CCG to provide a paper to the Board which explains what happens when these proposals come to the CCG, who has the decisions etc., for information."

5.4 Councillor Nield did not have a supplementary question but thanked the Chair for her response, which accorded with what she believed to be the case in respect of this matter and for the opportunity to raise it in a public forum. Councillor Nield was pleased to note that a report would be brought forward to the Board considering that this would be helpful and informative.

5.5 **RESOLVED** – That the position be noted.

## **6 ADULTS WITH MULTIPLE LONG-TERM CONDITIONS - JOINT STRATEGIC NEEDS ASSESSMENT**

- 6.1 The Board considered a joint report of the Head of Public Health Intelligence, the Consultant in Public Health and Brighton and Hove CCG setting out the Joint Strategic Needs Assessments (JSNAs) in respect of adults with multiple long-term conditions.
- 6.2 It was explained that JSNAs provided a comprehensive analysis of current and future needs of local people to inform commissioners and providers regarding how they could improve outcomes and reduce inequalities. The Health and Social Care Act 2012 required the function of preparing a JSNA and a Joint Health and Wellbeing Strategy to be discharged by the Health and Wellbeing Board. From April 2013, local authorities and Clinical Commissioning Groups had equal and explicit obligations to prepare these to reflect local' population health needs.
- 6.3 An in-depth needs assessment of adults with multiple long-term conditions had been published in February 2019 as part of the JSNA programme. It provided a comprehensive analysis of current and future needs of local people, and provided the underpinning evidence of the need for integration of health and social care and recommendations for commissioning and provision of services. The paper before the Board was intended to provide an overview of the key findings from the needs assessment for it to note summarising progress which had been made so far. There were over 51,000 adults aged 20 years or over living in Brighton and Hove who were recorded as having multiple long-term conditions (two or more) as at March 2017 (22% of adults) and around 8,000 with five or more conditions. These figures were similar to estimates published by Public Health England based on a large scale study in Scotland. There was a significantly higher estimates prevalence than the South East for all age groups under 85 years but because the city's population was younger our overall estimate was lower that for the South East (23%) as opposed to 21%.
- 6.4 Councillor Shanks stated that this was a useful document whilst it included a lot of information which members were already aware of or suspected it served to highlight the issues being addressed to ensure that a holistic approach was being adopted. Councillor Shanks enquired regarding the means by which data was shared and how it would be identified for example that an individual had mental health needs as well as physical ones.
- 6.5 Malcolm Dennett responded on behalf of the CCG stating the that analysis undertaken had shown that this was more significant than had originally been thought and further work was being undertaken with partners and it was anticipated that in consequentially that could lead to some fundamental changes in future. There were two schools of thought on information sharing whilst is was important for partners to be in possession of germane information in some instances there might be safeguarding issues to be addressed. By sharing information appropriately arrangements could be put into place to ensure that those suffering longer term conditions would have arrangements for specialist nursing and medical care in place when they needed them. This would be a "longer" journey but would result in more tailored care.



- 6.6 The Executive Director, Health and Adult Social Care explained that this work would also link into and guide the strategy in place to address the “Four Wells” from March 2020 in order to improve health outcomes in the city. The Director of Public Health confirmed that this work had also been reflected in the forward planning process for the “Health and Wellbeing Action Plan” going forward. This work had been well received locally and further afield.
- 6.7 The Deputy Chair, Councillor Appich, concurred that much of the information which had been drawn out. The key lay in prevention and it was important to ensure that funding was in place to ensure that services were delivered. It was confirmed that the council would continue to lead on well-being and it was anticipated that a report considering the needs of carers who themselves had multiple needs would be available for the Board’s September meeting.
- 6.8 Councillor Bagaeen considered it unfortunate that homelessness and the multiple health issues that could give rise to would be considered by the Housing and New Homes Committee in future. Those who were homeless often had complex health and mental health conditions. Ms Banjoko, CCG, explained that there was awareness of these issues and measures were being put into place to effectively address the needs of this group.
- 6.9 The Chief Executive confirmed that stakeholder meetings occurred regularly to ensure that effective support mechanisms were in place for this group and that they were dealt with sensitively and were not criminalised.
- 6.10 **RESOLVED** – That the Board note the findings and recommendations of the needs assessment to improve the prevention of multiple long-term conditions and the care of those with long-term multiple conditions.

## 7 MOVING FORWARD TOGETHER IN PARTNERSHIP - PRESENTATION

- 7.1 The Board received a presentation in behalf of the Executive Director, Health and Social Care and the Director of Partnerships and Integration at the CCG. The purpose of the presentation was to provide an update on system wide developments in the NHS and how these would support working with partners in a more collaborative approach moving forwards with a focus on:
- Key structures;
  - National direction; and
  - What that meant for Brighton and Hove.
- 7.2 The Board Members noted that since the 2012 Health & Social Care Act had been brought into being the national health system had been subject to a number of systematic changes. New Members of the Board had been apprised of them at their induction training which had taken place in June. At that time the CCG had provided the Board with an update on current structural changes to the NHS and how it was envisaged that working closely with local government and other system stakeholders these would support further collaborative working. Further reports would be provided to future meetings as the national direction and local response to it took shape.

- 7.3 In answer to questions by Councillor Nield, Mr Scarff, CCG, explained that whilst it was acknowledged that there was still a lot of work to be carried out with a view to transforming care provision/packages in the medium to longer term, progress was being made and things were moving forward.
- 7.4 Councillor Bagaeen stated that the information provided in the slide pack was helpful and informative, particularly that setting out details of the budgetary implications and details of how the NHs was paid for.
- 7.5 In answer to questions by Councillors Appich and Shanks regarding the range and level at which these discussions were taking place, the Chief Executive explained that in depth discussions were taking place about the Integrated Care Partnership including all players to ensure that an integrated strategy was developed. By using that approach it was hoped to avoid unintended impacts on partners or on the voluntary sector and to move towards the alignment of budgets. The intention was that the process was transparent and that a 10 Year Plan was devised. Discussions would take place at different levels at different times.
- 7.6 Mr Dennett, CCG, explained that their decision making meetings met in public as did the Board and information about where money would be spent was readily available.
- 7.7 Councillor Bagaeen stated that it would be very useful to have detailed breakdowns of how monies were to be allocated and where they would be spent, for example, how monies for GP practices would be funded and where those monies would come from. It was explained that it was anticipated that a paper detailing this would be brought forward to the next scheduled meeting of the Board.
- 7.8 **RESOLVED** – That the Board agrees to note the content of the presentation.

## **8 BRIGHTON AND HOVE HEALTH AND WELLBEING STRATEGY 2019-30 DELIVERY PLAN**

- 8.1 The Board considered a joint report of the Director of Public Health, Health Executive Director, Adult Social Care and the Deputy Managing Director, South, Brighton and Hove Clinical Commissioning Group which set out the Brighton and Hove Health and Wellbeing Strategy 2019-2030 Delivery Plan.
- 8.2 It was noted that one of the key duties of the Health and Wellbeing Board was to prepare and publish a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs assessment (JSNA). The new Strategy had been agreed unanimously at the Board's meeting in March 2019. This was the overarching strategy for the Board which set out how the organisations represented on the Board, along with partner organisations and communities would improve the health and wellbeing of people in Brighton and Hove. The strategy vision was that everyone in Brighton and Hove would have the best opportunity to live a healthy, happy and fulfilling life. This paper described the process for developing the Health and Wellbeing Plan to deliver the aspirations of the strategy and how Board Members would provide system leadership to enable delivery of the Plan and have oversight of its implementation.

- 8.3 The Director of Public Health and Executive Director, Adult Social Care explained that the strategy had built on work carried out earlier in the year intended ultimately to align services and delivery and to feed into the key areas identified for each life stage, the four “wells”, starting well, living well, ageing well and dying well. The next step would be to develop an overarching Health and Wellbeing Plan detailing how these aspirations would be delivered.
- 8.4 Councillor Shanks referred to the links between poor diet and health enquiring regarding strategies in place to address this and enquiring to what extent this was within the control of local partners. It was explained there were various strategies in place, including measures such as “Poverty Proofing the School Day” and health education to give tips for providing healthy and nutritious meals via various initiatives around the city and via the produce provided at the city’s food banks.
- 8.5 In answer to further questions of Councillor Shanks, the Chief Executive explained that Officers and Councillors would be fully involved in dialogue via the appropriate Committees and in implementation of the strands of work identified in the strategy going forward. Work was being carried out through existing groups and bodies in concert with the CCG to that end.
- 8.6 Councillor Bagaeen considered the information provided and set out in the strategy was helpful asking how the work to be undertaken as part of the strategy was measured. It was explained that the strategy was a “living” document and that performance against the benchmarks set was measured using a traffic light system of red, amber and green. Ms Banjoko, CCG explained that a number of initiatives underpinned the four wells, for example, a dementia friends scheme sought to meet national and local targets. A considerable amount of data was available already and was being used as a tool for future delivery and to ensure that it linked into the strategy.
- 8.7 Councillor Nield, referred to “dying well” stating that this appeared to be the least developed of the strategies. It was confirmed that a lot of work was being undertaken in this area and that the outcome of the work being undertaken currently and arising from dialogue with partners would be announced later in the year. There was a need for decisions to be made in the light of fully rounded conversations having taken place and a need for all parties to contribute. The process needed to be cross-working and collaborative.
- 8.8 Councillor Bagaeen referred to the role that utilisation of the city’s open spaces could play and to the need to target available resources appropriately in order to move the strategy forward.
- 8.9 Councillor Appich, concurred agreeing that there was a lot of green space within her own ward which appeared to be under-utilised. Encouraging better community use would be cost effective and provide beneficial health benefits.
- 8.10 The Executive Director, Families, Children and Learning, explained that discussions were taking place within the schools’ sector and with other partners in order to ascertain how these spaces could be best used.

- 8.11 The Chair, Councillor Moonan, that it was very important for the Board to be engaged with and for members' input to be built into the process. Periodic reports would be brought back to the Board as integral to its role in monitoring that process.
- 8.12 **RESOLVED** – That the Board approves the establishment of the process to develop the Health and Wellbeing Plan.

## 9 BETTER CARE PLAN - FUND DASHBOARD

- 9.1 The Board considered a report of The Executive Director of Health and Social Care and the Director of Partnerships and Integration at the CCG providing a progress update on the Brighton and Hove Better Care Fund Programme for 2018-19. The report included a general update on the most recent financial and performance indicators agreed within the Better Care Fund Plan and performance dashboard. Members were invited to review the dashboard and to consider the key performance indicators and financial performance. Whilst the report and its contents were for note they would be used to inform planning for future years.
- 9.2 Councillor Shanks stated that she found some of the information confusing, more in depth information regarding how monies were to be spent would be welcome. Mr Scarff, CCG, explained that although the national picture on funding and its impact locally was still evolving, more information was available than 18 months or so previously and it was on that basis that the dashboard system being used in moving the Better Care Fund onto the next phase.
- 9.3 In answer to questions it was explained that in the absence of a statutory instrument in order to do so, entry into a S75 Agreement enabled partners to pool their funding; there was no other mechanism which allowed that to happen. The Executive Director explained that the mechanisms currently in place had in reality been a blunt tool aimed at forcing the NHS and council's to work together. In Brighton and Hove however partners had worked well towards the next phase of supporting a wider system which would enable access to better care. Mr Scarff concurred.
- 9.4 Councillor Appich enquired regarding the eligibility criteria referred to in Appendix to the report. The Executive Director, explained that referred to the statutory responsibilities of the partners stating that he would provide a fuller description and explanation for Board Members in future reports.

- 9.5 **RESOLVED** – That the Health and Wellbeing Board note the content of the report.

## 10 TRANSITION TO NEW CHILDREN'S SAFEGUARDING ARRANGEMENTS

- 10.1 The Board considered a report of the Executive Director, Families, Children and Learning which summarised the proposed changes to children's safeguarding arrangements in line with new legislation under the Children and Social Work Act 2017 and subsequent revisions to Working Together to Safeguard Children, 2018.
- 10.2 It was noted that the paper submitted to the Board was submitted as a collaborative paper between the three statutory partners, the Local Authority the CCG and the Police and followed the consultation which had taken place with existing LSCB members. The

purpose of the new arrangements was to satisfy statutory requirements and to set out was to set out the governance, strategic aims, scrutiny and structure which would support this. The Executive Director explained that in order to meet the timescale set by the Dfe it had been necessary to submit this document to them by 29 June. Whilst that had been done on the basis that any comments received from the Board could be forwarded subsequently, it was hoped that the Board would approve and note the contents of this document

- 10.3 The Executive Director further explained that the new primary responsibility for safeguarding children had now been placed with three named safeguarding partners, the Local Authority, the CCG and the Police, the LSCB would then cease to exist. There was the expectation however that local partners would continue to contribute to safeguarding and would continue to be named as “relevant agencies”; these were as set out in the report. The new arrangements needed to provide for independent scrutiny and this would be carried out by a strategic steering group led by safeguarding partners who would oversee delivery via an operational board and subject specific sub groups. This structure was designed to ensure that strategy and policy were delivered in key areas. Timescales for implementation were detailed in the report; there was also a requirement for an annual report to be produced which would set out how effective the new arrangements had been in practice.
- 10.4 The Chair, Councillor Moonan, stated that it was important to note that the changes made had been dictated largely by national guidance and that there was little that local partners had the ability to change.
- 10.5 Mr Bartlett, Safeguarding Adults Board stated that the arrangements being put into place would mirror those which existed to safeguard vulnerable adults and that close parallel working would continue.
- 10.6 Councillor Shanks referred to the arrangements for oversight and scrutiny of the new arrangements and it was explained that the arrangements to be put into place were considered to be the most appropriate in order to effectively safeguard the children of the city. It was important to note that the arrangements put into place , would be subject to review after twelve months.
- 10.7 Councillor Appich stated that it was helpful for Board members to be made aware of the arrangements to be put into place and welcomed the fact that the views of young people themselves were being sought.
- 10.8 Councillor Bagaen referred to the role of the steering group and to the need for the effectiveness of the arrangements in place to be capable of being measured against their impact on policy, for example on homelessness and mental health, it was important that this was monitored. It was explained that this role was very new, with arrangements to be in place by the end of September 2019. In consequence of the consultation and review processes it was hoped to drill down into the arrangements put into place. It was intended that the scrutiny process would challenge, where necessary, the structures which had been put into place and to identify areas of inherent danger too. It would be appropriate to combine consideration of issues across the broader local authority and to pass them to the steering group and to assess the impact on safeguarding overall. It

was intended to work closely with housing and the relevant chair's and to carry out case reviews.

10.9 **RESOLVED** – That the Health and Wellbeing Board note and approve the New Safeguarding Arrangements and reporting structure.

**11 COMMISSIONING OF SEXUAL HEALTH SERVICES**

11.1 **RESOLVED** – (1) That approval be given to seek a two year extension of the current contract for the provision of statutory sexual health services required under the Health and Social Care Act 2012 and Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

(2) That the Health and Wellbeing Board note the new requirements to adopt a co-commissioning model and to jointly develop a local sexual health plan.

The meeting concluded at 6.40pm

Signed

Chair

Dated this

day of