



4.00pm 22 November 2016  
Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 3BQ

### Minutes

**Present:** Councillors Yates (Chair), K Norman (Opposition Spokesperson), Brown, Barford, Page and Penn; John Child, Dr. George Mack; Dr. Manas Sikdar, Adam Doyle, Clinical Commissioning Group.

**Other Members present:** David Liley, Health Watch; Graham Bartlett, Chair of Adult and Children's Safeguarding Boards; Pennie Ford, NHS England; Pinaki Ghoshal, Statutory Director of Children's Services; David Sargeant, Interim Director of Adult Social Care; Peter Wilkinson, Acting Director of Public Health.

### Part One

#### 36 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

- 36.1 There were no substitutes. Dr David Supple sent his apologies.
- 36.2 Cllr Yates declared a disclosable pecuniary interest in Item 40 as he is an employee of Western Sussex Hospitals Trust. Cllr Yates has received dispensation to speak and vote on this item. Cllr Yates sought further clarification of his position from the council's legal advisors following the recent announcement of new working arrangements between Western Sussex Hospitals and Brighton & Sussex University Hospitals Trust, and it has been confirmed that his dispensation still applies.
- 36.3 Cllr Barford wished it to be recorded, with reference to Item 40, that she is employed at a hospice in Chailey. She has discussed her position with the council's

Monitoring Officer, who has confirmed that she does not require any dispensation to speak on this item.

36.4 **RESOLVED** – that the press and public be not excluded from the meeting.

### 37 **MINUTES**

37.1 **Resolved** – That the minutes of the meeting of 20 September 2016 be agreed.

37.2 John Child noted that there was an outstanding action from the September meeting: for the CCG to provide more information on their quality improvement plans. A report with regard to this had been agreed at the recent CCG Governing Body meeting, and a copy of this will be appended for information to the November 22 Health & Wellbeing Board minutes.

### 38 **CHAIR'S COMMUNICATIONS**

38.1 The Chair gave the following communication:

#### **Welcome to the meeting**

It is a busy agenda and the Chair's communications will be noted in full in the minutes.

#### **Changes in the seating arrangements**

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 – and we have members of the public here today with a deputation as well as with several public questions. 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.

#### **Changes of personnel within health and social care**

I would like to welcome the Interim Director of Adult Social Care, David Sargeant, to the Board. David will attend until Rob Persey joins us in the New Year.

As many of you are aware Brian Doughty was acting up but has been taken ill. I am sure all the Board wish him a speedy recovery. Rob will be formally joining us in January. As Rob is not a formal member of the Board until then he is observing the meeting.

It is also time to welcome new CCG colleagues. We welcome Adam Doyle, as the new Chief Accountable Officer, and also Dr David Supple, who is the new Chair of the CCG. He works within the Preston Park practice. David is not able to be with us today but we look forward to seeing him at a later meeting.

**Special Measures**

In recent months both the South East Coast Ambulance Trust and Brighton and Sussex University Hospitals NHS Trust have gone into special measures. They both have NHS Improvement working with them and have a series of action plans in place.

Our Health Overview and Scrutiny Committee with their counterparts throughout the region will be working on monitoring their progress.

It is clear that over the next few months there will be change and demands in the health and social care system which we are heavily involved in.

**Patient Transport**

As everyone is aware the Patient Transport service provided by Coperforma has been subject to a lot of media attention. People may be aware that there is a phased transfer of the contract to South Central Ambulance Service. The managed transfer will continue until April 2017 when all services will be then with South Central.

**CCG Patient and Public Participation Strategy**

This Annual Report summarises Patient and Public Participation work in Brighton & Hove CCG from August 2015- July 2016, with reference to the CCG's Patient and Public Participation Strategy. The report highlights engagement with patients, carers and the public over the past year, and next steps to further develop ways we hear from those who use our services, and their carers, ensuring that the CCG's commitment to putting patients at the heart of everything we do is fulfilled.

It will be placed here on the CCG website:

<http://www.brightonandhoveccg.nhs.uk/get-involved-local-nhs>

**HOSC**

There is a meeting in public of the Health Overview and Scrutiny Committee on the 7<sup>th</sup> December 2016. The first part of the meeting will be focused on the STP. An agenda will be available nearer the time.

**STP engagement**

While we are all too aware of the current lack of STP engagement at a wider regional level, I am very pleased to be able to feedback on the Brighton & Hove Caring Together (Brighton Rock) engagement sessions which we are part way through. Later on today John will be sharing some of the slides from the events for those who have been unable to attend.

We have also had the publication of our area place based plan – although the STP submission itself is still not with us. The Board is frustrated by this lack of transparency – which we know some residents share.

**Brighton & Hove City Wide Connect meeting**

The meeting of Brighton & Hove Connected was very helpful. While we are aware of the planned infrastructure developments in the city the meeting focused on what would be the impact of these plans on public health, primary and acute care as well as adult and children's services.

The presentation can be found on the website. The link will be in the minutes.

<http://www.bhconnected.org.uk/sites/bhconnected/files/BHC%20October%202016%20FINAL.pdf>

**NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2016**

Organised by the Association of Directors of Social Services (ADASS), the Local Government Association (LGA) and the Association of Directors of Children's Services (ADCS), the National Children and Adult Services Conference is regularly attended by more than 1,000 delegates.

The event is regularly used as a platform for policy announcements and offers the opportunity for discussions with Ministerial and shadow teams.

38.2 Adam Doyle introduced himself to the Board, saying that he was happy to be working in the city and stressing his commitment to working to improve the health and wellbeing of local people.

38.3 The Chair also informed members that the Central Sussex & East Surrey Alliance (CSESA) Place-Based Plan had recently been published on the CCG website: <http://www.brightonandhoveccg.nhs.uk/your-services/sustainability-and-transformation-plan>

38.4 The Chair also noted that it had recently been announced that the homeless GP service, previously provided at Morley Street by The Practice PLC, was to be re-let to Arch Health, a local community Interest Company. Arch Health is headed by Dr Tim Worsley who previously ran the Morley Street practice. This is excellent news for the city.

**39 FORMAL PUBLIC INVOLVEMENT****39A Deputation:**

39A.1 The following Deputation Was received from Dr Carl Walker. It has been signed by the requisite 5 people. Dr Walker presented his deputation to the Board.

**Deputation- Findings from the 2<sup>nd</sup> Brighton Citizens Health Services Research**

- I would like to thank the board for the opportunity to feedback the findings of this project.
- The second Brighton Citizen's Health Services Survey (BCHSS) has been developed using a distinctive approach to survey design that is aligned to public consultation, participation and critique rather than toward the more typical production of a validated instrument and knowledge form.
- Almost 700 residents of Brighton and Hove responded to a survey based on key current and upcoming commissioning issues.
- This survey was split into three broad areas
  - topical commissioning concerns like the Sustainability and Transformation Plan and the Patient Transport Service
  - whether people feel they have a say in their health services
  - future commissioning

The key findings were as follows-

1. 96% of residents think that local councillors and the CCG should put together an immediate strategy to guarantee no more GP surgery closures across the city.
2. In terms of whether the difficulty of getting a GP appointment has changed in the last year, 50% of residents say it is more difficult or much more difficult, 45% say no change and 3% believe it has become easier.
3. 90% of residents report that they have *never* been consulted by the local CCG on any of the local NHS changes they have carried out in the last 3 years. 7% of residents could not remember, 3% said that they had.
4. 83.1% of people believe they have *no say at all* in the way their local NHS services are run and commissioned. 15.2% have *a little say* and 0% believe that they are *fully informed and consulted*.
5. 96.6% of residents preferred the NHS public health nursing services to stay in the NHS.
6. 97% of residents believe that Brighton and Hove CCG should *not* spend money moving NHS contracts into the private sector.

The upcoming sustainability and transformation plan will become a significant local issue, in particular with respect to public accountability. Kieran Walshe, Professor of health policy and management at Manchester Business School, in [an article in the HSJ](#), noted that we have entered “a shadowy era of extra-legislative reform where it is getting difficult to work out where accountability lies, who’s in charge, and whether organisations are doing their job properly....For NHS boards, there is a potential conflict between their statutory duties as a board and an organisation, and some of these changes which require

them to cede autonomy and authority to new organisational forms (like STPs) which have no formal existence.”

Regarding public accountability, the secrecy surrounding the drawing up of STPs has been a major national concern. Despite requests from various organisations, the STPs have largely remained secret. Recently, both Birmingham & Solihull and Camden released their plans against the instructions of NHS England. Explaining the decision to publish, Islington Council leader Richard Watts said: *“These are not transformation plans – they are not going to put prevention at the heart of health service. They feel much more like a way of making short term budgetary savings rather than any meaningful way of transforming services.”* Little or no public consultation has taken place on the plans and even [GP leaders](#), who will be directly affected by the plans, have reported that they are being excluded from discussions.

7. In relation to the local Sustainability and Transformation Plan, 90% of people believe that large scale cuts to the NHS should be subject to *wide* public consultation before they are made.
8. 97% of residents disagree with STP cuts in principle.
9. 93.5% of residents support their local councillors actively campaigning against impending STP cuts.
10. 95% of residents believe that the privatisation of patient transport services should not have been allowed to happen
11. 74% of residents believe that the commissioners who agreed the contract should also have been part of the investigation as to what went wrong
12. In terms of health service contracts that are planned between now and 1st June 2017-
  - 93% of residents did not know about the wellbeing service and 93% would prefer the contract to go to the NHS
  - 96.4% of residents did not know about the anti-coagulation service and 93% would prefer the contract to go to the NHS
  - 91% of residents did not know about the integrated urgent care and GP out of hours and 96% would prefer the contract to go to the NHS
  - 97% of residents did not know about the commissioning support unit services and 93% would prefer the contract to go to the NHS

We also have a wealth of qualitative data and in the form of comments from local people should anyone on the HWB want the further data.

There were four key conclusions-

1. As with the results of the first survey, this deputation shows that the public in Brighton and Hove hold clear and compelling values on the way that they want their health services to be commissioned.
2. In the city of Brighton & Hove, a vast majority of the public are against the use of private companies in the local health economy and very concerned about some recent decisions that have been made to commission private companies to undertake certain services.
3. Despite the extremely tight timetable for STP implementation, the results suggest a need to publish the detailed plan for full public consultation as soon as possible.
4. The survey team welcome the awarding of the contract for children's community services to the NHS, in line with the wishes of a very significant majority of the public.

We hope that commissioners and councillors find these conclusions of use. Our team at the University remain willing to support commissioners and councillors during what may prove to be a very challenging commissioning context.

39A.1 Cllr Page noted that the survey showed that local residents felt strongly about health and care issues, perhaps particularly regarding the Sustainability & Transformation Plan (STP) and about outsourcing of NHS services.

39A.2 In response to a query from Cllr Penn on survey methodology, Dr Walker told members that his team sought to sample as wide a range of respondents as possible, by using on-street survey techniques and by sending the survey out to a range of local community and faith groups, rather than relying solely on the on-line survey. The team would welcome suggestions of additional community groups to send future surveys to.

39A.3 The Chair thanked Dr Walker for his deputation. The Chair also queried whether, when Dr Walker offered to help support the Board in its engagement activities, this offer came from him personally or from Brighton University. Dr Walker clarified that the offer was from his research team, not formally from the University.

## Public Questions

### 39B Public Question: Madeleine Dickens

39B.1 Ms Dickens asked the following question:

“What is the HWB view of the fact that NHS Improvement is now working with two of the city's NHS Trusts in special measures? How do these processes relate to the content of the STP which the regional Board is required to submit to NHS England? What information does the HWB have about the time-table for submission of the STP?”

39B.2 The Chair responded to Ms Dickens' question:



“Thank you for your question. There will be verbal update on the STP. There will be a brief presentation on our part of the plan, Brighton & Hove Caring Together, as part of this agenda.

It is a matter of concern that we have underperforming organisations working in the city. The Board welcome the involvement of NHS Improvement and the support they will bring.

These processes do not relate to the STP as they are part of the regulatory framework following the recent CQC inspections.

However the STP is clearly focused on quality and financial sustainability which both these inspections highlighted as needing improvement.

The STP was submitted on 21<sup>st</sup> October. We are waiting for feedback and will update the Board accordingly.”

39B.3 Ms Dickens asked a supplementary question: “The involvement of NHSi in local trusts diminishes the decision-making role of the HWB and of trust boards. How do you feel about this?”

39B.4 The Chair responded by saying that NHSi does not take over trusts; it supports them, but trust boards remain in charge. Adam Doyle added that the CCG plays a very active role in the quality improvement planning at both Brighton & Sussex University Hospitals Trust (BSUH) and South East Coast Ambulance NHS Foundation Trust (SECamb). David Liley noted that Healthwatch was also involved in BSUH quality improvement work, sitting on the trust’s Quality Outcomes Group.

### **39C Public Question: Athene Crouch**

39C.1 Ms Crouch asked the following question: “Why, when there are two high-ranking local authority members on the STP board, has no information about the plan been made available to the council?”

39C.2 The Chair responded that: “There are not two high-ranking council officers on the STP Board. The Council have not seen a final version of the STP and is disappointed by this. This is a source of frustration for many people including the Board.”

39C.3 Ms Crouch asked a supplementary question: “At the recent Brighton & Hove Caring Together engagement event, one of the officers present claimed to have seen the STP submission.” Is this the case?”

39C.4 The Chair responded that this would not have been a council officer; council officers have had sight of the Central Sussex & East Surrey Alliance Place-Based Plan, but not the STP submission. John Child added that CCG representatives may have talked in very general terms about the STP submission at engagement events (e.g. that the STP includes no plans to close local hospitals), but there had not been detailed discussion of the STP as opposed to local planning initiatives.



**39D Public Question: Neil Younger**

39D.1 Mr Younger asked the following question: “Given its commitment to addressing health inequality in the city, how does the HWB explain the £1million cut in the budget of CYPS which has resulted in the closure of the Family Nurse Partnership and a reduction in the numbers of health visitors by 10%? These are key services mainly targeted at the most deprived and vulnerable in our city and should be seen as the cornerstone of any healthcare provision.”

39D.2 The Chair responded that: “The Board have received a number of papers since the announcement last year of the reduction of the national ring fenced grant to public health. These reports covered the financial implications as well as the detail of the impact on services.

We have had several papers at the Board outlining the proposal for recommissioning the public health nursing services, including a report in March 2016. Today we will be receiving the outcome of the commissioning process.

The value of the contract has been reduced – but the service will continue to be a universal service. It is a reality that as funding reduces there is an impact on service but there has been a comprehensive Equality Impact Assessment as part of the recommissioning process. The focus on the EIA was to ensure that the new service will continue to provide additional support to the most vulnerable and disadvantaged.”

39D.3 Mr Younger asked a supplementary question about why the new contract only extended to age 19 when the council had responsibilities for some young people up to the age of 25.

39D.4 Peter Wilkinson responded by saying that the age range for the service is 0-19. Under the previous contract this was 0-16. Pinaki Ghoshal added that, whilst the council does responsibilities for some young people up to the age of 25 (e.g. for people with Special Educational Needs or Disabilities), this group is supported via a range of services rather than by this contract specifically.

**39E Public Question: Valerie Mainstone**

39E.1 Ms Mainstone asked the following question:

“I am pleased to see that the Sussex Community NHS Foundation Trust are the preferred bidder for the Children's Public Health Nursing (0 - 19) contract. I am also aware that the Public Health Team's recommendations about the contract are coming to the Health and Wellbeing Board on 22 November (today.)

However, I am concerned that there has been no response to the second aspect of the petition concerning Children's Services that was presented to the last meeting of the Health and Wellbeing Board - the fact that more than two thousand Brighton and Hove

residents wanted the decision to cut the budget for this contract by £1million (19%)to be overturned.

My question is, given the Health and Wellbeing Board's and Council's stated commitment to reducing health inequalities and giving every child the best start in life, what will the Health and Wellbeing Board do to rescind this budget cut?"

39E.2 The Chair responded: "Thank you for your question. The Board papers show that the petition was accepted and the Chairs comments can be found in 29B.2 and the Acting Director of Public Health also responded, again the comments are in 29B.3.

Like many councils we have also lobbied national government for the Public Health ring fenced grant not to be reduced especially in year. We continue to work through the Local Government Association on these issues."

39E.3 Ms Mainstone asked a supplementary question, requesting clarification of the actual per annum budget saving; and how this saving tallied with the Acting Director of Public Health's comments (at the September HWB meeting) that the contract prioritised quality over price.

39E.4 Peter Wilkinson responded that the saving was approximately £1 million for each year of the contract. Dr Wilkinson's comment at the previous meeting was that the tender criteria scored quality over price in terms of scoring bids.

### **39F Public Question: Mr John Kapp**

39F.1 Mr Kapp asked the following question:

"When are you going to do your duty under your terms of reference and call the CCG to account to improve the procurement system following the Coperforma debacle?"

Notes to this question

1 The HWB terms of reference were adopted by the Council in May 2014 (reproduced in appendix 1 of paper 9.97 of [www.reginaldkapp.org](http://www.reginaldkapp.org)) and say 3 times that the HWB's duty is 'to call the CCG to account.'

2 The written answer to my public question at the last HWB meeting on 20.9.16 was in denial of your above mentioned duty, as it said; 'The HWB is in no way responsible for the CCG.'

3 I have written many papers (reproduced on the above website) pointing out that Parliament intended that the HWB and CCG should work together as a hierarchical team, with the CCG being the executive arm of the HWB.

39F.2 The Chair responded:

"There are a number of bodies in the city that have responsibility for ensuring the smooth running of the health and care system. In this instance, the issue of Patient Transport Services (PTS) is being dealt with by the Health Overview & Scrutiny Committee (HOSC),

since the HOSC is the body principally responsible for overseeing the quality of NHS provision and commissioning.

The HOSC has been tracking PTS problems for a number of months, meeting regularly with commissioners and with the Sussex PTS provider, Coperforma. The HOSC will continue to monitor the process of temporarily passing the contract over to the South Central Ambulance service and of procuring a new permanent provider. Working in conjunction with other Sussex HOSCs and with local Healthwatch, the HOSC will seek to ensure that the appropriate lessons are learnt from the failures in PTS.

Should the HOSC identify *systemic* issues with commissioning as part of this work, it may wish to make recommendations to the HWB, as the HWB is the local system leader for health and care commissioning. However, the HOSC will take up *specific* issues relating to the letting of the PTS contract directly with the CCGs involved rather than with the HWB. The HWB is not responsible for overseeing CCG commissioning, other than for jointly commissioned services, which does not include PTS.”

39F.3 The Chair added that he had written to the Chair of the HOSC and to the relevant CCGs raising a number of learning points that we wanted to see addressed. The HOSC will consider these and other points at its 01 February 2017 meeting.

39F.4 Mr Kapp asked a supplementary question, asking whether it was acceptable for public service funding decisions to be taken by unelected CCG officials rather than elected Councillors.

39F.5 Natasha Watson (BHCC legal representative) responded by saying that Mr Kapp had previously raised a very similar question at the Board (in September 2015), and had received a written response from the council’s Executive Lead for Strategy, Governance & Law. In brief, the strict hierarchical relationship assumed in Mr Kapp’s question does not accurately reflect either the terms of the Health & Social Care Act (2012) or the Terms of Reference of the HWB. These Terms of Reference require the HWB to hold the CCG to account in terms of its strategic commissioning plans, not for specific commissioning decisions or outcomes. The Terms of Reference commit the HWB to the oversight of joint funds, but not to CCG funding for non-joint work.

#### 40 **SUSTAINABILITY & TRANSFORMATION PLAN (STP) AND BRIGHTON & HOVE CARING TOGETHER: VERBAL UPDATE**

40.1 This item was introduced by John Child, who told the Board that the Sussex & East Surrey STP submission had been made on October 21. We are still awaiting feedback from the submission. The three place-based plans that sit below the STP have now been published, and partners are committed to engaging fully with public and stakeholders on these plans and on the STP itself.

- 40.2 Brighton & Hove Caring Together is the local integration and improvement plan that feeds into the STP. (Slides on Brighton & Hove Caring Together will be attached to the minutes of this meeting for reference.) It is important to note that these are not new work-streams – work on integration has been going on for a considerable time. The Chair added that it was also important to recognise that this is what we want to do locally – this is not something that has been imposed from above.
- 40.3 Mr Child told the Board that, in order for Brighton & Hove Caring Together, we need to make changes to local health and care governance structures. This will include the introduction of a partner steering group and the development of an operationally focused delivery group with individual change programmes sitting underneath this. These bodies will need a defined relationship with the Health & Wellbeing Board (HWB) and with the Health Overview & Scrutiny Committee (HOSC) as well as with the broader STP programme. The latter link is crucial as not all Brighton & Hove's problems can be resolved by Brighton & Hove.
- 40.4 The Chair added that a paper from the council's Chief Executive setting out high-levels principles for this new direction in health and care planning will be presented to Policy, Resources & Growth committee. System leaders will also need to think carefully about how to ensure that provider voices are heard within new governance structures.
- 40.5 Cllr Page queried why Brighton & Hove was part of the Central Sussex & East Surrey Alliance (CSESA), when links between our acute trust and Western Sussex hospitals had recently been announced. Cllr Page was also concerned that the STP requirement to eliminate deficits would lead to local bed reductions at a time of rising demand and acuity. The Chair responded that it is important we recognise the scale of the funding crisis: regardless of the issue we may have with aspects of the STP process, doing nothing is not a tenable option. We also need to recognise that some of the aims of the STP - for example, reducing unplanned hospital admissions – are unambiguously a good thing.

#### **41 UPDATE ON THE PROVISION OF SUBSTANCE MISUSE SERVICES**

- 41.1 This item was introduced by Kathy Caley, Lead Commissioner for Alcohol & Substance Misuse.
- 41.2 Cllr Penn welcomed the positive trend in performance over recent months, and asked what the trend was for the number of clients being treated. Kathy Caley responded that numbers had dipped when the new contract was introduced, but were now almost back to the old contract levels. This needs to be understood in the national context of a decrease in people seeking these services.

- 41.3 In response to a question from Cllr Penn on the numbers of people repeatedly seeking services, Ms Caley told members that performance was good here, with the number of re-presentations falling.
- 41.4 In answer to a query from Cllr Penn on the numbers of people rejected for treatment, Ms Caley told the Board that no one would be denied treatment, although sometimes a detoxification programme might be delayed until a client was best able to benefit from it. The contract has performance indicators for access and waiting times.
- 41.5 Pinaki Ghoshal asked a question about the numbers of children in care accessing substance misuse services, and agreed to receive an update outside the meeting.
- 41.6 Cllr Brown asked how the 60% success rate for detoxification services compared with the 80% success rate for inpatient detoxification at the City Road, Islington facility. Ms Caley explained that the figures are not directly comparable, as they measure success against very different timescales. However, the 60% success rate for community detoxification compares well with that reported in other areas.
- 41.7 In response to a question from Cllr Page on follow-up for patients discharged from the City Road service, Ms Caley told members that all patients will already have a Care Co-ordinator who will provide post-discharge support. There is the potential to further study what happens to clients following their discharge from City Road. To date there have been no capacity problems at City Road; only one city patient has been unable to attend, and this was due to mobility issues.
- 41.8 In answer to a question from Dr Mack on the relatively low level of success in terms of opiate detoxification, Ms Caley told the Board that this is a situation that is reflected across the country. However, Brighton & Hove's performance here is now in the top quartile nationally, and this represents a considerable achievement.
- 41.9 **RESOLVED** – that the report be noted.

## 42 **FAST TRACK CITIES INITIATIVE - 90:90:90**

- 42.1 This item was introduced by Stephen Nicholson, Lead Commissioner for sexual health and HIV.
- 42.2 In response to a question from Cllr Page, Mr Nicholson confirmed that an action plan is being developed and will be shared with the Board.
- 42.3 In answer to a question from Cllr Page on the impact on services of the 20% reduction in funding, Mr Nicholson told members that there is an increasing trend for on-line interactions rather than face-to-face support. AS these are significantly less expensive to administer, it will be possible to take a considerable sum out of the contract without impact on the services offered.

42.4 In response to a query from Cllr Norman, Mr Nicholson confirmed that Brighton & Hove will be the first UK city to sign up to 90:90:90.

**42.5 RESOLVED** – that the Board:

- (1) Agrees the Paris Declaration of 1<sup>st</sup> November 2014 and commits the Council, with the support of health partners, to the 90:90:90 target of 90% of people living with HIV being aware of their status; 90% of them being on antiretroviral treatment and 90% of those having undetectable viral loads.
- (2) Agrees to Brighton & Hove becoming the first city in the UK to become a fast track city and through sustained efforts work towards the ambition of the Martin Fisher Foundation strategy “Towards Zero, HIV Prevention Strategy: Working together towards Zero new HIV infections, zero HIV related deaths and zero HIV stigma in Brighton & Hove”.
- (3) Agrees to work to end any stigma associated with living with HIV infection.
- (4) Agrees to put a plan in place to achieve this work, including a broad and thorough public engagement campaign, working closely with HIV community organisations in our city.
- (5) Agrees to investigate how the cut of 20% in HIV support services, agreed through budget council, will affect both people living with HIV and people at risk of HIV in the city.

#### **43 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA): UPDATE**

43.1 This item was introduced by Alistair Hill, Public Health Consultant.

43.2 In response to questions from Cllr Page on the Pharmaceutical Needs Assessment (PNA), Mr Hill told members that refreshing the PNA will be a year-long process. The 2015 PNA showed good community pharmacy access across the city, with residents generally satisfied. However, there were some recommendations for improvement. The PNA can be circulated for information. The PNA maps demand for and provision of community pharmacies, so will be able to identify instances where particular communities may be under-resourced in terms of these pharmacy services. The Chair told members that there would be a report to the Board on the PNA process in spring 2017.

43.3 In response to a question from Pennie Ford on the deferral of some JSNA updates and any potential impact on Brighton & Hove Caring Together, Mr Hill told the Board that the sustainability of the JSNA procedures would be reviewed given staff capacity pressures. However, areas critical to the Brighton & Hove Caring Together process would be prioritised. Adam Doyle confirmed that the CCG is looking at how to re-profile needs assessment work to meet the demands of Brighton & Hove Caring Together.



43.4 In response to a query from Dr Sikdar on whether the JSNA mapped demand for GP services against deprivation, Mr Hill told members that this is not currently done.

**43.5 RESOLVED** - That the Board:

- (1) approves the 2016 JSNA summary section updates for publication and notes the inclusion of multiple births within the maternal and infant health JSNA summary;
- (2) approves the outlined plan for review of the JSNA, with a paper to be brought in March 2017 outlining proposed changes and the programme for in depth needs assessments in 2017/18;
- (3) notes that under S218A of the NHS Act 2006 (as amended) and the NHS Pharmaceutical Services and Local Services Regulations 2013 it is required to update the pharmaceutical needs assessment by March 2018.

**44 FUEL POVERTY AND AFFORDABLE WARMTH STRATEGY FOR BRIGHTON & HOVE**

44.1 This item was introduced by Miles Davidson, Contracts Manager, Housing Sustainability.

44.2 Cllr Barford congratulated everyone involved in putting together the strategy, but also expressed her concern about funding going forward. Mr Davidson told members that the team was actively looking for other funding sources, and that even if sufficient funding is not forthcoming, community & voluntary sector organisations will continue to deliver high quality support.

44.3 Mr Davidson confirmed to Cllr Page that the key challenges in the city were low incomes, ageing housing stock and the size of the local private rented sector.

44.4 In response to a query from Pennie Ford, Mr Davidson confirmed that the local fire service is very much involved in this work.

**44.5 RESOLVED** –That the Board:

- (1) notes the content of this report.
- (2) approves the strategy attached at appendix 1 and the objectives outlined.

**45 ANNUAL REFRESH OF THE YOUNG PEOPLE AND CHILDREN'S MENTAL HEALTH TRANSFORMATION PLAN**



- 45.1 This item was introduced by Gill Brooks, CCG Commissioning Manager, Children's Health & Wellbeing.
- 45.2 Cllr Penn said that there were many positives from the first year of the transformation plan, including the development of the early intervention in eating disorders service, and the I Am Whole campaign. However Tier 3 CAMHS (Children & Adolescent Mental Health Services) services, and in particular the 18 week waiting time, needs urgently addressing. Ms Brooks responded that this was recognised by both commissioners and providers. Work is underway to redesign the service by the end of 2017. A redesign of Tier 2 services is planned for 2018, and commissioners are currently looking at implementation of changes in East and West Sussex to identify learning points.
- 45.3 Pinaki Ghoshal told members that he endorsed the report and the work that commissioners have undertaken to date. It is important to acknowledge that nowhere has successful Tier 3 CAMHS services: the model does not work and there is an urgent need for change.
- 45.4 Graham Bartlett noted that the Local Safeguarding Children Board (LSCB) was concerned about young people self-harming and being at risk of suicide. The LSCB has conducted four recent reviews of young people struggling with mental health problems. It is heartening to see that many of the review recommendations are addressed by the annual refresh of the transformation plan and by the excellent future programme of work. Ms Brooks noted that commissioners will always seek to learn from this type of review.
- 45.5 **RESOLVED** – That the Board approves the draft Children and Young People's Mental Health Local Transformation Plan – annual refresh.

#### 46 SELF-DIRECTED SUPPORT CONTRACT

- 46.1 This item was introduced by John Child, CCG Chief Operating Officer.
- 46.2 Cllr Penn noted that she had attended a recent Parent Carers' Council meeting where concern had been expressed about the system of direct payments, which parent carers found over complex and bureaucratic. Mr Child responded that both the Parent Carers' Council and Community Works would be involved in future development of the service. There were also difficulties locally in recruiting sufficient numbers of personal assistants.
- 46.3 Cllr Barford added that it was important that families were supported to take on personal budgets and to become employers.
- 46.4 Adam Doyle noted that the CCG was currently reviewing arrangements for Continuing Care and it is important to also think of the broader implications of

allied projects, such as Direct Payments, in this context. He would bring this thinking back to a future Board meeting.

**46.5 RESOLVED** – that the Board agrees:

- (1) That delegated authority be granted to the Executive Director of Health & Adult Social Care to enter into a competitive procurement process to secure the provision of Self-directed Support Services either jointly with East Sussex County Council or directly by Brighton & Hove City Council.
- (2) That delegated authority be granted to the Executive Director of Health & Adult Social Care to award and let contract(s) for those services to the tenderer(s) submitting the most economically advantageous tender as determined in the procurement process.
- (3) That delegated authority be granted to the Executive Director of Health & Adult Social Care to conclude negotiations with East Sussex County Council on the use of their contract.

**47 PUBLIC HEALTH NURSING: UPDATE REPORT**

- 47.1 This item was introduced by Kerry Clarke, Strategic Commissioner Children's Services; Caroline Parker, Head of Service, Early Years & Family Support; and Emma Cockerell, Head of Services: MASH.
- 47.2 The Chair pointed out that the Recommendation at 3.2 contained an error where it stated that "the Health and Wellbeing Board delegates powers to the Director of Public Health to extend the contract at the end *for* three year term with the potential to extend the contract a further two years if he deems it appropriate and subject to the budget being available." Cllr Yates proposed that the wording be amended to read: "That the Health and Wellbeing Board delegates powers to the Director of Public Health to extend the contract at the end *of the* three year term, with the potential to extend the contract a further two years if he deems it appropriate and subject to the budget being available." This amendment was seconded by Cllr Norman and approved by the Board.
- 47.3 In response to a question from Cllr Page as to why the council had gone to tender, Geoff Raw explained that this had been deemed necessary by the council's lawyers. To do otherwise would have risked being challenged by potential providers. The Chair noted that West Sussex County Council was also going out to tender for this contract. Cllr Page queried why the Sussex Patient Transport Services (PTS) contract had been re-let to South Central Ambulance Trust without going through a tender process. The Chair explained that this was just a short-term measure and that in the longer term the PTS contract would be taken out to tender.

**47.4 RESOLVED** – That:

- (1) the Health and Wellbeing Board accepts the recommendation that the Public Health Community Nursing Services, Children and Young People aged 0-19 contract is awarded to Sussex Community NHS Foundation Trust (SCFT) at a value not exceeding £14.1m over a three year period, subject to the Director of Public Health being satisfied that the clarifications requested have been received and are satisfactory and have been incorporated into the mobilisation plan.
- (2) the Health and Wellbeing Board delegates powers to the Director of Public Health to extend the contract at the end *of the* three year term with the potential to extend the contract a further two years if he deems it appropriate and subject to the budget being available.

#### 48 SECTION 75 EXCEPTIONS REPORT

- 48.1 This item was introduced by Anne Richardson-Locke, Adult Social Care Commissioning & Performance Manager; and by Michelle Elson, Brighton & Hove CCG.
- 48.2 Members were told that the contract was forecast to overspend by the end of the financial year. An action plan was being implemented to address this. A range of actions were required, including changing the behaviours of prescribers.
- 48.3 In response to a question from Cllr Page as to whether reducing the number of same-day equipment deliveries might exacerbate delayed transfers of care, Ms Richardson-Locke told the Board that there was no risk here: the aim is to reduce only unnecessary same-day deliveries.
- 48.4 In reply to a question from Cllr Barford on whether there has been performance improvement since the new action plan was introduced, Ms Richardson-Locke told members that it was too early to say definitively yet, but that she was confident that performance would improve.
- 48.5 In response to a question from the Chair, Ms Richardson-Locke explained that the new contractor was content for contract areas to be flexed provided it could continue to meet its costs. The contract was designed around the need to ensure that the provider was able to keep operating even if activity was reduced.
- 48.6 The Chair commented that it was clear that there needed to be learning from the problems experienced in the first year of this contract. More generally, commissioners also need to learn from past experiences of redesigning and tendering contracts.
- 48.7 **RESOLVED** – That the report be noted.

#### 49 PART TWO PROCEEDINGS

The meeting concluded at 7.30pm

Signed

Chair

Dated this

day of

2015

