

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 27 NOVEMBER 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair) Councillor K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Bennett, Bowden and Deane.

Other Members present: Pinaki Ghoshal, Statutory Director of Children's Services, Denise D'Souza, Statutory Director of Adult Social Care, Dr. Tom Scanlon, Statutory Director of Public Health, Dr. Xavier Nalletamby, Geraldine Hoban, Clinical Commissioning Group, Hayyan Asif, Youth Council, Frances McCabe, HealthWatch.

Apologies for absence: Councillor Pissaridou

PART ONE

25. PROCEDURAL BUSINESS

25A Declarations of Substitute Members

25.1 There were none.

25B Declarations of Interests

25.2 Councillor Deane declared that she was attending as a substitute for Councillor Shanks.

25C Exclusion of the Press and Public

25.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

25.4 **RESOLVED** - That the press and public be not excluded from the meeting.

26. MINUTES

26.1 The Health & Wellbeing Board Business Manager referred to paragraph 16.6 in relation to Mr Rixon's supplementary question in respect of contract compliance. Mr Rixon still required a written response.

26.2 **RESOLVED** - That the minutes of the meeting held on the 11 September 2013 be approved as a correct record of the proceedings and signed by the Chair.

27. CHAIR'S COMMUNICATIONS

Healthwatch

27.1 The Chair welcomed Frances McCabe to her first meeting of the Board as Healthwatch representative.

27.2 Ms McCabe informed the Board that she had now been working as Healthwatch Chair for six working days. She had previously been Chair of Age UK, and was still a trustee at Age UK. She stressed that Healthwatch had to deal with an enormous range of issues and she noted that many issues concerning Healthwatch were mentioned in the agenda.

Change of date of next meeting

27.3 The Chair informed members that the date of the next meeting had been changed from 19 March to Wednesday 5 February 2014 at 4.00m in the Council Chamber, Hove Town Hall. A meeting was required before 14 February in order to sign off the Integrated Transformation Fund.

Youth Council

27.4 The Chair reported that this would be the last meeting to be attended Hayyan Asif as representative of the Youth Council. He thanked Hayyan for his contribution to the Board.

28. PUBLIC INVOLVEMENT

(a) Petitions

28.1 The Chair noted that there were no petitions from members of the public.

(b) Written Questions

28.2 Mr Ken Kirk asked the following question on behalf of Mr Dave Baker:

"The response dated 7 Nov. 2013 to our deputation to the Health and Wellbeing Board on Sexual Health Provision in Brighton and Hove on 11 September 2013 is inadequate. In one item we sought an undertaking that competitive tendering would only be

undertaken if there was clear evidence that it would improve service for patients. Your response only listed official and governmental guidance. Those documents supported competitive tendering on policy grounds and were not evidence based. Our question remains: what empirical evidence exists that shows that competitive tendering provides an improved service for patients? There is a strong possibility, if not mounting evidence, that competitive tendering may endanger patients' health and that you and the CCG will be responsible for it by taking non-empirically based decisions."

28.3 The Chair accepted the lack of empirical evidence and gave the following response:

"Like any other public body, the city council is required to follow the law, and EU procurement law obliges public sector bodies, at the end of the current contract period, to go to commercial tender for contracts over a certain size.

Public sector bodies are given little discretion in these matters, so analysis of the empirical evidence on the pros and cons of competitive tendering with regard to any specific contract is of questionable value when there is no option open to the council *other* than to go to tender.

However, when we do tender for sexual health services, our primary aim will be to improve services for local people by identifying the provider which can deliver the best possible quality, value for money and social value. As part of this we will ensure that the services commissioned address the sexual health needs of the population as identified in the local Joint Strategic Needs Assessment."

28.4 Mr Kirk replied that he could quote a speech given by the Chairman of Monitor which stated that there was no absolute obligation to go out to competitive tendering. Mr Kirk said he would make this paper available. There was no need necessarily to involve the private sector. He believed that reconfiguration was a cover for privatisation. Mr Kirk said he could give examples of privatised services that had fallen short of expectation. He mentioned Serco in Cornwall as an example.

28.5 The Chair replied that the Council would pursue a route that best met the needs of people in the City. He thanked Mr Kirk for the questions raised on behalf of Mr Baker.

28.6 **RESOLVED-** That the written question be noted.

28.7 Mr Ken Kirk asked the following question:

"The Brighton and Hove Health and Wellbeing Board has a duty to produce a Joint Strategic Needs Assessment for the city. If we project forward a number of years, based upon the evidence we have of B&H CCG's implementation of the Health and Social Care Act, then B&H healthcare system will be fragmented into a large number of contracts, some with third sector organisations, some with private health companies like Virgin Healthcare or BUPA, and those health services that private companies don't want, probably because there's no profit to be made, left to the publicly run NHS health trusts. However, what will be lost will be the coordination and cooperation that we now have in our unified NHS, with patient health as its only objective. For example, you may be aware that there's a likelihood that sexual health services will be offered to tender. Does hiving off sexual health services, with the staff currently employed in Sexual Health forced to become employees of a private company, fit with B&H H&WB's Joint

Strategic Needs Assessment? Is privatising Sexual Health services really an evidence-based approach to the strategic planning of Brighton and Hove's health and wellbeing needs?

"The policy intention [for JSNAs] is that local services which impact upon health and wellbeing will be based on evidence of local health and wellbeing needs and assets, including the views of the community; meaning that services and the way in which they are provided meet local needs." Section 3.3 'What are Joint Health and Wellbeing Strategies?' of Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

28.8 The Chair gave the following response:

"The city council will be taking sexual health services out to tender in due course. However, we have not yet begun detailed planning around this procurement process, and speculating about the identity of the future provider of these services at this point would be unhelpful: it is important that the council is not seen to have pre-determined views in regard to the procurement of a contract. When we do tender for the contract we will ensure that the services commissioned address the sexual health needs of the population as identified in the local Joint Strategic Needs Assessment. In broader terms the question raises the fear that increased 'private sector' involvement in the provision of healthcare services will lead to a more fragmented provider landscape, with a negative impact upon planning and co-ordination across the local health economy. Whilst this is certainly a valid concern, it needs to be recognised that we have had a plurality of providers across health and care systems for a number of years and are well-used to co-ordinating the work of different providers from a variety of sectors."

28.9 The Chair added that there was no intention to definitely privatise any service. The Council were attempting to achieve the best result for the City. The existing configuration did not always achieve that aim. The greatest concern was to achieve quality and social value from contractors.

28.10 Mr Kirk stated that he considered that a service was being privatised that could remain within the NHS. He considered that reconfiguration was a cover for privatisation. He questioned whether it was really necessary to hive off the service to a private company. Mr Kirk referred to the corporate power of large companies who knew they could cut staff costs. Mr Kirk stressed that the Health & Wellbeing Board should ensure that any decisions were objective and evidenced based.

28.11 The Chair thanked Mr Kirk for his question and stated that the council would follow whatever evidence was available.

28.12 **RESOLVED-** That the written question be noted.

(c) Deputations

28.12 The Chair noted that there were no deputations from members of the public.

29. ISSUES RAISED BY COUNCILLORS AND MEMBERS OF THE BOARD

(a) Petitions

29.1 The Chair noted that there were no petitions from Councillors or members of the Board.

(b) Written Questions

29.2 Councillor Christina Summers asked the following question:

“As a councillor of one of the northern wards of the city and one that comprises some diverse and quite disparate communities that aren’t necessarily linked geographically, I have been very concerned about what happens to the elderly population during severe winter weather when residential roads become impassable and are not treated by our gritters e.g. Coldean. I am concerned not only about their warmth (threatened further by soaring energy costs) but also their ability to come and go from their homes and safely access local amenities or, alternatively, be themselves accessible to those services that provide their daily needs.

I understand that information identifying who the elderly and vulnerable are and where they live is held by several agencies that may, or may not, work together and share that information. Notwithstanding the enormous legal stumbling blocks that exist preventing someone like myself from accessing that kind of information, could this board nevertheless consider any ways in which a councillor who has been elected by, and called to represent, these residents and who, by definition, works at grass roots level with them might somehow be entrusted with this information or, at the very least, included in any ongoing plans to improve the inclusion and wellbeing of the elderly and vulnerable most particularly during winter time?”

29.3 The Chair gave the following response:

“There are two important issues here: the need to support our most vulnerable residents at a time when there is growing pressure on finite public sector resources; and the need to keep sensitive data about vulnerable people confidential.

The council and its partners do recognise that more needs to be done to support vulnerable adults, particularly over the winter period. It is also clear that this support cannot be provided solely by statutory agencies – there is an increasingly vital role to be played by local communities here.

At the same time, we have to work within stringent legal guidelines for sharing information about vulnerable people, and these do restrict the ways in which we are able to operate.

We are actively exploring how we can appropriately help local communities to support the most vulnerable, and would be very happy to share details of this work with Cllr Summers and other interested ward Councillors, and to explore jointly how elected

members might be enabled to take a prominent role in building community resilience in this way.”

- 29.4 Denise D’Souza referred to the Winter Service Pressures report which would be considered later on the agenda. There were ways the council could help local communities and share information. Tom Scanlon agreed that there were ways that the Council could assist ward councillors in reaching out to local communities.
- 29.5 Councillor Bowden stated that there already seemed to be informal ways of sharing data. He stressed that ward councillors could not serve their client base unless they were given the fuller picture. Sometimes councillors were given complex case studies from different agencies. There needed to be a discrete way of sharing information in order to help councillors in their work.
- 29.6 Councillor Summers concurred. She stressed that there needed to be a more preventative approach, rather than reactive work. She wanted ward councillors to be more involved with the wider winter planning work.
- 29.7 The Chair stated that there would be discussions with directors to see what could be done within the law.
- 29.8 Councillor Norman commented that the current situation was difficult for both councillors and officers. However, councillors could not expect to get full details of a person’s disabilities and personal circumstances. He considered that it was best to get to know the ward and learn who was disabled and in need. He would not expect to receive detailed information.
- 29.9 Councillor Summers stressed that she wanted to know where people in need lived rather than receive detailed information.
- 29.10 The Chair informed the Board that officers would consult with ward councillors to see what was required.
- 29.11 **RESOLVED-** That the written question be noted.

30. INTEGRATED TRANSFORMATION FUND

- 30.1 The Board considered a presentation with slides from Denise D’Souza and Geraldine Hoban. The presentation set out the background to the Integrated Transformation Fund and the financial implications for Brighton and Hove. Members were informed how councils and CCGs develop and agree a joint plan and how they would be rewarded. The presentation stressed the need for joint working with providers.
- 30.2 Members were informed how the ITF would be managed. The DOH was considering what legislation was required for the ITF. Options would be laid out in the Care Bill. Members were informed of the draft template for developing an integrated plan and were informed about the national conditions.
- 30.3 Members were informed that plans needed to be in place by 14 February 2014.

- 30.4 Geraldine Hoban stressed that there was no new money for the fund. Money had to be redirected and used in different ways. This would involve working out of hours and looking to the voluntary and third sector. There would be a new model of care around frailty and an Integrated Frailty Delivery Board. There would also be an Integrated Homeless Delivery Board. Both boards would feed into an Integrated Transformation Fund Programme Board. A report on the Integrated Transformation Fund would be presented to the Health and Wellbeing Board on 5 February 2014.
- 30.5 Councillor Meadows referred to the slide on Financial Implications for Brighton & Hove. This stated that there would be £10.1m new money. However members had just been informed that there would only be existing money. Would the £10.1m be savings? Councillor Meadows noted that there had been a reference to pooled budgets. Would this be the same Section 75 pooled budget?
- 30.6 Geraldine Hoban explained that there was no new money. The £10.1m would come from the CCG budget. The money would be found from savings in the health budget. The current Section 75 agreement did not involve pooled budgets or shared risks. There were separate budget streams. The proposed pooled budget would be a truly shared budget and with shared risks.
- 30.7 Councillor Bowden asked for more information about timelines. He asked if the fund would be implemented next year or just before the next general election. Members were informed that there was a need to invest in pump prime community support services. Performance would be considered in the last quarter of 2014. There was an expectation that existing performance measures would be used.
- 30.8 Frances McCabe asked what levers were in place to ensure that there was adequate funding. Geraldine Hoban explained that the CCG had had to top slice an element of funding at the CCG to pump prime these investments. A war chest was being built up for next year. There were some levers and freedoms in how funding was received next year.
- 30.9 **RESOLVED** – That the presentation be noted.

31. BRIGHTON & HOVE CCG - COMMISSIONING INTENTIONS OF BRIGHTON 2014-16

- 31.1 The Board considered a report of the Chief Operating Officer, CCG which informed members that the CCG had a requirement to share its commissioning intentions with stakeholders, partners, patients and the public and provider organisations. The report set out the emerging commissioning intentions of the CCG for the two year period 2014/15 and 2015/16.
- 31.2 Councillor Meadows asked if NHS England had similar plans and if so, whether they dovetailed with the CCG's plans? Councillor Meadows noted that dementia was missing from the report and asked why. Councillor Meadows referred to prescriptions and pharmacies. She mentioned that medicines were essential to patients in urgent care settings and patients who were discharged from hospital to their homes. Councillor Meadows asked what could be done to avoid cases where people had no medicines prescribed for days after discharge.

- 31.3 Councillor Meadows asked for an explanation of the second bullet point on page 39 of the agenda relating to medicine management ('medicines optimisation in care pathway redesign, and further integrating the medicines management team with the commissioning teams').
- 31.4 Geraldine Hoban explained that NHS England did have commissioning intentions. The CCG was working closely with the NHS England, Area Team to have closer alignment. It was critical that there was joined up working in the acute sector. Dementia was mentioned in the report in paragraph 4 of the Brighton and Hove Commissioning Intentions document (Community Services). The CCG did not commission pharmacies, however, the CCG did have to ensure that there is joined up working. There was a need to consider how people were supported. The bullet point under medicine management was about making sure people get the right and best medicines. This bullet point would be changed to make it clearer.
- 31.5 Fiona Harris, Head of Public Health Commissioning at NHS England, Area Team reported that NHS England did have commissioning intentions. NHS England commissioned pharmacies and some of the commissioning intentions related to pharmacies. NHS England would work closely with the CCGs.
- 31.6 Tom Scanlon noted that the CCG commissioning intentions document was a very integrated plan which integrated well with the JSNA. He suggested it would be useful to reference tobacco control and healthy weight in the CCG commissioning intentions.
- 31.7 Frances McCabe asked if work had been carried out on financial inequality. She referred to the pain clinic and expressed concern at the waiting times people had to endure.
- 31.8 Geraldine Hoban replied that the CCG would be interested in working with public health on the issue of inequality. The CCG would take as broad a perspective as possible to deal with inequality issues. There had been a great deal of feedback on pain management. Additional capacity had been brought into the acute sector. This was a short term fix for people waiting at the moment. Information on this issue would be provided to Healthwatch.
- 31.9 Hayyan Asif referred to the section on 'Developing Our Plans'. This referred to regular meetings with the third sector. He asked if there had been any meetings with youth groups and young people. The same section of the paper referred to a public event. He asked if this event would be youth friendly and what time it would be held. Hayyan mentioned that healthy weight and nutrition amongst young people was an issue, especially in schools. He asked if enough was being done especially in the 14-25 age group.
- 31.10 Geraldine Hoban replied that there had been engagement with youth groups. The CCG engaged with young people through the Section 75 arrangements. She noted the comments about the public event and undertook to check the timings. Public events often ran at different times to give people every opportunity to attend. All dates would be available on the CCG website.

- 31.11 Tom Scanlon agreed that the issue of healthy weight was worrying. There had been some success locally. There had been a reduction in weight in reception classes and year 6 in recent years. Work was being carried out in schools, but more work was required in secondary schools.
- 31.12 Councillor Meadows referred to the different ways of working that were proposed. She asked if this meant that GP's surgeries would open 7 days a week.
- 31.13 Xavier Nalletamby explained that there was work going on to help with winter pressures. Pop up surgeries were planned from Christmas until March 2014. The initiative would help prevent people going to A&E. Dr Nalletamby did not know if there would be 7 day working in general practice. There was recognition that an out of hours service was desirable.
- 31.14 Councillor Meadows asked where the pop up clinics would be located. Dr Nalletamby explained that there would be three pop up clinics in the centre, east and west areas of the city. The central location would be the current walk in clinic. The east area clinic would be the fracture clinic at the RSCH. Geraldine Hoban explained that the west area would be in the north Portslade area.
- 31.15 The Chair considered that a northerly part of the city also required access to a pop up clinic.
- 31.16 Councillor Bowden noted that the pop up clinics were in existing settings. He asked what would happen if someone from Portslade went to the Central pop up clinic. Would systems be in place to enable records to be shared?
- 31.17 Xavier Nalletamby confirmed that GPs in the pop up clinics would have full access to medical records.
- 31.18 The Chair confirmed that a report on the finalised CCG Commissioning Intentions would be submitted to a future meeting of the Health & Wellbeing Board for final sign off.
- 31.19 **RESOLVED** – (1) That the commissioning intentions of the CCG for the period 2014-2016 be noted.
- (2) That the comments of Health and Wellbeing Board, as detailed above, be noted.

32. AUTISM STRATEGY: SELF ASSESSMENT

- 32.1 The Board considered a report of the Executive Director of Adult Services which reported that the Department of Health required all areas to report on the progress of local Autism Strategies through a national self-evaluation exercise, the Autism Self-Assessment Framework 2013. The Minister of State for Care & Support, in a letter to Directors of Adult Social Services required that local Autism Self-Assessments are "discussed by the local Health and Wellbeing Board by the end of January 2014 as evidence for local planning and health needs assessment strategy development and supporting local implementation work." The Department of Health intended to use the information gathered from all areas to inform a refresh of the Adults Autism Strategy in 2014. The report was presented by the Commissioning Manager, Learning Disabilities & Autism.

- 32.2 Councillor Bowden mentioned that a wide ranging report on autism had been produced by the Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions. He asked if the current report took on the recommendations of the scrutiny report.
- 32.3 The Commissioning Manager confirmed that the Autism Strategy addressed all the questions raised by the Scrutiny Panel.
- 32.4 Councillor Norman stressed that not all the recommendations of the scrutiny panel were quick fixes. A great deal of work was required.
- 32.5 The Health & Wellbeing Business Manager informed the Board that the Commissioning Manager had reported to the Scrutiny Committee this summer on how the scrutiny panel recommendations would be implemented. This information would be sent to members of the Board.
- 32.6 Frances McCabe raised the issue of how people with autism were dealt with when using NHS services. The Commissioning Manager replied that this matter was dealt with in the report. Training on awareness would be a key role for the diagnosis service and may include informal training sessions for staff in GP practices.
- 32.7 The Chair asked for a progress report in 12 months to inform the Board about the implementation of the recommendations.
- 32.8 Councillor Bowden referred to autism in relation to the education system. The Commissioning Manager explained that the current strategy related to adults with autism. However there was a section on transition. Officers were working closely with Children's Services to ensure strategies were aligned.
- 32.9 Pinaki Ghoshal confirmed that there was a scrutiny panel on children with autism.
- 32.10 Councillor Bowden noted that the report referred to the need to engage with the Criminal Justice system. The Police Commissioner had asked for the police to have representation on the Health & Wellbeing Board. Councillor Bowden considered that they should have representation.
- 32.11 The Chair explained that there was no formal invitation for the police to attend the Board but there was an open invitation for the police to attend on an informal basis. It was agreed that the Chair and the Health & Wellbeing Business Manager would contact the Police Commissioner's office to establish what type of representation they required.
- 32.12 Councillor Meadows stated that she was relieved to see the strategy implemented. She thanked the Commissioning Manager for his work on the strategy.
- 32.13 **RESOLVED** – (1) That the content of the Brighton & Hove Autism Self-Evaluation report attached as Appendix 2 of the report be noted.
- (2) That the progress made to date through the Autism Strategy and the plans for further development and improvement of local services and outcomes for people with Autism Spectrum Conditions (ASC) be noted.

33. WINTERBOURNE VIEW IMPROVEMENT PROGRAMME -STOCKTAKE

- 33.1 The Board considered a report of the Executive Director of Adult Services which informed members how the requirements of the Winterbourne View Joint Improvement Programme were being delivered in Brighton & Hove and provided an update on local progress. The report was presented by the Commissioning Manager, Learning Disabilities & Autism.
- 33.2 Councillor Meadows was pleased to hear of one person who was moving back into the city after 9 years in hospital. This was a good achievement. She believed that smaller, family style homes were better for people with learning disabilities. Out of city placements can be very expensive. Councillor Meadows asked if any work was being carried out to bring people back to the city and if money from the Crisis Service could be used for this work.
- 33.3 The Commissioning Manager reported that moving people back to the city was complex as people required tailored services. Newly commissioned services are often required. Officers were pro-actively working on plans for individuals and funding issues are considered as part of this work.
- 33.4 Frances McCabe asked how extensive independent advocacy was in the service. The Commissioning Manager explained that independent advocacy was a requirement for every individual in specialist hospitals. There was also access for advocacy to people with complex needs in the city.
- 33.5 Frances McCabe asked if all people would be offered an advocate. The Commissioning Manager explained that it would depend on individual circumstances. It would not necessarily be offered to everyone.
- 33.6 Geraldine Hoban asked if out of area hospital placements were funded by the CCG. The Commissioning Manager confirmed that they were all CCG funded. Geraldine Hoban asked if patients were still the responsibility of the CCG when they returned home. The Commissioning Manager explained that the Department of Health expected the use of pooled budgets, but this was not in place locally. Therefore cases were dealt with on an individual basis to ensure appropriate funding arrangements were in place.
- 33.7 The Chair stated that the intention was to bring as many people as possible back to the city.
- 33.8 **RESOLVED** – (1) That the content of the Winterbourne View Joint Improvement Programme – Brighton & Hove Response: Initial Stocktake of Progress against key Winterbourne View Concordat Commitment submission, attached to the report as Appendix One be noted.
- (2) That the progress made in Brighton & Hove regarding the future commissioning arrangements for people requiring treatment and assessment placements, be noted.

34. PUBLIC HEALTH SCHOOLS' PROGRAMME

- 34.1 The Board considered a report of the Director of Public Health which informed members that the proposed Public Health Schools' Programme took into account recent policy changes, the opportunity afforded by the arrival of Public Health in local authorities, the need to build on the good work of the Healthy Schools/Settings programme as well as the concerns of schools themselves. The programme reflected evidence based practice. The programme would be offered to all state schools including academies and free schools. It was anticipated that in due course the programme would be rolled out to colleges. The report was presented by the Public Health Programme Manager.
- 34.2 Pinaki Ghoshal endorsed the report which he considered a good example of joint working which would ensure the best programme for children and young people.
- 34.3 Councillor Meadows concurred and welcomed the report. She noticed however that more young people were taking up smoking whilst smoking was reducing amongst the adult population.
- 34.4 Councillor Bowden referred to paragraph 4.2 in relation to sexual health. He asked if more joint work was planned. He stressed that unless there was an education programme there would be a rise in teenage pregnancies and sexual disease.
- 34.5 Pinaki Ghoshal explained that although the council could give advice, it was up to governors to decide on the approach taken with regard to sex and relationship education.
- 34.6 The Chair expressed concern about the adult infection rate. He agreed that there was a need to start sexual health education at a young stage.
- 34.7 Tom Scanlon reported that a briefing paper was being prepared on this issue.
- 34.8 Hayyan Asif asked who had been included in the evaluation process. Tom Scanlon explained that the evaluation framework was not in place. It would be brought back to the Board next year. The Public Health Programme Manager explained that all state and free school, primary and secondary would be involved in the evaluation process.
- 34.9 Geraldine Hoban stressed that when the evaluation of schools was carried out; there was a need for joined up working. A forum would look at this work and report to the Children and Young People's Committee.
- 34.10 Hayyan Asif mentioned that the Healthy Schools Programme was not an appropriate name if it was used in colleges. The Public Health Manager replied that the name could be changed when the programme was presented to colleges.
- 34.11 **RESOLVED** – (1) That the report and the above comments from Board Members be noted.
- (2) That the report be referred to the Children and Young People's Committee for endorsement.

35. WINTER SERVICE PRESSURES

- 35.1 The Board considered a report of the Director of Public Health which explained that the requirement for effective winter planning crossed different organisations and a wide range of services, such as highways, emergency planning, housing, adult social care, schools, and primary & secondary health care services. Some organisations produced their own detailed operational winter plans. The report described the preparations and connectivity in winter planning across the local authority and clinical commissioning group in Brighton and Hove. The report was presented by Dr Max Kammerling, Consultant in Public Health and Kevin Claxton, Resilience Manager.
- 35.2 Councillor Meadows referred to a scrutiny panel in 2010 which had asked for a winter plan for all council services. She asked how many of the recommendations of the panel had been incorporated into the current report.
- 35.3 The Resilience Manager explained that a great deal of work had been carried out since the scrutiny panel. The current report co-ordinated the good work that was taking place. The Consultant in Public Health explained that officers had checked to ensure that the report was consistent with the scrutiny panel recommendations.
- 35.4 Frances McCabe asked whether there would be co-ordinated planning. She stressed that flu epidemics could be serious and noted that the figure for staff uptake was low. She asked if large organisations provided the opportunity for staff to have flu vaccinations on the premises. If staff were not taking up flu vaccination this would not be giving confidence to members of the public. Ms McCabe suggested that the role of the voluntary sector could be considered. The voluntary sector carried out a great deal of work with vulnerable people. Ms McCabe referred to paragraph 3.2.5 in relation to pharmacies. Ms McCabe stated that both issues had now been resolved. Ms McCabe informed members that an urgent care report would be produced by the CCG and Healthwatch.
- 35.5 Tom Scanlon reported that there had been an uptake in flu vaccinations. Geraldine Hoban agreed that there had been a continued increase in uptake and targets on uptake had almost been met.
- 35.6 The Resilience Manager informed members that he was working closely with the Civil Contingency Team with regard to joint planning. With regard to the voluntary sector, there was an umbrella group of resilience groups for Sussex. There was now clarification that cold weather work would be carried out to all local pharmacies.
- 35.7 Councillor Norman referred to the issue of gritting during cold weather. He accepted that main bus routes were gritted, but stressed that a big issue to address was the fact that many older people lived in the outer areas of the city which were not gritted. This meant that many older, frail people could not leave their homes during periods of snow and ice.
- 35.8 Councillor Norman stressed that many accidents happened in these outer areas and this occupied the emergency services and A&E. He did accept, however, that a great deal of good work was carried out by officers visiting vulnerable people in 4 by 4 vehicles.

- 35.9 Tom Scanlon reported that research had shown that grit was distributed where most accidents occurred. He stressed that there was a need to discourage older people from leaving their homes in periods of severe weather. There was a need to ensure that GPs, meals on wheels etc could reach older people during these periods.
- 35.10 **RESOLVED** – (1) That the range of activities are noted and that the Director of Public Health is given delegated responsibility to develop further mechanisms to ensure coordinated and integrated working.

36. DECLARATION ON TOBACCO CONTROL

- 36.1 The Board considered a report of the Director of Public Health which informed members that in May 2013, Newcastle City Council passed a declaration setting out their commitment to tackle the harm smoking causes to communities. This has become known as the Local Government Declaration on Tobacco Control and has been endorsed by, among others, the Public Health Minister, Chief Medical Officer and Public Health England. On 23 October, Brighton & Hove City Council was invited to join Newcastle and sign up to the declaration.
- 36.2 The Chair stated that as the formal launch of the declaration would take place before full Council, it was now proposed to recommend that the Policy & Resource Committee adopt the declaration.
- 36.3 Councillor Bowden referred to the National Institute for Health & Care Excellence (NICE) guidance published on the morning of 27 November 2013 regarding smoking in hospital premises. He asked if this could be included in the declaration. He made the point that it would be virtually impossible to stop smoking in psychiatric units. Councillor Bowden also asked if the declaration could be extended to other partners such as City College. He considered that other committees should take note of the declaration as it was important to consider the matter holistically.
- 36.4 Geraldine Hoban asked if the CCG and health partners could sign up to a joint charter.
- 36.5 Fiona Harris, Head of Public Health Commissioning, NHS England Area Team stated that NHS England would be happy to take the lead to work in partnership with the Director of Public Health regarding smoking cessation and healthy workplaces.
- 36.6 The Chair suggested these matters could be pursued but it would take too long to be included in the declaration proposed in the report.
- 36.7 The Director of Public Health stated that a local charter with other organisations in the city would be an additional piece of work.
- 36.8 **RESOLVED** – (1) That Policy & Resources Committee be recommended to adopt this declaration.

The meeting concluded at 7.00pm

Signed

Chair

Dated this

day of