



4.00pm 20 September 2016
Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 4AH

Minutes

Voting Members Present: Councillors Yates (Chair), K Norman (Opposition Spokesperson), Barford, Brown and Page; Dr. Christa Beasley, John Child, Dr. George Mack, Clinical Commissioning Group.

Other Members present: David Liley, Healthwatch; Regan Delf, Assistant Director, Children's Services; Brian Doughty, Acting Director of Adult Social Care; Peter Wilkinson, Acting Director of Public Health; Cllr Caroline Penn, Lead Member, Mental Health

Part One

26 **DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

- 28.1 There were apologies from Pennie Ford, Graham Bartlett, Dr Xavier Nalletamby, and Dr Mandas Sikdar.
- 28.2 Regan Delf attended as substitute for Pinaki Ghoshal.
- 28.3 Cllr Yates declared a disclosable pecuniary interest in Item 30 as he is an employee of Western Sussex Hospitals Trust. Cllr Yates has received dispensation to speak and vote on this item.
- 28.4 **RESOLVED** – that the press and public be not excluded from the meeting.

27 **MINUTES**

27.1 The draft minutes of the 12 July 2016 HWB meeting were approved as an accurate record.

28 CHAIR'S COMMUNICATIONS

28.1 The Chair gave the following communication to the Board:

Welcome to the meeting

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

Changes of personnel within health and social care

I would like to welcome Brian Doughty as Acting Director of Adult Social Care to the Board. Brian will attend while we go through the recruitment process to replace Denise D'Souza who recently retired.

It is also time to say farewell to some CCG colleagues. Dr Xavier Nalletamby, the Chair of the CCG is retiring and this would have been his last meeting, but due to a clash in date with his holiday he is not with us today. I would like to formally thank him for his support and productive joint working. We wish him well in his retirement. I am sure the Board would like me to send a letter of thanks to him given he is not here today.

Dr Christa Beesley, our CCG Chief Accountable Officer is also stepping down but not retiring. Christa will continue her work as a local GP. Again Christa has been a welcome colleague and we will miss her pushing us towards more joint working and better services for our residents.

Better Care Approval

I am delighted to let you know that, following the regional assurance process, the Brighton and Hove joint Better Care Plan between the CCG and the Council has been classified as 'Approved'. Essentially, the plan meets all NHS England requirements. This means the focus should now be on delivery.

Pharmacy

As some of you may have seen there is a campaign covering local pharmacies: "Keep the 'Community' in 'Community Pharmacy'". The Department of Health recently announced a reduction of £170 million to the funding of community pharmacies in England this year and it has not ruled out more cuts to follow. It is unclear what impact this will have locally although it is clear that nationally there will be closures.

The Local Government Association has criticised the Department of Health for overlooking the role of community pharmacy as a 'much needed social and economic asset'. The LGA predicted 'unintended consequences that impact elsewhere in the local community'.

Our Board has a responsibility for the PNA – this is the Pharmaceutical Needs Assessment. Public Health leads on this area of work which reviews how many and what type of pharmacy as well as their services we have in the city, what gaps there are as

well as any indication of over capacity. There is a standing PNA steering group that regularly meets that has specialist pharmaceutical advisors supporting this work.

Board members may well remember signing off the last PNA in 2015.

We have also had reviews of pharmacy services come to the Board as reports or updates through Chair's communications.

We have been informed that the proposed cuts have been deferred. However, a more recent statement suggests they will still take place. The funding cuts will affect the payments made to pharmacies by NHSE for pharmaceutical services. The cuts to funding may result in some pharmacies no longer being viable and they could close. This could impact on pharmaceutical services in B&H (although not immediately) and will need to be considered before the new PNA is published in March 2018.

As the impact of any changes from this review become known we will ask the steering group for an impact assessment so the Board can be assured that the city has the right type of pharmacy in the right place.

The LGA report is here:

<http://www.local.gov.uk/documents/10180/7632544/L16-44+The+community+pharmacy+offer+for+improving+the+public+health/78c98919-2a94-4799-945d-55253c5cb75e>

STP

While an item is on the Board papers I would like to just inform the Board of a recent activity. There are now established meetings of all the HWB chairs in the STP area. These have only just been set up and I am now attending these meetings. Needless to say governance and accountability will be on the agenda.

Annual CCG assurance rating announcement

NHS England published its 2015/16 assurance assessment rating for NHS Brighton and Hove Clinical Commissioning Group (CCG), with an overall rating of 'inadequate'.

A full statement was made by the CCG at the time.

The CCG will be updating the Board with the changes and progress at the next Board meeting.

Coperforma

As those who read or listen to the news will know there has been a succession of headlines about our Patient Transport Service and the provider Coperforma.

HOSC, as the scrutiny committee has received several reports and will continue to do so.

The Health and Wellbeing Board is here to provide the strategic leadership for the health and social care system, especially assuring the public of action being taken and that there will be a fully functioning service.

The situation changes daily and I would like to ask John Child to provide a short update now as to the latest situation.

- 28.2 John Child told Board members that Sussex CCGs were focusing on patient safety, business continuity and supporting Patient Transport Service (PTS) workers. Coperforma's performance is improving, although there are still some outstanding issues. PTS performance is being scrutinised in detail by the Brighton & Hove Health Overview & Scrutiny Committee (HOSC). To date there has been no patient impact arising from the closure of Docklands. High Weald Lewes Havens CCG (HWLH) is working closely with Unison and the GMB to protect the staff involved.
- 28.3 David Liley told members that Healthwatch has sought assurances from the CCGs that they can manage the impact of Docklands closing. Healthwatch is working closely with the Patient Safety Group to look at the impact of PTS problems on patients. There has been a specific focus on the Royal Sussex County Hospital renal unit.
- 28.4 Cllr Penn noted that there was justifiable anger at the situation. It is totally unacceptable that staff should not be paid, and it remains to be seen whether adequate due diligence was undertaken in the PTS procurement process. The CCGs need to provide assurance that there will be business continuity.
- 28.5 Cllr Page noted that this was a very serious situation causing considerable public concern. HOSC would be well advised to ascertain the additional costs incurred by PTS failures (e.g. in terms of taxi hire, missed appointments etc.). The CCGs need to look seriously at the viability of the contract. It is clear that this service should be run by the public sector.
- 28.6 The Chair told the Board that it was evident that there were many lessons to be learnt here. However, the priority is delivering a safe service. It is very disappointing that some staff are contemplating their fourth employer in six months and that workers have not been paid. The GMB should be commended for the work they have undertaken to support staff financially, and the public may also want to consider contributing. HWLH needs to address this issue urgently. The Chair will ask the HOSC to look at this issue, specifically focusing on the treatment of staff and whether the current costs being incurred are sustainable.
- 28.7 The Chair informed members that the Brighton & Hove Older People's Festival will begin at the end of September.

29 FORMAL PUBLIC INVOLVEMENT**29A Public Questions****29A.1 Mr John Kapp** asked the following question:

“Do the councillors on the HWB accept responsibility for the CCG being judged inadequate, and what plans have the HW B to help restore the CCG to being fit for purpose?”

29A.2 The Chair responded that “the HWB is a partnership body, bringing together the city council, the CCG, NHS England, the city independent Safeguarding Boards and Healthwatch. The HWB is responsible for overseeing health and social care services for city residents, and for directing joint CCG and council working. The CCG has plans to improve its performance, and some of these plans, particularly where they involve joint working, may be overseen by the HWB.

However, the HWB is in no way responsible for the CCG. The CCG is an autonomous organisation whose accountability is to the NHS regulators rather than to the HWB or the city council.”

29A.3 Mr Kapp asked a supplementary question: “How can you say that the HWB is not responsible for the CCG when the HWB’s Terms of Reference states that the CCG is accountable to the HWB?” Natasha Watson (BHCC legal representative) replied that a previous similar question had received a comprehensive response and that this would be forwarded to the questioner. In brief however, although the HWB can hold the CCG to account, it controls neither CCG budgets nor appointments, and must act within the national legislative framework.

29A.4 Mr Ken Kirk asked the following question:

“I am appalled at the prospect the inevitable cuts that STP will bring to the NHS. It will result in drastic reductions in NHS services, involving ward closures, removal of entire services, yet more decreases in hospital bed numbers. No longer can this be disguised as mere service reconfiguration – we know and surely you know that the NHS will no longer be a comprehensive health service. You are our representatives charged with the responsibility to oversee the health services for the people of B&H. Do you agree that you shouldn’t in all conscience connive with this decimation of our NHS by effectively demonstrating your rejection of STP?”

29A.5 The Chair responded that “It is simply too early in the STP process to judge whether its impact on health services for local people is going to be negative as we haven’t even begun detailed planning. It would therefore be unwise for the Board to make a

judgement without knowing all (or in fact any) of the facts.” The Chair added that, although he did not wish to contemplate withdrawal from the STP at this point, this did not mean that he did not have concerns about the process. The HWB will act in the best interests of Brighton & Hove, but can only come to a position when detailed planning is available.

29A.6 Mr Kirk posed a supplementary question, asking whether the HWB would oppose increased contracting with the private sector, which he identified as an inevitable consequence of the STP. The Chair responded that it is still too early to judge with any certainty what the consequences of the STP will be. However, the STP is very likely to lead to greater integration between services, and much of this should lead to positive outcomes, as in the recent successful council and CCG co-working on Special Educational Needs and Disability (SEND) services.

29A.7 **Mr Matthew Greener** asked the following question (Mr Greener was unable to attend in person):

“I have a question for the chair in respect of the CCGs tender of the mental health service.

As I understand the situation the CCG issued tender documents on or about 16th August merging both Adult & Young Persons services & that the bidders will have 8 weeks to compile & submit their bid. I am not confident that the CCG has given sufficient time or information for robust bids to be submitted, or for them to stress test or mitigate risks within this process. I would expect the CCG to provide history data over a number of years for each condition to be treated or service to be provided so that bidders can at least ascertain any trends & growth - providing only projected growth of population would be useful only if it could be correlated against the historic data & included projected growth within each age group.

Without this information the bidders will in effect be bidding blind and it is these bids against which the CCG will award the contract. Since by the nature of the tender there will be at least one new provider, can the chair confirm that the CCG has given the relevant useful data to the bidders and that they are confident there is time within the 8 weeks for meaningful and comparable bids to be submitted so that the CCG can satisfy itself that the bids meet the acceptable criteria and enable them to reassure the service users that they have enough information to mitigate the risks and ensure that the successful bid has enough contingency to undertake the service provision in reasonably foreseeable adverse condition (weather, loss of communications, premises etc.)”

29A.8 The Chair responded that “The CCG can confirm that it has provided the relevant information to bidders so as to enable them to develop complete bids. The procurement process has included opportunity for bidders to raise additional clarification questions should they need to. This procurement process has allowed

nearly two months for bidders to develop and submit bids, which exceeds the recommended timeframe of 25 days.

After bids have been submitted they will be evaluated against a set of agreed criteria. This evaluation process will include an opportunity for bidders to present their proposal to a panel of people who have lived experience of mental health problems.

Prior to the commencement of the formal stages of the procurement the CCG undertook market engagement, seeking valued input from service providers in the re-commissioning of the service. This began in December 2015 with a Request for Information (RFI) document supplied to providers containing information about the service and inviting their feedback. This was followed by a market engagement event which took place on 26th February, at which all the interested providers were in attendance. Both the RFI document and the engagement event provided the commissioner with useful and informative feedback when considering how to procure the services. It also gave providers a substantial amount of time to prepare for the procurement before it formally commenced.”

29A.9 **Katrina Miller** asked the following question (on behalf of Valerie Mainstone, who was unable to attend):

“I understand that Virgincare are bidding for the Public Health Nursing (0-19) contract. I also understand that this information – who is bidding for the contract – isn’t in the public domain. Why are the HWB/Public Health department members not doing as the government Public Accounts Committee urges and displaying “more transparency and not ‘commercial sensitivity’” when it comes to the contracting out of services that affect the health and wellbeing of every child in Brighton and Hove?

It further concerns me that Brighton and Hove Council is even considering awarding a contract to a company such as Virgincare. They are documented tax avoiders, with their parent company being registered in the British Virgin Islands, they have documented failings in their provision of NHS services and documented instances of unacceptable labour relations including downgrading of (previously NHS) staff. Can I have an assurance that Brighton and Hove council will not award such a vital contact – or indeed any contract – to such a company?”

29A.10 The Chair responded that: “We have a robust process in place to ensure that we procure services that best meet the needs of the local population within the available budget. By following the process we can be assured the decision making is open, fair and transparent. This accords with legal advice and minimises any potential risk of legal challenge to the Local Authority’s decision making process when the contract is awarded. The integrity of this process is essential throughout all stages.

The process included the Director of Public Health and the Public Health Programme Manager, Children & Young People (at the time) taking the procurement of the Healthy Child Programme to the cross-party Procurement Advisory Board.

Information on the bidders: it is important that confidentiality is preserved during the evaluation process from the receipt of tenders to the making of a contract award decision. The legal framework requires us **NOT** to identify bidders during the process.”

- 29A.11 Ms Miller posed a supplementary question, asking whether the council was being too risk averse and missing opportunities to be transparent and democratically accountable. The Chair responded by saying that he was concerned that council procurement should be as good as possible and had enquired about whether the fair tax mark and employee engagement could be embedded in procurement processes as part of scoring for social value criteria.

29B Petitions

- 29B.1 There was a petition from Mr Carl Walker, presented on his behalf by Ms Katrina Miller, who informed members that almost 2000 people have signed either the paper or e-petition to date.

e- petition

<https://you.38degrees.org.uk/petitions/petition-to-stop-the-sell-off-and-decimation-of-children-s-health-services-in-brighton-1>

PETITION TO STOP THE SELL-OFF AND DECIMATION OF CHILDREN'S

HEALTH SERVICES IN BRIGHTON

Please sign and share this petition to demand Brighton and Hove Council's Health and Wellbeing Board stop the sell-off and mass budget cuts to our children's health services

Why is this important?

Community health services for children and young people include health visiting, school nursing and the Family Nurse Partnership (FNP) – a programme for teenage parents. These services are essential for our children’s wellbeing but they are now under the most severe threat.

Private companies like Virgin care are being awarded huge contracts across many different health services but, because they want to make a profit, they reduce their costs by cutting staff and lowering standards and quality of care.

If you

- don’t want a company like Virgin care making money from the health of Brighton’s children
- don’t want to see our children suffer as a result of a £1m cut to their services
- Want to see the service properly funded and run by the NHS

then please sign and share this petition as widely as possible.

And please make your feelings about the potential privatisation known to your MP, local councillors and the local press.

29B.2 The Chair responded that the Board has received reports and also previous public questions about this tender. The next Board meeting in November already has an item on the Public Health Nursing. We will be receiving a report on the overview of the process, summary of the preferred provider’s submission, feedback on scoring and confirmation of the preferred bidders details will be presented to the HWB for agreement to award the contract.

29B.3 Peter Wilkinson added that people might wish to note that quality was weighted above price in the scoring for the contract. This should place NHS providers in a good position to compete.

30 **SUSTAINABILITY & TRANSFORMATION PLAN (STP)**

30.1 The Chair suspended the meeting for five minutes due to disruption in the public gallery. Disruption continued once the meeting was resumed and the Chair asked for the public gallery to be cleared, adjourning the meeting for 15 minutes to facilitate this.

30.2 The meeting was re-convened and the remaining items of business were considered.

30.3 **RESOLVED** – That the Sustainability & Transformation Plan update report be noted.

31 **CQC INSPECTION REPORT ON BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUH)**

- 33.1 **RESOLVED** – that the CQC Inspection and Monitoring Quality Improvements report be noted.
- 32 **SINGLE HOMELESS AND ROUGH SLEEPER ACCOMMODATION & SUPPORT SERVICES REMODELLING & TENDER (HWB SEPT 2016).**
- 34.1 **Resolved** - that the Single Homeless and Rough Sleeper Accommodation & Support Services Remodelling & Tender report be noted.
- 33 **CQC/OFSTED SEND INSPECTION REPORT**
- 35.1 **Resolved** – that the CQC/Ofsted SEND Inspection report be noted.
- 34 **FOOD POVERTY ACTION PLAN AND NUTRITION AND OLDER PEOPLE**
- 34.1 **Resolved** – that the Food Poverty Action Plan and Nutrition and Older People report be noted.
- 35 **FUEL POVERTY AND AFFORDABLE WARMTH STRATEGY FOR BRIGHTON & HOVE**
- 35.1 **Resolved** – that the Fuel Poverty and Affordable Warmth Strategy report be noted.

The meeting concluded at 6:30pm

Signed

Chair

Dated this

day of

2015