



4.00pm 20 October 2015

Brighthelm Church and Community Centre

### Minutes

**Present:** Councillors Yates (Chair), K Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford and G Theobald Dr. Xavier Nalletamby, Lisa Durrant, Geraldine Hoban, Dr. George Mack; Clinical Commissioning Group.

**Other Members present:** Frances McCabe Health Watch, Graham Bartlett, Pennie Ford, NHS England, 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.

**Also in attendance:** Councillor Penn, Lead Commissioner for Substance Misuse, The Head of Modernisation, The Children and Young People's Mental Health and Wellbeing Commissioner, The Commissioning Manager for the CCG and The Consultant in Public Health.

**Apologies:** Dr. Christa Beesley.

### Part One

#### 19 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

- 19.1 Prior to taking the formal items on the agenda the Chair noted that Councillors Geoffrey Theobald and Phelim Mac Cafferty were involved in interviews and were hoping to attend the meeting. He also noted that apologies had been received from Dr. Christa Beesley who was being substituted by Lisa Durrant.

19.2 The Cahir noted that there were no declarations on interests and that there were no items listed in Part 2 of the agenda and therefore sought agreement that the meeting should remain open to the public.

19.3 **RESOLVED:** That the press and public be not excluded from the meeting.

## 20 MINUTES

20.1 The minutes of the last Board meeting held on the 21<sup>st</sup> July 2015 were agreed and signed by the Chair as a correct record.

## 21 CHAIR'S COMMUNICATIONS

21.1 The Chair welcomed everyone to the meeting and noted that at is was a busy agenda his communications will be noted in full in the minutes; but he wished to outline a few points.

### **Health and Wellbeing Partnership event**

21.2 In September the Board held it second partnership event. Approximately 100 people gathered for a hard working afternoon focused on refining the Health and Wellbeing Strategy. The outcome of this event will come to the Board in December.

### **AGM CCG**

21.3 The CCG had its Annual General Meeting in September and I was happy to attend as Chair of the Board. It provided me with an opportunity to hear first-hand what the CCG had achieved in the past year and what the plans for the future would be. It was clear that it had been a busy year and the reflection of work done is partnership with not only the council but a wide range of agencies was evident.

### **Older Peoples Week**

21.4 As Chair I was happy to attend the Older People's Awards which were part of Brighton & Hove's celebration of International Older People's Day. The awards ceremony was commissioned by the Public Health team from local organisation, Impact Initiatives, as part of a week long programme of events to celebrate the contribution of older people in the city and challenge stigma around ageing.

21.5 One of the award winners was 92 year old Tai Chi Instructor Adele Percival!

21.6 Feedback has included the following Donna Baily, Impact Initiatives. She writes:

*Many thanks for your support with the older people's week; the week has gone brilliantly so far, and the awards ceremony was its highlight. I've had lovely feedback from guests who attended yesterday, and it has clearly brought many older people together and given them the recognition they truly deserve. We now have the photographic exhibition up at St John's, which will remain there until Sunday when we have the grand finale to the week, which is*

**Stoptober**

- 21.7 Stoptober is a campaign from Public Health England that encourages smokers across the country to stop smoking for 28 days during the month of October. The campaign aims to encourage people to take part in the mass quit attempt and to utilise a range of proven, free support tools available.
- 21.8 It is targeting all smokers (their families and friends) but with a particular emphasis on routine and manual workers, amongst whom there is a high percentage of smokers.
- 21.9 While we are on the subject of smoking the consultation on the Smokefree Areas has now closed. With local and national media interest the consultation generated 1,913 responses through the consultation portal. A report will be returning to the Board in December with the analysis and suggested way forward.

**The Sugar Debate**

- 21.10 On October 5<sup>th</sup> we launched a public health debate:

**Should action be taken to reduce sugar intake in Brighton & Hove?**

- 21.11 It has attracted a significant amount of media interest both locally and nationally. One in four children are already overweight in Brighton and Hove by the time they leave primary school and a 2/3rds of adults are either overweight or obese. Sugar plays a part in this and we are already eating up to three times as much as we should be. Too much sugar increases the risk of tooth decay and drinking more sugary drinks is associated with gaining weight and developing Type 2 diabetes. New government recommendations include limiting our intake of 'free sugars' to just 5% of our daily energy intake. We want to find out whether, and how, to take action on sugar in the city. The debate is the first stage. We plan to analyse the results in January 2016 and use these to inform and develop a Sugar smart city action plan. A report will come back to the Board as necessary in the New Year.
- 21.12 This is the link to the sugar smart city on the council website. The minutes will also include the web link  
<http://www.brighton-hove.gov.uk/content/health/healthy-lifestyle/sugar-smart-city-what-do-you-think>
- Rough Sleeping Summit**
- 21.13 The Council is leading a review of the city's approach to rough sleeping with the aim of "*making sure no-one has the need to sleep rough in Brighton & Hove by 2020*".
- 21.14 A Rough Sleeping Summit is being held in December (as part of The Learning Together to Safeguard the City fortnight) that will bring together a range of stakeholders such as councillors, the council, clinical commissioning group, Police, third sector advocates, providers, business community, relevant professional

experts and service users to review the city's approach to rough sleeping and develop options for the city's future Rough Sleeper Strategy.

- 21.15 Please note that the Summit is invite only. Following the Summit, a draft strategy will be developed in the New Year for public consultation.
- 21.16 I would like to draw your attention to the joint meeting of the Children's, Young People and Skills Committee and the Health and Wellbeing Board which will take place on 10<sup>th</sup> November at 4pm at the BRIGHTON CENTRE. This joint meeting will focus on the progress of the Special Educational Needs and Disability and Learning Disability reviews. We hope you will be able to join us for that meeting.
- 21.17 Today there is a paper concerning the Primary Care Services. As the Board is aware Goodwood Court Medical Centre was closed in June 2015 following a CQC inspection. The Charter Medical centre was awarded an interim contract so that patients affected could access ongoing care. The interim arrangement will run until March 2016 and NHSE are seeking the views of patients and other local stakeholders as part of the review to determine longer term options for the future care of these patients.
- 21.18 Finally I would like to take the time to say farewell to a Board member, Geraldine Hoban. Geraldine is leaving to take up the position of Accountable Officer working with Horsham & Mid Sussex CCG from November. Geraldine has worked in Brighton for over eight years from Primary care Trust to CCG. The Board would like to say thank you Geraldine and good luck to you – you will be missed.
- 21.19 Councillor Ken Norman also wished to record his thanks and appreciation for all her work and support and wished Geraldine well in her future role with Horsham & Mid-Sussex.

## 22 FORMAL PUBLIC INVOLVEMENT

### (a) Petitions:

- 22.1 The Chair noted that a petition regarding the provision of a nursing home for sufferers with Huntington disease had been submitted and that the lead petitioner was not present at the meeting. He therefore suggested that the petition be noted and officers from both the council and the CCG be asked to meet with the petitioner to discuss the matter further. He also noted that provision was available in nursing homes across the city and additional support could be provided on a case basis.
- 22.2 **RESOLVED:** That the petition be noted.

## (b) Public Questions:

22.3 The Chair noted that one public question had been received and invited Dr. Walker to put his question to the Board.

22.4 Dr. Walker thanked the Chair and asked the following question;

“How has the HWB responded to Brighton CCG’s decision, without any consultation, to move to an inexperienced and controversial private RMS provider in Optum and, in light of Optum’s current local failings, will the HWB take action?”

22.5 The Chair replied; “As you are aware, NHS Brighton and Hove Clinical Commissioning Group (CCG) awarded a new contract for the provision of a redesigned Referral Management Service (RMS) to Optum Health Solutions, which came into effect on the 1st September. Optum is an experienced provider of referral management services with a proven track record over the past five years in Hounslow and more recently in Ealing, Dorset and Bedfordshire.

Since go-live, the service has experienced significant issues with the national NHS e-Referral system which facilitates the booking of appointments into secondary care and community based services. The CCG have had confirmation from the Health and Social Care Information Centre (HSCIC) that the issues are with the e-Referral system and not the Optum IT system. This system issue resulted in GP practices being unable to send referrals to Optum in a way that they could be easily identified and the time taken to process referrals from NHS e-Referrals was significantly increased. As a result, the service experienced delays in processing these referrals and booking of patient appointments were subsequently delayed.

Issues with the system have now been resolved and both the CCG and Optum are closely monitoring NHS e-Referral to ensure that the system is functioning effectively. The backlog that developed during September has now been cleared and the service is now working and processing referrals in ‘real-time’ and in line with contractual requirements. The service will be sending out letters to all patients to apologise for the delay in their referrals.”

22.6 Dr. Walker noted the response and asked the following supplementary question; “My real concern remains with the privatisation of services within the National Health Service and the lack of public consultation or understanding of how services will be affected if they move to organisations such as Optum which is a subsidiary of United Health and its reputation is not one that public services deserve. Do you have a view on this and the future of services?”

22.7 The Chief Operating Officer for the CCG noted the comments and stated that under the Group’s procurement rules it was not able to determine which

organisations were able to bid for contracts. However, it was clear about the level of quality and viability of the service that was required and would seek to ensure that those expectations were met in the delivery of services.

22.8 The Chair thanked Dr. Walker for attending the meeting and putting his questions. He noted that there were no other questions and therefore the item was concluded.

## 23 ST. MUNGO'S CHARTER

23.1 The Board considered a Notice of Motion concerning St. Mungo's Charter for homeless health approved by the Council on the 16<sup>th</sup> July and referred to the Board for consideration.

23.2 The Board noted that other stakeholders were able to sign-up to the Charter and encouraged them to do so.

23.3 **RESOLVED:** That the Charter be supported and the Chair be authorised to sign it on behalf of the Board.

## 24 RESIDENTIAL REHABILITATION SERVICES

24.1 The Lead Commissioner for Substance Misuse introduced the paper which detailed the changes to the commissioning for residential rehabilitation services and sought approval for the award of future contracts. She noted that there were a number of providers in the city and it was intended to re-negotiate with current providers but if necessary a competitive process would be undertaken.

24.2 The Board welcomed the paper and expressed the view that consideration would need to be given to ensuring that quality and efficiency of services was maintained. Members of the Board also felt that the levels of provision should be reviewed and flexible so that sufficient resources were available to meet demand.

24.3 **RESOLVED:**

- (1) That it be agreed that commissioners seek to negotiate contracts with current providers, with the option of moving to a competitive process if negotiations fail;
- (2) That the Director of Public Health be granted delegated authority to conduct the negotiations on the Council's behalf, and run a competitive procurement in the event that the negotiations fail; and
- (3) That the Director of Public Health be granted delegated authority to award the contract after negotiations with the current providers or after a competitive tender process has taken place.

**25 ADULT SOCIAL CARE SERVICES; THE DIRECTION OF TRAVEL 2016 -2020**

- 25.1 The Head of Modernisation introduced the report which set out proposals for the future delivery of adult care services in Brighton & Hove over the period 2016-20. The proposals covered the commissioning of services, service provision and assessment services. He stated that the paper set out the broad direction of travel for services over the period and it would underpin the 4-year integrated service and financial planning process.
- 25.2 Councillor Mac Cafferty expressed his concern over the report and the future of services in view of the level of savings and cuts required to meet Government targets. He did not believe that the proposals would ensure that vulnerable adults were protected and therefore could not support it.
- 25.3 Councillor K. Norman stated that he held a different view and welcomed the report and noted that it was set at a high level at this point. He believed that it was a sound basis on which to move forward and hoped that it would be supported.
- 25.4 Frances McCabe stated that there was concern about the impact on service users and noted that other report on the agenda related to this one and suggested that there was some need for integration of the areas e.g. short-term care and primary care. There was a need to avoid fragmentation and to have a more coherent approach.
- 25.5 Graham Bartlett noted that some difficult choices would have to be made and the Board would need to take a view on the level of services that could and would be provided.
- 25.6 Geraldine Hoban stated that she agreed with the need for integration and joined-up working, which she felt could be achieved. She believed that the CCG was moving forward and that a lot more detail would need to come to the Board; but overall she felt that it was the right approach.
- 25.7 The Statutory Director for Adult Services stated that she hoped all agencies would be able to work together to provide a more effective outcome. She also noted that there would be a degree of choice available to service users and that the change agenda was being driven by carers and users who also had a lot to give back to the community.
- 25.8 Councillor Barford supported the comments and acknowledged the concerns expressed but noted that it was a top level report and the key aim was to protect vulnerable people. The intention had to be to provide the appropriate level of support for them and careful management.

25.9 Councillor Mac Cafferty stated that he believed there would be depreciation in the level of care and could not support the direction of travel identified.

25.10 The Chair noted the comments and put the recommendations to the Board.

25.11 **RESOLVED:** That the direction of travel for adult care services as set out in the report be approved and that it be noted that this would inform the 4-year integrated service and financial planning strategy for adult care services.

## **26 UPDATE ON CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING TRANSFORMATION PLAN FOR BRIGHTON AND HOVE**

26.1 The Children and Young People's Mental Health and Wellbeing Commissioner introduced the report, which outlined the transformation plan for improving the mental health and wellbeing of children and young people in the city. She noted that there were pockets of excellence across the city, there was a need for a more integrated and supportive approach. She also noted that the Board had considered a report in July on the principles for a transformation plan and which had since been signed off by the CCG's Governing Body, the Clinical Leadership Group and at the Chair's pre-meeting. The Board were now asked to endorse that plan so that it could be published and implemented. She also noted that the required funding had been allocated following the bid and that it was good news for the city.

26.2 The Statutory Director for Children's Services stated that a great deal of work had gone into the submission and it was a significant piece of work which would have a positive impact.

26.3 The Board welcomed the paper and noted that NHS England was in the process of reviewing a number of such plans and that it was hoped funding would be released in the near future.

26.4 **RESOLVED:**

- (1) That the final submission of the Children and Young People's Mental Health and Transformation Plan be endorsed; and
- (2) That the publication of the Plan on CCG and Local Authority websites in response to the national requirement to be more transparent be endorsed.

## **27 THE FUTURE MODEL OF CARE FOR COMMUNITY SHORT TERM SERVICES**

27.1 The Chief Operating Officer of the CCG introduced the report which concerned the future model of care for community short-term services beds and the procurement of the services. She stated that the objective was to prevent the admission into hospital of patients and to enable early release of patients into appropriate care. It

meant that the right level of support to meet needs in relation to short-term care beds had to be identified and resourced effectively.

- 27.2 The Commissioning Manager for the CCG stated that it was intended to broaden the eligibility criteria so that admission to hospital could be avoided with the provision of two units and improved use of nursing home care. To this end it was intended to have a range of options available with outcomes specified and providers able to show how they would meet the deliverability of those outcomes. It was intended to begin the procurement process in January 2016 and to review the model in October 2016.
- 27.3 The Board welcomed the report and agreed that there was a need for integration and to link with city-wide services to enable further innovation and improved provision. The Board also noted that it was hoped that it would enable better use of resources to meet changes in need and thereby widen the level of provision on offer.
- 27.4 **RESOVED:** That the proposed outcomes set for the model of care for Community Short Term Service beds, and the procurement model be approved.

## **28 BETTER CARE FUND SECTION 75 QUARTERLY PERFORMANCE UPDATE INCLUDING FOCUSED INFORMATION ON HOMELESSNESS**

- 28.1 The Chief Operating Officer introduced the report which detailed the Better Care Fund quarterly performance report and outlined areas for improvement. She also noted that it was proposed to bring an annual performance report to the Board rather than quarterly reports but that exception reports would still be brought to the Board, whilst quarterly reports would be taken to the Officer Board.
- 28.2 The Consultant in Public Health introduced the briefing paper that accompanied the report and concentrated on the Better Care Homeless work stream. He noted that the Board had requested further information on key schedules of work. The paper outlined the primary focus on 'single homelessness' and the action being taken to address the area.
- 28.3 The Board welcomed the report and the briefing paper and thanked the officers for the information. Members of the Board noted that homelessness was a key factor and that work was underway with voluntary organisations to develop a model of support and provision such as with St. Mungo's and the rough sleeper's project.
- 28.4 **RESOLVED:**
- (1) That the quarterly performance submission be approved;
  - (2) That the information on homelessness be noted;

- (3) That the change to have an Annual Performance report and any exception reports submitted to the Board be agreed; and
- (4) That a quarterly summary performance report be submitted to the Board.

## **29 MENTAL HEALTH AND WELLBEING STRATEGY - PROGRESS**

### **29.1 RESOLVED:**

- (1) That the progress of delivery of the action included in the first year of the mental health and wellbeing strategy be noted; and
- (2) That the action plan for the second and third year of the strategy be noted.

## **30 BRIGHTON AND HOVE LOCAL HEALTH ECONOMY COLD WEATHER PLAN 2015**

- 30.1 That the report and the Cold Weather Plan for England and Brighton & Hove Local Health Economy Cold Weather Plan 2015 attached as appendix 1 to the report be noted; and
- 30.2 That the ongoing winter planning work streams within the city, as detailed and referenced within the Brighton & Hove Local Health Economy Cold Weather Plan 2015 be noted.

## **31 FUEL POVERTY & AFFORDABLE WARMTH STRATEGY FOR BRIGHTON & HOVE**

- 31.1 That the report, the NICE guidelines and recommendations and the draft action plan for Brighton & Hove attached as appendix 1 to the report be noted; and
- 31.2 That the ongoing work to develop a wider Fuel Poverty and Affordable Warmth Strategy be noted.

## **32 BRIGHTON & HOVE LOCAL HEALTH AND SOCIAL CARE SURGE AND CAPACITY PLAN 20116**

- 32.1 **RESERVED:** That the report be noted.

## **33 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15**

- 33.1 The Chair of the Adult Safeguarding Board introduced the Board's Annual report for 2014/15 which outlined the work of the Board and how partner agencies had worked together to improve the safety of adults at risk of harm and abuse. He noted that the most pressing issue was the preparation for the Care Act and to

ensure that safeguarding was about choice. He noted that there would be further changes to the role of the Board and its remit which would be reflected in the next report.

33.2 The Chair welcomed the report and stated that it would be important to have a clear sense of how the Board's work would be measured and reviewed in the future.

33.3 Councillor Mac Cafferty referred to the Prevent agenda and expressed some concern over how that work was being understood and the risk that it would jeopardise the work on safeguarding that had been undertaken.

33.4 The Chair of the Adults Safeguarding Board stated that the Board was aware of such concerns and that there was a need to ensure all agencies/organisations involved in safeguarding balanced that work with that in relation to tackling radicalisation. He noted that there were representatives from both Boards on the Prevent Board which was looking to determine a protocol for all three Boards in term of actions and activity that related to safeguarding and the Prevent agenda.

33.5 **RESOLVED:**

- (1) That the safeguarding work carried out in 2014/15 and the priorities set out in the report for 2015/16 be noted; and
- (2) That the Annual report be approved for circulation.

34 **LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014-15**

34.1 The Chair of the Local Safeguarding Children's Board introduced the Annual report for 2014/15 and stated that the Board had been delighted to achieve a 'Good' judgement following the recent Ofsted inspection. He stated that the Board was keen to increase its lay membership and had made significant changes in the way that Child Sexual Exploitation had been approached. He believed it was an excellent report and commended it to the Board.

34.2 The Chair welcomed the report and stated that the work of the Board had been excellent and duly recognised by the Ofsted inspection.

34.3 **RESOLVED:**

- (1) That the Annual report be noted and the Board's support to the City Council in their contribution to keep children safe from abuse and neglect be noted; and

- (2) That the Local Safeguarding Children's Board's achievements as detailed on page 9 and the challenges for 2015/16 as detailed on page 10 of the report be noted.

### 35 PRIMARY CARE SERVICES IN BRIGHTON & HOVE

- 35.1 The Chair welcomed the report and noted that he had received notification of a GP Practice in Peacehaven, where the GP's were planning to retire which would affect a number of patients.
- 35.2 Councillor Mac Cafferty queried how new GP's were likely to be attracted into the area and noted that there were other Practices that were in danger of losing GP's or closing. He also welcomed the report but wanted to know how Practices could be supported and action taken to ensure they stayed open.
- 35.3 Councillor G. Theobald noted that doctors spent time at hospital and queried whether this could be managed to enable them to spend time in Practices as well.
- 35.4 Dr. Xavier Nalletamby welcomed the report and stated that workloads had changed significantly and many doctors already worked in A&E departments or worked in a Practice and spent time at Hospital where they specialised in areas.
- 35.5 **RESOLVED:** That the report be noted.

The meeting concluded at 6.40pm

Signed

Chair

Dated this

day of

2015