

BRIGHTON & HOVE CITY COUNCIL
SHADOW HEALTH & WELLBEING BOARD

5.00pm 12 SEPTEMBER 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair) Councillor Cobb, Duncan, Meadows, K Norman and Shanks (Deputy Chair)

Other Members present: Denise D'Souza, Statutory Director of Adult Social Care, Dr. Tom Scanlon, Statutory Director of Public Health, Geraldine Hoban, Clinical Commissioning Group, Hayyan Asif, Youth Council, and Robert Brown, HealthWatch.

Apologies for absence: Terry Parkin, Statutory Director of Children's Services Dr. Xavier Nalletamby, Clinical Commissioning Group.

PART ONE

10. PROCEDURAL BUSINESS

10A Declarations of Substitute Members

10.1 Councillor Cobb declared that she was substituting for Councillor Bennett.

10B Declarations of Interests

10.2 There were none.

10C Exclusion of the Press and Public

10.3 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.

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

11. MINUTES

- 11.1 Councillor Meadows asked for an amendment to paragraph 9.3. It should now read “Councillor Meadows stated that she was happy for the Statutory Directors to send a representative to advise the Board.” ~~as long as they did not vote.~~
- 11.2 **RESOLVED:** That the minutes of the meeting held on the 30th May, 2012 be approved as a correct record of the proceedings and signed by the Chair subject to the amendment mentioned above.

12. CHAIR'S COMMUNICATIONS

- 12.1 There were none.

13. PUBLIC INVOLVEMENT

- 13.1 There were no petitions, written questions or deputations from members of the public.

14. ISSUES RAISED BY COUNCILLORS AND MEMBERS OF THE BOARD

- 14.1 There were no petitions, written questions, letters or notices of motion from councillors or other members of the Board.

15. CHILD POVERTY UPDATE

- 15.1 The Board considered a presentation from Sarah Colombo, Child Strategy Manager/Stronger Families Stronger Communities. The presentation set out the focus for the Child Poverty Strategy over the next year in Brighton and Hove. The presentation explained the four strategic outcomes and how child poverty would be monitored. The Board were informed that responsibility for the Child Poverty Strategy now sat within the Stronger Families and Stronger Communities Partnership and Programme Boards.
- 15.2 Robert Brown asked how the strategy was being embedded into planned commissions and how it was informing future budget decisions to ensure that the most vulnerable were receiving services. He asked if officers had thought of having a connection with the fire service in dealing with matters such as setting fires.
- 15.3 The Child Strategy Manager replied that with regard to embedding, more work needed to be done to ensure that the key child poverty focus was embedded. There was a decision not to develop a specific Child Poverty Task Group but rather to keep the child poverty focus alive across the work of the Local Strategic Partnership to which child poverty would report. With regard to the question about the fire service, the focus on secondment was around agencies who were most closely involved, however the fire service was involved in the discussion. Denise D'Souza confirmed that the fire service were very much involved and were part of the steering group.
- 15.4 Councillor Meadows referred to the payment by results model. She asked how this differed from the target driven model. She referred to the three criteria for eligibility and

asked how success could be measured. For example, if a child went back to school there would be a payment, but the child might still have problems.

- 15.5 The Child Strategy Manager replied that payment by result sharpened resolve. That there were differing payments for different success outcomes such as gaining employment, a child attending school etc. There was more work planned in order to identify the impact of the relevant agencies in any successful outcomes for families. She was not sure to what degree payments by results changed the way of working from target driven funding. The three national criteria were set out by government and were not subject to local change. However the local resolve is to learn through the programme how to change services in order to better prevent families from finding themselves in a range of complex problems.
- 15.6 Councillor Meadows asked if resources would be withdrawn if there was success with the targets. The Child Strategy Manager replied that the issues families eligible for the programme face were complex and for a family to move on required more than one outcome to be achieved. Payment by results outcomes were only one part of that holistic support to enable families to be more resilient.
- 15.7 Denise D'Souza stated that a great deal of work was being carried out in identifying the 675 families in complex need. The criteria and payment by results was a very complex process. It was a reward for success.
- 15.8 Councillor Meadows asked about ongoing support. Denise D'Souza replied that it was a changing service which relied on pump priming. It involved a close working relationship with partners. As the work commenced the service might need to be commissioned in a different manner. The reward money was paid to the local authority. There would be a debate on how this money was used.
- 15.9 The Chair referred to ongoing support. He stressed that there were families that the council was already working with and would continue to work with. This work would not stop when the targets were met and support for families would not be withdrawn.
- 15.10 Tom Scanlon asked for more detail on phase 2 of the Stronger Families Stronger Community Delivery. He expressed concern about the perceived connection between troubled families and poverty. He suggested that many troubled families were not poor, and that not all poor families were troubled families.
- 15.11 The Child Strategy Manager replied that the focus of the work of phase 2 was developing effective ways of working with the third sector and developing support for programme participants to be involved in the delivery and decision making about the programme, recognising the expertise and resources they bring.
- 15.12 Denise D'Souza stated that families were already being worked with on Phase 1. She suggested that as the programme progressed it might be necessary to look at a 4th criteria involving more complex families who were involved in substance misuse etc.
- 15.13 Councillor Shanks referred to family coaches and asked if they came from a professional background. The Child Strategy Manager replied that a range of people

have been recruited to the new Family Coach roles ranging from social workers to those with advocacy experience.

- 15.14 Councillor Cobb asked how long officers intended to work with families and how much progress had there been to date. Denise D'Souza explained that there were a range of professionals with different priorities working on the strategy. The length of time would vary depending on the individual circumstances of each family. People had to sign up to goals and targets as part of the programme.
- 15.15 The Chair stated that the perception of government was that an integrated approach was needed. It appeared to be a good approach and a better use of resources.
- 15.16 Hayyan Asif expressed the view that the focus should be on children not in education rather than children not in schools. The Child Strategy Manager concurred and explained that the issues would be where children are not getting their education in whatever way it was delivered.
- 15.17 Councillor Shanks considered that the core issue was children not attending school. Many people were doing a very good job in home educating their children.
- 15.18 Robert Brown asked if children in hospital with long term illnesses would be classed as coming from troubled families if they were not attending school. The Child Strategy Manager stated that children in these circumstances would definitely not be considered eligible on this basis alone.
- 15.19 **RESOLVED** – That the presentation be noted.

16. JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY 2012

- 16.1 The Board considered a report of the Head of Public Intelligence and the Consultant in Public Health which updated the Board on the progress of the 2012 Joint Strategic Needs Assessment Summary and which asked the Board to support its publication. The report also presented the results from the consultation on the summary in July 2012. From April 2013, local authorities and clinical commissioning groups would have equal and explicit obligation to prepare a Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy.
- 16.2 Members were informed that the response to the consultation was broadly supportive and that the feedback had been useful.
- 16.3 Robert Brown asked what plans were in place to work through resolving gaps in data, particularly gaps around key equality groups, to include in future JSNAs. He also asked how Patient Participation Groups could be involved in future JSNAs. The Head of Public Health Intelligence replied that these key questions would be taken forward by the City Needs Assessment Steering Group. Officers will be working with the Community & Voluntary Sector on gathering more evidence from them. This year the consultation had been sent out through Practice Managers to go to Patient Participation Groups. This needed to be reviewed in future. Geraldine Hoban added that there had already been some engagement with the Patient Participation Groups through the Clinical Commissioning Group.

- 16.4 Councillor Shanks referred to wider consultation and asked if there had been any thought about consulting with trade unions and schools. The Consultant in Public Health agreed with this suggestion and stated that a more formal engagement strategy would need to be put in place. The Chair suggested that there would also be a role for the Board to support future engagement.
- 16.5 Councillor Duncan pointed out that there was a need to consult with the City Engagement Partnership.
- 16.6 **RESOLVED** – (1) That the publication of the JSNA Summary 2012 be supported.
- (2) That the feedback from the 2012 JSNA consultation be noted.

17. JOINT HEALTH & WELLBEING STRATEGY (JHWS)

- 17.1 The Board considered a report of the Strategic Director, People which stated that from April 2013 each local Health & Wellbeing Board would have a statutory duty to publish a Joint Health and Wellbeing Strategy (JHWS). At the last meeting, the Board agreed that the local JHWS should focus on five high priority areas: Smoking; dementia; cancer and access to cancer screening; healthy weight and good nutrition; and emotional wellbeing (including mental health). An action plan for each priority had been produced by officers and was attached as appendix 1 to the report.
- 17.2 Robert Brown asked the following questions.
- a) Has life expectancy in all wards across the city improved over the last 5 years, and if not why? Could we have this information for every ward as it is known that life expectancy varied by almost a decade across the city?
- b) How many responses did you receive on just the strategy through the consultation portal?
- c) If this is a draft strategy, will there be time to share it with Community & Voluntary Sector organisations and members of the public for comments and input before the final version is signed off in April.
- d) What is the process for translating these priorities into commissioning intentions? Will members of the public be involved in all tendering around these priorities?
- e) How will commissioners be supported to undertake Equality Impact Assessments in the priority areas if the strategy is not covering this, and how will the board receive this information?
- f) What work is being done to ensure that health services have the staff and resources they need to handle increased demand in cancer screening caused by public health campaigns, and will be caused by it being a priority area for this strategy? The LINK newsletter could be used to raise awareness of public health messages, cancer prevention and screening.

- 17.3 The Deputy Director of Public Health referred to question (a). He confirmed that life expectancy had improved overall but he could not say with certainty at that time if it had increased in all wards. Robert Brown referred to page 34 of the agenda which stated that life expectancy in Brighton and Hove was 77.7 years for males. However, there was a large difference in the figures for Queen's park and Patcham. The Deputy Director agreed that there was a gap in life expectancy between wards which needed to be addressed, but stressed that the overall trend for the city was increasing.
- 17.4 The Shadow Health & Wellbeing Board Business Manager referred to question b). He stated that less than 10 responses had been received on the strategy through the consultation portal. Most of the consultation had been carried out through the Community & Voluntary Sector.
- 17.5 The Shadow Health & Wellbeing Board Business Manager referred to question c). He stated that officers were planning to engage with the CVS and the LINK.
- 17.6 The Deputy Director of Public Health referred to question (d). He confirmed that the strategy would be turned into an action plan. Where they already exist, the relevant steering groups will take forward the actions. New groups may need to be established to progress this work and officers would be also be consulting groups that were already in existence.
- 17.7 The Shadow Health & Wellbeing Board Business Manager referred to question e). He stated that the JSNA process had a great deal of support from the Council's equalities team. There was not a full EIA on the draft strategy. Most of the equalities work would be in the detailed commissioning plans.
- 17.8 The Deputy Director of Public Health referred to question (f). He confirmed that plans were in place to manage the increased demand in cancer screening.
- 17.9 Dr Tom Scanlon acknowledged the work that had been carried out on the JHWS and thanked the authors. In terms of outcomes, he found it helpful that the number of priorities had been reduced. The Deputy Director of Public Health stated that in terms of outcomes there was a need to identify short-term, intermediate and long term outcomes.
- 17.10 Councillor Meadows referred to the campaign that prevented breast cancer screening services being moved from Brighton to Haywards Heath. She asked how that campaign had affected the document and whether the strategy would achieve similar campaigns. The Deputy Director of Public Health replied that it would be for the Board to decide how it wished to amend the strategy in response to such campaigns. The Chair commented that the Board could make observations regarding the accessibility and location of services. The Shadow Health & Wellbeing Board Business Manager stated that if there were major changes to services it would be a matter for the Health & Wellbeing Board to consider.
- 17.11 Geraldine Hoban informed the Board that there were wider determinations of health and wellbeing and there was a proposal to weave these through the various sections. Employment and housing was a key element in all the sections. There needed to be a more joined up approach. The Shadow Health & Wellbeing Board Business Manager

replied that he wanted to get the view of the Strategic Housing Partnership and other partnerships. The Chair suggested communicating with the relevant council committees and asking them for their view on the JHWS.

- 17.12 Councillor Duncan informed the Board that he had attended a meeting of Brighton Action for Wellbeing where there had been a talk on mental health and happiness. Councillor Duncan also referred to smoking and made the point that many people had given up without any contact with the NHS. How would that be measured? He also asked if there was any data on tobacco products that were sold. The Deputy Director of Public Health replied that the government had developed a happiness index to measure happiness. With regard to smoking, the NHS currently had an outcome of the number of people successfully quitting at four weeks, but that from 2013 the outcome measured will be population smoking prevalence. He hoped that local data would be gathered on a more regular basis. Local supermarkets were wary of releasing information about sales of tobacco products.
- 17.13 Dr Tom Scanlon stressed that there was a need to have information on the contribution of partnerships. He suggested that there should be a paper on that issue. The Chair suggested that the partnerships should be approached to ask them how they could be involved and what they thought of the board's priorities. There needed to be an agreement with each partnership. It was agreed that the Chair & the Shadow Health & Wellbeing Board Business Manager would make an informal approach to partnerships before a more formal approach was agreed.
- 17.14 Hayyan Asif referred to the action plan for healthy weight and good nutrition. He asked what measures were in place to ensure that the academies would follow the plan. Councillor Shanks stated that the Healthy Schools Partnership did some work in academies. A great deal of youth work was carried out with youths outside mainstream schools.
- 17.15 The Chair asked if there had been any consideration of working with children outside the state system. Was there a remit or intention to engage with public schools? Councillor Shanks replied that she did not think the Healthy Schools Partnership worked with private schools. The Chair considered that there needed to be further thought about this issue as these young people would become adults who would be included in the council's figures.
- 17.16 The Chair stated that he was concerned that HIV was not a priority. He felt that there might be specific problems in Brighton and Hove that could not be left purely to the NHS to deal with. The Deputy Director of Public Health explained that there was a recently established Sussexwide HIV Network and a local sexual health CRG. A great deal of work is carried out on prevention and early diagnosis. Dr Tom Scanlon stated that he considered that it was important to continue to support the five high priority areas agreed at the previous meeting.
- 17.17 Councillor Shanks referred to paragraph 7.6 of the previous minutes relating to breast cancer screening and asked if there was clarification about this issue. The Deputy Director of Public Health replied that there was a national review of breast cancer screening and it was best to wait for the outcome of the review before having a further discussion on this issue. The report would be available before April 2013.

17.18 Councillor Cobb pointed out that some pages of the Joint Health and Wellbeing Strategy quoted percentages and other pages quoted numbers. She asked for a consistent approach. The Shadow Health & Wellbeing Board Business Manager agreed that there was a need for a consistent method of reporting data.

17.19 **RESOLVED** – (1) That the draft Joint Health & Wellbeing Strategy (Appendix 1 to the report) be endorsed.

18. DEPARTMENT OF HEALTH CONSULTATION ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) AND JOINT HEALTH & WELLBEING STRATEGY (JHWS)

18.1 The Board considered a report of the Strategic Director, People which set out a suggested response to the Department of Health consultation on statutory guidance relating to the JSNA and JHWS duties. The draft guidance and consultation questions were included as Appendix 1 to the report. The draft response was set out in Appendix 2.

18.2 Councillor Duncan supported the responses and welcomed the local determination. Dr Scanlon stated that he fully supported the replies in Appendix 2.

18.3 **RESOLVED** – (1) That it is agreed to submit a response to the DH consultation on statutory guidance relating to the JSNA and JHWS duties.

(2) That the Shadow Health & Wellbeing Board uses the officer response to the consultation (Appendix 2 of the report) as a basis for its submission.

19. CCG VISIONS/VALUES & STRATEGIC COMMISSIONING PRIORITIES

19.1 The Board considered a presentation from Geraldine Hoban, Chief Operating Officer, Clinical Commissioning Group. The presentation set out the development of the CCG along with its vision, values, aims, strategic objectives and draft strategic priorities. Copies of the slides were circulated to members at the meeting.

19.2 Councillor Duncan noted that the presentation had mentioned a great deal about engagement with the public. He asked where community pharmacists would fit in. Geraldine Hoban replied that the CCG would not be commissioning community pharmacists. She would investigate this matter.

19.3 Robert Brown asked what plans were in place to ensure that Community and Voluntary Sector organisations and patients were involved in developing the CCG's priorities. Mr Brown further asked when the public would be allowed to attend CCG Board meetings. Geraldine Hoban replied that the CCG would share information with CVS organisations and patients as part of the process of developing priorities. She stated that the CCG would want to open meetings to the public as soon as possible and she would raise this matter at the next CCG Board for discussion. Meetings would be open to the public by April 2013 at the latest.

19.4 Dr Tom Scanlon referred to the draft strategic priorities. He stated that he expected the CCG to take the lead on cancer. He asked for wellbeing to be included under Mental Health.

- 19.5 Councillor Shanks referred to Maternity and Children. She stated that she would like to see support for more home births and community midwives. Geraldine Hoban replied that home births would have an important place in the priorities. The CCG would endeavour to have better community services.
- 19.6 Denise D'Souza reminded the Board that the Council had joint commissioning arrangements with the current PCT which would transfer to the CCG.
- 19.7 Hayyan Asif referred to the consultation process and the fact that young people and older people had different issues that needed to be considered. Geraldine Hoban replied that the CCG would consult with representatives differently. For example, through the Older Peoples Forum, and through special interest groups. The Children's Board had representatives from families. The CCG would welcome sharing their plans. The Chair mentioned that there would be engagement with the Youth Council.
- 19.8 The Chair stated that there had been a positive response, with a general feeling of broad agreement with the work being carried out. He looked forward to further detail.
- 19.9 **RESOLVED** – That the presentation be noted.

The meeting concluded at 7.05pm

Signed

Chair

Dated this

day of