BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

5.00pm 12 JUNE 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair) Councillor K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Bennett, Bowden, Pissaridou and Shanks (in the Chair from paragraph 8.11)

Other Members present: Jo Lyons, representing the Interim Statutory Director of Children's Services, Denise D'Souza, Statutory Director of Adult Social Care, Dr. Tom Scanlon, Statutory Director of Public Health, Maggie Davies, Clinical Commissioning Group, Geraldine Hoban, Clinical Commissioning Group, Hayyan Asif , Youth Council, Robert Brown, HealthWatch.

PART ONE

1. PROCEDURAL BUSINESS

1A Declarations of Substitute Members

1.1 Maggie Davies, CCG declared she was substituting for Dr Xavier Nalletamby. Jo Lyons, Assistant Director Children's Services (Education & Inclusion) declared that she was substituting for Heather Tomlinson.

1B Declarations of Interests

1.2 Councillor Bowden declared a personal interest in Item 10 - Independent Drugs Commission Report as he was Director of a charity interested in hepatology.

1C Exclusion of the Press and Public

1.3 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.

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

2. MINUTES

2.1 Councillor Meadows referred to paragraph 32.2 relating to a letter on hospital safety. She asked to have a paper on this issue. Councillor Meadows referred to paragraph 37.4 and asked if there had been any progression with regard to provider forums.

2.2 The Chair asked the Health & Wellbeing Board Business Manager to circulate an information note regarding paragraph 32.2. Tom Scanlon reported that the issue of provider forums needed to be discussed with the CCG. He was happy to discuss the matter with Geraldine Hoban.

2.3 Robert Brown referred to paragraph 36.5. He had suggested that Housing Area Panels should be consulted on the JSNA. The Chair replied that there had been a change in the Chair of the Housing Committee. This issue needed to be followed up.

2.4 Councillor Shanks referred to paragraph 35.12 with regard to breast screening. She made the point that since the National Screening Committee policy review, there had been further research which suggested that breast screening was beneficial on an individual basis but not on a population basis. Tom Scanlon said he would follow up with the colleagues who had led the work for the cancer and cancer screening section of the Joint Health and Wellbeing Strategy.

2.5 Hayyan Asif referred to paragraphs 36.7 and 36.8 regarding engagement with the JSNA and asked when this would happen. The Chair replied that there was an item on the JSNA later on the agenda and any major changes would take place next year.

2.6 **RESOLVED -** That the minutes of the meeting held on the 20 March 2013 be approved as a correct record of the proceedings and signed by the Chair.

3. CHAIR'S COMMUNICATIONS

Age Friendly City Project

3.1 The Chair informed members that he would be attending a European event in Dublin to discuss the Age Friendly City Project. The event was accredited by the World Health Programme. He would report back on the event at a future meeting.

Healthwatch

3.2 Robert Brown informed members that Healthwatch Brighton and Hove was currently in the process of being established. There was a development/set up phase until July 2013. A number of ex-LINk volunteers had formed a Transition Group in the interim to carry out some project work and attend meetings such as the HWB. In July, new Healthwatch structures would be in place, and the Transition Group would hand its work over to these new structures. A process for selecting a representative to the Health & Wellbeing Board would be undertaken. In the meantime Board members were encouraged to sign up to the Healthwatch magazine, so that they could stay in touch

with the work Healthwatch was carrying out. The healthwatch website was www.healthwatchbrightonandhove.co.uk

4. PUBLIC INVOLVEMENT

(a) Petitions

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

(b) Written Questions

4.2 Mr Dave Baker asked the following question:

"Can you assure me that despite the pressure that council budgets are under, that funds allocated to public health in Brighton and Hove will not be diverted to other council activities?

Are you concerned with possible implications that health provision in B&H may be commissioned from firms who are focused on making profits?

The Health and Wellbeing Board is one of the means of ensuring some democratic accountability of the policies of the Brighton and Hove Clinical Commissioning Group. Will the H&WB Board use its influence to restrain the possibility of the CCG privatising our NHS?"

4.3 The Chair gave the following response:

"Central Government funding for local authority public health services is 'ring-fenced' for 13/14 and 14/15, with local authorities required to devote the entirety of the allocations they receive to supporting and promoting the health of the local population. I can therefore confirm that the funds allocated to public health for this period will indeed be used for the purpose of improving public health. It is not possible to discuss Council spending plans beyond 14/15 as detailed budget planning for this period has not yet been undertaken.

The CCG has publicly committed to procuring services which are sustainable and which promote localism. The CCG has further committed to inviting competition to buy services only where necessary and appropriate, viewing the re-tendering of existing contracts as a measure of last resort.

Given these assurances, I am clear that the CCG has no intention to embark on any initiative to 'privatise' local NHS services, nor to favour for-profit providers over other types of provider. I am therefore not concerned that there is the imminent risk of a CCG-driven further privatisation of local NHS services.

However, it is the case that it has been the stated policy of both the current and former Governments to encourage a plurality of providers within the NHS, which explicitly includes for-profit providers as well as NHS trusts, the voluntary and community sector and not-for-profit providers. I would expect to see the CCG continuing to encourage this plurality of provision within the local health economy."

4.4 Mr Baker asked if the Committee was aware that there were firms advertising NHS Audiology services and that the CCG were commissioning two housing trusts to provide residential care to mental health patients.

4.5 Geraldine Hoban explained that the policy was to open up Audiology services to any qualified provider. Mr Baker may have seen adverts for Spec Savers. The CCG wanted to provide the best quality of care as well as the best value for money. Spec Savers was one of three providers who put in a bid to provide services and the feedback so far was good. The CCG monitored the services very closely and carried out patient surveys. There was no intention to extend any qualified provider to other services.

4.6 In terms of supported accommodation, the CCG had tendered because it wanted better quality supported accommodation. A not for profit organisation had secured the tender and the location remained in the City.

4.7 The Chair stressed that there was no desire to privatise the NHS.

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

(c) Deputations

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

5. ISSUES RAISED BY COUNCILLORS AND MEMBERS OF THE BOARD

5.1 The Chair noted that there were no petitions, written questions, letters or Notices of Motion from Councillors or members of the Board.

6. PENNY THOMPSON BHCC CHIEF EXECUTIVE TO ADDRESS THE BOARD

6.1 Penny Thompson, Chief Executive, Brighton & Hove City Council introduced herself to the Board. She informed members that she considered the Board to have a very important role in Brighton & Hove and wanted to attend a meeting to see it operating. She asked members to let her know if there was anything she could do to make it work better.

6.2 The Chair remarked that an important role of the Board was a co-ordinating work across all council services and the Chief Executive could assist in that respect.

7. '3T' DEVELOPMENT OF THE ROYAL SUSSEX COUNTY HOSPITAL

7.1 The Board considered a presentation from Matthew Kershaw, BSUH Chief Executive and Duane Passman, Director of 3Ts, Brighton and Sussex University Hospital Trust.

7.2 Mr Passman explained the brief for the 3Ts development. He reported that the Barry Building which had been completed in 1828 would be replaced. Neurosciences would be relocated, a level trauma centre would be established, the cancer centre would be enhanced and there would be enhanced facilities for teaching and research. The environment would be to the same standard as the children's hospital.

7.3 Members were shown slides of the existing site & plans of the proposed build. The Stage 1 area required to be decanted was 21% of the RSCH site area. Decant sites included the former St Marys Hall School and Brighton General Hospital. The decant period would be from mid 2013 to late 2014. The helipad would be completed between mid 2014 to summer 2015. Stage 1 would be completed by 2018. Stage 2 would be completed by 2021. Stage 3 would be completed by 2022.

7.4 The development would benefit larger numbers of patients each year. 70% of the floor space would be for the people of Brighton & Hove. Members were shown views of the new hospital. There was further information on the Brighton and Sussex University Hospitals website. www.bsuh.nhs.uk

7.5 Robert Brown asked how the hospital would ensure that plans to gear up for the 3T development was not putting services being delivered at risk in terms of effectiveness/quality, particularly given other service pressures at the hospital, and the need to save £30million this year? Mr Brown stressed that the last letter LINk sent to the hospital stated that they did not consider the Trust to be fit for purpose as a trauma centre. Could the hospital cope with the pressures?

7.6 Mr Kershaw explained that it was the hospital's responsibility to ensure services were delivered. With regard to the £30m Cost Improvement Programme, the treasury had asked the trust to demonstrate how it would remain financially viable during the transition. Mr Kershaw was pleased to report that the trust had the right plans in place. There was a need to save £30m as all NHS organisations had to demonstrate financial efficiency and this was what the Trust would do irrespective of the 3Ts development. The 3Ts was not just about delivering highly specialised services. Major trauma services were not required by most patients. The majority of people would use the core services on the new site.

7.7 Mr Passman explained the decant plan. The overwhelming objective was for services on the site to remain on site and remain fully operational whilst building work was carried out. He stressed that although the numbers using the trauma centre were not high, the impact of this service was huge. 450 to 500 cases were expected each year. 350-360 a year were treated at the moment. There was a need to ensure minimum standards were in place.

7.8 Mr Passman stated that the trust had put in place as much as it could in the existing structure to meet standards. He acknowledged that the works would put the hospital under pressure; however major trauma affected a relatively small number of cases.

7.9 Tom Scanlon noted that there had been no detail regarding capacity of district general hospital functions. GPs were concerned that there should be a good district general hospital. He asked about the level of change currently and at the end of the project with regard to this function.

7.10 Mr Passman explained that there would still be some physical capacity on the site during the transition, with regard to district general hospital functions. At the end of the 3Ts, there would be a net extra 100 beds across the trust, some of which would have a district general hospital function.

7.11 Mr Kershaw explained that there would be no reduction in physical capacity. However, the trust was looking to improve emergency care and to decrease acute capacity due to better services in the community.

7.12 Councillor Bowden asked what Plan B would be if the trust were not considered to have a robust plan in place? Mr Kershaw replied that the trust believed it could deliver and had provided information to the treasury. If the plan was not approved by the treasury, Mr Kershaw would reply that the trust currently had a building that did not provide for its patients. Mr Kershaw's personal view was that the trust had a good case. The treasury was rightly asking difficult questions, however the evidence the trust was providing was helping the trust make a good case.

7.13 Geraldine Hoban questioned the affordability around the 3Ts development. She wondered if there was a need to re check the financial assumptions around it. She stressed the need to ensure the case was robust. Were there plans to reassess the financial assumptions?

7.14 Mr Kershaw explained that the case for the 3Ts development had received support from a whole range of individuals. Plans were thorough and he did not want to repeat the process and make a new business case. The plans were being kept under review. Mr Kershaw considered it appropriate to work with the new CCGs. There would be conversations with area teams and financial colleagues in the CCGs.

7.15 The Chair thanked Mr Kershaw and Mr Passman. He hoped that there could be further progress reports in the future. He expected that the Board would have further questions about the shape of services.

7.16 **RESOLVED** – That the presentation be noted.

8. JSNA: UPDATE ON ROLLING PROGRAMME OF NEEDS ASSESSMENTS

8.1 The Board considered a report of the Director of Public Health which explained that since April 2013, local authorities and clinical commissioning groups had equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA). This duty would be discharged by the Health and Wellbeing Board. The Board were asked to approve the planned programme of needs assessments for 2013/14 and note the requirement to produce a pharmaceutical Needs Assessment by March 2015.

8.2 Alistair Hill, Consultant in Public Health reported that priorities for the rolling programme of needs assessments for 2013/4 were set out in paragraph 3.7 in the report. The priorities were Dementia Needs Assessment, Trans Needs Assessment scoping, Homeless Link Health Needs Audit. Preparation to conduct a Pharmaceutical Needs Assessment (PNA) in 2014/15 would also take place.

8.3 Denise D'Souza asked if officers were talking to NHS mental health partners with regards to the Homeless Link Health Needs Audit. The Consultant in Public Health replied that he was liaising with Sussex Partnership Trust NHS Foundation Trust

8.4 Robert Brown asked if individual needs assessments would incorporate a community-asset mapping approach and if so how this would be done. Mr Brown referred to

section 4 of the report and stated that this was not community consultation/engagement. It was statutory engagement.

8.5 The Consultant in Public Health explained that the role of asset mapping would be considered within the scope of individual needs assessments. Regarding the comment on engagement, Section 4 of the report had been written in recognition of how the list was drawn up. Officers had not carried out extensive consultation for the topics for this year's programme but had considered the Health and Wellbeing Strategy development, the JSNA and scrutiny reports. The establishment of Healthwatch and the Health & Wellbeing Board as a statutory body on 1 April 2013 would enable discussions on having a wider engagement in this process in future.

8.6 The Chair suggested that there could be further thought as to how to improve community engagement work across the scope of the Health and Wellbeing Board.

8.7 Councillor Bowden asked if a representative from the Clare Project was involved in Trans needs assessment scoping. The Consultant in Public Health explained that he had initially been liaising with the LGBT Health and Inclusion Project whose remit included working with a range of LGBT organisations. The Consultant in Public Health expected groups such as the Clare Project to be engaged in the scoping.

8.8 Hayyan Assif made the point that there was not much included in the report about young people. He asked whether community and voluntary sector organisations for children and young people had contributed to the JSNA? The Consultant in Public Health stated that he was aware that this was the case and could circulate the names of the organisations that had responded to the call for evidence with the minutes. Regarding the list of priorities, he accepted the point regarding children and young people but stressed that the Trans need assessment scoping work would consider young people. Officers were already working with children and young people regarding this issue.

8.9 Geraldine Hoban asked how priority areas were selected. She commented on the recent publication of the Longer Lives data by Public Health England and asked whether Public Health had plans to look at this matter in more depth. The Consultant in Public Health replied that officers would be looking at comparative data. He suggested that the Board could have a presentation on this data if requested.

8.10 At this point in the meeting the Chair announced that he had to leave the meeting as he needed to travel to a conference in Ireland. Councillor Shanks took over as Chair for the remainder of the meeting.

8.11 Jo Lyons reported that Children's Services were launching a toolkit for schools which would look at some of the issues raised.

8.12 Denise D'Souza asked if the Homeless Link Needs Audit would record where people came from i.e. were homeless people being discharged from hospital? The Consultant in Public Health stated that he would make sure that the survey included a question asking if people had recently been discharged from hospital or psychiatric care.

8.13 **RESOLVED** – (1) That the following programme of needs assessments for 2013/14 be approved:

- Dementia needs assessment
- Trans needs assessment scoping
- Homeless Link Health Needs Audit

(2) That the requirement for a Pharmaceutical Needs Assessment by March 2015 be noted.

9. EMOTIONAL HEALTH & WELLBEING (INCLUDING MENTAL HEALTH)

9.1 The Board considered a presentation on the Emotional Health & Wellbeing (including Mental Health) Joint Health & Wellbeing Strategy Priority, from Clare Mitchison, Public Health Specialist (BHCC), Alison Nuttall, Strategic Commissioner CYPT (BHCC) and Anne Foster, Head of Commissioning, Mental Health & Community Care (CCG).

9.2 The presentation set out how improving mental health was a key issue for the City. Members were informed that further work needed to be carried out to ensure mental health had equal priority to physical health. There was a need to develop an explicit local strategy that took a broader approach beyond the mental health and wellbeing services and a need for broader BHCC leadership to help achieve this. The presentation suggested that Brighton & Hove City Council could nominate a senior officer with a responsibility for mental wellbeing within the council, and screen new services and policies (eg mental wellbeing impact assessment) to ensure positive or neutral impact on mental wellbeing for all relevant BHCC decisions.

9.3 Councillor Bowden asked if the strategy would take into account action the government was taking to reduce the financial deficit. Clare Mitchison replied that the recession did have an impact. Suicide prevention work and financial advice work was being carried out.

9.4 Councillor Bowden mentioned a constituent with mental health problems who had been detained in police cells.

9.5 Anne Foster replied that there was a need for a broader strategy approach in relation to mental health. The aim was to divert people out of the courts.

9.6 Councillor Bowden stressed the need for educational training. Staff did not always have the skills to deal with people with mental illness. He stressed that a high proportion of people in prison had mental health problems.

9.7 Alison Nuttall informed members that there was work being carried out to train GPs and staff in GP practices to ensure young people could experience the best environment when visiting their GP. There were also conversations with the police about this issue.

9.8 Robert Brown mentioned that the LINk had written a report on 16-25 year olds, and on self harm in A&E which might be of interest. He would be happy to share the report with the Board. The LINk printed 10,000 bookmarks and had distributed these to young people in the city to help with exam stress and rights when accessing a doctor. The chapter listed a number of strategies in development/need of review. Healthwatch would be interested in having a conversation about this. Mr Brown asked if the chapter needed a specific outcome on increasing resilience amongst young people.

9.9 Alison Nuttall replied in the affirmative to Mr Brown's questions. Young people steered the project. Services were being developed that would encompass all people from children to adults.

9.10 Hayyan Asif asked what was being done for older people and people with disabilities. He also asked what was being done to help people with exam stress.

9.11 Anne Foster explained that there was a strong community and voluntary sector in Brighton and Hove. Work had been carried out with Adult Care & Health which included older people and the LGBT community. There had been a focus on those at risk.

9.12 Alison Nuttall informed members that the Safer Schools Programme informed officers what young people were doing in schools. Children had access to school counselling. There was also work being carried out in sixth form colleges. The colleges were interested in improving the mental health and wellbeing of their pupils. Clare Mitchison reported that lottery funding had been received for work with young people in schools.

9.13 Tom Scanlon asked if the draft strategy could be in place earlier. Anne Foster replied that work would commence in late summer 2013 and the strategy would be implemented in 2014/15.

9.14 The Chair thanked the officers for their presentation.

9.15 **RESOLVED** – That the presentation be noted.

10. INDEPENDENT DRUGS COMMISSION REPORT

10.1 The Board considered a report of the Director of Public Health which informed members that in 2012 the Safe in the City Partnership established an Independent Drugs Commission to review the current state of drugs problems in the city and the approach being taken by local services to address these issues. The Drugs Commission addressed four key areas and published its final report with recommendations in April 2013. The final report had been received by the Safe in the City Partnership and a plan for the Substance Misuse Programme Board to address the recommendations had been developed.

10.2 The current report asked the Board to note the Independent Commission's report and the actions to date of Safe in the City Partnership in response. The Deputy Director of Public Health presented the report.

10.3 The Chair asked if the drop in deaths was attributable to the use of Naloxone. The Deputy Director of Public Health explained that some information was received when people attended A&E. It was possible that the use of Naloxone had prevented people from dying. However, there were a number of other factors. More people were now receiving effective treatment which will also contribute to reducing drug deaths.

10.4 Robert Brown asked how the Commission considered the impact of drug use on individuals with characteristics protected by the Equality Act 2010. He further asked whether Sussex Partnership Foundation NHS Trust provided information on

recommendation 6. Mr Brown asked if specialist youth advice services would be protected from cuts, as they seem vital to this work going forward.

10.5 The Deputy Director of Public Health replied that a great deal of work was going on with dual diagnosis. The question on recommendation 6 was an action for the Sussex Partnership Foundation NHS Trust. The Deputy Director of Public Health could not comment on whether youth advice services would be protected from any cuts.

10.6 Councillor Norman remarked that the Independent Drugs Commission Report was clearly intended as something useful and was well intended. However, the authors did not do themselves any favours with the inclusion of a recommendation relating to a consumption room. Councillor Norman hoped that this one recommendation did not lead to long term damage to work on this issue in Brighton and Hove. The recommendation was controversial and Councillor Norman was concerned about the use of the term drug consumption room. There needed to be positive action and not talk of a drug consumption room.

10.7 The Deputy Director of Public Health explained that the remit of the Independent Drug Commission included considering evidence of what is being done elsewhere. Drug consumption rooms were established in many other countries and the terminology was used across Europe. It had been mentioned in a report from Scotland in 2008. Although it may be feasible for a city to have a Drug Consumption Room it is not always considered desirable.

10.8 Councillor Bowden stressed that a fine balance needed to be struck with regards to this issue. He reported that there was terrible deprivation in his ward and that there was drug dealing in a particular tower block. Councillor Bowden spoke of a child who had sustained a needle prick from a discarded syringe. One positive aspect of having a safe environment for drug users was that health workers would be available to help. Councillor Bowden had doubts about the use of methadone which he thought was as addictive as heroin.

10.9 Councillor Norman stated that he was not against the idea of a treatment centre. He felt that there should be safe places where people could have supervision.

10.10 The Chair informed members that she was concerned at the number of women who were not able to look after their children. As a result, the children were taken into care. The Chair stressed that work with work with women with children should be prioritised.

10.11 **RESOLVED** – (1) That the Independent Drugs Commission report (Appendix 1), and the Safe in the City Partnership's responses to the Drugs Commission report recommendations (as set out at Part 3 of the report) be noted.

(2) That officers be instructed to bring back a further report on the progress of the recommendations of the Independent Drugs Commission to a future HWB meeting.

11. CLINICAL COMMISSIONING GROUP PROSPECTUS

11.1 The Board considered a report of the Director of Public Health which explained that Clinical Commissioning Groups (CCGs) were each required to publish a 'prospectus' in 2013. Guidance to CCGs from NHS England defined the prospectus as "a very short guide which explains to your local community what the CCG is, and the ambitions you have for your local population's health services". CCGs have considerable latitude in terms of designing local prospectuses.

11.2 NHS England guidance obliged CCGs to obtain the approval of their local Health & Wellbeing Board(s) before publishing their prospectus.

11.3 The draft Brighton & Hove CCG was included as Appendix 1 to the report. Geraldine Hoban presented the report and informed members that the prospectus would eventually be published on the CCG website.

11.4 Denise D'Souza made the point that the word "prospectus" had a different meaning in terms of commissioning. Geraldine Hogan concurred and said she would consider changing the heading to something along the lines of "Guide to the CCG and what we do."

11.5 Robert Brown suggested that Ms Hoban might want to include something about how the CCG was responding to the Francis Report of the Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust. Geraldine agreed this was a useful suggestion.

11.6 Geraldine Hoban informed members that any further comments could be emailed to her.

11.7 **RESOLVED** – (1) that the comments of HWB members on the CCG prospectus as set out above be noted.

(2) That the publication of the prospectus be endorsed.

12. INTEGRATED CARE PILOT

12.1 The Board had before them a letter from the Department of Health inviting expressions of interest for Health and Social Care Integration "Pioneers". Members were informed that the Department of Health had called on Local Health Economies to put themselves forward as "pioneers" of integration – ie pilot innovative integrated care solutions involving health and social care and the third sector.

12.2 Members were informed that discussions with key partners in the City suggested that Brighton and Hove would be keen to put itself forward and further discussions with the Council would suggest that integrating support around the needs of homeless people in the City was a priority for all concerned. Therefore the CCG had invited key stakeholders to a meeting on 19th June 2013 where there could be more detailed scoping on what an integrated service might look like across statutory services, primary care and the third sector and obtain partner agencies commitment to being part of this proposal.

12.3 The CCG needed to provide an expression of interest back to the Department of Health by 28th June 2013. One of the criteria was that the CCG had endorsement from the Health and Wellbeing Board to the proposal as an area of focus. Geraldine Hoban stressed that some models of care were not meeting the needs of homeless people and there was a need to think about how to use resources in different ways.

12.4 Denise D'Souza endorsed the proposal and agreed that work needed to be carried out on this issue.

12.5 **RESOLVED** - That the Board endorse the proposal for inclusion in Health and Social Care Integration.

The meeting concluded at 7.36pm

Signed Chair

Dated this day of