

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 5 FEBRUARY 2014

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair) Councillors K Norman (Opposition Spokesperson), Meadows (Opposition Spokesperson), Bennett, Bowden, Pissaridou and Shanks

Other Members present: Pinaki Ghoshal, Statutory Director of Children's Services, Denise D'Souza, Statutory Director of Adult Social Care, Peter Wilkinson, Deputy Director of Public Health, Geraldine Hoban, Clinical Commissioning Group, Zaid Khayal, Youth Council, and Jane Viner, HealthWatch.

Apologies for absence: Dr. Xavier Nalletamby, Clinical Commissioning Group

PART ONE

37. PROCEDURAL BUSINESS

37A Declarations of Substitute Members

37.1 Peter Wilkinson, Deputy Director of Public Health, declared that he was attending as a substitute for Tom Scanlon.

37B Declarations of Interests

37.2 There were none.

37C Exclusion of the Press and Public

37.3 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.

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

38. MINUTES

- 38.1 Councillor Pissaridou asked for an amendment to paragraph 35.5. The first sentence should read 'Tom Scanlon reported that there had been an *increased* uptake in flu vaccinations.'
- 38.2 **RESOLVED** - That the minutes of the meeting held on the 27 November 2013 be approved as a correct record of the proceedings and signed by the Chair subject to the above amendment.

39. CHAIR'S COMMUNICATIONS**Youth Council Representative**

- 39.1 The Chair welcome Zaid Khayal as the new representative of the Youth Council. The Chair hoped Zaid would find the Board a useful forum for discussion.

40. PUBLIC INVOLVEMENT

(a) Petitions

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

(b) Written Questions

- 40.2 Mr Ken Kirk asked the following question:

"Should the Health and Wellbeing Board, in its function of identifying the health service needs of Brighton and Hove, scrutinise the proposed tendering of services by the CCG to –

- a. minimise the fragmentation of the local NHS
- b. ensure the financial security of local health services so that trusts are not denuded of profitable services
- c. maintain the skill-base of local medical staff since the redundancy of well-trained medics is likely to follow outsourcing to a for-profit provider?

Does the H&WB in its role in overseeing the CCG actively challenge its decisions in the interests of the people of Brighton and Hove?"

- 40.3 The Chair gave the following response:

"The HWB provides citywide strategic leadership to local health and social care commissioning with the ultimate aim of improving the health and wellbeing of local people.

As such the HWB has an interest in ensuring that CCG and city council commissioning policies do not result in negative impacts on local services.

However, NHS and local authority commissioners have limited freedoms with regard to commercial procurement, which is largely determined by national and European legislation. Although any procurement exercise inevitably involves some risks, such as those outlined in the question, it also presents a significant opportunity to improve the quality, social value and the value for money of services.

For this reason it would not make sense to simply adopt a policy of opposing going out to tender where this might be legally possible.

Given this, it is unlikely that the HWB would seek to 'scrutinise' any particular CCG decision to go to tender. However, the HWB will seek to hold the CCG (and the city council) to account for the general impact of its commissioning decisions, particularly in terms of the Joint Health & Wellbeing Strategy commitments."

40.4 Mr Kirk stated that the financial security of the NHS Trust would be placed in jeopardy if profitable services were contracted out. He stressed that commercial companies would want to cherry pick profitable services. He asked if the Health & Wellbeing Board saw its role as overseeing that process.

40.5 The Chair replied that the Health & Wellbeing Board needed to work in the best interests of the City. It would not be in the best interests of the City if the NHS became non-viable. However, the Board needed to act within the law. The Board would need to think about the financial implications of the decisions it took and it could be consulted on whether they wanted to agree a position on this matter.

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

40.7 Ms Madeleine Dickins asked the following question on behalf of Ms Jozette Power:

"In view of the City Council's referendum on a possible council tax rise, does the Health and Wellbeing Board share my concern that the people of Brighton and Hove are generally unaware of what is happening to their health services and that their views should be sought on the subject of are they –

1. concerned by the take over of their health services by alternative providers;
2. supportive of the fragmentation of the unified NHS into pieces to offer to the private sector;
3. aware that the publicly-run NHS will be left with the rump of unprofitable services that the private sector have decided it can't make money from?"

40.8 The Chair gave the following response:

“Proposals to hold a referendum on Council Tax, if they go ahead, will present local people with a clear choice of accepting or rejecting a planned CT increase.

It is hard to see, however, how local people could be presented with similar clear choices on the future of NHS services, since many of the key decisions here have been taken at a national level and local bodies are essentially implementing these nationally-determined policies.

To the degree that there is scope for local determination, commissioners are committed to maintaining a cohesive and effective healthcare system with delivers the best possible care for local people.

NHS services are, and will continue to be, a key part of this offer; but it is the case now and will be the case going forward that NHS healthcare benefits from a plurality of providers. “

- 40.9 The Chair added that the CCG did have public meetings and that the public could make representations at those meetings.
- 40.10 Ms Dickins asked what mechanisms were in place in Brighton and Hove for meaningful public consultation on decisions being taken.
- 40.11 The Chair explained that a number of council decisions were made after a public consultation process. Geraldine Hoban explained that the CCG had a range of public consultation in relation to its service plans. With regard to procurement, the CCG was legally obliged to follow legislation. Legal advice would have to be sought as to whether it would be possible to have a consultation process.
- 40.12 Ms Dickins stated that many residents were concerned about the tendering process already taking place. She accepted the point about the legal implications but stressed that there was often room for manoeuvre.
- 40.13 The Chair replied that he would investigate if there was a way members of the public could have an input in how services are delivered. Geraldine Hoban stated that the CCG did have public questions at its public bodies. The CCG were keen to hear what people had to say.
- 40.14 The Chair mentioned that the Health & Wellbeing Overview & Scrutiny Committee might be an appropriate place to raise this issue.
- 40.15 **RESOLVED-** That the written question be noted.
- 40.16 Ms Katrina Miller asked the following question on behalf of Mr Dave Baker:

“The presidents of British Association for Sexual Health and HIV and the Royal College of Physicians have written to all local councils:

“Tendering has negatively impacted on the provision of sexual health services, destabilising, disintegrating and fragmenting services, causing significant uncertainty amongst patients and staff, and reducing overall levels of patient care.”

They are warning against tendering, saying it’s not in the interests of patient care. Monitor’s guidance for commissioning say the interests of patients determine whether tendering should occur.

Therefore, on the basis of what evidence would this Board offer B&H’s sexual health services to tender outside the NHS?”

40.17 The Chair gave the following response:

“Brighton & Hove City Council is currently considering all the options available, which may not necessarily require procurement by competitive tender, to achieve the most clinically and cost effective service.

This issue will be considered at the March 2014 Policy & Resources (P&R) Committee. As this is a decision for P&R rather than the HWB, and because the report for P&R is still at a draft stage, we are not in a position to provide any more details at this point.”

40.18 The Chair explained that when public health became a council responsibility, the council were under the impression that it would be necessary to tender the service. Over the Christmas period new guidance emerged that suggested this might not be the case. Legal advice was being sought on this issue.

40.19 Ms Miller asked about the role of the Health and Wellbeing Board in relation to tendering. She asked when the original decision to tender was taken. She asked what the resolution stated and whether it was minuted.

40.20 The Chair explained that not all the work of the Public Health directorate was taken to the Board. Decisions could be taken under delegated powers and some decisions were taken to the Policy & Resources Committee.

40.21 Councillor Shanks explained that she was a member of Policy and Resources Committee. She confirmed that the Policy and Resources Committee had considered this matter due to the financial implications involved. The Committee had decided that this service should be tendered.

40.22 Ms Miller questioned how the public could be informed about these matters.

40.23 The Deputy Head of Law explained that all public committee papers were published on the Council’s website a week before the meeting. The Council had to abide by the Access to Information Act with regard to making information public. The minutes of meetings were also published on the website. There were a number of reasons why reports were referred to the Policy & Resources Committee. It might be due to the budgetary implications or it might be because the issues affected several areas of work such as children & adults etc.

- 40.24 Councillor Meadows asked why the Children & Young People Committee and the Adult Care & Health Committee had not been informed about this issue.
- 40.25 The Deputy Director of Public Health informed members that the report was a general paper submitted to the Policy & Resources Committee and included other business such as substance misuse.
- 40.26 Councillor Pissaridou suggested that there should be a report back to the Board on what had happened with regard to the report. The Chair agreed that a brief report on this matter be circulated to Health & Wellbeing Board members and potentially included as an item on the next committee meeting agenda.
- 40.27 **RESOLVED-** (1) That the written question be noted.
- (2) That a report be circulated to members explaining which meeting had considered the original decision to tender and the date of that meeting. The report should explain why the matter was considered by that Committee and provide details of the resolution.

(c) Deputations

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

41. ISSUES RAISED BY COUNCILLORS AND MEMBERS OF THE BOARD

- 41.1 The Chair noted that there were no petitions, written questions, letters or Notices of Motion submitted by Councillors and members of the Board.

42. HAPPINESS: BRIGHTON & HOVE MENTAL WELLBEING STRATEGY

- 42.1 The Board considered a report of the Assistant Chief Executive which presented the draft Happiness: Brighton & Hove Mental Wellbeing Strategy. The strategy was developed to improve mental wellbeing in the city. The Board were updated on progress to date and the future direction of travel.
- 42.2 The report was presented by the Public Health Specialist who provided a presentation with slides. The Strategic Commissioner, CYPT was present to answer questions. Members were informed of progress to date and actions across the City. The key approaches within the strategy were 1) Development of an online resource based on the Five Ways. 2) Champions – a network across sectors, to include elected members. The Action plan would include 1. Engagement with partners. 2. Engagement with service users and vulnerable groups. 3. Engagement with the public. 4. Web pages.
- 42.3 The Public Health Specialist informed members that there would be a more detailed update at the next meeting of the Health & Wellbeing Board.
- 42.4 Councillor Meadows noted that the report talked about partners but expressed concern that there was no mention of the Sussex Partnership NHS Foundation Trust. Councillor Meadows was pleased to note that 73% of people in Moulsecoomb & Bevendean were happy.

- 42.5 The Public Health Specialist replied that officers did want to engage with service users and people with mental health problems. This would form part of the consultation process.
- 42.6 The Strategic Commissioner, CYPT referred members to the triangle diagram on page 26 of the agenda. This showed how the prevention and wellbeing agenda was fully mindful of the whole range of people in the City. Officers wanted to engage with the wider community.
- 42.7 Councillor Shanks referred to talking therapies and mindfulness. She expressed concern that the waiting times for access to talking therapies meant that people who would prefer to be treated via counselling rather than medication were effectively forced to opt for the latter treatment and asked how this could be avoided.
- 42.8 The Public Health Specialist replied that the plan was to have more wellbeing-focused commissioning and to aim to provide an evidence based service. There would be more rapid access to talking therapies than in the past.
- 42.9 Councillor Shanks referred to the 'Happy' diagram on page 23 of the agenda and stated that statistics did not bear out that the more affluent areas of the City are happier. She noted that Preston Park had a percentage of 68%, whereas Moulsecoomb had a quite high percentage. More research was required to see why some areas are happier.
- 42.10 The Public Health Specialist replied that neighbourhood groups will be included in the consultation currently underway. Their comments will help officers to understand the issues more clearly.
- 42.11 Councillor Pissaridou asked if the strategy was a first draft. She felt the role of the Champion for Mental Health seemed vague and she would welcome more detail.
- 42.12 The Specialist in Public Health confirmed that the paper was a first draft. In terms of the Champion, she suggested developing a briefing on what was required. Councillor Pissaridou confirmed that she would welcome a briefing on this matter.
- 42.13 Councillor Bowden thanked officers for the report. He commented that that external factors could militate against the aims of the strategy. Page 25 of the agenda referred to good quality housing, but large numbers of people were on the housing waiting list. The question of how to contend with government policies and how to include the police into debates were issues he had raised before. Councillor Bowden stated that he had known people with mental health problems who had not been treated with appropriate sensitivity by the police and he considered it necessary to bring the police on board as partners. The police were not mentioned in the strategy.
- 42.14 The Public Health Specialist replied that she would take back the comments about the police and thanked Councillor Bowden for his suggestion.
- 42.15 Geraldine Hoban stressed that access to talking therapies was a key part of the strategy. Currently service users were waiting longer than they should to access services. Plans are in place to reduce these waiting times which are due to a backlog

built up under the previous service model. The service has now been re-designed and re-tendered and is functioning much better, although it will take a number of months to bring the waiting list down.

- 42.16 Ms Hoban stated that she would like to see public sector employers sign up to the charter, to help improve the health and wellbeing of public sector employees in the City. For example, employers could offer flexible policies and ways of working.
- 42.17 Zaid Khayal referred to page 18, paragraph 3.6, which referred to the SICK festival. He asked what happened at this event. The Public Health Specialist explained that this was an arts festival run by The Basement. She recommended that he looked at The Basement's website.
- 42.18 Zaid referred to the circle diagram on page 28. He noted that this only referred to girls.
- 42.19 The Strategic Commissioner, CYPT explained that the chart was trying to draw together those groups who were most likely to report behaviours.
- 42.20 Pinaki Ghoshal stated that the chart was not properly explained in the strategy and should be removed. He felt it was unhelpful and did not fit comfortably in the strategy. Mr Ghoshal welcomed the strategy but felt it was not clear how it would link up to developments in children's services. Early health was critical. Mr Ghoshal asked how officers were reaching out to young people regarding the happiness agenda. There was a need to ensure young people were safe and happy. He did not see that in the strategy at the moment. There was an agenda about interaction within schools which was very important. More work was required on these issues.
- 42.21 The Strategic Commissioner, CYPT said she would take these comments on board.
- 42.22 Councillor Bowden stated that the strategy rightly identified isolated older people. He sat on the Older People's Council and noted that older people often were the last to ask for help. He would like to see that issue raised in the strategy. Councillor Bowden raised the matter of carers where lack of respite care was an issue. He was pleased to see a new strategy in place with regard to talking therapies. A great deal depended on finances and Councillor Bowden asked how this work would be funded.
- 42.23 The Public Health Specialist explained that the CCG were asking Age UK and the Carers Centre to respond to the paper. Officers were hoping to get feedback on what they felt were priorities. The issue of respite was covered by the Carers Strategy rather than the Mental Wellbeing Strategy.
- 42.24 Geraldine Hoban made the point that demand would outstrip supply and there was a need to pick up problems at an earlier stage. Better housing and better work advice was needed. The best way forward was to keep people healthy in the first place. This was the only way to stem the tide of growing levels of anxiety.
- 42.25 Ms Hoban recognised that the integrated care of frail people would need to include consideration of carers. Carers were a key part of the model.

- 42.26 Denise D'Souza suggested that the final strategy should have a list of who had been consulted. With regard to the workforce, there was some work carried out two years ago on this issue. There was no need to duplicate this work.
- 42.27 The Strategic Commissioner, CYPT stated that consultation was live and ongoing. The strategy did not have shape as officers were asking people what they wanted. There would be a great deal of wide ranging consultation. The current report was an update and there was a great deal more work to be carried out.
- 42.28 Zaid Khayal stated that as a secondary student he noted that some children did not correctly fill in surveys.
- 42.29 The Strategic Commissioner, CYPT explained that this was recognised as an issue with this type of survey, and the raw data was accordingly 'cleaned' to ensure that it was trustworthy.
- 42.30 Councillor Bowden expressed concern that some young carers were completely off the radar. There were young carers looking after parents. Councillor Bowden asked what could be done to bring them into the equation. Councillor Bowden considered that the measures were a bit crude. There needed to be a more systematic level of measuring happiness.
- 42.31 The Strategic Commissioner, CYPT explained that there was a funded project to work with young carers. Work was carried out in schools to identify carers and officers worked closely with them. There had been a presentation from young carers to the Children and Young Peoples Committee. A national framework had been adopted for the measures.
- 42.32 Pinaki Ghoshal confirmed that young carers had given a powerful presentation to the Children and Young People Committee. He wanted to bring a review of the Carers Strategy to the CYP Committee in the future. They were a hidden group and the issue was complex.
- 42.33 Councillor Norman welcomed the Champion role. He considered that once the Champion was in place, work could proceed and progress made. The Champion could help to raise the profile of the work.
- 42.34 Councillor Bowden stated that as Chair of the Economic Development & Culture Committee, he was pleased that the draft strategy recognised the role of the arts in the mental wellbeing of the City. Many cultural organisations in the City had outreach programmes.
- 42.35 **RESOLVED** – (1) That Tom Scanlon, Director of Public Health take a 'Champion' role for Happiness and mental wellbeing on behalf of the Board.
- (2) That the draft strategy be approved and that the Director of Public Health be instructed to bring the final strategy back to the Board at its meeting on 11 June 2014.

43. BETTER CARE FUND PLAN

- 43.1 The Board considered a report of the Executive Director, Adult Services and the Chief Operating Officer, CCG which provided details of the Brighton and Hove Better Care Fund Plan. It is a national requirement of the Better Care Fund that plans are approved by the relevant Health and Wellbeing Board.
- 43.2 The report was presented by Denise D'Souza, Executive Director Adult Services and by Geraldine Hoban, Chief Operating Officer, CCG, who also provided members with a PowerPoint presentation. The presentation set out the background to the Better Care Fund and gave details of national conditions, funding and performance measures. The presentation stressed the changing needs of the city and explained the focus on frailty. The presentation explained the vision for better care in Brighton and Hove and set out principles, the approach and the plan for implementing the changes.
- 43.3 Denise D'Souza explained that in the course of the last few weeks conversations had taken place across the City to ensure that the submission had been agreed by partners. Geraldine Hoban explained the vision for better care and stressed that this involved using money in a more creative way. The driver was more pro-active, integrated care, looking at the whole person.
- 43.4 Councillor Bowden referred to the 'Better Information Means Better Care' leaflets that had been distributed to households by the NHS, concerning data sharing. He had been told by senior officers in the Health and Social Care Information Centre that commissioners were already receiving some data. Councillor Bowden asked if this information was correct, and if so, whether the data informed the Better Care Fund Plan?
- 43.5 Geraldine Hoban replied that there was no shortage of data. The problem was that the data was not sharable. There was a need to create a platform whereby data could be shared with the patient's permission.
- 43.6 Councillor Bowden referred to the emis system used by GPs practices. Emis was not able to share information with other systems.
- 43.7 Councillor Norman stated that the Better Care Fund Plan was the most in depth plan he had seen since he had been a councillor. He looked forward to seeing the plan endorsed. Councillor Norman referred to the principle 'access to professional support will be available 24/7'. He stressed that this would be a hard task to get right but it was a great ambition which he supported. He thanked Denise D'Souza and Geraldine Hoban for their presentation.
- 43.8 Councillor Norman asked which part of the City would be used to test out the integrated model.
- 43.9 Denise D'Souza explained that the pilot area was yet to be determined. Housing accommodation would be a key issue and an area of the City was required where these types of issues could be tested. Geraldine Hoban explained that conversations were taking place with GP practices as to where they wanted pilots to be carried out.

- 43.10 Jane Viner welcomed the proposed Care Co-ordinator approach. She considered that it would be good if care plans could be owned by individuals. Plans needed to anticipate the future needs of the person.
- 43.11 Councillor Meadows noted that it was a fairly ambitious plan. She felt that the approach was what was already happening in adult social care i.e. extra care housing. That scheme had a co-ordinator. Councillor Meadows asked what would happen if the 10.1m savings were not achieved. Councillor Meadows referred to the report which had recently been submitted to the Policy and Resources Committee which had looked at the future of BHCC provided Adult Social Care services and had suggested putting in place an arms length management company. She asked how this would affect the Better Care Fund Plan.
- 43.12 Denise D'Souza explained that with regard to Extra Care Housing, there were people on site who co-ordinated the social care aspect but not the whole care element. The Better Care Plan proposal was a wider approach. In terms of Adult Social Care provider services, Ms D'Souza explained that there was a piece of work ongoing looking at options for the minority of council-commissioned social care services still provided by the council. However this was not completed yet. A range of services had been integrated with health already. The Care Bill would impact on decisions taken in the future. Officers were looking at all services to see how they fitted into the integrated approach.
- 43.13 The Chair stated that there was a requirement for greater integration with health services regardless of who delivered services. Denise D'Souza stressed that she wanted to see homecare providers and residential homes engaged in this process.
- 43.14 Councillor Meadows asked if there was a Plan B.
- 43.15 Sarah Creamer stated that the plan needed to be submitted to NHS England by 14 February. NHS England would need to decide if it had confidence in the plans and would consider the delivery of key performance indicators. There would be no new money in the system. There would be a need to invest in an innovative way.
- 43.16 Geraldine Hoban referred to the question of Plan B. She explained that there was some flexibility to mitigate not delivering all services. There would be 2 to 3 years to deal with these issues. It was known that there were inefficiencies in the service. There were a significant number of people who did not need to be admitted to hospital and there were efficiencies to be made in the system.
- 43.17 Councillor Shanks considered that the Better Care Fund Plan was the way forward. Councillor Shanks noted that frailty had been chosen as a focus for better care. She approved of holistic approaches and hoped the Board could build on this model.
- 43.18 Denise D'Souza stressed the need to look at more integrated models. This model had been based on the 'Troubled Families' work carried out in children's services.
- 43.19 Geraldine Hoban made the point that taking money out of the acute sector did not mean making hospitals do more for less. It was about caring for people in a better way so that they did not need to spend such a long time in hospital – thereby reducing the demand

on hospital services, and enabling some economies to be made. Commissioners were working closely with the hospital trust to ensure that there was a joined-up approach.

- 43.20 Councillor Bowden commented that this approach used to be called Care in the Community, which aimed to get people looked after in their home settings. The Chair replied that the current plans would apply to larger areas.
- 43.21 The Chair stated that the Chairs of the hospital trusts had held discussions on this matter. There had been some anxiety but recognition that there was a need to work together. Amanda Fadero, Chief Executive of NHS Sussex felt that the plan was good from her perspective.
- 43.22 Sarah Creamer stated that she was very impressed with the work to date. She was confident about the direction of travel.
- 43.23 **RESOLVED** – (1) That the first cut of the Better Care Fund planning Template as set out in Appendix 1 and 2 of this report, be approved.
- (2) That the Executive Director Adult Services & Chief Operating Officer CCG be instructed to submit Appendix 1 and 2 to NHS England by 14th February in accordance with the Better Care Fund requirements.
- (3) That the Board delegates to the Executive Director Adult Services & Chief Operating Officer CCG, following consultation with the Better Care Programme Board and Chair of the Health & Wellbeing Board, authority to make such amendments to the draft proposals for the administration of the Better Care Fund as they consider appropriate and to agree the final version to be submitted by 4th April 2014.
- (4) That a report with a copy of the final submission be brought back to the next meeting of the Health & Wellbeing Board meeting on 11 June 2014.

44. PHARMACEUTICAL NEEDS ASSESSMENT

- 44.1 The Board considered a report of the Director of Public Health which informed members that the Health & Wellbeing Board has a statutory responsibility to produce and maintain a statement of the needs for pharmaceutical services of the population in the area, referred to as a Pharmaceutical Needs Assessment (PNA). NHS England uses the PNA in deciding if new community pharmacies are needed and to inform decisions on which NHS funded services should be provided by pharmacies. The regulations require every HWB to publish its first PNA by 1st April 2015. The report set out the proposed approach by Brighton and Hove. Paragraph 5.1 set out the consultation process. The report was presented by the Consultant in Public Health.
- 44.2 The Chair asked if it would be possible for the Board to see a draft version of the PNA in the autumn. The Consultant in Public Health confirmed that a draft copy would be circulated informally to the Board.
- 44.3 Sarah Creamer, Director of Commissioning, NHS England, informed the Board that NHS England was encouraging Health & Wellbeing Boards to provide as much detail as

possible in the PNA. The PNA determined market entry and needed to be as robust as possible.

- 44.4 Councillor Meadows considered that the report was very positive. However, she expressed concern that Moulsecoomb and Bevendean, which had the highest deprivation in the city, does not have a pharmacy. People in Bevendean have to travel by bus to use a pharmacy in Lewes Road. Councillor Meadows stated that she would like to see pharmacies going back to localities.
- 44.5 Councillor Meadows noted that there were two pharmacies in Coombe Road. She asked why one of those pharmacies could not move to the Bevendean area? Councillor Meadows stressed that GPs surgeries should be serviced by a pharmacy.
- 44.6 The Consultant in Public Health explained that the report under consideration was about market entry, but these matters could be looked at as part of the process.
- 44.7 Councillor Shanks asked if matters such as the opening hours of pharmacies could be considered. The Consultant in Public Health explained that the process of approving pharmacies was a permissive rather than instructive process. However, a pharmacy that opened later, where needed, was more likely to get approved by NHS England.
- 44.8 Councillor Bowden referred to the list of consultees under paragraph 5.1 of the report. He asked if the Older Peoples Council could be included. The Consultant in Public Health agreed that this was a sensible suggestion which would be taken on board.
- 44.9 The Chair asked if a list of who was consulted would be included on the draft report. It was confirmed that the draft report would include this information.
- 44.10 Geraldine Hoban suggested that Patient Participation Groups be included in the consultation.
- 44.11 Sarah Creamer stressed that the development of the PNA was a discrete piece of work about market entry. The PNA was designed to do a particular set of things.
- 44.12 The Chair suggested that there should be a separate report for future discussion on the better use of pharmacies.
- 44.13 Councillor Bowden asked if Ms Creamer was talking about matters such as diabetes testing and hearing testing. Ms Creamer confirmed that these matters would be considered. Other matters to consider were overprescribing and drugs taken in the wrong order.
- 44.14 The Chair asked if the CCG had looked at co-pharmacies and co-location with GP surgeries. Geraldine Hoban replied that this was something that the CCG was eager to explore with the NHS England Area Team – given that primary care commissioning is an NHS England rather than a CCG responsibility.
- 44.15 Councillor Bowden asked if pharmacists were included in integrated teams. Geraldine Hoban explained that there were pharmacists who visited care homes. They were not community pharmacists, but part of a CCG team.

44.16 Councillor Bowden asked about access to records. If a pharmacist carried out a diabetes test that indicated a problem, did they refer the matter to the patient's GP? The Deputy Director of Public Health replied that the data was not shared and the patient would be responsible for arranging to visit their GP. Sarah Creamer stressed this was about patient choice.

44.17 **RESOLVED** – (1) That it is noted that it is a statutory requirement for the Board to produce and keep up to date the PNA as set out in 3.6 of the report.

(2) That the Director of Public Health be instructed to:

- produce a revised PNA for approval by the HWB by 1 April 2015 (and subsequent updates) and
- develop and maintain a process to identify any changes to pharmaceutical services and consider if they are substantive enough to require a revised PNA or whether this would be a disproportionate response to those changes.

The meeting concluded at 6.51pm

Signed

Chair

Dated this

day of