

**BRIGHTON & HOVE CITY COUNCIL**

**OLDER PEOPLE'S COUNCIL**

**10.15am 17 JUNE 2014**

**JUBILEE LIBRARY**

**MINUTES**

**Present:** Mike Bojczuk (Chair), Colin Vincent, Jack Hazelgrove, Val Brown, John Eyles and Harry Steer

**Co-opted Members:** Marion Couldery, Penny Morley, Janet Wakeling and Sue Howley

**Others Present:** Councillor Geoffrey Bowden

**PART ONE**

**1 PROCEDURAL BUSINESS**

1.1 The OPC Chair Mike Bojczuk welcomed everyone to the meeting especially members of the public who were present.

1.2 Francis Tonks and Marion Couldery had given their apologies.

**2 HEALTH ISSUES**

2.1 **Dr Tom Scanlon Director of Public Health** described the background to public health in Brighton & Hove and its relationship with the Clinical Commissioning Group.

2.2 With the move of Public Health to the local authority last year, there were now more opportunities to link closely with areas including housing, transport, air and water quality. Community safety and emergency planning now came under public health, as did all regulatory services. As an example the public health team was considering how its influence could be extended in the 'Scores on the Doors' scheme, for instance looking at restaurants' information on the use of fats and salt and calorie content.

2.3 The public health budget was ring-fenced until April 2016. The team included data analysts to help shape planning.

2.4 The shadow Health and Wellbeing Board (HWB) had run successfully since April 2013 and had picked 5 priorities; cancer and cancer screening, tobacco, healthy weight, mental well-being and dementia. This work would be reported to the HWB in the autumn.

2.5 Next, the Better Care Model was to be piloted. This had two strands; the frailty pathway to improve care and coordination (not just for the elderly) and care for other vulnerable people, including the single homeless.

2.6 Answering questions Dr Scanlon outlined a similar trend in the comparison of mortality rates between rich and poor, since 1923; that would require 'massive social change' to address, he said. There was no inequality strategy for the City but all the public health work has an equalities strand – for example Citizen's Advice Bureau advisers had been funded in GP surgeries and the impact of changes to welfare were being researched. Other options could be considered, such as having advisers available for users of food banks.

2.7 It was important to engage with hard to reach groups, to get people to come forward and to focus skills to reduce health inequalities; eg those who attend for health screening can be those who least need it.

2.8 Alcohol was not included as this was already a priority. The Alcohol Programme Board was proceeding well with reductions in alcohol-related crime and fewer A&E admissions.

2.9 **Jane Viner Healthwatch Manager (Operations and Governance)** gave a presentation on the role of Healthwatch. She highlighted the Healthwatch monthly magazine and the Helpline telephone and e-mail services (01273 – 234040 (10am to 12 noon, Monday to Friday) and [help@healthwatchbrightonandhove.co.uk](mailto:help@healthwatchbrightonandhove.co.uk) that provided information and signposting about local health and social care services.

2.10 Healthwatch can enter certain premises and view the services provided. It gathers people's experiences, identifies trends and uses the information quarterly to inform the work programme. For example data on waiting times for the Pain Clinic was put into the complaints system and the CCG put forward an action plan to the commissioners. These waiting times were now reducing and still being monitored.

2.11 Issues can be raised at the Health and Wellbeing Board and data can be fed into the Joint Strategic Needs Assessment.

2.12 An Open data sharing system on the Healthwatch website was being considered.

2.13 In answer to questions: regarding impatience with people who are visually or hearing impaired, Healthwatch can work with GPs via the Local Area Team, have 1 to 1 conversations or go to the Federation of Disabled People.

2.14 Healthwatch's perspective is the safety and quality of services, no matter who is the provider and feedback is usually given to the inquirer. Improvements often do not need additional funding, said Jane Viner.

2.15 Healthwatch works alongside providers and acknowledges that it can take time for people's experiences to change. Its visits to providers can be either announced or unannounced.

2.16 **Soline Jerram, Lead Nurse, Executive Director Clinical Quality and Primary Care Brighton & Hove CCG** gave a presentation on 'Better Care – An Integrated Model for Frailty.' This moves away from acute hospital provision towards increased provision in the community

for non-acute care. The £18 million pooled budget by 2015/2016 was not new money but was to be spent jointly between the NHS and the local authority.

2.17 Technological advances in drugs and equipment helped people live better and longer but are expensive so there are financial issues with the system. It was important to do 'what's right' and to make best use of funding for each individual case. This involves better team work across all services and working more closely with the voluntary sector and neighbourhood groups.

2.18 Soline Jerram said it was important to work with GPs on patient-centred outcomes identified by individuals; Also we would be working with all providers and users to understand what does 'good' look like? What is frailty? (not limited to older people), what is important for people to get the most out of life? and how can a crisis plan be drawn up using proactive approaches?

2.19 There was new funding (£5 per head) for health checks for patients aged 75 years and over, to help avoid unplanned hospital admissions which will also align to the over-all plans to deliver more joined up personalised care and including supporting self care.

2.20 Frailty pilots are being planned in two GP clusters under the better care fund initiative. A provider in the city was also successful in a bid to the Prime Minister's challenge programme, called EPIC extended primary integrated care for patients that need health guidance rather than medical care and to increase access to primary care and the CCG would be working alongside this project to ensure alignment.

2.21 Answering questions Soline Jerram said the most frail would be focussed on first, but there was a requirement on GPs to identify those who were pre-frail. Key staff would be needed to carry out the work; the pilot would map the skills and workforce requirements. Workforce is a potential issue not just because of money but the demographics of the country and the willingness of people to go in to caring careers. On the workload pressures of primary care she said 'good care only comes from people who are respected.' The CCG was working with the providers they contract to ensure staff have access to training and support and to allow staff to practise their skills.

2.22 Questioned about including housing issues as a part of the integrated care model for frailty Soline Jerram said housing were represented on the officer Better Care Board.

2.23 There were further questions about data sharing to enable a coordinated approach between services; the lack of late pharmacy services in the City; and friends and family carers who are unpaid.

2.24 Soline Jerram said often improvements could be made just by working closer together in her view.

2.25 The Chair thanked all the speakers for their presentations and replies to questions.

### **3 OPC WORK PROGRAMME**

3.1 OPC agreed items for the following meetings:

22<sup>nd</sup> July - Draft Libraries Plan - Sally McMahon

19<sup>th</sup> August – World War 1 commemorations - Richard Butcher Tuset

23<sup>rd</sup> September (public meeting) – Home and Care Home quality/performance – Ambrose Page

The Care Act 2014, Local Account and the national picture – Philip Letchfield

#### **4 MINUTES**

4.1 The minutes of the meeting held on 20<sup>th</sup> May were agreed.

#### **5 SECRETARY'S UPDATE**

5.1 The Secretary Penny Morley (PM) had written to the Leader re a OPC representative on the Health and Wellbeing Board.

5.2 PM had written to the Head of Planning and Public Protection re providing sheltered Housing in the Shoreham Harbour development.

5.3 OPC was contributing to the draft Housing Strategy.

5.4 PM updated the meeting on the Age Friendly City steering group; regarding the OPC election – people over the age of 60 years who wanted a vote for the OPC needed to opt in and Electoral Services was sending out a letter mid-July. There is a question on the plans for Older People's Day.

#### **6 MEMBERS' UPDATE**

6.1 Sue Howley had attended the National Pensioners' Convention. Jack Hazelgrove had been to a meeting on the hospital development programme. Harry Steer has taken over as Chair of G M Productions. Colin Vincent had attended the National Pensioners' Convention and G M Productions. The Chair Mike Bojczuk (MB) was formally thanked for adding a link on the OPC website.

6.2 MB reported that the new website is now live. He had been to 'Future Europe – ageing in the UK' and visited Sussex University re Design for Older People. He had spoken to Electoral Services and was in discussions about The Pensioner magazine.

6.3 Janet Wakeling reported back on Planning meetings she had attended.

#### **7 ANY OTHER BUSINESS**

7.1 There was none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of