

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 19 MARCH 2019**

**COUNCIL CHAMBER - BRIGHTON TOWN HALL**

**MINUTES**

**Present:** Councillors Barford (Chair), Moonan (Deputy Chair), O'Quinn, Taylor (Opposition Spokesperson), Wealls and Page (Group Spokesperson); Brighton and Hove Clinical Commissioning Group (BHCCG): Dr David Supple (Deputy Chair), Lola BanJoko, Ashley Scarff, Malcolm Dennett and Dr Jim Graham

**Also in attendance:** Geoff Raw (Chief Executive), Rob Persey (Statutory Director-Adult Social Care), Pinaki Ghoshal (Statutory Director of Children's Services), Alistair Hill (Director of Public Health), Graham Bartlett (Brighton & Hove Safeguarding Adults Board), David Liley (Brighton & Hove Healthwatch) and Sandra O'Brien (Senior Solicitor)

**PART ONE**

**47 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**47(b) Apologies**

47.1 Apologies for absence were received from Wendy Carberry, Pennie Ford and Chris Robson.

**47(c) Declaration of substitutes**

47.2 Lola BanJoko, Deputy Managing Director Brighton & Hove CCG, was in attendance as a substitute for Wendy Carberry, Managing Director Brighton & Hove CCG.

**48 MINUTES**

48.1 **RESOLVED:** That the Minutes of the meeting held on the 29 of January 2019 be agreed as the correct record.

**49 CHAIR'S COMMUNICATIONS**

49.1 The Chair stated the following:

**Better Care Fund clarification**

At the last Health & Wellbeing Board a query was raised about the large variance in community equipment spending and could the Board have clarification as to why this was.

The Community Equipment service budget was increased by 5% from 2017/18 to 2018/19 and the Council increased their permanent funding to replace the loss of £0.241m temporary funding in 2018/19. This is in recognition of the increasing demand and cost pressures within this service. I think the Board may remember the conversations we had here some time ago about was the original historic budget too low.

Due to additional funding received in the Autumn budget statement, there is now no expected variance on the Community Equipment service. A further detailed paper on the Better Care Fund will be coming to the June Board including the financial update and I have asked officers to ensure that this area is covered in the text not just in the financial tables.

### **NHS Long Term Plan**

NHS Long Term Plan has been published. We are aware that over the next few months there will be a range of activities to assist with developing the delivery plan which I believe needs to project actions over the next 5 years for the local area and to which I anticipate there will be a close read across with Brighton and Hove's joint Health and Wellbeing Strategy which is being presented to this meeting for formal consideration.

Much of the information will be found on the CCG website as this becomes available.  
<https://www.brightonandhoveccg.nhs.uk/>

### **Public Health funding**

Councillor Yates as Leader of the Council recently signed a letter that went to senior cabinet ministers highlighting the issue of Public Health reduced funding and the impact on services such as cancer screening. The letter to Mr Hammond, Mr Hancock and Mr Brokenshire will be attached to the minutes (Appendix 1).

### **Carers**

Between now and the next Board in June there is a range of activity covering Carers. I will touch on key elements now but this will be reported fully in the minutes of the meeting.

**Young Carers Health Champions** is a national programme run by NHS England, to encourage young carers aged between 16 and 24 years old, to have their say in how health services develop. The programme was established to support improved health literacy, promote health and wellbeing and develop the capacity of young carers to participate in planning and development of young carer friendly services. The Health Champions are recruited annually and we have three young carers from Brighton and Hove on the programme. The Commissioning Manager for Carers (joint BHCC/CCG post) will be meeting with them after their final residential this March, to discuss how they can be supported to improve the experience of young carers across the City. Rob Persey (Executive Director of Health and Adult Social Care) has also agreed to meeting with them to explore how their expertise can be best utilised within the development of our services.

**National Carers Week 2019** is from the 10<sup>th</sup> June to 16<sup>th</sup> June – the theme this year is Getting Carers Connected in their Communities – the aim of Carers Week is to increase the awareness of carers, and to raise awareness with carers of the support available for them. Brighton and Hove's Carers Strategy has a commitment to building a stronger Carer Friendly City, and Carers Week is a key vehicle to support this. We will be involved in a range of events and activities across the City, and are pleased to announce a new addition this year - the **Carers Festival**, to both raise awareness and to celebrate the vital (often unrecognised)

contribution unpaid carers make to our City – the festival will both provide information for carers, and have a diverse range of entertainment and opportunities aimed at increasing the wellbeing of all carers (young, parent and adult carers), including ‘taster’ sessions from some of our local Carers Card offer providers. The timing of the event will enable young carers to attend after school, and we are hoping to foster an intergenerational approach by celebrating all carers. Additionally we will have specific activities aimed at engaging young carers, including potentially a performance from some of our local young carers.

The date for the **Carers Festival is 12<sup>th</sup> June 2019 between 2pm to 6pm at the Open Market** – more details will follow and will be widely publicised.

### **Update on Ardingly Court**

At the last HWB the Board asked for further information about the changes in the development of Ardingly Court. I am grateful for the CCG for providing this update:

‘During discussions the CCG has had with the Sussex Community Foundation Trust (SCFT) and Ardingly Court Surgery (ACS) practice partners, it became apparent that since the original proposal for the Palace Place development was discussed, the primary care landscape has changed. Available primary care capacity has increased with a number of neighbouring practices seeking to increase their registered patient list sizes, making it easier for residents to register and see a local GP, compounding ACS concerns that they may be unable to recruit enough patients for them to remain a financially sustainable practice in the new building.

Every effort is being made by the CCG to support GPs in the city so that they can provide services for local people, in the face of workforce pressures, and rises in demand for their services, that are being reported across the country. This includes financial and educational support to help them run their surgeries more effectively and efficiently to free up doctors to provide more care for patients.

A key area of CCG plans to improve health and social care across the city, is to make sure general practice is more sustainable, more resilient and works efficiently and effectively for many years ahead. This will include integrating some services, with other clinical specialists like pharmacists better supporting GPs, and helping GPs work more collaboratively together. There are also a number of specific schemes such as GP retention packages, as well as oversees recruitment, that the CCG is implementing as part of its workforce strategy.

The CCG is continuing to work closely with ACS to improve their premises and to support the development of plans for the practice team to continue to provide high quality care for their patients.’

### **Recommissioning sexual health services**

As the Board is aware there was a report due to come concerning the recommissioning in sexual health services. This report has been delayed due to the potential changes in how these services are funded and commissioned which could impact on a longer terms contract. We are waiting for clarity about these matters and will update the Board as soon as possible with the outcomes and way forward.

**Food and nutrition**

The Board has highlighted access to food and nutrition as a concern. We have agreed the Brighton & Hove Food Partnership Food Strategy and also and several reports on nutrition for key groups in the city. A further deputation on the city becoming part of the Milan Urban Food Policy Pact will be going to Full Council. There is one area that is outstanding and that is access to food and cooking for homeless and vulnerably housed. We are waiting for the final work on Kendal Court and will report in the summer.

**Arch Health**

Arch Health Community Interest Company is the specialist GP surgery in Morley Street Brighton and provides GP and other services for our homeless and vulnerably housed residents.

Like all GP surgeries they have to be inspected by CQC. Their inspection took place in January 2019 and the inspection covered all the 5 areas of care: safe, effective, caring, responsive, and well led.

I am delighted to be able to report that Arch were rated as outstanding in all 5 areas. And I am sure that the Board would like to send our congratulations to all the team there.”

- 49.2 Councillor Page asked for more information on the Update on Ardingly Court, whether the CCG could provide a more specific statement regarding the capacity for care in the city centre, and Recommissioning sexual health services, that the budget uncertainty was alarming.
- 49.3 Dr David Supple responded that the capacity was in a context of building space available, particularly for the Oxford Street Surgery.
- 49.4 Alistair Hill responded that the changes should not be of alarm because they were based on general landscape of service provision and not the level of funding. He stated that the national suggestions have come forward from the NHS Long Term Plan and the Secretary of State for Health and Social Care and the services to review the future of commissioning and stability of services.
- 49.5 The Chair stated that it was widely accepted Public Health had performed well by making good use of council funding and it was too early to comment on the future commissioning. She added that Alistair Hill would provide an update prior to the June HWB.

## Appendix 1



**Cancer Research UK**  
Angel Building  
407 St John Street  
London EC1V 4AD  
United Kingdom  
020 7242 0200  
[cruk.org](http://cruk.org)

### **PUBLIC HEALTH INVESTMENT**

As council leaders, we are writing to you on behalf of the millions of citizens that we represent, urging you to provide increased and sustainable funding for public health in the forthcoming spending review. This is vital if we are to work together to prevent ill health, reduce health inequalities and support a sustainable health and social care system. Community health engagement is also vital to the delivery of the NHS Long Term Plan as it is these interventions which will help keep people out of hospital and save the state money.

In 2018/19 and 2019/20 every local authority will have less to spend on public health than the year before. Councils are now responsible for delivering most public health services, but our ability to do so is increasingly compromised by ongoing public health grant reductions and the broader funding climate for local government.

Given that we know around four in ten cancers are preventable - largely through reducing avoidable risk factors, such as stopping smoking, keeping a healthy weight and cutting back on alcohol - reducing public health funding is a false economy. Smoking, obesity and alcohol account for 80,000, 30,000 and 7,000 early deaths each year respectively. Smoking remains the single biggest cause of preventable cancer in the world. Furthermore, smoking-related ill health costs our local authorities £760 million every year in social care costs. On average, for every £1 spent on smoking cessation, £10 is saved in future health costs.

Reducing investment in public health puts undue demand on local health services and our economy suffers too. Poor public health costs local businesses heavily through sick days and lost productivity. Unless we restore public health funding, our health and care system will remain locked in a 'treatment' approach, which is neither economically viable nor protects the health of our residents.

While we welcome the Government's recent commitment to preventing ill health through the NHS Long Term Plan, we know a sustainable NHS cannot be achieved if undermined by these local cuts. Public health must be seen as an essential component of a healthy society – it therefore deserves parity of funding and of esteem. That's why we are coming together and calling on you to deliver a sustainable funding solution, for the health, wealth and wellbeing of our communities

We look forward to hearing from you soon. [Undersigned council leaders]

Patron Her Majesty The Queen  
Presidents HRH The Duke of Gloucester KG GCV and HRH Princess Alexandra, the Hon. Lady Ogilvy KG GCV  
Chief Executive Michelle Mitchell OBE  
Registered Charity in England and Wales (1089464), Scotland (SC041666) and the Isle of Man (1103)  
Registered Company limited by guarantee in England and Wales (4325234) and registered in the Isle of Man (5713F)  
Registered Address Angel Building, 407 St John Street, London EC1V 4AD

**50 CALL OVER**

50.1 The following items on the agenda were reserved for discussion:

- Item 53: Reviewing the purpose and functioning of the Health and Wellbeing Board
- Item 54: Better Care Fund – Extension to Section 75 Agreement
- Item 56: Healthwatch Brighton & Hove Let's Get You Home – a report on the experiences of older people being discharged from the Royal Sussex County Hospital, Brighton from July-September 2018

50.2 The following items had not been reserved for discussion and that they were taken as received and the report's recommendations agreed:

- Item 55: Healthwatch Annual Report
- Item 57: Brighton & Hove Health and Wellbeing Strategy

**51 FORMAL PUBLIC INVOLVEMENT****51(b) Written questions from members of the public**

51.1 The Chair stated that three public questions had been received.

51.2 The Chair invited Mr. James Wood to ask the following question:

“Can the council confirm that 10 extra units for Housing First will be available from 1 April 2019?”

51.3 The Chair thanked James wood for his question and gave the following written response:

“I have accepted this question as part of the response at the last meeting was that we would be providing an update at this Board.

We support the commitment to expand Housing First by an additional 10 units.

We are currently working on sourcing these 10 units to deliver this scheme expansion.

There are a range of options available to us to meet this commitment which we are currently working through.

We would be happy to provide members with an update on progress at a future committee or via a separate briefing”

51.4 The Chair invited Mr. James Wood to ask his supplementary question.

51.5 Mr. James Wood stated that he was a part of Galvanise Brighton & Hove, a part of the European Campaign to end street homelessness, and that that there were many volunteers who were keen to take part in the effort. He asked if he could receive answers from the Board in plain English because what he had received was overly complicated.

51.6 The Chair responded that a formal letter could be arranged and a contact be provided for further communication on the subject.

51.7 The Chair invited Madeleine Dickens to ask the following question:

“Given the imminent merger of the HWB with the city CCG, and the proposed Integrated Care Partnership, are councillors aware of the acceleration of NHS privatisation being carried out by the CCG? The latest CCG Contracts Log reveals well over £100 million in private contracts including many £millions in payments to private hospitals. Does HWB agreement to the joint arrangements indicate acceptance of the fragmentation and dismantlement of the NHS which such levels of privatisation are bringing about?”

51.8 The Chair thanked Madeleine Dickens for her question and gave the following written response:

“The HWB, both as it is constituted now and however it may alter following the agreed review, is a Board that has a representative membership of those responsible for and stakeholders who have an interest in the health and wellbeing of our residents in Brighton and Hove and as such there is nor can there be an imminent merger as suggested. The Board does not recognise the fragmentation and dismantlement of the NHS that the questioner has stated and will continue to hold system leaders to account for NHS and system performance within national and local policy direction. We will continue to engage and consult with residents and other stakeholders as has been demonstrate with the Big Health & Care Conversation and more recently Our Health, Our Care”

51.9 The Chair invited Madeleine Dickens to ask her supplementary question.

51.10 Madeleine Dickens Stated that the written response she received had ignored privatisation as a factor in her question and she asked how £100 million of public money channeled in to private contracts would not have an impact on existing public services, whilst considering how that degree of privatisation was rapidly escalating. She stated she was disappointed in the Board’s response and that these issues affected the whole City.

51.11 In response to the Chair commenting that the original question was centered on fragmentation, Ashley Scarff stated that he would be happy to provide a further written response however significant funding to external providers has and always would exist.

51.12 The Chair invited Pat Kehoe to ask the following question on behalf of Ken Kirk:

“Trusts for our local health services are under immense financial stress, with record deficits. Primary care services are at breaking point. Demand for healthcare outstrips funding. The only way that “sustainability” can be achieved is by more cuts, limiting the service to Brighton and Hove; to suggest otherwise is deception. Is it not right that the HWB committee set up to represent the people be honest and admit that the pretence that’s conveyed in STP plans, that a comprehensive health and social care system can be created by integrating them, isn’t possible? Isn’t it time that you are straight with us?”

51.13 The Chair thanked Pat Kehoe for her question and gave the following written response:

“The Board recognises the funding challenges of the NHS and indeed has received regular reports on progress being made where closer integration of strategy and working arrangements will support the health and care needs. These regular reports have stated the challenges we face and equally have outlined the opportunities for the city that will be assured through closer working. These have included critical reports, for example looking at GP numbers as well as looking at the financial concerns. I would refer you to the answer given to the previous question. This clearly shows that we have engaged and consulted with residents and will continue to do so”

51.14 The Chair invited Pat Kehoe to ask her supplementary question.

51.15 Pat Kehoe stated that the STP would result in a depleted Health and Social Care program ran by less qualified staff. She asked if a collaborative local approach would send a message to the Government to better fund services as this would be at the resident’s best interest whom which the Board should foremost represent.

51.16 The Chair responded that the Board was absolutely in support of a partnership approach and their finances and resources were always aimed at delivering the best for the City. She stated that the local STP needed to change direction to align the national recommendations however the authority’s sovereignty would be retained.

## **52 FORMAL MEMBER INVOLVEMENT**

### **52(b) Written questions from members**

52.1 The Chair invited Councillor Hill to ask her following question:

“Following the Scrap the Fee Notice of Motion passed at Full Council in February 2018, please can the CCG confirm that they contacted all GPs requesting that they voluntarily provide letters free of charge to victims of domestic abuse to support applications for legal aid?”

52.2 The Chair thanked Councillor Hill for her question and gave the following written response from the CCG:

“The CCG is not in a position to request that GPs voluntarily provide letters free of charge to victims of domestic abuse, to support applications for legal aid.

This is because the provision of such services is outside the General Medical Services contract, responsibility for which is delegated to CCGs from NHS England, and as such counts as non-NHS work.

More details on why GPs charge fees are available on the British Medical Association website: <https://www.bma.org.uk/advice/employment/fees/why-gps-charge-fees>

On review, I asked the CCG to provide some detailed information about the role of the CCG and also GPs in dealing with requests for letters as I am sure it is an area of some confusion for many people.



As noted above, the CCG can only ensure that GPs provide services that are within the General Medical Council contract. Providing such letters is not part of the contract and therefore the CCG cannot enforce or request GPs to do this.

GPs already deal with many requests for letters. These include a wide range of areas including:

- school places on grounds of medical need
- housing
- bus passes
- welfare benefit letters
- letters to employers

Each surgery can decide what they will or will not provide. Some have decided they will not provide such letters due to time.

If the Board wishes me to do so, I will write a letter to the CCG asking GPs to provide these letters. Whilst the CCG has stated that it will forward this letter to each GP practice, it cannot ask or enforce this itself as this falls outside of its powers”

- 52.3 In response to the Chair asking if there was agreement among the Board to write to the CCG, Dr David Supple stated that there would be no objection and he would be happy to meet people outside of this meeting to discuss matter further. He stated that this was a complex subject and highlighted the pressure on doctors who needed support on this issue; that they would not want to charge on genuine cases however only as a deterrent for the GP time exhausted on private employee letters thus put in to a position where monitoring was necessary.
- 52.4 Jim Graham stated that the Local Medical Committee’s (LMC) response on this huge and emotive issue encompassed a great deal of thought and they should be involved to formulate a following response or continued discussion.
- 52.5 Dr David Supple stated that the LMC existed to represent GPs interests and whom many feel strongly on the issue of the provision of letters being in their right for refusal. He stated that the issue had parallels in other provisions whereby the additional resources taken from the service, in this case GP time, would be paid for by the Local Authority and not the NHS.
- 52.6 The Chair responded that the issue raised was in the specific context of domestic violence, however she did recognise the extensive workload of GPs and that everyone’s interests were with the patient.
- 52.7 Councillor Taylor stated that this issue was brought to the Council, a sovereign body, by the residents of the City and that the motion was unanimous and cross-party and that ongoing work of the issue should report to this Board.
- 52.8 Councillor Page stated that the letter to the CCG should include that violence against women was serious societal and other bodies that supported those particular issues should be included.

**53 REVIEWING THE PURPOSE AND FUNCTIONING OF THE HEALTH AND WELLBEING BOARD**

- 53.1 The Statutory Director for Health and Adult Social Care introduced the report that provided a scoping document for the Policy Panel, a draft Terms of Reference for the Policy Panel with suggested membership for the Board and an outline timetable of meetings and their content.
- 53.1 In response to Councillor Wealls asking how the membership representation would be divisible in thirds, the Chair stated that they were looking to make the wording clear to ensure that the representation was based on elected councillors.
- 53.2 Councillor Moonan thanked the Statutory Director for Health and Adult Social Care for the report. She stated that the strategy needed to work and there was only a short period before the election which suggested an early May meeting would be advisable.
- 53.3 In response to Councillor Page, the Chair stated firstly that the Policy Panel membership would be balanced between councillors and the CCG and she secondly agreed that meetings should occur more than quarterly.
- 53.4 **RESOLVED:**

- (1) That the Board agreed to decide on when the Policy Panel first meet;
- (2) That the Terms of Reference (Appendix 1) be agreed.

**54 BETTER CARE FUND - EXTENSION TO SECTION 75 AGREEMENT**

- 54.1 The Statutory Director for Health and Adult Social Care introduced the report. He stated that the previous framework had served its function well and the future framework had been assured that it would be similarly consistent, if not the same.
- 54.2 Malcolm Dennett stated that the Section 75 Agreement had been amended, revised and approved last year and he, as a lay member for governance, must fulfil the due process of checking to make sure the agreement continued to be consistent and financially sound for its statutory purpose.
- 54.3 In response to the Statutory Director of Health and Adult Social Care stating that the wording in the recommendation was that the Board agree to a variation in the current contract without specially highlighting what this would be, the Chair stated that report should only return to the Board after delegated approval if there were significant changes to the agreement.
- 54.4 Councillor Taylor asked for clarification on the change that would be delegated away from the Board and why this agreement needed to be approved if the changes were so minimal.
- 54.5 In response to the Chair stating that the agreement was a one year extension in order to continue work until the final framework for the Better Care Fund (BCF), the Statutory Director

for Health and Adult Social Care responded that there was no great change anticipated and the disruption to the usual central guidance roll-out was because of Brexit.

- 54.6 Ashley Scarff stated that in absence of the Section 75 agreement they would lack the legal framework to continue and this approval simply provided a vehicle to move forward.
- 54.7 In response to Councillor Wealls asking if there were any meaningful financial changes, the Statutory Director for Health and Adult Social Care stated there had been no indication of this from central sources.
- 54.8 The Legal Advisor confirmed the previous guarantees in that the recommendations for authorisation were on the basis that there were no changes at present, however there was a mechanism which allowed the agreement to return to the Board if changes arose.
- 54.9 The Statutory Director for Health and Adult Social Care stated that there would be a BCF update at the June Board.
- 54.10 **RESOLVED:**
- (1) That the Board noted the update in relation to the Better Care Fund Proposals for 2019/2020 as set out in paragraph 2.6 of the report;
  - (2) That the Board authorised the Executive Director Health and Adult Social Care and the Director of Partnership and Commissioning Integration to finalise and enter into a variation to the Section 75 Partnership Agreement for the commissioning of health and social care services from the Brighton & Hove Better Care Fund to cover the period 2019-2020.

## **55 HEALTHWATCH ANNUAL REPORT 2017/18**

- 55.1 **RESOLVED:** That the Board note the Healthwatch Annual Report.

## **56 HEALTHWATCH BRIGHTON & HOVE LET'S GET YOU HOME - A REPORT ON THE EXPERIENCES OF OLDER PEOPLE BEING DISCHARGED FROM THE ROYAL SUSSEX COUNTY HOSPITAL, BRIGHTON FROM JULY-SEPTEMBER 2018**

- 56.1 Michelle Kay, Healthwatch Brighton & Hove Project Coordinator, introduced the Brighton & Hove 'Let's Get You Home' Report which asked local older people about their experiences of getting advice and support when being discharged from hospital to home. Concerns raised in the report included the quality and consistency in care planning and the lack of coordination and personalization of care.
- 56.2 David Liley commented that the report highlighted the impracticalities of the discharge service and that patient expectations were not being met, which should be a KPI for commissioning. He added that there were also problems with third sector staff employment security and that they needed certainty to provide them with the opportunity to plan for future services.

- 56.3 The Statutory Director for Health and Adult Social Care responded that the Council and the CCG would have a single contract register line that would be completed in two weeks' time. He added that in the past it had been challenging for organisations to set up, however beyond 2020 there would be shared intelligence and that by Autumn 2019 there would be guidance for the NHS Long Term Plan and budgetary indicators which will then allow better notice given to smaller organisations if their funding continued.
- 56.4 Councillor Page stated that the report had high quality qualitative data, although the sample was small. He added that monitoring the issues raised in the report was essential and he agreed with the recommendation of referring the report to the Health Overview and Scrutiny (HOSC) to formally track the outcomes for patients.
- 56.5 Councillor Moonan thanked Healthwatch for highlighting the crucial areas for patient care and the system as a whole in the report and she stated that HOSC was the vehicle to continue scrutiny on the progress. She commended the huge effort that NHS colleagues had performed this Winter on these issues and asked how residents could be assured that this situation would not re-occur and how the issues be de-embedded from the system
- 56.6 The Statutory Director for Health and Adult Social Care responded that it was important to remove blame from the solution to the issues and remember that this was not a seasonal occurrence, particularly as demand in Brighton and Hove was year-through. In the January Board's Chairs Communications it had been mentioned that they would be undertaking a hospital to home review, which was run by the Local Government Association and NHS England, which brought together the Hospital, the Council, the CCG and the Sussex Partnership Trusts. This review would be on the June Board's agenda and subject to feedback and actions on the findings.
- 56.7 In response to Councillor Moonan asking for assurance on the commitment from health colleagues to follow the recommendations of the report, Ashley Scarff thanked Healthwatch for its work and reiterated the backing from health colleagues to support the work to improve patient flow as this was a key blockage system-wide
- 56.8 Councillor Taylor thanked Healthwatch for the report and supported the core principle of acting as a patient champion and collating real world experiences and invaluable knowledge of service users. He stated that the report indicated that rates of flow had improved but he added that providers must be careful not to sacrifice the quality of the service for speedy turnovers and he supported the recommendations to ensure actions were followed.
- 56.9 **RESOLVED:**
- (1) That the Board agreed for the report to be noted;
  - (2) That the report be referred to the Health Overview and Scrutiny Committee to monitor how the recommendations were implemented and the outcomes/impact on residents.
- 57 BRIGHTON & HOVE HEALTH AND WELLBEING STRATEGY**
- 57.1 **RESOLVED:** That the 2019-2030 Brighton & Hove Wellbeing Strategy be approved.

**58 PHARMACEUTICAL NEEDS ASSESSMENT CONSOLIDATION OF TWO PHARMACIES**

58.1 **RESOLVED:** That the Board agreed that the following representation should be made to NHS England:

- (a) That the proposed consolidation of two pharmacies (Pharma Supply Ltd trading as Blake's Pharmacy, 91 Blatchington Road, Hove, BN3 3YG with Trinity Pharmacy, 3 Goldstone Villas, Hove, BN3 3AT) does not create a gap in pharmaceutical services subject to receiving confirmation from Pharma Supply Ltd that the number of pharmacists available to provide services in the consolidated pharmacy, in comparison to the previous number across both sites, will be sufficient to prepare and provide prescriptions without causing untoward delays.
- (b) The Board further noted that there is a reduction in hours due to lunchtime closure and asks whether this can be rectified by Trinity Pharmacy and whether the pharmacy can have a loop fitted for people with hearing impairments.

The meeting concluded at 5.30pm

Signed

Chair

Dated this

day of