

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 10 SEPTEMBER 2019

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present : Councillors Moonan (Chair); Appich (Deputy Chair), Shanks (Opposition Spokesperson) and Nield. Brighton and Hove Clinical Commissioning Group (BHCCG), Dr David Supple (Deputy Chair) and Ashley Scarff

Also in Attendance: Geoff Raw (Chief Executive); Rob Persey (Statutory Director, Adult Social Care); Pinaki Ghoshal (Statutory Director, Children's Services); Alistair Hill (Director of Public Health); Graham Bartlett (Brighton and Hove Safeguarding Adults Board); David Liley (Brighton and Hove Healthwatch) and Nicole Mouton (Senior Solicitor)

PART ONE

12 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

12(a) Apologies

12.1 Councillor Bagaeen sent his apologies. Apologies were also received from Lola BanJoko (CCG); Malcolm Dennett (CCG); Dr Jim Graham (CCG) and Chris Robson (Local Safeguarding Children Board).

12(b) Declarations of Substitutes, Interests and Exclusions

12.2 There were none.

12(c) Exclusion of the press and public

12.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

12.4 **RESOLVED** - That the public are not excluded from any item of business on the agenda.

12.5 There Chair explained that this meeting although being webcast would not available to watch live, although once uploaded would be available for repeated future viewing.

13 MINUTES

- 13.1 The following amendments were made to the minutes put forward for signature by the Chair:

Paragraph 3.14 – final sentence ...”the citywide contract which would start in **October 2019...**”

Paragraph 10.5 to read “ Mr Bartlett, Safeguarding Adults Board, stated that the arrangements being put into place would **no longer** mirror those which existed to safeguard vulnerable adults **but** that close parallel working would continue.”

- 13.3 **RESOLVED** – That the subject to the amendments set out above the Chair be authorised to sign the minutes of the meeting held on 23 July 2019 as a correct record.

14 CHAIR'S COMMUNICATIONS

- 14.1 The Chair, Councillor Moonan, stated that at the previous Board meeting she had mentioned trialling a newsletter approach for the Board as a way of reducing the length of Chairs Communications. She was pleased to be able to confirm that following that days meeting a final version of that newsletter would be produced and circulated. Draft copies had been tabled for the information of Board Members and any comments on that draft document should be forwarded either to herself as Chair or to the Public Health Business Manager, Barbara Deacon. There were however particular highlights from the newsletter which she wished to focus on:

The Ageing Well Festival

- 14.2 The Ageing Well Festival would be taking place between 30 September - to 13th October. There was an extensive programme of fun packed activities and the Chair urged Board Members to have a look at this.

Emotional Support for Children

- 14.3 Board Members views as well as those of the public were wanted about the emotional health and wellbeing support available in the city for children and young people. A survey was out and as part of the evidence gathering process as many people as possible were encouraged to give their views.

Fire at Wellington Road

- 14.4 Board Members may have heard that there had been a fire in a block of flats in Wellington Road, Brighton at the weekend. The fire had occurred in a block of flats shared with housing for people with acquired brain injuries and 4 temporary accommodation flats. Disabilities Trust provided 24 hour support to our residents there. Assurances had been received that everyone had been evacuated swiftly and had been able to return to their flats by 3:30 with no injuries and no damage to any of the flats. The fire appeared to have started on one of the solar panels on the roof (this had yet to

be confirmed) and the only damage had been to a sky light above the stairwell. Baron Homes were due to fix the skylight on Monday 9th September.

David Supple, Chair of CCG Retirement

14.5 The Chair concluded her communications by explaining that today's meeting would be the last Board that Dr David Supple, the Chair of the CCG and one of the deputies of the Health & Wellbeing Board would be attending as he would be stepping down both from the Health and Wellbeing Board and CCG due to his retirement. Interviews for his replacement as Chair of the CCG were currently taking place. The Chair stated that she would like to take this opportunity to thank David for the knowledge and practical expertise he had brought to the Board. He had been highly supportive of the Board and its development and he was sure that the Board would want to add to her own comments in wishing him well in his retirement.

14.6 **RESOLVED** – That the content of the Chair's Communications be received and noted.

CALLOVER

14.7 The Chair stated that there was one late report which she had accepted as the information given to the Board at its meeting in July needed to be updated in order to ensure that the Board were provided with the most up to date information.

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

- Item 20 – Future Use of Knoll House Resource Centre;
- Item 22 – Brighton and Hove Healthwatch Annual Report 2018/19

14.9 The following items were not called for discussion and were therefore taken as received and the report recommendations agreed:

- Item 17 – Sussex Health and Care Strategic Plan and Response to the NHS Long Term Plan;
- Item 18 – Better Care Plan Funding;
- Item 19 - Winter Planning to Support the Health and Care System;
- Item 22 – Pharmaceutical Needs Assessment - Suspension of Pharmacy Contract – Boots, 119 – 120 London Road, Brighton

15 FORMAL PUBLIC INVOLVEMENT

15(a) Written Questions

15.1 There were none.

15(b) Petitions

15.2 There were none.

15(c) Deputations – Mental Health Pledge

15.3 The Chair, Councillor Moonan, referred to the Deputation which had been forwarded to the Board from the July meeting of full Council and was set out on the agenda at pages, 23 – 28. As the matter had already been considered at Council and the Deputies had spoken there they did not have the opportunity to address the Board however the Board were invited to accept the Deputation in order that a formal response could be given by the Executive Director, Families, Children and Learning. The Board agreed and the Chair thanked the Deputies for their Deputation and invited the Executive Director to respond to the contents of the Deputation.

15.4 The Deputation stated:

“Our deputation is a request to Council to commit to collaborating with us to create a pledge to young people in Brighton and Hove, that will outline the experience they can expect when engaging with Mental Health Services in our city.

We are asking for this issue to be referred to the Council’s Health and Wellbeing Board, which would allow us to start a working relationship with the relevant health organisations that would allow us to create this pledge.

What should the Pledge look like?

The pledge will be a document of accountability of Mental Health Services in our city. It will aim to ensure a consistent and person-centered approach is offered to young people at every point of access, and set a minimum standard to be adhered to when engaging with young people around mental health.

The pledge will be Young Person Centred and designed by listening to the voices of young people of Brighton and Hove, and written in conjunction with the CCG, Primary Care Trust, local mental health charities and other relevant health authorities.

How will the Pledge be created?

The pledge will be created in partnership with service providers and lead by the young people of our city. This will involve focus group sessions with schools, youth groups, after school clubs and the universities. In working in conjunction with health organisations and the young people of our city we can ensure that the pledge is practical, informed by real lived experiences and can be implemented by relevant health services.”

15.5 The Executive Director, Families, Children and Learning responded:

“This deputation has come when there is a pan Sussex review of children’s and young people’s mental health services already underway. This review already has engagement events as a part of its remit, both of the children and young people directly using services as well as their parent/carers.

There is already an established group in place, the Youth Voice Group, and it would be most sensible to refer the deputation to this group so that the Youth Voice Group can be

central to the development of any pledge. The Youth Voice Group is made up of a wide range of youth groups including the Youth Council. We are also aware that a Young Minds pledge that has been launched for CYP MH - called #Iwill. <https://www.iwill.org.uk/pledge/youngminds/> and the local Youth Voice will be clearly focused on this.

Given the engagement work that is already in place for the pan Sussex review it would seem sensible to ask the Youth Voice Group to be central to the development of any pledge with services after review has finished. The review would also clarify what is a city service, what is a pan Sussex service which would also impact on any pledge coverage.

It needs to be clearly understood that any pledge would need to have the service providers' and commissioners' full understanding and support. In the main the mental health services are provided by the NHS and not the council.

We would anticipate we could update the Board of the outcome of the review in January 2020 and update the Board regarding the Mental Health Pledge in March 2020."

15.6 **RESOLVED** – That the contents of the petition and response to it be noted.

16 FORMAL MEMBER INVOLVEMENT

16(a) Petitions

16.1 There were none.

16(b) Written Questions – Prescription Ordering Service

16.2 The Chair, Councillor Moonan, explained that one written had been received from Councillor Bagaeen (set out in the circulated addendum). Councillor Bagaeen had given his apologies for the meeting and a copy of the approved response provided by the CCG would be sent to him separately.

16.3 Councillor Bagaeen had asked:

"When I went into Boots to enquire about my own repeat prescription I was handed a leaflet from the CCG proclaiming a 'new and convenient way to order your repeat prescription'. This was news to me and I bet will be news to many more people currently using the repeat prescription system. In my view, the CCG has failed miserably to advertise this service and the content of this leaflet should have certainly been advertised more to users. To make things worse, I got contradictory information from the pharmacist at Boots and from my GP surgery about the operation of the service. I attach the leaflet I was given. Please can the CCG explain the new prescription ordering service that they have introduced for ordering repeat prescriptions and how they have advertised it locally."

16.4 The Chair gave the following response which had been provided by the CCG:

“Two thirds of prescriptions issued in primary care are repeat prescriptions. These repeat prescriptions account for nearly 80 per cent of NHS medicine costs for primary care. The management of these prescriptions and the time involved in processing them can be significant. Nationally up to 410 million repeat prescriptions generated every year – equivalent to an average of more than 200 per GP per week. In the South Place (Brighton and Hove and High Weald Lewes Havens CCGs), 7.95 million prescriptions were issued in 17/18 at a total cost of £63.4 million. Around 60% of patients received at least one item on prescription, and it is estimated that around 47% of the population are currently on repeat medicines.

Poor repeat prescribing processes play a major role in generating waste; factors driving such waste include over-ordering of prescriptions by patients themselves and patients ordering their repeat medicines via community pharmacy. In the latter case, the pharmacy contractor will order the prescriptions on behalf of the patients with anecdotal evidence suggesting a lack of robust checks on current medicines needs. So called “managed repeats” often lead to requests for unnecessary repeat medicines and inevitably medicines waste. Additionally, general practice staff expend considerable amounts of time, processing, querying and issuing repeat prescriptions.

In November 2017, High Weald Lewes Havens CCG launched Prescription Ordering Direct (POD). Following the success of POD in HWLH and a trial in a small number of practices in Woodingdean, approval has been given to roll out the service across Brighton and Hove. We plan on the roll out being complete by the end of 2019. POD is an additional route to ordering repeat prescriptions. Paper and online requesting is still available. ‘Managed repeats’ by community pharmacy is no longer available for most patients but can still be provided if it will benefit a specific patient for example, a housebound patient.

The service allows patients to request repeat prescriptions via a call centre hosted by the CCG, with the call handler verifying each item requested. In addition to the financial benefits of reduced waste, it is evident that the service has affected the use of medicines in a much broader sense through:

- Improved safety of medicines use and prescribing.
- Improved quality of medicines use and prescribing.
- Reduction in practice and community pharmacy workload, enhanced primary care resilience and workforce optimisation.
- Improved patient outcomes and experience.
- Additionally, community pharmacies report better workflow management in the dispensary.

The team of call handlers have access to a registered pharmacy technician and pharmacist who can respond appropriately to clinical questions from the call handler or the caller.

Examples of activities undertaken by the service include:

- Acting as a point of control to prevent over ordering and stockpiling (particularly important from the perspective of high risk or controlled drugs).
- Empowering a patient centred approach in taking responsibility for medicines use.
- Adjusting prescribed quantities to align prescriptions (synchronisation)
- Action incoming medicines requests from secondary care (this is reactive and ad hoc);
- Dealing with prescribing queries and rapidly able to action the response as appropriate.

- For some practices, approximately 20% of prescription requests are handled by POD, reducing workload for practice prescription administration staff. The clinical input from pharmacy technicians and pharmacists also has a positive impact on GP workload.

POD is rolled out on a practice by practice basis, advertising approach is agreed with the practice and includes distribution of specific patient leaflets and posters in the practices and pharmacies. We have also engaged through Patient Participation Groups where possible, who have been supported implementation as well as a useful forum for feedback to further enhance the service.

With respect to receiving differing information from different providers, this is unfortunate but without knowing the detail we are unable to comment, but are happy to follow this up with further information so we can clarify understanding.”

16(c) Letters

16.5 There were none.

17 SUSSEX HEALTH AND CARE STRATEGIC PLAN - TO INCLUDE THE BRIGHTON AND HOVE WORKING RESPONSE

17.1 **RESOLVED** – (1) That the Board notes the development of the Sussex Health and Care Strategic Plan; and

(2) The Board agree that a Special Meeting of the Health and Wellbeing Board take place on 5 November 2019 to discuss the detailed version of the Plan prior to its submission to NHSE in November 2019.

18 BETTER CARE FUND PLANNING 2019/20

18.1 **RESOLVED** – (1) That the Board note the content of the report; and

(2) That the Board give delegated authority to the Executive Director of Health and Adult Social Care to sign off the final plan on behalf of Brighton and Hove City Council.

19 WINTER PLANNING TO SUPPORT THE HEALTH AND CARE SYSTEM

19.1 **RESOLVED** – That the Board notes the contents of the report.

20 FUTURE USE OF KNOLL HOUSE RESOURCE CENTRE

20.1 The Board considered a report of the Executive Director of Health and Adult Social Care summarising the recent background to the service remodelling which had impacted on the current use of Craven Vale and Knoll House. It explained the rationale underpinning the proposal to merge the revised service to operate from one site, which had BHCC cross-party and CCG support.

20.2 The Executive Director, of Health and Adult Social Care explained that the action taken would release Knoll House for an alternative use. An initial desk top study had identified a number of potential uses for Knoll House, although the preferred use would be to

retain the site within Health and Adult Social Care and to repurpose it to meet identified gaps in the provision of services for adults with support needs. The Board were being asked to support the preparation of a fully costed business case to support the future use of Knoll House. This document would be brought back to the Board for approval and would identify how best to meet the accommodation needs which were a priority for the city and would support future demand and support the best possible outcomes for adults with support needs.

20.3 It was noted that the following amendments to the recommendations had been received from the Green Group proposed by Councillor Shanks and seconded by Councillor Nield:

1.1.3 That the Board agrees to note with concern that the planned changes did not allow sufficient time for public involvement or scrutiny by the Health and Wellbeing Board and HOSC;

1.1.4 That in view of the proposals to close Knoll House as a council run rehabilitation service, that the Board agrees to receive a future report on:

- *an assessment of need for ongoing therapy and rehabilitation in Brighton and Hove;*
- *an understanding of how the above proposals for Knoll House help the council and CCG to achieve agreed proposals for 'Home Care' and community care;*

1.1.5 That the Board agrees to commission a further report for the November Health and Wellbeing Board meeting, detailing:

- *the capacity of the CCG to meet the needs of people who require more intensive and specialist nursing care following hospital discharge, including:*
- *detail on where facilities for Brighton and Hove residents are based*
- *information on the impact of new facilities being based outside of Brighton and Hove, and any need for, or support offered, to patients and families/carers who may incur associated transport costs resulting from the changes"*

20.4 Councillor Shanks whilst noting the rationale for the action taken had concerns that this issue had been concluded without being brought back before the Board for further discussion. Councillor Shanks considered that this would have been beneficial and would not want a similar approach used going forward, hence her request that a report be brought to the scheduled November meeting. Her concerns related to the process, rather than to the decision taken.

20.5 Councillor Nield who had seconded the amendments concurred with Councillor Shanks observations stating that additionally she had concerns at the potential practical impact on families if they were required to travel greater distances and on the environmental impact which could result from a higher level of emissions.

20.6 Dr Supple, CCG, stated that the current offer was not always the most appropriate setting for a number of adults who had support needs and going forward it was important to look at the bigger picture in terms of community based provision which was

equipped to meet changing demands. Fundamental to that process was the need for capacity planning in the light of the current review. Currently a number of adults were receiving care outside of the city in Crowborough, Newhaven and Uckfield and the intention was to provide those spaces in or closer to the city.

- 20.7 The Executive Director stated that he fully understood the concerns raised but considered it important to stress that there had been unusual circumstances around the decision taken. Following notification by the Sussex Community Foundation Trust of their intention to reduce their nursing and therapy services to Knoll House and Craven Vale patient safety had been of paramount concern as had the need to provide assurance for the dedicated staff employed. The action taken had avoided the need for any compulsory redundancies whilst allowing the services required to be delivered in a different way. Whilst providing emergency respite care it would enable a more appropriate package of care to be provided for those with less complex needs.
- 20.8 David Liley, Healthwatch confirmed that although non-specific and anonymised they had been notified of concerns in the past that it was that the action plans devised for individuals had worked well in some cases but not in others. Measures that had been put in place to address that were welcomed and would form the subject of separate reports to HOSC.
- 20.9 Councillor Appich stated that she had visited the staff at Knoll House with the Chair. A number of them were long serving and had not taken holidays for example due to insecurities regarding their futures. The action taken had removed that uncertainty and had avoided the need for any compulsory redundancies. It was accepted that the criteria used for admissions needed to change.
- 20.10 The Chair stated that whilst discussions would usually take place within the usual budget round there had been particular circumstances which had guided the decision making process in this instance. The decision taken had been the right one and had been supported by staff. They were to be thanked for their co-operation and the service albeit a smaller one was being retained with an options appraisal report being brought forward for approval by the Board in January 2010.
- 20.11 Councillor Shanks re-iterated that whilst not critical of the decision taken she wanted to stress the point that procedurally such decisions should come to the Board for decision so that members were aware of the germane issues and had a voice.
- 20.12 As no further matters were raised in respect of the item the Chair then took a vote on each of the proposed Green Group amendments in turn.
- A vote was taken on 1.1.3 and it was lost on a vote of 5 to 1 and was therefore not carried;
- A vote was taken on 1.1.4 which was agreed unanimously and was therefore carried;
- A vote was taken on 1.1.5 which was agreed unanimously and was therefore carried;
- 20.13 The Chair then took a vote on the substantive amendments which were carried and are set out below:

20.14 **RESOLVED** – (1) That a business case and options appraisal be worked up for the use of Knoll House as; a) High level supported step-down accommodation for adults with mental health needs; or, b) Lower level supported accommodation for adults with a mental health condition to enable independent living c) Both of the above options will be considered within the business case and options appraisal;

(2) That a recommendation based upon the business case and options appraisal is brought back to the Board for approval by January 2020;

(3) That in view of the proposals to close Knoll House as a council run rehabilitation service, that the Board agrees to receive a future report on:

- an assessment of need for ongoing therapy and rehabilitation in Brighton and Hove;

- an understanding of how the above proposals for Knoll House help the council and CCG to achieve agreed proposals for “Home Care” and community care;

(4) That the Board agrees to commission a further report for the November Health and Wellbeing Board meeting, detailing:

- the capacity of the CCG to meet the needs of people who require more intensive and specialist nursing care following hospital discharge, including;

- detail on where facilities for Brighton and Hove residents are based; and

- information on the impact of new facilities being based outside of Brighton and Hove, and any need for, or support offered, to patients and carers who may incur associated transport costs resulting from the changes.

21 BRIGHTON AND HOVE HEALTHWATCH ANNUAL REPORT 2018

21.1 The Board considered a joint report of the Executive Director of Health and Social Care and the Chief Executive of Health Watch (the local independent consumer champion for health and care) which presented the Healthwatch Annual Report for 2018/19.

21.2 The Chief Executive of Healthwatch, Mr Liley introduced the report and picked out the headline areas of work which had been carried out by Healthwatch during the period covered by the report and the work programme to be carried out for the coming year. Mr Liley went on to explain that Healthwatch had had a very busy year and had overseen various issues across the city, it was important to bear in mind that this had been achieved against a backdrop of a 6% reduction in budget. This had been by achieving by using a number of economies including achieving reductions in rent finding new income streams and were a tribute to Healthwatch’s staff. This had been managed going forward but funding and resourcing continued to present a challenge.

21.3 Amongst work of note had been follow up visits to adults in A &E. The provision in place for children were operating at a very high level and so it had not been deemed necessary to revisit that strand of work. Healthwatch had done something different this

year in terms of visiting A&E departments over 24 hours in order to obtain a picture of 2 general hospitals including the Royal Sussex. Three hospitals had been visited in December and would represent the most comprehensive review across the region, East Sussex, West Sussex and Brighton to date. It was intended that this would be unique and would provide an interesting picture from patients' perspectives. Work was also planned in reviewing patient's experiences of GP Practices and in terms of the complaints procedures in place, which were tortuously complex. Healthwatch had a number of other projects underway identified in the report.

- 21.4 The Executive Director of Health and Social Care referred to the input received in developing the Winter Plan. Healthwatch was critical and challenging in a positive way which was very much welcomed and was very important. Healthwatch delivered a great deal on a modest budget. Their relationship was not cosy, they were independent and had an approach which fostered informed discussion and debate.
- 21.5 Councillor Shanks referred to issue of hospital discharges. Asking whether Healthwatch had plans to look into instances where individuals were admitted to hospital unnecessarily, or where hospital stays were too lengthy and a patient should have been sent home or sent to more appropriate accommodation at an earlier time. Mr Liley explained that whilst this might be addressed in future would impact on the other areas which they were focusing on. A high proportion of referrals were from GP surgeries and that did need to be addressed. Dr Supple, CCG, concurred with that view confirming that work was programmed to assess that further and to ensure appropriate strategies in place. A lot of work had been commissioned and was in place relating to frailty and those who had multiple health conditions and how their needs were most appropriately met.
- 21.6 Councillor Appich, the Deputy Chair, said that she had been very fortunate in visiting the Healthwatch with the Chair and had been very impressed at the level of work carried out with few resources in particular visits to A &E and on-going mystery shopping over 24 hrs for example, lots of frail elderly people who were observed and it had been difficult to understand why they were there. Mr Scarff, CCG, stated that he welcomed the contribution of Healthwatch which had helped to facilitate triangulation of resources and development of planned responses which would help to inform processes the CCG was continuing to look at and this as a cornerstones of strategy for future services.
- 21.7 The Director of Public Health referred to the important role which Healthwatch played in helping to speak for those for instance, who required end of life support who found it hard to speak up for themselves.
- 21.8 Mr Bartlett, Safeguarding Adults Board, referred to the unique role of that Healthwatch and the perspectives and the skill, diplomacy, experience and expertise that they had brought to the table safeguarding, particularly when assessing very serious cases, where hard but right decisions had been made.
- 21.9 The Chair, Councillor Moonan, welcomed the report stating that the City was grateful to have such an outstanding Healthwatch and wanted to thank all the staff and in particular the volunteers.
- 21.10- **RESOLVED** – That the Board agrees to note the Healthwatch Annual Report.

22 PHARMACEUTICAL NEEDS ASSESSMENT - SUSPENSION OF PHARMACY CONTRACT, BOOTS, 119-120 LONDON ROAD, BRIGHTON

- 22.1 This report was submitted as a Late Additional Item by reason of the special circumstances, and in accordance with section 100B(4) (b) of the 1972 Act, the Chair of the meeting having been consulted and was of the opinion that this item should be considered at the meeting as a matter of urgency given the changing circumstances surrounding the provision provided by Boots in the London Road, Brighton. These circumstances impact on the Pharmaceutical Needs Assessment of the city which is a key responsibility of the Board. Given the previous content in the Chair's Communications given at the July Board meeting (made in good faith with the information known at that time) it was considered important to ensure that the Board was provided with the most up to date information.
- 22.2 **RESOLVED** – (1) That the Board agrees that the Council should publish an updated supplementary statement (Appendix 2 to the report) to reflect that there will be no gap in service due to the temporary closure of Boots at 119-120 London Road, Brighton; and
- (2) That the Board be kept informed of future changes as they occur and any change in our Pharmaceutical Needs Assessment.

ITEMS TO BE SUBMITTED TO COUNCIL FOR INFORMATION

- 22.3 There were none.

The meeting concluded at 5.15pm

Signed

Chair

Dated this

day of