

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 29 JANUARY 2019

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor 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 Bojanko, Ashley Scarff and Malcolm Dennett

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 Liz Culbert (Head of Legal Services)

Apologies: Wendy Carberry (BHCCG) and Pennie Ford (NHS England)

PART ONE

34 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

34 (a) Welcome and introductions

34.1 Ashley Scarff had been appointed the new Director of Commissioning for BHCCG as a replacement to Chis Clark. He stated that his role with the BHCCG was to work with Local Authorities and partner agencies to commission integration as they looked to develop their ways of working.

34 (b) Apologies

34.2 Penny Ford and Wendy Carberry.

34 (c) Declaration of substitutes

34.3 Lola Banjoko, Deputy Managing Director BHCCG, was in attendance as a substitute for Wendy Carberry, Managing Director BHCCG.

35 MINUTES

35.1 **RESOLVED:** That the Minutes of the meeting held on 13 November 2018 be agreed and signed as a correct record.

36 CHAIR'S COMMUNICATIONS

36.1 The Chair stated:

“There is a long list of items and these will all make up part of the minutes.

The Health and Wellbeing Boards congratulates Adam Doyle as the CEO

Joint Health & Wellbeing Strategy update

As the Board is aware we will be having the city’s Joint Health & Wellbeing Strategy presented at the March Board.

The Strategy is now out on the consultation portal for comments and views and there was an engagement event on 28th January. The consultation portal closes on 31st January - Thursday 31st March.

http://consult.brighton-hove.gov.uk/public/nhs/health/jhws/joint_health_and_wellbeing_strategy_1

The Policy Panel have been meeting to support this work and will have their final meeting to review the engagement responses and findings prior to the final report coming to the Board.

Kendal Court

As the Board is aware there was a review of Kendal Court. The Housing and New Homes committee received their report on 16th January 2019. I will ask that the link to this comprehensive report is attached here for information.

[https://present.brighton-hove.gov.uk/Published/C00000884/M00008067/AI00070916/\\$20190108085740_018221_0063056_CommitteeReportTemplate210617newsavedformat.docxA.ps.pdf](https://present.brighton-hove.gov.uk/Published/C00000884/M00008067/AI00070916/$20190108085740_018221_0063056_CommitteeReportTemplate210617newsavedformat.docxA.ps.pdf)

Children and Young People’s Mental Health – briefing for Health and Wellbeing Board**Purpose**

For the Chair of the Health and Wellbeing Board to brief members on:

1. The Brighton and Hove Children and Young People’s Local Transformation Plan refresh (vision, progress since last year and future plans); and
2. Brighton and Hove Trailblazer opportunity - *Transforming Children and Young People’s Mental Health Provision: A Green Paper (2017) 2019-2024*

(1) Local Transformation Plan (LTP) 2018 refresh

Following the publication of Future in Mind (2015) which highlighted difficulties in access to mental health support to children and young people, all CCG's are required to produce an annual Children and Young People's Mental Health Local Transformation Plan (LTP) refresh.

The Brighton and Hove Health and Wellbeing Board approved the Brighton and Hove (LTP) in October 2015, the refresh in October 2016 and October 2017.

An Executive Summary can be found in *Appendix A*.

The CCG refreshed and republished their 2018 LTP in October 2018 and can be found here: <http://www.brightonandhoveccg.nhs.uk/plans>

There are several elements to the draft LTP refresh for 2017/18:

- a) An update and progress on children and young people's mental health services vision and how the refreshed LTP will enable that to succeed;
- b) The LTP plans for 2017/18 onwards in the context of the Five Year Forward View for Mental Health and developments within our Sustainability and Transformation Partnership (STP) and Commissioning Alliance; and
- c) An update on 2017/18 (spend and activity).

Our progress and achievements so far and on-going challenges are:

"Our vision is to provide more responsive support for children and young people when they experience poor mental health or are in crisis. We will give them opportunities to build their own resilience and recognise their need earlier, encouraging them to support and confide in one another. They can access services when, where and how they choose, embracing digital and social media. Services will work closely together so that criteria and thresholds are less important than addressing holistic need in a timely way, generating good outcomes."

The changes have been developed around:

1. Infrastructure in place for successful change:
 - a) AMBIT training (health and social care)
 - b) Training for hospital staff in mental health awareness
 - c) Training in Mental Health First Aid in schools
 - d) Self-harm needs assessment
 - e) The FindGetGive website
2. Building capacity at an early stage:
 - a) Community Wellbeing Service
 - b) Schools Wellbeing Service
 - c) Developing a workforce strategy

d) Achieving the national children's mental health access target

3. Targeted support:

- a) Specialist CAMHS redesign
- b) Mental health support for Looked After Children in social care pods
- c) Family Eating Disorder service

Benefits realisation

The impact of this investment and strategic improvement is able to be measured through various criteria:

- a) More children accessing mental health services – 34% in 18/19 (17% 17/18);
- b) Specialist CAMHS access – 92% first treatment within 8 weeks in 18/19 (compared to 100% first treatment within 18 weeks in 17/18); and
- c) Schools Wellbeing – 309 treatments with 66% significantly improved after intervention (April-June 2018).

We recognise that we need to develop a more robust method of measuring the impact on quality, safety and outcomes of services as well as access and activity.

(2) Wave One Trailblazer (Green Paper) expression of interest – bid was submitted 17th Sept 2018

As well as investment following Future in Mind the government has committed to £215m additional funding to implement the recommendations in the *Transforming Children and Young People's Mental Health Provision: A Green Paper (2017) 2019-2024*. The emphasis is on increasing mental health support in schools through Mental Health Support Teams (MHSTs) as well as piloting 4 weeks to treatment for CAMHS. The key elements are:

- Increase resource to schools – more evidence based interventions and whole school approach, additional roles and training opportunities;
- Includes vulnerable CYP/ PRUs (inequalities) and independent schools;
- At least 2 MH Support Teams per CCG
 - (7.5 WTE per 8000 pupils/ 20 schools – 500 interventions (evidence based CYP IAPT)
 - Funding of £326K per MHST (no capital)
- Integrated whole system, referral process, collaborative working;
- Designated School Leads – one required in every school – strategic leads (training & support from DfE);
- Clear pathway to Specialist CAMHS and supervision;
- Tracked and evaluated via MHSDS;
- 4 week waiting time to treatment pilot (Specialist CAMHS); and
- Project resource funding available if required.

Brighton and Hove CCG has been advised that we are highly likely to be in Wave Two (summer 2019) so that we can align training with Sussex University becoming a provider of the appropriate courses from that time.

The CCG commissioner for children's mental health is happy to attend any future Health and Wellbeing Board meetings to provide more detail on anything that is outlined in this briefing.

Final version of the Brighton & Hove Food Partnership Food Strategy

The Board will remember we had a presentation of the Food Strategy in July 2018 with the DRAFT action plan. The action plan is now finalised and again the link will be added to the communications.

http://consult.brighton-hove.gov.uk/public/nhs/health/jhws/joint_health_and_wellbeing_strategy_1

Carers Rights day and our Great Carers Tea Party

Carers Rights Day aims to recognise the vital role that unpaid carers provide, and to raise awareness about local support available to them.

As part of the celebrations for Day on Friday 30 November, Adult Social Care team held a number of events to support the huge number of carers in our city. One of these events was the Carers Tea Party.

We want to make Brighton and Hove a 'Carer Friendly City' - one that supports carers to look after their family and friends, and recognises them as individuals with needs of their own.

CQC ratings for Brighton & Sussex University Hospitals

CQC have recently announced the ratings for the local hospitals. The full letter will be added to the minutes. Both the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath were also rated as 'Good' overall. In addition, NHS Improvement has confirmed the Trust is no longer in any form of special measures.

Update on Walk-In Centre

The CCG can confirm that we have no plans to change the current commissioning arrangements for the Brighton Station Walk-In Centre (Queens Road) for the contract year 2019-20 and are currently finalising the contractual details with Care UK. The exception to this is to comply with the national mandate for the term 'Walk-In Centre' to be removed from NHS terminology by December 2019. This will not involve removal of the service but will require using different terminology in the future.

We do know, based on conversations with the public and our providers, that same day urgent care services do not always appear to be integrated, and delivered, at the best place and time for patients. This includes the current Walk-In Centre provision. We are currently working with all providers, in primary, community, and secondary care, to agree how these services can best be provided, according to the best available evidence, in the city.

Following approval by the CCG Governing Body, the CCG will share its draft plans with key health and care partners and the public to ensure they are appropriate and able to meet the needs of patients for the foreseeable future.

New Chief Executive Officer appointed for Sussex and East Surrey Clinical Commissioning Groups

The Alliance of CCGs that work across the whole of Sussex formally appointed Adam Doyle as the new Chief Executive Officer for the Clinical Commissioning Groups across Sussex and East Surrey.

Adam has been working across the eight organisations as Accountable Officer on an interim basis for the last three months and his leadership role has now been made substantive following a robust interview process. The job title has changed to a CEO as this better reflects the significant leadership responsibilities that the position holds. The appointment is fully supported by all the CCG Governing Bodies and has been endorsed by NHS England. The Chair and the Board gave their congratulation on his appointment.

Allied Healthcare

As the Board is aware at the last meeting in chairs communications we informed the Board about concerns with Allied Healthcare. These concerns were about the future viability of Allied Healthcare, CQC have been reassured with the financial plan put in place by CRG, (Health Care Resourcing Group, trading as CRG). On the back of this reassurance the officers were able to make the decision to confirm with the request by Allied Healthcare to novate its contract over to CRG.

Allied Healthcare confirmed that on 1st December 2018, the sale was successfully agreed of all Allied Healthcare's care and support service contracts in England, Scotland and Wales to CRG.

The Brighton branch of Allied Healthcare was able to sustain business continuity over the festive period. Officers felt adequately assured before the festive period to be able to lift the suspension on Allied Healthcare receiving referrals for new care packages. It is understood that referrals have subsequently been made and have been accepted by Allied Healthcare.

GP surgery at Old Steine and Palace Place

Since 2016 the council and its health partners have been working with the CCG to progress plans for a new GPs surgery at 62/63 Old Steine and 3 Palace Place for the relocation of Ardingly surgery.

The GP practice and the CCG obtained grant funding from NHS England as the practice was identified as the highest priority for the City and most in need of investment.

The CCG has now decided to withdraw from the project which is incredibly disappointing for everyone who has worked to progress this scheme and to all the stakeholders involved, not least the people living in the area, but ultimately this is a decision which is the CCG's to make.

The council is committed to improving healthcare for its residents and continues to work with the CCG and health partners on other projects in the city to deliver a health hub at Preston Barracks and the disposal of Oxford Street Car Park to provide the combined St Peters and North Laine surgery.

That is the end of Chairs communications. However I did ask at the pre meeting of this Board if a short update could be provided for the Board on Winter demands particularly focused on our acute hospital and I am grateful that to officers who have supplied the following short slide which I have asked them to take us through as part of our communications”

PRESENTATION

- 36.2 The Chair stated that the Executive Director- Adult & Social Care and the Deputy Managing Director of Brighton and Hove CCG would give a presentation on the Update of Winter Demands.
- 36.3 In response to Councillor Page questioning whether the health service could cope with worse winter conditions with the existing measures, the Deputy Managing Director of Brighton and Hove CCG stated that they would and the impact of capacity in a crisis would rest on those who were scheduled for routine surgeries.
- 36.4 The Board agreed that in response to Councillor Page, the CCG would gather more ongoing information regarding the GP surgery at Old Steine and Palace Place to report back.
- 36.5 The Chair stated that it would be useful to have more information on how winter planning affects acute care on impacts, challenges and internal actions they were taking and the Board agreed that a more detailed report should go to the next Health Overview and Scrutiny Committee (HOSC).
- 36.6 Dr David Supple stated that the CCG was working on a same-day urgent care strategy with BSUH, the voluntary sector, mental health, primary care to explore ways to ensure patients are going to the right place quickly and to refrain from visiting A&E. He stated that a recent trend of teenagers attending A&E with viral illnesses had risen where the reasons were unknown as they could be looked after safely in a different facility.
- 36.7 In response to Councillor O’Quinn who stated that she believed the low uptake of flu vaccines this year was due to the vaccines arriving too late in the winter season, the Deputy Managing Director of Brighton and Hove CCG stated that the key reason was that the supply and the messaging the media gave sent conflicting information.

37 FORMAL PUBLIC INVOLVEMENT

37(b) Written questions

- 37.1 The Chair stated that five written public questions had been received.
- 37.2 The Chair stated that Ms Hudson and Mr Hadman were not in attendance to put forward their question and asked they be included in the minutes with their response.

- (i) Written question submitted by Ms Hudson that was originally send to the Housing and New homes Committee before being referred to the Health and Wellbeing Board:

“Can the Committee explain the lack of preparatory work for implementation of the SWEP and why facilities have not yet been made available for those living on our streets?”

Written response:

“Following a public consultation about reducing the temperature trigger for opening the severe weather shelter, a competitive tender was issued. The tender, to run a new SWEP service opening on one night at a predicted temperature of ‘feels like’ 0 degrees was released in Summer 2018. Unfortunately the council did not receive any bids for the contract.

In September 2018 the council with the support of partner agencies developed plans for the delivery of the service without a lead provider. The council identified premises and developed a plan to deliver the service, at no point in this process would the council have been unable to deliver SWEP provision if the temperature posed a risk to life. The council continued to have SWEP available on the trigger of 2 nights at 0 degrees until the 26th November 2018.

From the 26th November 2018 the council began operating on the new ‘feels like’ temperature trigger. Initially SWEP provision was being offered from a number of venues across the city and this could have continued throughout the winter however the council subsequently found a suitable central venue. The council took possession of this property at Wagner Hall on the 1st December 2018 and it was ready for use one week later.

Due to the mild start to winter SWEP did not open for the first time until the 12th December however since this date we have opened on 21 nights (up to Friday 24th Jan) which is 9 more nights than we had opened at this point in the winter of 2017/18”

- (ii) Written question submitted by Mr Hadman that was originally send to the Housing and New homes Committee before being referred to the Health and Wellbeing Board :

“Earlier this year, Brighton and Hove City Council said its night shelter for people forced to sleep rough would open from 2 November until the 20 March. We are now informed the opening date will be 30 November 2018 and that there will be nights when the premises at the Brighton Centre will not be available. Could the Chairperson explain why there is such inadequate organisation and planning?”

Written response:

“During the summer of 2018 we invited organisations to apply to manage the night shelter from 2 November until 20 March, but unfortunately no applications were made because of the limited capacity of providers to run a temporary winter service.

We’re disappointed not to be able to open the night shelter as early as we’d hoped but we worked closely with partners to build on the provision already in place and are

pleased that Brighton Housing Trust are running the shelter from 24 November 2018. The nights that the Syndicate Wing, Brighton Centre is not available due to existing booking, the shelter is moving to St Martins Church, so there is no break in provision.”

37.3 The Chair invited James Wood to ask a question on behalf of Neil Jones:

“Following the decision by the Health and Well-being Board on 11th September 2018 to investigate the expansion of the Housing First project from 10 to 20 units, can the Housing and New Homes Committee confirm what steps they have taken to ensure the provision of 20 additional units for housing first and when the properties will be made available?”

37.4 The Chair thanked James Wood for his question and gave the following written response:

“Thank you for your question which was sent to Housing and New Homes and referred to the Board. Housing and New Homes do see to the overall allocations within the city. Obviously we are keen to ensure that there are suitable options for the expansion of Home First and officers are working together from housing and HASC to work through options of where these units can be sourced and we will provide an update to the March meeting.”

37.5 The Chair invited John Kapp to ask a question:

“Please can the Board tell if they support the development of Community Care Centre above Wish Park surgery at 191 Portland Rd Hove, which would be a mental A&E, open 24/7/365 as a crisis centre to relieve pressure on primary care, and provide complementary therapy free at the point of use under the social prescribing agenda advocated under the NHS Long Term Plan announced last week.”

37.6 The Chair thanked John Kapp for his question and gave the following written response:

“I am aware you have asked similar questions of both this Board and also CCG Governing Body in the past. Currently there are no plans to commission such services in Wish Park Surgery.

As you noted the NHS Long Term Plan was announced last week. The CCG will be undertaking a range of engagement activities shortly to help with planning and impact on future commissioning.”

37.7 Dr David Supple stated that consultation was required prior to any commissioning and part of the process would be a discussion to address the best options for delivery of non-primary care.

37.8 John Kapp stated that the area designated for a health facility had now been vacant for four years in which time could have been serving west hove. He added that regarding the recent NHS initiative to recruit more non-medical staff to assist GPS in supporting patients with mental illness and suffer loneliness, the Health Secretary, Matt Hancock, welcomed plans for a new ‘army of workers’ and he hoped that the board will study his issues raised as these effected the whole city.

37.9 The Chair invited John Kapp to ask a question on behalf of Jacqui Madders:

“When are those in the positions of perceived power, in that they have tax payer and government funds, going to act upon the collective moral conscience in order to provide effective solutions for people suffering psychologically and emotionally in order to prevent suicides, self-harm and other reactive issues. The current contracts and those in charge as CEOs etc. are failing. So the solution is by giving vouchers so people may choose their treatment. Most effective therapists are around £60 per hour with long term economic benefits outweighing the short termism currently in place. What is the Board intending to do about this?”

37.10 The Chair thanked John Kapp for his question and gave the following written response:

“Thank you for your question

There are a range of services in place in the city to support people with mental health issues from early interventions to those with very complex and enduring needs. Commissioning of services is based on the evidence of needs and also those that are the most clinically effective. As and when services are recommissioned this will be done looking at the Joint Strategic Needs of the city and looking at the clinical effectiveness at that time.”

37.11 John Kapp did not wish to ask a supplementary question but stated that more options for social prescription be considered.

37(c) Deputations

37.12 The Chair thanked Matthew Moors Coordinator of the Dementia Action Alliance (DAA) Brighton and Hove and invited The Executive Director- Adult & Social Care and Dr David Supple to speak on the council’s position.

37.13 The Executive Director- Adult & Social Care thanked Matthew Moors for his deputation and stated that over the past 20 years of working in this area that there were increasingly good examples and awareness that was reflected in the numbers and the impact of the DAA. He added that the initiative was about delivering actions in the form of staff training sessions, carers support work and to support other significant organisations to promote the ongoing work.

37.14 Dr David Supple stated that he supported the direction of travel in the move to work with colleagues across the system and agreed that plans needed to be crystallised by clarifying timelines of actions. Many of the issues covered directly affected GP surgeries and it was important to recognise that dementia diagnosis had peaked, that it was not enough to solely diagnose the dementia and that aftercare was key.

37.15 Matthew Moore responded that DAA had been auditing and providing more resources for GP practices and that it was particularly difficult for patients to navigate some environments due to the peculiarities of dementia.

- 37.16 Councillor O'Quinn, the new lead member for mental health, stated that she wholly welcomed the initiative. She stated that certain services, such as the fire service, were leaders in staff training awareness of dementia and other conditions. She added that other services, such as the taxi industry, would benefit from this kind of training as the knowledge and attitudes towards disability affect everyday users.
- 37.17 Matthew Moore stated that the fire service had signed up to the DAA where every fire fighter had completed the session and were now all Dementia Friends. He added that in the past Stream Line taxis had undertaken training however they would review transport as it was crucial for people to feel comfortable.
- 37.18 Councillor Page said that it was amazing to see examples of all the projects supporting the DAA. Dementia was a complex disease that would affect many of us and wanted the council to sign up to this cause. He asked if DAA was part of an age-friendly public health project and whether nursing and hospital staff feel that they were fully trained to support and recognise dementia.
- 37.19 Matthew Moore stated that the hospital had a dementia steering group and a dementia charter and the DAA was working with Brighton and Hove's aging well initiative.
- 37.20 Councillor Wealls asked for clarification on the Board was signing up to in the recommendations.
- 37.21 The Board agreed to support the DAA and Brighton and Hove City Council formally signed up to the DAA.
- 37.22 Dr David Supple stated that BHCCG would take the request to their Governing Body.
- 37.23 The Head of Legal Services stated that usually there would be financial and legal implications however as the council was already engaged in so additional implications were unnecessary.
- 37.24 The Executive Director- Adult & Social Care stated that it was easy for organisations to sign up to initiatives however to action plans proved more challenging and organisations needed to develop action plans to understand what their expected contribution was.

RESOLVED:

1. That the Health and Wellbeing Board note the Deputation and agreed to support DAA; and
2. Brighton and Hove City Council to formally sign up to the DAA; and
3. The CCG to take the request to formally sign up to their governing body.

38 FORMAL MEMBER INVOLVEMENT**38(b) Written questions from members**

38.1 The following question was submitted by Councillor Sykes to the Policy Resources and Growth Committee on the 6th of December 2018 and referred to the Health and Wellbeing Board. Councillor page put the question to the Board:

“Given the extraordinary pressure on local authority finances including those of our council, and the particular stresses in Adult Social Care budgets, can Cllr Yates advise on the council Administration’s response to apparent competition between BHCC and our local CCG for residential and nursing bed spaces in the city and the fact that this might be unnecessarily driving up prices, thereby impacting on budgets?”

38.2 The Chair thanked Councillor Page for asking his question on behalf of Councillor Sykes and gave the following written response:

“CCG colleagues face acute winter pressures, particularly in relation to nursing bed availability in the city. BHCC work in partnership with CCG colleagues to identify and secure provision during this difficult period. The high demand for placements in the city has driven up costs for CCG and BHCC. To support strategic planning and to gain greater control in the market, the HWB will today consider a proposal from Commissioners to explore the option of block contracting where it is deemed in the best interests of the Council. By entering into block contracts arrangements at an affordable capacity can be secured at more competitive rates, whilst maintaining good quality provision. Commissioners intend to undertake a small block contract pilot of 25 beds, based on a maximum of 5 beds with 5 different providers. This proposal has the full support of CCG”

38.3 Councillor Page asked if the Board could give a guarantee that BHCCG would end the practice gazumping in of spot purchasing in future.

38.4 Lola Banjoko, Deputy Managing Director of BHCCG, responded that spot purchases were not a ‘business as usual’ or a preferable outcome for the CCG but a crisis solution when patient safety was compromised and should take precedents. She added that a sustainable and affordable model that we would co-develop was required to address volatile situations that occasionally occur.

38.5 Councillor Page stated that this response suggested that the hospital was at bursting point and the perception has been that the CCG has been paying high prices to reduce the Delayed Transfers of Care (DToC) particular performance indicator so the rest of the system was struggling to find beds, to clarify this was not to tweak the DToC statistic but when the hospital was at full capacity.

38.6 The Executive Director- Adult & Social Care stated that the CCG was working closely with the council on bed purchasing policy and that a tripartite business model that had to take into account the Care Act responsibilities, to provide a sustainable market and a fair charge for self-funders, was required from providers.

38.7 The Board considered the member’s letter submitted by Councillor Taylor.

38.8 Councillor Taylor stated that the motivation of the letter was not critical of individual councillors as there had been clear cross-party efforts to serve the city's residents, however there were concerns over the question of the strategy, accountability and broader governance to make sure value for money and the best outcomes for residents were delivered. This council had a good history, particularly on the issue of rough sleeping and homelessness, of working in a cross-party approach which was evident in policy panels and cross-party working groups.

38.9 The Chair thanked Councillor Taylor for his letter and gave the following written response:

"As you may be aware this issue has been raised and is going to the Constitutional Working Group (CWG) already. I will happily ask that this letter go to that meeting pack.

My understanding is that officers have already been drafting papers covering the issues that you have raised. These papers will go through the Constitutional Working Group and then if agreed to Policy, Resources and Growth.

The working group meet in early March and I hope to be able to provide an update to this Board at the next meeting."

RESOLVED: That the Health and Wellbeing Board note the Letter from Councillor Taylor and refer the Letter to the CWG.

A CALL OVER

38(A) The following items on the agenda were reserved for discussion:

- Item 39 - Designing an Integrated Care Partnership and Reviewing the Purpose and Functioning of the Health and Wellbeing Board
- Item 40 - Better Care Plan
- Item 43 - Suicide Prevention Action Plan
- Item 44 - Recommissioning Substance Misuse Services

39 DESIGNING AN INTEGRATED CARE PARTNERSHIP AND REVIEWING THE PURPOSE AND FUNCTIONING OF THE HEALTH AND WELLBEING BOARD

39.1 The Executive Director- Adult & Social Care introduced the report and stated that the Integrated Care Partnership (ICP) would be designed with existing organisations and stakeholders working together which was fundamentally about the future of patients, the operationally, funding prioritising and it was important that action started now. The current form of the Health and Wellbeing Board would be reviewed on its operation and aligned to continue with its statutory responsibilities but also maintaining appropriate governance and oversight for both the policy framework through the Health and Wellbeing Strategy and the ICP. He stated that governance could not be addressed until the ICP model was refined and would then return with a more detailed report for the Board in the summer.

- 39.2 Councillor Moonan praised the paper and stated that the theme of this report was the right direction to integration and was a recurring theme that had taken time to progress. She stated there was interest in the broader community, misinformation and concerns and asked how the ICP could take the public on that journey and help them understand the direction of travel, how we were moving forward and how they could influence the process.
- 39.3 The Executive Director- Adult & Social Care responded that there were a number of paths that were within the Health and Wellbeing Strategy which would include many opportunities to engage and consult with the community and to strengthen the joint commissioning approach. The NHS long term plan had been recently published and a key requirement was that locally a five year NHS plan would be in place for September 2019 which would link closely to the strategy and a comprehensive mechanism of engagement.
- 39.4 Councillor Taylor thanked officers and the CCG for the paper and stated that the Conservative Group had been staunch proponents of integration initiative and endorsed all of the recommendations of the report.
- 39.5 In response to Councillor Page asking for clarification on what the broader ICS regarding terminology and community engagement concerns, David Supple stated that engagement should raise reasonable concerns and bring reassurance to Brighton and Hove residents that they would be represented in the context of a larger foot print of the ICP, with the acronyms aside which could often be challenging, that would which would be true for every Health and Wellbeing Board in the country.
- 39.6 The Chair stated that the need for clarification was a crucial point and that when the recommendations pass that those explanations should be included in the paper.
- 39.7 David Liley, Brighton and Hove Healthwatch, stated that the engagement task in line with the long term NHS that they had already been in discussion locally and on Sustainability and Transformation Partnership (STP) on how they could integrate engagement. The pledge form Healthwatch Brighton and Hove was that engagement would be significant locally, the would be an independent element due to the element of Healthwatch and that it would be focussed on the patient experience and making it real for ordinary people.
- 39.8 Councillor Page stated that in 1.1.4 of the report, the Policy Panel reviews on the future purpose of the Board excluded health colleagues from the discussion and effectively functioned as a councillor working group. For policies with such strategic importance for the future arrangement of governance he asked that a report to go to the board so everyone could make a decision.
- 39.9 The Executive Director- Adult & Social Care responded that the Policy Panel did not have to be exclusively for councillors. The Panel established for the Health and Wellbeing Strategy preparation had representation from the CCG, external bodies to the Board, third sector organisations. The Panel would invite people to attend who could make a meaningful contribution. He added that they would look to constitute a Policy Panel with broader representation which could include the Sussex Community

Foundation Trust (SCFT), Sussex Partner Foundation Trust (SPFT) and the Brighton & Sussex University Hospital (BSUH).

RESOLVED: That the Health and Wellbeing Board agreed to the following:

- (1) That the latest changes in the national policy landscape, including the NHS Long term Plan that supports the NHS Long Term Plan, and the awaited Green paper on Adult Social Care whilst addressing the local strategic case for change for integrated health and social care services be noted;
- (2) That the progress that has been made so far with developing our joint services that positively impact upon the patient/service user experience be noted;
- (3) That it be approved that senior officers across a range of key partners to negotiate and influence within their constitutional remit the design of an appropriate Integrated Health and Social Care Partnership for Brighton and Hove, meeting the national design requirements for an Integrated Care Partnership (ICP) within a broader Integrated Care System (ICS), and bring a proposal back to the HWB in summer 2019;
- (4) That a Policy Panel be established with one representative from each Group to be nominated by the Group Leader to review future purpose and membership of the Health and Wellbeing Board with options to be brought back for consideration in summer 2019; and

Note: Terms of Reference and membership of the Policy Panel will be brought to the March Board for approval.

- (5) That in this transition period to reaffirm the HWB's ongoing accountability for its statutory responsibilities and remit to include:
 - (a) The development and publication of the Joint Strategic Needs Assessment for our population.
 - (b) Agreement of a medium term Health and Social Care Strategy (joint draft health and wellbeing strategy currently being consulted upon).
 - (c) Working with the CCG to develop agreed health and social care budgets within the 4 -5 year financial planning horizons due in the Autumn to achieve appropriate alignment to deliver the Health and Social Care Strategy.
 - (d) An annual high level review of health and social care performance against relevant and meaningful KPIs including patient feedback and customer experience to inform future HWB strategic policy.
 - (e) An annual review of strategic service delivery and commissioning priorities, governance and strategic management and delivery arrangements at city-wide and regional levels in order to inform adjustment to national and regional priorities.

40 BETTER CARE PLAN

- 40.1 Ashley Scarff, Director of Commissioning BHCCG, introduced the report on the general update of performance and finance for the Brighton and Hove Better Care Fund (BCF) programme prepared by the Better Care Fund Steering Group for assurance and to note. He stated that the overall indicators showed good progress.
- 40.2 Councillor Page thanked Ashley Scarff for the report and welcomed the regular update on the BCF to the Board and that the programme could support wider health and social care services. He stated that in the case of a 100% funding cut by the CCG to a disability project and asked whether Better Care funding had been considered as an alternative source, given that it provided substantial grants to other social inclusion and support services
- 40.3 In response to Councillor Page, The Statutory Director- Adult & Social Care stated that he did not think it was appropriate to comment on individual organisations and all funding decisions had to be kept in their context and that this report was about the BCF performance on a strategic level.
- 40.4 Councillor Taylor welcomed the report and the progress made and stated that targets had to be constantly revised to ensure the best outcomes were delivered to residents and that he looked forward to future updates in due course. In terms of spending, he stated that there was a large variance in community equipment spending and asked for clarification as a written statement as to why this variance existed as there had been previous paper on preventing this imbalance.
- 40.5 The Chair stated that if this was something that the Board complied then this would be good information to have.

RESOLVED: That the Health and Wellbeing Board note the report.

41 JOINT STRATEGIC NEEDS ASSESSMENT 2018

RESOLVED:

- (1) That the 2019 JSNA summary for publication, as set out in section 2 of the report and provided in Appendix 1 to the report be approved and that the summary be updated quarterly rather than annually.

42 MONEY MANAGEMENT PROCUREMENT

RESOLVED:

- (1) That delegated authority be granted to the Statutory Director of Health & Adult Social Care (HASC) to undertake the procurement of a money management & handling service to the value of £600,000 per annum, and to award a contract for Money Management for Five (5) years; and

- (2) That delegated authority be granted to the Executive Director of HASC to extend the contract at the end of the five year term for a further period of up to two years if it is deemed appropriate and subject to available budget.

43 SUICIDE PREVENTION ACTION PLAN

- 43.1 David Brindley, Public Health Programme Manager, introduced the paper to inform the Board on the new Suicide Prevention Strategy 2019-21 which had the objective of reducing the rate of suicide in the city. The strategy was tailored to local need through evidence, national guidance and multiagency partnership with other stakeholders in the city.
- 43.2 Councillor O'Quinn thanked Public Health Programme Manager for his useful and great work. She stated that a wide variety of people were affected by this issue, whether it was students suffering from stress or vulnerable older people, and that it was particularly concerning to see areas where vulnerable children were affected by parents that had tried to repeatedly commit suicide from her perspective sitting on the Adoption Panel and the Fostering Panel. She added that it was surprising to see suicide levels drop since the financial crash.
- 43.3 The Public Health Programme Manger stated that on there were representations from children's services and the Local Safeguarding Children's Board on the Action Panel Steering Group to base the foundations and to bring this work forward.
- 43.4 Councillor Moonan thanked the Public Health Programme Manager for the report and asked whether he could expand on homelessness as a risk factor, which linked to the work of the safeguarding board's work on homeless deaths, and for reassurance that these were being linked. She added that if they were not there was potential for this. Secondly she asked why female suicide, often mothers, was increasing in a contradiction to the national trend.
- 43.5 The Public Health Programme Manager responded that the Suicide Prevention Action Plan was linked in with homeless services and the CCG mental health lead who sits on the Homeless Board. There were no suicides recorded of people that were homeless at the time of suicide through the local suicide audit, however they were recognised as a vulnerable group and there was always room to explore this subject. Secondly he responder that increased female suicide was a recent national trend in the past couple of years and the cause was currently unknown, however the victims were predominantly male.
- 43.6 The Director of Public Health welcomed the strategy and stated that every suicide was a tragedy which effected many people in the long term. It should be highlighted that Brighton and Hove had the second highest suicide rate of all high level authorities in the country which was a poor position and meant this strategy had to be a priority for the Board and the city as a whole. He stated he would be chairing the suicide prevention boards in future and the implementation of the action plan should include key organisations of the city as absolute equal partners in the delivery and ownership of the strategy.

- 43.7 Councillor Wealls asked if there was any support or resource for the city's further education (FE) colleges, which accounted for 12,000 service users, or youth services as these had not been mentioned in the action. Secondly he questioned if the GPs and health professionals had the skills and resources in terms of appropriate signposting for patients as there were a broad range of interventions available. Thirdly he asked how older people were identified for intervention if they did not independently approach a GP. They were vulnerable to be forgotten then he asked whether state or voluntary services stepped in, particularly if there were no family members to organise integration services.
- 43.8 The Executive Director - Families Children & Learning responded that there was a mental health practitioner for all FE and sixth form colleges and they recognised this was a vulnerable demographic. Their key focus was self-harm, which was a broader programme for which suicide was an aspect, and part of their role was to raise awareness across the wider workforce in those institutions.
- 43.9 The Public Health Programme Manager responded that from the tender for an aging well service had been awarded to Impact Initiatives. They had a local partnership beneath which would help the service outcomes to reduce loneliness and social isolation which would have one phone number and a main point of contact for all those services. An expectation of this service would be to reach out and find isolated older people and there was ongoing work to tie this to the broader social care support to ensure people were aware of this service. Secondly he stated that there was a clinical lead who was a part of the suicide prevention work and that there was high levels of work towards strengthening health professional's skills of signposting and social prescribing. Thirdly for youth services, he stated that there were strong links to youth service colleagues and commissioners.
- 43.10 In response to Councillor Wealls stating that those answers should be incorporated in to the strategy, the Director of Public Health agreed and stated that the action plan should be updated and be more dynamic in future. He added that in terms of General Practice, that they had been working with colleagues from other areas such as the Sussex Partnership NHS Foundation Trust (SPNFT) to bid for national funding with a priority of recommissioning primary care in General Practice.
- 43.11 Dr David Supple stated that in terms of GPs, there was a tension in the system when multiple priorities existed, as in any system, and to an extent there was a trade-off between continuity of care and quick access to primary care. He stated that this was an issue that affected everyone and on some level and that there needed to be societal solutions.
- 43.12 Councillor Page thanked the Public Health Programme Manager for his report and stated that the discussion showed a complex challenge which had existed for many years and this action plan should be a priority for the City. He added there was a particular awareness push for the student population for which Brighton and Hove had a significant bulge population.
- 43.13 Graham Bartlett, Brighton & Hove Safeguarding Adults Board (SAB), stated that they had not seen issues of suicide detected in the realm of abuse and neglect or care and support and there were worries on whether they were asking the right questions. The

SAB had been anxious about their referral pathways for safeguarding adult reviews and those deaths may not have been flagged as potential themes in the same way as the Safeguarding Children's Board which triggered overview panels that provide a safety net to pick up issues. The SAB needed to identify those at risk in their sector whether this was implementing safeguarding adult reviews or multi agency audits.

RESOLVED: That the Health and Wellbeing Board approve the Suicide Prevention Strategy 2019-21.

44 RECOMMISSIONING SUBSTANCE MISUSE SERVICES

- 44.1 Stephen Nicholson, Lead Commissioner HIV Sexual Health & Substance Misuse, introduced the paper that described the problems of substance misuse in the City and the services that were in place to address drug and alcohol addiction.
- 44.2 Councillor Wealls stated that the success rates did not show results beyond six months and there needed to be a case that showed why a longer term benchmark was not used because the sustainability would indicate whether the services were worthwhile. He asked if there was a reason there were no longer term measures such as one, two or five year metrics presented in the paper.
- 44.3 Stephen Nicholson responded that he would look in to the success rate data that was mandated by Public Health England and report back to the Board.
- 44.4 The Director of Public Health responded that the metrics were national KPIs and monitoring systems which was comparable data that was quality assured across the country however they could explore options for longer term data although this would not then be comparable data to other areas.
- 44.5 The Executive Director- Adult & Social Care acknowledged this was a fair point and they would look how to get that into the specification for a report in choosing a future provider to form a part of the procurement on a local level with local data. He stated they were happy to explore this route however there would be issues surrounding the validity of quantitative data collected due to the position of patients 18 months ahead, for instance they may have moved out of the area.
- 44.6 The Director of Public Health stated he would first like to look at the feasibility, the advantages measured against the cost and the judgement on the reliability and validity of the longer term data collected.
- 44.7 Dr David Supple agreed with Councillor Wealls in the fact that the quality of the service had to be assessed because the service experience was not the same as service outcome.
- 44.8 Councillor Moonan Stated that quality and sustainability of outcomes were the goal; however that judgement needed to be put the provider, many patients were going back to environments that were not helpful for their recovery and there were other players and organisations involved in creating and maintaining the desired long term results.

44.9 Councillor Page asked whether there was knowledge and research on whether six month benchmark was a strong success indicator because this could be substantial longevity for addicts.

RESOLVED:

- (1) That the procurement by tender for substance misuse services be approved;
- (2) That delegated authority is granted to the Executive Director of Health & Adult Social Care (HASC) to undertake the procurement and award of a contract for substance misuse services with a term of five years and
- (3) That delegated authority is granted to the Executive Director of HASC to extend the contract at the end of the five year term for a further period of up to two years if it is deemed appropriate and subject to available budget.

45 ANNUAL ADULT SOCIAL CARE CHARGES REPORT**RESOLVED:**

- (1) That it be agreed that the council continues with the current charging policies for non-residential care services and residential care homes which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014. The charging policy is attached at Appendix 1.
- (2) That all charges being uplifted by 2% (rounded up to the nearest pound or 10p if below £5) be agreed; and
- (3) That the table of charges be approved with effect from 8th April 2019

46 CARE HOME BLOCK CONTRACT ARRANGEMENTS**RESOLVED:**

- (1) That delegated authority be granted to the Executive Director of Health & Adult Social Care to procure and award block contracts for up to 25 units, with a maximum of 5 suitably qualified providers of care home services able to meet the various residential care/nursing needs of residents, including those with special care needs.
- (2) That block contracts would be for a maximum of two years, with a break clause after one year. These contracts are intentionally short, to allow officers to undertake a full review of future demand and contracting arrangements. A final decision regarding the contracted number of units will be reached once offers from providers have been assessed, to ensure that the Council is obtaining value for money.

The meeting concluded at 6.50pm

Signed

Chair

Dated this

day of

