

## BRIGHTON & HOVE CITY COUNCIL

### SHADOW HEALTH & WELLBEING BOARD

5.00pm 5 DECEMBER 2012

COUNCIL CHAMBER, HOVE TOWN HALL

#### MINUTES

**Present:** Councillor Jarrett (Chair) Councillors Bennett, Meadows, Shanks (Deputy Chair), Wealls and Wilson

**Other Members present:** Heather Tomlinson, Interim Statutory Director of Children's Services, Denise D'Souza, Statutory Director of Adult Social Services, Dr. Tom Scanlon, Statutory Director of Public Health, Dr. Xavier Nalletamby, Clinical Commissioning Group, Geraldine Hoban, Clinical Commissioning Group, Hayyan Asif, Youth Council, Robert Brown, HealthWatch.

#### PART ONE

#### 20. PROCEDURAL BUSINESS

##### 20A Declarations of Substitute Members

20.1 Councillor Wealls declared that he was substituting for Councillor Norman.

##### 20B Declarations of Interests

20.2 There were none.

##### 20C Exclusion of the Press and Public

20.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

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

#### 21. MINUTES

21.1 **RESOLVED:** That the minutes of the meeting held on the 12<sup>th</sup> September 2012 be approved as a correct record of the proceedings and signed by the Chair.

**22. CHAIR'S COMMUNICATIONS****Welcome to Councillor Chaun Wilson and Heather Tomlinson**

- 22.1 The Chair welcomed Councillor Wilson and Heather Tomlinson, Interim Statutory Director of Children's Services, as new members of the Board.

**Clinical Commissioning Group Developments**

- 22.2 The Chair asked Geraldine Hoban to provide an update on the development of the Clinical Commissioning Group. Ms Hoban informed the Board that the PCT would be handing over responsibility to the CCG on 1 April 2013. There had been a process of authorisation over the last few months. The NHS Boards were judging the process by 360 degree stakeholder questioners, desk top review of plans and 120 key lines of enquiry. There had been a visit by the NHS Commissioning Board. Against the 120 criteria, all but 12 criteria had been approved, and a small amount of work was required on these 12 criteria. A more formal mechanism for collaborative commissioning with other CCG's was required. The CCG had come out strongly with regard to its work within the city. There was a clear coterminous relationship with the local authority.
- 22.3 Members were informed that the CCG had appointed nearly all members of the governing body and the local authority were represented. There were three clinical leads for Brighton. One had been appointed already. The CCG were planning to start holding Boards in public from January 2013.
- 22.4 The Chair thanked Ms Hoban and stated that he hoped she would give a further update to the next meeting.

**23. PUBLIC INVOLVEMENT**

- 23.1 There were no petitions, written questions or deputations from members of the public.

**24. ISSUES RAISED BY COUNCILLORS AND MEMBERS OF THE BOARD**

- 24.1 There were no petitions, written questions, letters or notices of motion from councillors or other members of the Board.

**25. NOMINATION OF A MEMBER TO REPRESENT THE SHWB TO THE KENT, SURREY & SUSSEX LOCAL EDUCATION & TRAINING BOARD**

- 25.1 The Board considered a report of the Director of Public Health which explained that the Local Education & Training Boards (LETB) were part of the new NHS structures, working alongside NHS providers to manage and co-ordinate NHS training on a regional basis. The Kent, Surrey & Sussex LETB had written to all Shadow Health & Wellbeing Boards in its patch requesting that the SHWBs each nominate a board member to act as the board's representative in dealings with the LETB.
- 25.2 Robert Brown asked if the Local Education and Training Board would be looking to deliver training on a multi-agency basis and whether local education providers would be involved such as the Friends Centre, the Whitehawk Inn and Bridge.

- 25.3 Robert Brown further asked how the Board would ensure that local people would benefit the most from training opportunities.
- 25.4 Geraldine Hoban replied that she would be happy to be the Board's representative to the LETB. She had attended a stakeholder event on this matter last week. Ms Hoban did not know the level at which the LETB offered training. However it seemed quite a high level. She would find out and share what she learnt with the Board.
- 25.5 Tom Scanlon stated that he would collaborate with Ms Hoban on this matter.
- 25.6 The Chair stated that Geraldine Hoban could report back to the Board at what level the LETB were operating.
- 25.7 **RESOLVED** – (1) That it be agreed to nominate the CCG Chief Operating Officer to represent the Board to the Local Education & Training Boards (LETB).

## 26. JOINT HEALTH & WELLBEING PRIORITIES

### a) Smoking

- 26.1 The Board considered a presentation from Tim Nichols, Head of Regulatory Services and Sue Venables, Health Development Specialist (Tobacco Control) on Stop Smoking & Tobacco Control in Brighton & Hove. Mr Nichols explained that he chaired the Tobacco Control Alliance and Ms Venables was the main project worker.
- 26.2 The presentation explained why tobacco control was key. It set out the cost of treating smoking related diseases to the NHS, explained that smoking was the primary cause of premature death and stressed the large numbers of young people under the age of 16 who either lived with someone who smoked or tried smoking for the first time. Research had suggested that targeting routine and manual workers would have the greatest gain in reducing health inequalities as they found it harder to quit.
- 26.3 The presentation explained that smoking had three indicators under the Public Health Outcome Framework. These were 1. Reducing Smoking Prevalence – Adults (18s). 2. Reduce the prevalence of smoking among 15 year olds. 3. Smoking status at time of delivery.
- 26.4 Members were informed of national updates, such as the vending machine ban and the ban on tobacco displays and plain packs.
- 26.5 Members were informed of the work of the Brighton & Hove Stop Smoking Service and the Brighton & Hove Tobacco Control Alliance. Finally the Board was reminded of the Joint Health and Wellbeing Strategy, Areas for Stronger Partnership Working in relation to smoking.
- 26.6 Councillor Meadows referred to the slide that compared the number of referrals to number of quitters per quintile. This showed that deprived areas had the least quitters. Councillor Meadows stressed that people in these areas had a lot to deal with in their lives. She asked officers whether they worked with other agencies to help people with

their problems. Councillor Meadows also asked where work was being carried out in schools.

- 26.7 Ms Venables explained that the Stop Smoking Service ran clinics in deprived areas. These were hard to reach clients as they had other things to deal with in their lives. Ms Venables agreed that there was a need to help this community. Work had been carried out at three schools, Vardean, Dorothy Stringer and Hove Park.
- 26.8 Denise D'Souza asked how many people went back to smoking after quitting. The Deputy Director of Public Health explained that NICE estimated the number of people still quitting after one year was 14% to 20%.
- 26.9 Tom Scanlon stated that he was worried that the figures might be affected by smokers imported from elsewhere. He would like see a target that was aimed at residents of Brighton & Hove. This was something that could be looked at after one year.
- 26.10 Councillor Shanks suggested that there should be targets for reducing smoking. The emphasis was currently about quitting. The Head of Regulatory Services stressed that there were no safe levels of smoking.
- 26.11 Questions were raised about the cost efficiency of concentrating on deprived areas. The Deputy Director of Public Health stated that it made sense to concentrate on urban deprived areas. He stressed the benefit to the health service. However, he accepted that dealing with inequalities would require additional resources.
- 26.12 Heather Tomlinson asked for views about which areas of Healthy Schools which needed strengthening. She mentioned a plan to promote a smoke free environment around the entrances to schools.
- 26.13 Tim Nichols explained that the Joint Health and Wellbeing Strategy had previously had three areas for stronger partnership working in relation to smoking. A fourth had now been added "Promoting smoke free environments, such as children's play areas in parks, areas of the beach and school entrances." A voluntary approach was required.
- 26.14 Councillor Meadows referred to the working age statistics. She suggested that the operation and productivity of business should be investigated in relation to smoking. Smokers could often be seen outside hospitals and council buildings.
- 26.15 Tom Scanlon referred to failed test purchases and asked what sanctions were in place.
- 26.16 Tim Nichols explained that small convenience stores were more likely to fail test purchases. An offence could attract a fixed penalty notice. Meanwhile Trading Standards officers ran training to support businesses. This tended to be more successful than enforcement.
- 26.17 Robert Brown referred to the £2.7 billion cost to the NHS in treating smoking related diseases in 2006/7. He asked if the tax on cigarettes would cover that amount.
- 26.18 Tim Nichols replied that it was not possible to work out if the taxation system was enough to cover the cost of treating smoking related illnesses.

26.19 Hayan Asif asked if collages and universities were targeted. Sue Venables explained that officers did carry out work in universities and colleges.

26.20 The Chair thanked Mr Nichols and Ms Venables for their presentation. He suggested they attended a future Board meeting to provide an update.

26.21 **RESOLVED** – That the presentation be noted.

#### **b) Health, Weight & Good Nutrition**

26.22 The Board considered a presentation from Lydie Lawrence, Public Health Development and Improvement Manager, BHCC and Vic Borrill of the Brighton & Hove Food Partnership. The presentation considered the challenges to healthy weight and nutrition. The presentation set out the case for tackling obesity as prevalence of obesity in England was one of the highest in Europe.

26.23 Members were informed of the estimated prevalence of adult obesity in Brighton & Hove and percentages for reception year children and year 6-11 year olds who were overweight & obese, compared with South East Coast SHA and England. A graph showed the prevalence of obesity by decile of deprivation for 4-5 year and 10-11 years. Ward maps showed figures for children with a healthy weight 4-5 years and 10-11 years.

26.24 The presentation gave details of prevention and the management and treatment of obesity. Members were informed of the work of the Healthy Weight Programme Board and collaborative work with partners.

26.25 Councillor Meadows mentioned that there were older people in Moulsecoomb who were referred to a lunch club to ensure they had good nutrition. She stated that the NHS used to fund the Healthy Neighbourhood Fund. This funding had been lost and there were fewer of these types of activity taking place. She asked how they could be replaced. Vic Borrill explained that discussions were taking place in the Active for Life Team and Sport Development Team to keep the programme running. Tom Scanlon confirmed that officers were trying to identify funding to keep projects running in neighbourhoods.

26.26 Robert Brown asked the following questions. 1. What provision was being made for obesity amongst populations that have higher risks of obesity? In particular: BME communities, adults with learning disabilities, and those with mental health issues. 2. What is the role of public institutions (for example hospital, care homes, universities) in promoting a good diet? 3) The Council's allotment strategy is due to be drafted soon, what is the role of allotments in promoting healthy eating and exercise in the city and how much is allocated for community gardens?

26.27 Mr Brown was informed that officers were working closely with BME communities to give advice on cultural diets. Work was also taking place with people with Learning Disabilities. There were lunch clubs for people with Learning Disabilities. Dieticians visited the clubs once a month. It was acknowledged that there was a gap in services for people with mental health problems. This matter needed to be considered by the Healthy Weight Programme Board.

- 26.28 Lydie Lawrence spoke about the role of public institutions in promoting a good diet. She explained that officers carried out a great deal of work in schools on healthy diets and keeping active. Work was being carried out in care homes and nursing homes with the Food Partnership. Officers did not work specifically in hospitals. Hospitals had their own procurement programmes. It was acknowledged that allotments were where older people could get exercise and healthy food. More research could be carried out in that area.
- 26.29 Councillor Bennett mentioned that some people had success with diets they had paid for privately. She asked if there could be funding towards these diets.
- 26.30 Xavier Nalletamby replied that some diets were dangerous otherwise the NHS would support them.
- 26.31 Tom Scanlon informed Councillor Bennett that Public Health paid for recognised private companies such as Weight Watchers and the Rosemary Conley classes. However less successful diets were not funded.
- 26.32 Denise D'Souza asked if the work on diet and smoking was being carried out in partnership. She was informed that in terms of the Healthy Weight Programme, there was a close relationship with the Stop Smoking and Tobacco programme. Meanwhile it was known that people who reduced alcohol intake were losing weight.
- 26.33 Councillor Wilson referred to sugar addiction. There were women who had lost weight by eradicating sugar from their diets. Councillor Wilson mentioned that public community areas such as grass verges could be used as allotments.
- 26.34 Councillor Wilson was informed that any plan recommended by public health needed to have a balanced approach to losing weight. That included sugar reduction. Harvest Brighton & Hove was a programme to encourage local people to grow their own food. More communal sites needed to be found for such projects.
- 26.35 Tom Scanlon suggested that work could be carried out in hospitals as many NHS staff were obese. He referred to the childhood statistics on obesity and healthy weight. The impact of takeaway food was an area that needed to be investigated. For example, portion size needed to be considered. Mr Scanlon stated that he would like to see more work with takeaways and pubs to ensure there was a healthy choice. There needed to be more focus on where people ate.
- 26.36 Hayan Asif asked how the Older People's Council and Youth Council and secondary schools could input on this issue.
- 26.37 Ms Lawrence explained that primary schools had been mentioned in the context of the child measurement programme. It was recommended that there was a great deal of work that could be carried out in secondary schools. Public Health was in discussion with some secondary schools. The council did not have control of school meals in secondary schools as they did with primary schools.
- 26.38 Vic Borrill informed the Board that it was known that girls and young women often stopped being active in sport. The Albion and Active for Life were targeting schools.

- 26.39 Ms Lawrence explained that she would refer the question about the involvement of the Youth Council/Older People's Council and community groups to the Healthy Weight Programme Board.
- 26.40 The Chair thanked Ms Lawrence and Mr Borrill for the presentation.
- 26.41 **RESOLVED** – That the presentation be noted.
- 27. SHADOW HEALTH & WELLBEING BOARD REVIEW - FACILITATION BY LOCAL GOVERNMENT ASSOCIATION**
- 27.1 The Board considered a presentation from Jeremy Crabb of the Local Government Association on Brighton and Hove Health and Wellbeing Board development. Mr Crabb stressed that it was important to consider how services joined up and worked together.
- 27.2 Mr Crabb informed members that it was necessary to consider the identity and role of the Board. He suggested setting up confidential one to one telephone interviews for those who were happy to take part.
- 27.3 Mr Crabb discussed the LGA Health and Wellbeing Development tool, the purpose of which was to help HWBs go beyond assessing how ready a Board is, towards how effective it was in practice, and how that effectiveness was enhanced over a period of time. The Board might want to think about what its unique contribution was, and might want to think about leadership values, relationships and ways of working.
- 27.4 Robert Brown asked if wider stakeholders in the city would be engaged in the review (for example, residents and Community Associations and voluntary sector) and if so how.
- 27.5 Mr Crabb explained that this would be the Board's decision. The Board would have the say on stakeholder work.
- 27.6 Councillor Meadows referred to the development tool example and made the point that the Board would be working with organisations such as the Brighton and Sussex University Hospitals NHS Trust which covered other areas in Sussex as well as Brighton & Hove.
- 27.7 Mr Crabb suggested the issue of how the Board engaged effectively with large organisations such as the hospital trust could be discussed in a joint session.
- 27.8 Hayyan Asif asked if the Board would assess other Health and Wellbeing Boards. Mr Crabb replied that he had knowledge of the Health and Wellbeing Boards he was working with. He could inform Mr Asif of how matters were dealt with elsewhere.
- 27.9 The Chair asked members to let the Shadow Health & Wellbeing Board Business Manager know if they were happy to be contacted for one to one sessions.
- 27.10 Mr Crabb suggested that a slot be arranged in January for a joint session.

27.11 **RESOLVED** – (1) That Board members inform the Shadow Health & Wellbeing Board Business Manager if they would like to be contacted for one to one sessions.

(2) That a joint session with Mr Crabb be arranged in January 2013.

**28. REFERRAL FROM HWOSC: "TALK HEALTH" PARENT CARERS' VIEWS ON HEALTH SERVICES**

28.1 The Board considered a letter from Councillor Sven Rufus, Chair of the Brighton & Hove Health & Wellbeing Overview and Scrutiny Committee and "Talk Health" a paper produced by the Parent Carers' Council and Amaze on Parent Carers' views on health services in Brighton & Hove 2012.

28.2 The Chair informed the Board that the letter and report had been submitted for information.

28.3 Xavier Nalletamby stated that it was a helpful report and an important area of healthcare. The CCG could share the report with its partners. The report related to a group of parents with particular health concerns. Dr Nalletamby had brought the report to the attention of his practice last week and there had been a good discussion regarding reprioritising appointments.

28.4 Geraldine Hoban informed members that the CCG had a Transforming Children's Services Group. Amaze was a member of that group. The CCG wanted to have a regular dialogue with them.

28.5 Councillor Meadows asked why the Health & Wellbeing Overview and Scrutiny Committee had not endorsed the recommendations. She asked if the Parent Carers' Council was working with the Carers Centre which worked with both adults and children.

28.6 The Shadow Health & Wellbeing Board Business Manager explained that there had been a discussion with the Carers Centre and Amaze. They did not want the HWOSC to agree the recommendations but to work as champions.

28.7 Councillor Shanks explained that Amaze was funded by the council. There were a number of support groups within Amaze which was a guiding organisation. She was not sure how the Parent Carers' Council related to the Carers Centre. The Chair remarked that this matter could be checked.

28.8 Tom Scanlon stated that he did not think that Amaze should be appointed as a member of the Health & Wellbeing Board. Their concerns could be considered under the category of emotional wellbeing.

28.9 The Chair stated that the question of further representation onto the Board could be discussed after the Board had worked with Jeremy Crabbe of the Local Government Association.

28.10 The Chair asked Xavier Nalletamby to provide a written version of his response. This was agreed by Dr Nalletamby.



28.11 **RESOLVED** – (1) That the letter from Councillor Rufus and the “Talk Health” paper be noted.

**29. LOCAL SAFEGUARDING CHILDREN'S BOARD (LSCB) ANNUAL REPORT FOR 2011/12**

29.1 The Board considered a report of the Local Safeguarding Children’s Board Independent Chair which presented the Brighton & Hove Local Safeguarding Children Board Annual Report 2011-12. The report explained that the Apprenticeship, Skills, Children and Learning Act 2009 introduced a requirement for Local Safeguarding Children’s Boards (LSCBs) to produce and publish an Annual Report on the effectiveness of safeguarding in the local area. The council had a statutory duty to ensure that there was an effective LSCB, and also was a provider of safeguarding services and a member of the LSCB.

29.2 Alan Bedford, LSCB Independent Chair presented the report. He stated that there was no requirement to take the annual report to the Shadow Health and Wellbeing Board and there needed to be some thought about the relationship with the Board and safeguarding.

29.3 Mr Bedford stressed that two big issues to consider were the changes taking place in public services and the number of referrals.

29.4 Councillor Meadows referred to section 5.4 of the Annual Report with regard to home education. This stated that children may be at potential risk due to possible social isolation. Councillor Meadows questioned the quality of home education. Meanwhile, Councillor Meadows asked if there had been any thought to having joint work on a child and adult strategy.

29.5 Mr Bedford replied that home education and safeguarding was an important area to investigate. The relationship with adult safeguarding was also very important.

29.6 The Chair stated that there was a link between the two safeguarding boards and this matter should be investigated.

29.7 Councillor Shanks stated that it was important to support women with children. If women could be supported in the first place it would prevent problems occurring.

29.8 Geraldine Hoban agreed that early intervention to support families was important. A workshop was being planned around that issue.

29.9 The Shadow Health & Wellbeing Board Business Manager informed members that the current revised guidance for children’s safeguarding stated that future Annual reports would be submitted to the Health & Wellbeing Boards.

29.10 Robert Brown asked Mr Bedford what strategies and support would be put in place to prevent children from being the subject of a Child Protection Plan a second or subsequent time. The report stated that the percentage of children affected had almost doubled.

29.11 Alan Bedford explained that the most important thing was to manage the review of cases. There had been a slight increase in the number coming back a second time. It was possible that some children were taken off the plan too early. The scrutiny of decision making was key.

29.12 **RESOLVED** - (1) That the content of the report be noted.

(2) That it is noted that the report had been submitted to the Children and Young People Committee on 12 November 2012.

The meeting concluded at 7.34pm

Signed

Chair

Dated this

day of