SHADOW HEALTH & WELLBEING BOARD	Agenda Item 2 Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

SHADOW HEALTH & WELLBEING BOARD

5.00pm 20 MARCH 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Jarrett (Chair) Councillors Bennett, Deane, Meadows, K Norman, Shanks (Deputy Chair) and Wilson.

Other Members present: Heather Tomlinson, Interim Statutory Director of Children's Services, Dr. Tom Scanlon, Statutory Director of Public Health, Dr. Xavier Nalletamby, Clinical Lead, CCG, Ramona Booth, Non Clinical member CCG, Hayyan Asif, Youth Council and Robert Brown, HealthWatch.

Apologies for absence: Denise D'Souza, Statutory Director of Adult Social Services.

PART ONE

30. PROCEDURAL BUSINESS

30A Declarations of Substitute Members

30.1 Councillor Deane declared that she was substituting for Councillor Duncan. Ramona Booth declared that she was substituting for Geraldine Hoban.

30B Declarations of Interests

30.2 There were none.

30C Exclusion of the Press and Public

30.3 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.

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

31. MINUTES

31.1 Councillor Meadows referred to paragraphs 22.4 and 25.6 with regard to updates Geraldine Hoban was going to provide on CCG developments and the Local Education Training Board. Councillor Meadows further referred to paragraph 28.7 with regard to a question about how the Parent Carers' Council related to the Carers Centre. This matter was going to be checked.

31.2 The Chair explained that Geraldine Hoban was not in attendance to answer questions and that Ramona Booth was substituting. Geraldine could be asked to provide a written response which could be sent to members of the Board.

31.3 The Shadow Health and Wellbeing Manager explained that the Parent Carers' Council and the Carers Centre worked closely together but were organisationally separate.

31.4 Councillor Norman referred to paragraph 29.7 and asked for an explanation of the context of Councillor Shank's statement regarding the importance of supporting women with children. The Chair explained that the context was in relation to preventing safeguarding issues and supporting responsible adults. Councillor Shanks agreed that it was about supporting adults. For example, she felt that it was important to support women who had children taken into care, in order to prevent other children in the family being taken into care. These women often had mental health issues.

31.5 **RESOLVED -** That the minutes of the meeting held on the 5 December 2012 be approved as a correct record of the proceedings and signed by the Chair.

32. CHAIR'S COMMUNICATIONS

Brighton and Sussex University Hospital Trust

32.1 The Chair informed members that there had recently been problems at the hospital trust with bed shortages and increased waiting times in A&E. The Director of Adult Social Services had confirmed that all planned discharges had been completed.

32.2 The Shadow Health and Wellbeing Board Business Manager reported that the Chair of the Health and Wellbeing Overview and Scrutiny Committee (HWOSC) had written to the Brighton and Sussex University Hospital Trust and asked for assurance regarding hospital safety. A letter had also been sent to the Clinical Commissioning Group. The NHS Sussex Area Team had stated that there had been national issues regarding capacity. Any specific issues could be considered at the HWOSC.

32.3 Robert Brown informed members that he had been asked to send a letter to the CCG, the hospital trust and the council. This would be one of the first issues to be considered by HealthWatch.

HealthWatch

32.4 Robert Brown mentioned that this was the last meeting he would attend before HealthWatch took over from the LINk. He stressed the importance of people becoming involved in HealthWatch. The Chair agreed that the success of HealthWatch depended

on public engagement. He formally thanked Robert and the LINk for all they had achieved.

33. PUBLIC INVOLVEMENT

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

34. ISSUES RAISED BY COUNCILLORS AND MEMBERS OF THE BOARD

34.1 The Chair noted that there were no petitions from Councillors or members of the Board.

(b) Written Questions

34.2 Councillor Graham Cox asked the following question:

'The RNIB has produced a template for local authorities which can assist organisations when developing their needs assessment for blind and partially sighted people. Can you confirm that the City Council's Health and Wellbeing Strategy identifies the need of blind and partially sighted people living in our area and of those at risk of losing their sight? Will the Health and Wellbeing Board be including information on sight loss, and how it will meet the needs of the blind and partially sighted, in the future?'

34.3 The Chair gave the following response:

"Thank you for your recent letter regarding services for blind and partially sighted people and the local Joint Health & Wellbeing Strategy (JHWS).

The Government has granted local areas a good deal of latitude in putting together the local JHWS. In some areas, the JHWS may seek to encompass a very wide range of health and wellbeing services for local residents; in others it will focus on a much smaller range of strategically important issues. The latter approach is the one we have adopted in Brighton & Hove. Using information from the city Joint Strategic needs Assessment (JSNA) we have sought to identify a number of 'highest impact' local issues: matters where there is *both* a very significant impact upon the health of the local population *and* the opportunity to improve outcomes by better and more focused partnership working, especially in terms of joint working between city council and NHS commissioners.

The needs of blind and partially sighted people were considered as part of this prioritisation process, alongside a wide range of other health and wellbeing needs experienced by local people. Specifically, Section 7.4.2 of the 2012 JSNA Summary focuses on Preventable Sight Loss including glaucoma, cataract, diabetic retinopathy and age related macular degeneration. This reflects the inclusion of preventable sight loss as an indicator in the national Public Health Outcomes Framework. In addition information on the predicted number of people with visual impairments is included within the JSNA under Section 7.5.2 Adults with Physical and Sensory Disabilities.

Given the tight focus of the local JHWS it has not proved possible to prioritise every significant health or wellbeing issue in the city, and the needs of blind and partially sighted people do not, in themselves, form one of the JHWS priority areas, although the

priority areas may well include issues that are relevant to this group of service users. The JHWS priority areas are: cancer & access to cancer screening; healthy weight & good nutrition; dementia; emotional health & wellbeing (inc. mental health); and smoking.

An earlier version of the RNIB template was used to inform the 2012 JSNA summary. The Health & Wellbeing Board has not yet decided whether to order a 2013 refresh of the JSNA; but if it does so decide, the latest version of the RNIB template will be used to inform this update."

34.4 Councillor Cox informed the Board that the RNIB had stated that the numbers of people living with sight loss was likely to double to 4m by 2050. They suggested that 50% of these cases could be prevented. It was likely to cost £7.9 billion to deal with the issues arising from sight loss.

34.5 Councillor Cox stated that three factors needed to be taken into account. These were early diagnosis, smoking and obesity. Councillor Cox said he would welcome a statement about sight loss, should there be a refresh of the Joint Strategic Needs Assessment.

34.6 The Chair agreed that this matter could be reconsidered when there was a refresh of the JSNA. The fact that sight loss was not currently included as a priority in the current year, did not preclude it from being included in future years.

34.7 Tom Scanlon agreed that this matter could be looked at when considering the JSNA. He stressed that although it was not included in the current strategy, there was a great deal of work being carried out in this area.

34.8 **RESOLVED-** That the written question be noted.

(c) Letters

34.9 The Chair noted that no letters had been received from councillors.

34.10 The Chair noted that no Notices of Motion had been received from Councillors.

35. JOINT HEALTH & WELLBEING PRIORITIES

a) Cancer & access to cancer screening

35.1 The Board considered a presentation from Dr Max Kammerling, Consultant in Public Health, NHS Sussex and Martina Pickin, Public Health Improvement Principal, NHS Sussex (Brighton and Hove). The presentation set out the main causes of death in Brighton and Hove in 2011 for all ages under 75. Although there had been good national improvement over the past ten years there was a high rate of early deaths from cancer and low one year survival rates for common cancers. There were good results for people being seen within two weeks. There needed to be improved early detection, increased access to radiotherapy and increased oncology manpower.

35.2 Members were shown information regarding NHS Cancer Screening Programmes for bowel, breast and cervical cancer. The bowel cancer target was not being met. Breast cancer targets were being met and cervical cancer targets were improving. An independent review had concluded that breast screening was beneficial and that 1,300 lives were saved per year. Martina also talked about the work that the Brighton and Hove public health department commissioned from Sussex Community Trust to raise awareness of cancer screening programmes and early symptoms of cancer.

35.3 Robert Brown informed the Board that someone from the Radiotherapy Department had spoken to the LINk two years ago. They had stated that the department did not have enough machines to carry out their workload and were not able to have new machines until the new building was in place.

35.4 Mr Brown asked if people from the city were likely to receive treatment out of area in the future and if so asked how they would obtain transport.

35.5 Dr Kammerling explained that there was a commitment to have new machines at the hospital. However, increasing capacity for Brighton people would be dependent on people from outside areas having treatment nearer to home.

35.6 Councillor Meadows referred to the two week target. She knew someone who had waited for 6 weeks to get an appointment. Councillor Meadows referred to bowel cancer screening and asked whether there were plans to extend endoscopy screening to people over 75.

35.7 Dr Kammerling replied that he did not understand why the person Councillor Meadow mentioned had to wait for 6 weeks to get an appointment. Locally 95% of people were seen within two weeks for their first appointment, which was higher than the national average. Martina Pickin said that waiting times for endoscopy had prevented introduction of the age extension for bowel screening across Sussex. However waiting times were now being met and the age extension should be rolled out across Sussex from April 2013.

35.8 Tom Scanlon asked if there were any areas that needed to be developed to help improve results in cancer treatment.

35.9 Dr Kammerling considered that there was an issue in maximising access to radiotherapy. Working with area teams would make a difference.

35.10 Members were informed that the CCG could work with practitioners who were not performing well. Martina Pickin stated that the work delivered by Albion in the Community was excellent but the contract was expiring due to lack of funding; all previous funding for cancer awareness work was as a result of successful bids to the National Awareness and Early Diagnosis Initiative.

35.11 Councillor Shanks stated that she was not convinced about breast cancer screening. She assumed the reference to over diagnosis meant surgery. The cost was quite big for the person and the country. She questioned whether it would be better to spend money in other ways.

35.12 Martina Pickin explained that an independent review committee had not been asked to look at cost. She mentioned that the Cancer Research UK website was the best place to access the cancer review and other information/data about cancer. All screening programmes are introduced following policy reviews by the National Screening Committee hence it was not something individual areas could decide for themselves. The review had considered a number of randomised control random trials and case studies and recommended that screening should continue.

35.13 Councillor Deane raised the issue of equality of access for different groups in society such as gypsies and travellers who had a lower life span. There was a question about how to reach people without an address. Ms Pickin replied that she was not able to answer that question immediately but could find out if there was any specific information about incidence and prevalence in these groups.

35.14 Councillor Meadows reported that Albion in the Community was very active in her area. The Healthy Living Centre had closed in Moulsecoomb and much work was needed. The Brighton & Hove Food Partnership did work in the area but did not connect with older people.

35.15 Tom Scanlon agreed that there was a lot that could be done such as early detection and working with people on housing benefits. The Food Partnership would probably be re-commissioned next year.

35.16 Hayyan Asif asked about the possibility of having mobile treatment units. He suggested that screening should be advertised in places like Churchill Square.

35.17 Dr Kammerling explained that radiotherapy required massive equipment not suited to mobile facilities. Martina Pickin reported that there were mobile units that carried out breast cancer screening. She also reported that the work to raise awareness of early symptoms of cancer did include notices at bus stops on a number of bus routes and at Churchill Square.

35.18 The Chair stated that as a Board it was necessary to keep a close eye on how the cancer pathway would work. He suggested an interim report should be submitted in six months along with a report on the progress with radiotherapy equipment. Meanwhile, the council should be able to reach large numbers of people through housing officers, care workers etc. There should be a corporate council response working alongside voluntary sector partners and the CCG. A healthy diet message was important and needed to be encouraged. There should be a focus on getting screening rates up and the question of how to support the Albion in the Community project should be considered.

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

b) Dementia

35.20 The Board considered a presentation from Simone Lane, Commissioning Manager which reported that there were 750,000 people in the United Kingdom with dementia. This figure was expected to double over the next 30 years. In Brighton and Hove in

2012 it was estimated that there were 3,061 people mostly aged 65 years or over with dementia and this was projected to increase to 3,858 by 2030.

35.21 The presentation set out the aims of the Dementia Plan, and stressed the importance of early diagnosis. Members were informed that a new Memory Assessment Service would start in June 2013.

35.22 The presentation gave details of the strategic approach to dementia which would provide more care in the community, and provide support for care homes to improve their ability to care for and support their residents who have dementia. The presentation covered improved quality of care in general hospitals and improving the environment of care for people with dementia

35.23 Robert Brown stated that he had been told that dementia had been put into the End of Life Care Pathway as it had been classed as a terminal illness. He asked if money would be put into a central pool for end of life treatment or whether it would be ring fenced.

35.24 The Commissioning Manager explained that there had been discussion about the End of Life Pathway at the Adult Care and Health Committee. This was an integrated pathway to ensure that people with dementia had appropriate care. It was not related to money in any way and was not ring fenced.

35.25 It was agreed that the report that was submitted to the Adult Care & Health Committee on 18 March should be circulated to Board members. Members noted that a decision on the report had been deferred for further consideration. A revised report would be presented to the next committee in June.

35.26 Mr Brown referred to carers assessments and made the point that there was no point in having assessments if there was no funding in place to support carers.

35.27 The Commissioning Manager reported that there would be advisors in the Memory Assessment Service. This should increase the level of support for people. Officers were working with agencies to assess people's need.

35.28 The Chair stated that there was funding available for carers but there was a need to ensure that the right amount of money was made available.

35.29 Councillor Deane asked how people would access the Memory Clinic and whether it would be like cancer screening. She asked if people would be screened at a certain age or whether it would be left for the person to go themselves to get checked out. Councillor Deane was concerned that if it was left up to the person, it might be diagnosed too late. If clinics diagnosed people at the pre-dementia stage it would slow down the process.

35.30 Xavier Nalletamby explained that the service was accessed through general practice. It was possible that everyone over 75 would be screened. The issue of diagnosis was contentious as not everyone would want to know. There was divided opinion about this matter. The condition could not be prevented but it could be managed.

35.31 Tom Scanlon expressed surprise to hear the predicted increase in the numbers of people with dementia in Brighton & Hove given latest census population projections. He also stated that he would like to hear more detail on what specifically was proposed, for example, how many care homes would be reviewed to assess the appropriateness of prescribing for people with dementia and what sort of reduction in the inappropriate prescribing of anti-psychotic drugs was envisaged.

35.32 The Commissioning Manager explained that there was a plan with more detail which would be submitted to the Joint Commissioning Board. This gave detail about intervention and certain matters that could be prioritised. Tom Scanlon stressed the importance of seeing summary accounts.

35.33 Councillor Shanks asked what measures would help to prevent dementia. Xavier Nalletamby replied that there was not much science known about prevention; however, leading a healthy lifestyle and not having taken mind altering drugs would make it less likely to develop dementia. Tom Scanlon informed members that alcohol could have an effect with regard to the development of dementia but this was not entirely clear.

35.34 The Chair stated that the treatment and prevention of dementia was an emerging field and he expected the Board to discuss the matter again in due course.

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

36. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

36.1 The Board considered a report of the Director of Public Health which explained that from April 2013, local authorities and clinical commissioning groups would have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA). This duty would be discharged by the Health and Wellbeing Board. The Board were asked to approve the production of the JSNA summary for 2013.

36.2 Alistair Hill, Consultant in Public Health reported that the planned programme of in depth needs assessments for 2013/14 would be brought to the May Board for approval. The JSNA would then be submitted to the September Board meeting. Six month updates to the Board were recommended.

36.3 Heather Tomlinson supported Option 2. With regard to the census information, she asked what level of information was obtained from the 2011 Census regarding the analysis of need. Was the data numerical only or was there an analysis of what those numbers meant with regard to community needs? Alistair Hill, Consultant in Public Health explained that the census data was being released over a period of time. There would be more detailed information in the future. This data could be translated into intelligence. He wanted to take the numbers and link them to knowledge of local people and use them as a base for action.

36.4 Tom Scanlon supported Option 2. He stressed that it was important to focus on priorities when considering the rolling programme of strategic needs assessments. The Consultant in Public Health stated that priorities had not been decided. Dementia had been identified as an area which could be prioritised for a needs assessment.

36.5 Robert Brown noted that the report referred to officers working with the Community and Voluntary Sector Forum. He was worried that people in the community would not be consulted. How would people feed their views into the JSNA? Would the community be able to feed back through HealthWatch? Mr Brown mentioned that Housing Areas Management Panels rarely talked about health issues. He suggested that the Housing Panels could be consulted and their views fed back to HealthWatch and then on to the JSNA.

36.6 The Chair stated that he would discuss the suggestion with the Chair of the Housing Committee. The Consultant in Public Health explained that there was housing representation on the City Needs Assessment Steering Group. There was a great deal of joint working in place.

36.7 Councillor Shanks supported Option 2 and suggested that the Youth Council, and Older Peoples Council and community groups have some involvement in the JSNA.

36.8 Councillor Meadows also considered that the Older Peoples Council and Youth Council should be consulted on the document. Councillor Meadows agreed it made sense for the JSNA to be a live document with accurate information. Councillor Meadows asked for clarification of paragraph 3.4 in relation to the City Needs Assessment Steering Group.

36.9 Councillor Norman supported Option 2. He suggested that the last sentence in bold in paragraph 3.4 be re-worded. This was agreed by the Board. The sentence should now read "With the establishment of the Health & Wellbeing Board, the City Needs Assessment Steering Group will *report to the Health and Wellbeing Board* in relation to JSNA from April 2013.

36.10 **RESOLVED –** (1) That Option 2 be agreed for the 2013 JSNA summary, as set out in paragraph 3.6.2 of the report.

(2) That suggested plan and timetable for the 2013 JSNA summary be approved.

37. SHADOW HEALTH & WELLBEING BOARD: ACHIEVEMENTS AND CHALLENGES

37.1 The Board considered a report of the Director of Public Health which described some of the achievements of the Health and Wellbeing Board in its shadow year of operation, and outlined the challenges the Board faced in 2013/14 and beyond. Proposed terms of reference for the Board which were to be submitted for approval to Full Council in March 2013 were included for reference at appendix 1 of the report.

37.2 Councillor Meadows referred to paragraph 3.48 in relation to the communications strategy. She commended the idea of the Board working alongside GP practice Patient Participation Groups. These groups had service user knowledge.

37.3 The Chair suggested that there needed to be a mechanism for the Patient Participation Groups to feed into the Board. The Shadow Health and Wellbeing Board Business Manager replied that he would be discussing this matter with HealthWatch.

37.4 Tom Scanlon considered that there needed to be health provider engagement with the Board. The Shadow Health and Wellbeing Board Business Manager explained that he had discussed this matter with the BSUH and they would be attending the next Board meeting to give a presentation on the 3Ts hospital redevelopment. The Chair suggested that there could be provider forums.

37.5 Councillor Norman referred to paragraph 3.46 relating to developing relationships with key BHCC Committees. He asked for Opposition Spokespersons to be included in the process. The Chair agreed that Opposition Spokespersons should be included.

37.6 The Chair thanked the Shadow Health and Wellbeing Board Business Manager for his support for the Board over the past year.

37.7 **RESOLVED –** (1) That the report be noted.

(2) That members' comments be noted.

38. CCG AUTHORISATION

38.1 Ramona Booth, Head of Performance and Planning, CCG gave an update on CCG authorisation.

38.2 The PCT would cease at the end of March and be replaced by the CCG on 1 April. The CCG had been formally authorised by the NHS Commissioning Board following a rigorous authorisation process. In January there had been five areas that the NHS Commissioning Board had wanted to be addressed. Only one issue remained outstanding and this related to a shared Chief Finance Officer post.

38.3 The Chair stated that it was encouraging to hear that the process had gone smoothly. He expected the CCG to give a presentation to the Board on their role at a future meeting. He thanked Ramona for her update and congratulated the CCG on its authorisation.

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

The meeting concluded at 7.15pm

Signed Chair

Dated this day of