

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**2.00pm 12 JULY 2022**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Shanks (Chair)

**Also in attendance:** Councillor Nield (Deputy Chair), Robins (Opposition Spokesperson), Appich, Bagaeen and Hugh-Jones

**Other Members present:** Lola Banjoko, Ash Scarff (NHS Commissioners); Dr Jane Padmore (Sussex Partnership NHS Foundation Trust); Andy Heeps (University Hospitals Sussex NHS Foundation Trust); David Liley (Healthwatch Brighton & Hove); Annie Callahan (Brighton & Hove Safeguarding Adults Partnership); Tom Lambert, Joanna Martindale (Community & Voluntary Sector representatives); Geoff Raw (BHCC Chief Executive); Deb Austin (BHCC Director of Children's Services); Rob Persey (BHCC Director of Adult Social Services)

**PART ONE**

**1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

- 1.1 Apologies were received from Siobhan Melia (Sussex Community NHS Foundation Trust).
- 1.2 Cllr Hugh-Jones attended as substitute for Cllr Nield  
Cllr Bagaeen attended as substitute for Cllr Brown.
- 1.3 There were no declarations of interest.
- 1.4 **RESOLVED** – that the press & public be not excluded from the meeting.

**2 MINUTES**

- 2.1 **RESOLVED** – that the minutes of the 08 March 2022 committee meeting be agreed as an accurate record.

**3 CHAIR'S COMMUNICATIONS**

- 3.1 The Chair gave the following communications:

**Masks reintroduced in health and care settings due to rising COVID-19 cases**

Unfortunately the number of positive COVID-19 cases and the number of hospital admissions with COVID-19 is rising.

Last week NHS Sussex reintroduced mask wearing in all clinical healthcare settings to prevent the spread and protect those who are most vulnerable. This applies to patients, visitors and staff, including at GP practices, consulting rooms, outpatient departments, clinics and wards.

We now recommend that visitors and staff in all care settings should wear masks. This includes care homes, supported living, home care and offices in care settings.

Masks will be made available for visitors to use, and exemptions will be respected.

### **COVID-19 vaccinations**

The COVID-19 vaccination centre at Churchill Square has now closed but vaccinations remain available at mobile sites in the city for people aged 16+. Many of these are now regular slots – including at Hove Tesco on a Wednesday, Hove Polyclinic on a Thursday and St Peter's Church on a Friday. Other locations vary each week.

For children aged 5-15, appointments are available to book at the racecourse through the national booking system.

For the latest information, please check the new Sussex Health and Care website.

### **Bird Flu**

Sadly, cases of bird flu have been found in the city and are spreading in our wild bird populations – particularly gulls. The risk to humans is very low, but please do not touch any dead or sick birds that you find and keep any pets away.

If you find a dead bird on public land please report it to Cityclean for them to safely clear it. And if you find it on private land, including in your garden please let DEFRA know.

If you find a sick bird, please don't try to handle it. You should contact the RSPCA for advice.

### **Level 3 heat-health alert**

A level 3 heat-health alert is currently in place in the South East until Friday. With such hot weather expected for a prolonged period of time please check in on elderly or vulnerable friends or neighbours to make sure they are keeping cool and hydrated, and watch out for signs of heat stroke. Encourage them to stay in the shade, close curtains, drink plenty of fluids, and check that any medicines are being stored at the correct temperature.

## **4 FORMAL PUBLIC INVOLVEMENT**

### **4(a) petitions**

4.1 The baby box petitioners were not in attendance at the meeting to present their petition. The Chair noted that the subject of premature mortality was a very important one, and that there would be a focus on reducing rates of infant mortality in general, and inequalities in terms of mortality rates specifically, as part of the review of the city Joint Health & Wellbeing Strategy Starting Well commitments.

4.2 **RESOLVED** – that the petition be noted.

### **4(b) Public Questions**

4.3 The Chair asked Daniel Harris to put his question. Mr Harris asked:

The museum of homelessness an organisation who monitor nationwide homeless deaths finally after a struggle to get an FOI response on homeless deaths in which Cllrs and myself had to intervene, have told me the following:

“the council has told us of 31 deaths in 2021, all of which took place in supported or emergency accommodation. This is not dissimilar to the number they provided us in 2020, which was 30.”

This is very high. Would the council consider commissioning a report into these by BH Healthwatch in order to fully understand how this happened?

4.4 The Chair responded by noting that it was unfortunately the case that the mean age of death for homeless people is in their mid-forties, compared with around 80 for the general population, with a particularly high prevalence of deaths associated with drug poisoning, alcohol-specific causes or suicide. Brighton & Hove is developing a new Drug Strategy and is refreshing the Suicide Prevention Strategy. The needs of homeless people will be addressed in both.

4.5 In response, Mr Harris noted the complexity of the support needs of many homeless people, where there may be multiple vulnerabilities in play, and asked again if the Board would consider commissioning Healthwatch to obtain more information about this very vulnerable group. The Chair responded that she would consult with housing colleagues and with the Chair of Housing Committee about this (Cllr Hugh-Jones, Chair of Housing Committee, was in attendance at the Board in any case).

## **5 MEMBER INVOLVEMENT**

5.1 David Liley, Healthwatch Brighton & Hove member, asked a member question:

Healthwatch notes that following the removal of NHS funding it has been forced to close HOPs, the hospital discharge phone support project, from the end of June 2022. Healthwatch volunteers helped approximately 2,700 local people over the COVID period. What plans does the NHS have in place to continue to support people, in the City, post hospital discharge, with proactive telephone support? Are these plans restricted to older people and do they include support for younger people with emotional and wellbeing issues, particularly those who are at risk of self-harm and suicide?

5.2 The Chair responded:

The HOPs service was commissioned with Healthwatch at the very beginning of the COVID-19 pandemic, using national emergency procurement regulations. The aim was to support people, post discharge, by providing a check on them, and the opportunity to signpost those requiring local services to appropriate local support.

We want to thank Healthwatch for mobilising the service so quickly at the time of the pandemic and for working alongside other commissioned Voluntary Community Service (VCS) providers in supporting people being discharged from hospital.

As we are now working to restore and recover from the pandemic, all additional services commissioned by the NHS to support hospital discharge at the height of COVID-19 have been evaluated to determine whether they are still required and if so, how each can sustainably and effectively be best delivered.

Healthwatch's Report of the HOPs service covered a 21-month period from the start in April 2020 to January 2022. The report showed that, Healthwatch contacted 63% of the 6,530 people referred. Of those contacted (equivalent to the 2,700 highlighted in the question raised by Healthwatch), 77% needed no assistance or were simply made aware of other commissioned support services in B&H.

542 people (8% of the referred cohort) required further input and were actively referred onto other organisations to provide active support (commissioned VCS providers, primary care, mental health services etc). Healthwatch have spent time to go through their detailed evaluation report with the NHS and we thank them for this time and for highlighting areas for improvement.

We have taken forward the learning from this service, and the help that it provided. Firstly we have absorbed post-discharge calls into the contract of an existing commissioned VCS provider who were already providing direct home support in the city. This means that post-discharge checks and direct care, where applicable, are managed by a single organisation, which reduces the risk of delays in people receiving the direct support they need.

For those requiring emotional and wellbeing support including patients at risk of self-harm and suicide, the NHS and the Council commission a wide range of services across both the NHS and voluntary sector and these are all available to the post-discharge check providers to signpost or refer to.

Therefore, we thank again Healthwatch for their support with this service during the pandemic and are confident that we have taken the learning from this service as we continue to support people now post discharge.

- 5.3 Mr Liley asked a supplementary question, noting that the commissioning change would mean that a valuable service had been lost. Whilst other services were excellent, and would pick up some of the work that Healthwatch had undertaken, he feared that there would be gaps, with not everyone who needed support receiving the help and advice that they needed. The Chair responded by noting that the Sussex Health & Care Partnership (ICS) was prioritising work to improve hospital discharge, so hopefully this work would address some of the gaps that Mr Liley had identified.

## **6 PHARMACEUTICAL NEEDS ASSESSMENT**

- 6.1 This item was introduced by Nicola Rosenberg, Consultant in Public Health. Ms Rosenberg told the Board that public satisfaction with local pharmacies is high, and that pharmacies are relatively well-spread across the city, with all residents within 20 minutes of a pharmacy. Although some areas are less well provided for than others,

there is no gap in provision requiring an additional pharmacy to be established. However, not all pharmacies provide a full range of services; and there are issues with evening and weekend opening, with limited access across the city. The draft Pharmaceutical Needs Assessment (PNA) has recommendations to address these issues.

- 6.2 Ms Rosenberg noted that the final PNA needs to be submitted by 01 October 2022. A special meeting of the HWB will be called in September to agree the final draft. Board members will also be asked to comment on the West Sussex and East Sussex PNAs, and these will be circulated to members outside the meeting.
- 6.3 The Chair noted that the report was comprehensive. She also queried how well additional pharmaceutical services were advertised in chemists and whether the links between pharmacies and GP practices were as robust as they could be. Ms Rosenberg agreed that both were valid points; the draft PNA recommendations include measures to improve public awareness of additional services provided by city pharmacies and to strengthen links with GP practices.
- 6.4 Cllr Appich noted that some pharmacies had seen reduced funding, and that taking on additional services would presumably help make up any shortfall. Ms Rosenberg agreed that payment for additional services could help pharmacies maintain their profits, although they do have to be mindful of their capacity to deliver additional services.
- 6.5 Cllr Appich told members that she was especially concerned about the impact on women of restricted evening and weekend opening, particularly in terms of being able to access emergency contraception. Ms Rosenberg agreed that this was a concern and she would ensure that this was emphasised in the final draft.
- 6.6 Cllr Appich also noted that she would like to see pharmacies do more to promote healthy living and that she was happy to see the increased availability of hepatitis C testing in pharmacies. Ms Rosenberg agreed with encouraging the promotion of healthy living and said that this would receive more emphasis in the final draft. With regard to hepatitis C testing, there was more work to do in the city.
- 6.7 Cllr Appich noted that there is substantial housing being built in the city, particularly around Hove Station, and there may be an impact here on pharmacy capacity. Ms Rosenberg responded that the full draft PNA details new housing developments, and that there has been engagement with pharmacies sited near new developments to check that they are confident managing increased demand, with almost all pharmacies currently expressing confidence.
- 6.8 Cllr Hugh-Jones asked how resilient local pharmacies were. Ms Rosenberg responded that there were 60 city pharmacies in 2015, 56 in 2018 and 53 in 2022. There is a decline, which is mirrored in other parts of the country. However, the decline is not precipitate which suggests that the market is fairly resilient.
- 6.9 Cllr Hugh-Jones noted that three of the most deprived areas of the city had no pharmacy. Ms Rosenberg agreed that this was a concern; the local health system needs

to think about the under-provision of a range of health services in the most deprived parts of the city and the conglomerative impact this may have.

- 6.10 In response to queries from Cllr Hugh-Jones, Ms Rosenberg agreed to amend the draft report to include the dates of the user survey and more information on how additional evening and weekend opening hours will be advertised.
- 6.11 Cllr Robins pointed out that the car ownership data cited in the report may be misleading as the actual level of ownership varies considerably between the city centre and the suburbs, making citywide averages of little use. Ms Rosenberg agreed to address this issue in the final draft.
- 6.12 In response to a query from Cllr Robins about the use of jargon and acronyms in the report, Ms Rosenberg noted that the PNA report had to be written to a closely prescribed format, requiring a good deal of technical information which required to use of the appropriate terminology. The final draft would be as accessible as possible within these significant restrictions.
- 6.13 Cllr Robins noted that a pharmacy had previously been sited at West Hove Sainsburys, but had subsequently closed. This location had been very convenient as the supermarket is easily accessible and opens late. Ms Rosenberg agreed that this could be suggested as a potential location for any new pharmacy.
- 6.14 The Chair asked whether there was a shortage of pharmacists in the city. Ms Rosenberg responded that this was not easy to quantify as the PNA measures pharmacies rather than individual pharmacists. However, since a number of services can only be delivered by a qualified pharmacist, this is a valid point.
- 6.15 Cllr Bagaeen noted that a disappointingly low number of city GPs responded to the PNA consultation . Ms Rosenberg agreed, noting that the PNA includes recommendations to strengthen links with GPs.
- 6.16 Cllr Bagaeen asked whether the draft PNA had taken account of recently published census data. Ms Rosenberg responded that it did not, but that the census data will be used to inform the final PNA. Rob Persey noted that the accuracy of the 2021 census is questionable, given that it was undertaken when Covid restrictions were in place which may have resulted in a large number of city residents, particularly younger people, temporarily living elsewhere.
- 6.17 **RESOLVED** – that the Board notes the draft Pharmaceutical Needs Assessment.

## **7 UPDATE ON FUEL POVERTY & AFFORDABLE WARMTH SUPPORT AND MEASURES AVAILABLE AND PLANNED**

- 7.1 This item was presented by Sarah Podmore, Health Promotion Specialist (Public Health); and by Miles Davidson, Sustainability and Energy Manager (Housing). Ms Podmore explained to the Board the work of the steering group and engagement with community & voluntary sector organisations.

- 7.2 Cllr Robins noted that homes were rated in terms of energy efficiency, but queried how easy it was for residents to access this information. Mr Davidson replied that whenever a home is sold or rented, an Energy Performance Certificate is required. This means that many, although not all, homes in the city have certification already.
- 7.3 In response to a question from Cllr Robins on older people at risk of hypothermia, Ms Podmore confirmed that older people are a priority for fuel poverty work and will be a focus of the upcoming Equality Impact Assessment.
- 7.4 Cllr Robins noted that some measures to insulate or retain heat in a home could lead to increased condensation and the risk of damp. Mr Davidson agreed that this was an issue, and it was important that works should be undertaken with care and following a proper survey. Advice to residents recognises that there is a balance to be struck between minimising condensation (e.g. by opening windows) and retaining heat in the home; so for instance people may be recommended not to air their homes when they have heating on.
- 7.5 In response to a question from the Chair on the energy efficiency of council-owned housing stock, Mr Davidson told members that the average for council housing was currently just below C. There are plans to improve this rating in order to reduce carbon emissions and to help residents with their fuel consumption.
- 7.6 Cllr Hugh-Jones asked for details of the LAD (Local Authority Delivery) Scheme 3. Mr Davidson responded that the scheme has only recently been launched and all the details are not yet available. There is £30M available across a number of local authority areas, and eligibility criteria will include household income and the property energy efficiency rating.
- 7.7 Tom Lambert asked whether the council was confident that it would be able to allocate all of our Household Support Fund (HSF) monies, particularly given the requirement to target a percentage of the funding to people of pensionable age. Ms Podmore told the Board that colleagues in BHCC Revenues & Benefits had confirmed that plans are in place to allocate all the HSF.
- 7.8 RESOLVED – that the Board notes the update on Fuel Poverty & Affordable Warmth.

## **8 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL UPDATE: 2022-23**

- 8.1 This item was presented by Caroline Vaas, Consultant in Public Health. Ms Vaas explained that the Joint Strategic Needs Assessment (JSNA) is used as an evidence-base to develop strategies and inform commissioning decisions, identifying gaps and under or over provision of services. The JSNA consists of a number of individual Needs Assessments, which vary considerably in size and complexity. The current JSNA format has served the city well, but in light of major developments in health and care systems (e.g. the launch of Integrated Care Systems: ICS), the way that the JSNA is delivered needs to be reviewed. To this end, there is a proposal to reconvene the City Needs Assessment Steering Group to review the JSNA and to agree a long-term (3 year) programme of needs assessments.

- 8.2 Responding to a question from Cllr Bagaeen on census data, Ms Vaas told the Board that needs assessments would be reviewed to reflect emerging data from the 2021 census.
- 8.3 In response to a question from Cllr Robins on why this was largely a report to note, Rob Persey told members that there is a lengthy process to follow in the creation of strategies or complex assessments of need. In order to keep the Board up to date on the progress of these matters, and to enable members to inform their development via comments, the Board is periodically asked to note recent developments or plans for further work. The current JSNA report is to note, but a future report will ask the Board to approve a needs assessment programme.
- 8.4 Cllr Hugh-Jones asked a question on the contribution of wood-burning stoves to the negative health impacts of poor air quality. Ms Vaas did not have this information available at the meeting, but agreed to provide a written response. The following response was subsequently received: The council's draft Air Quality Action Plan has recently been out to consultation  
<https://www.brighton-hove.gov.uk/sites/default/files/2022-05/7434%20Air%20Quality%20Action%20Plan%20pages%20and%20doc%20combined%20r3.pdf>  
and the results will be reported to September ETS Committee.

The plan refers to airborne pollution being a strong contributor to the 170 early deaths that occur each year in Brighton & Hove and be a factor in the onset of certain diseases or conditions. This is often linked to long-term exposure. There is a section on air quality and health and one of the plan's priority areas is to reduce smoke/emissions from buildings, and this includes wood burning in stoves or fireplaces. Pages 33 and 34 refer to domestic burning. Further work would be required to determine the contribution domestic burning has on local air quality.

The council's webpages include clear advice about woodburning:-

<https://www.brighton-hove.gov.uk/environment/noise-pollution-and-air-quality/using-solid-fuels-safely-and-legally>

It is a seasonal activity and therefore increases in winter months.

Media reports can also highlight the impacts of woodburning from time to time, including the impacts on indoor air quality:-

<https://www.theguardian.com/environment/2021/jan/01/avoid-using-wood-burning-stoves-if-possible-warn-health-experts>

- 8.5 In response to a question from Cllr Hugh-Jones on smoking, Ms Vaas told members that city smoking rates were falling, but remained higher than the national average; in some part this links to deprivation and to city demographics. Some vape products are now being used for harm reduction in smoking cessation services. There is also work ongoing to discourage general vape use, particularly amongst younger people.
- 8.6 Cllr Hugh-Jones asked a question about relatively low vaccination take-up in the city. Ms Vass responded that is a priority area, and that learning from the success of the Covid



vaccination programme is being used to inform the development of the Child Immunisation Programme to be launched in November 2022.

- 8.7 In response to a question from the Chair on suicide and self-harm, Ms Vaas told members that there was a good deal of work ongoing in these areas: suicide and self-harm feature in the Mental Health Needs Assessment work, and also have links to work on homelessness and on substance misuse. The Sussex Suicide Prevention Strategy is also being developed currently. The Mental Health Needs Assessment will be presented to the HWB, potentially at the November 2022 Board meeting.
- 8.8 RESOLVED – that (1) the Board notes the annual JSNA update; and (2) that the Board agrees to the re-establishment of a Steering Group to review and develop the JSNA structure and the proposed three year programme of in-depth needs assessments for 2023-24 and 2025-26.

## 9 HEALTHWATCH BRIGHTON & HOVE: ANNUAL REPORT

9.1 This item was presented by David Liley, Chief Officer of Healthwatch Brighton & Hove. Mr Liley told the Board that Healthwatch had a small number of employed staff, but over 70 volunteers, and together they produced a good deal of work, publishing 20 reports and 70 newsletters and bulletins over the past year as well as attending more than 1000 meetings to hold decision-makers to account. Healthwatch receives £178K per year from the local authority, and receives no routine NHS funding, other than for specifically commissioned pieces of work. Of particular note in the past 12 months were:

- The work of Young Healthwatch (in partnership with the YMCA), especially initiatives focusing on access to mental health services, digital barriers to access, and encouraging vaccination uptake.
- The HOPS initiative which had seen Healthwatch commissioned to contact people after discharge from hospital to check they are okay etc.
- Work on access to dental services
- Work on access to GP services.

9.2 In response to a question from the Chair on funding, Mr Liley confirmed that Healthwatch's funding comes ultimately from a Government grant which is passported by the local authority. Healthwatch is not asking for more general funding, but is eager to be commissioned to deliver specific pieces of work.

9.3 In response to a question from Cllr Robins on dentistry, Mr Liley told members that many dentists were excellent. However, there are real recruitment problems, and website information is not always clear. Ultimately, significant improvements to dental services will only be delivered via a new dental contract. Mr Liley noted that, in the future, the ICS will have responsibility for commissioning dental services (rather than regional NHS England commissioners), and it will be interesting to see what NHS Sussex's plans are to improve access locally.

- 9.4 Cllr Hugh-Jones commended the work of Healthwatch and asked a question about cancer screening. Mr Liley suggested that Lola Banjoko would be best able to answer this, and Ms Banjoko told the Board that the key factor in improving screening was to get better community uptake in communities where screening rates are poor. This may involve the use of mobile units or targeting specific communities such as homeless people.
- 9.5 Mr Liley also told the Board that he particularly wished to thank Frances McCabe, who had chaired Healthwatch for a number of years with great energy, humour and effectiveness. Fran has now retired from this post, and is a Governor at University Hospitals Sussex, where she is leading work on patient participation. The Chair echoed this thanks on behalf of the Board.
- 9.6 RESOLVED – that the Healthwatch Brighton & Hove annual report be noted.

## **10 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2021-22**

- 10.1 This item was presented by Annie Callahan, Independent Chair of the Safeguarding Adults Board (SAB). Ms Callahan explained the role of the SAB, listed the organisations involved in the partnership and outlined SAB priorities. Members were informed that a new independent Chair has been appointed in recent months.
- 10.2 The Chair thanked the SAB for all their work in the past year, and asked a question about how the balance is drawn between intervening in cases of self-neglect and respecting the autonomy of individuals. Ms Callahan responded that recent years had seen a move towards attempting to balance individuals' 'lifestyle choices' alongside a greater recognition of working with challenging and potentially damaging behaviours to seek to reduce risk where possible.
- 10.3 In response to a query from Cllr Hugh-Jones on statistics in the report on DASH (domestic violence) referrals, Ms Callahan agreed to check the quoted data. She confirmed that a rise in referrals was likely to indicate better understanding of the referrals process, rather than necessarily a rise in incidents.
- 10.4 RESOLVED – that the SAB annual report be noted.

## **11 INTEGRATED CARE SYSTEM (ICS)**

- 11.1 The Chair told members that there was relatively little to report at this stage, although Sussex Health & Care Assembly members have begun to meet together. Rob Persey added that there would be more to report at the November Board meeting, particularly about the development of 'place' arrangements and about the role of HWBs in the local and regional ICS systems.
- 11.2 Tom Lambert asked a question about local mapping of the most deprived population groups. Lola Banjoko agreed to provide an update on this.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of