

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 23 NOVEMBER 2022

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Moonan (Chair)

Also in attendance: Councillor West (Group Spokesperson), Barnett, John, Lewry, O'Quinn and Rainey

Other Members present: Nora Mzaoui (community & voluntary sector representative), Michael Whitty (Older People's Council), Alan Boyd (Healthwatch)

PART ONE

19 PROCEDURAL BUSINESS

19(a)

19.1 Apologies were received from Cllrs Grimshaw and Brennan.

19.2 Alan Boyd attended as substitute for Geoffrey Bowden (Healthwatch representative).

19(b)

19.3 There were no declarations of interest.

19(c) **RESOLVED** – that the press and public be not excluded from the meeting.

20 MINUTES

20.1 RESOLVED – that the minutes of the 19 October 2022 meeting be agreed as an accurate record.

21 CHAIR'S COMMUNICATIONS

21.11 The Chair gave the following communications:

Firstly, a note about today's agenda. We were due to take a report on NHSE commissioned Trans health services, including specialist services for adults, children & young people's care, and the launch of a new Sussex-wide gender identity service pilot. However, NHSE have only recently announced details of the pilot, and there really hasn't been time to either properly inform members of this committee, or the local community about the service. In addition, NHSE is currently running a public

consultation on a new gender service for children & young people. This consultation runs until December, which means it would not be possible to discuss feedback from this at today's meeting.

I have therefore decided to defer the Trans health item until the January HOSC meeting. This will give time for NHS colleagues to draft a proper paper for us, with details of the Sussex adult gender pilot and feedback from the children's service consultation. It will also give members of the local community and stakeholder organisations time to use HOSC public engagement mechanisms if they choose to do so. I'm sure some of the committee have received communications in recent days about the Sussex gender pilot; and I am committed to giving people every opportunity possible to make their views known to the HOSC.

Moving on to other issues, the council has launched a Cost of Living hub on our website to help residents who may struggle this winter. You can find out what benefits and emergency help you could get, what financial advice is available, as well as some of the support and activities you can access to help improve your physical and mental health. There's also a Warm Welcome Directory that provides information about free indoor activities and places you can go to across the city.

It's important it is to do what you can to protect yourself this winter. This includes getting your Covid-19 booster and free flu vaccine if you're eligible. Both now include everyone who's 50 or over, as well as people who are more at risk and those that live or work with people who are vulnerable. Flu jabs can be booked with your GP or pharmacy. Autumn boosters can be booked online or by calling 119, and to make it even easier for you, you can also now walk in at a number of locations across the city

Next Thursday is World AIDs Day. Ahead of the day, community events are taking place this Sunday at Dorset Gardens Methodist Church, and a memorial quilt will be on display in Jubilee Library throughout next week. Then a candlelight vigil will be held at 6pm on Thursday 1 December in New Steine Gardens by the AIDs memorial.

Finally, I'm sure members will recall that we asked the Chief Executive of Southern Water to attend the July HOSC meeting to talk about the discharge of untreated sewage into waterways and the sea. The CEO was unable to attend but Dr Nick Mills, Head of the Storm Overflow Task Force, did present to the committee. I'm sure we all welcomed Nick's contributions, but myself and other members were nonetheless keen to hear from the new CEO at a future meeting. I had ongoing concerns about water quality, which have in fact been borne out despite assurances given in July. I also have had a number of concerned queries from members of the public on this issue, as I am sure other committee members have. I therefore invited the Chief Executive of Southern Water, Lawrence Gosden, to attend the January HOSC.

I am very disappointed to report to you that Southern Water's response is that a representative of the company will attend but that it will not be the CEO. I will therefore on behalf of this committee and concerned residents of Brighton and Hove express my serious disappointment to Mr Gosden and again invite him to attend in person and explain the ongoing releases of sewage into our local sea water and the impact this is having on the health of our residents.

- 21.2 Cllr West added that he too was disappointed that the Chief Executive of Southern Water has declined an invitation to attend a HOSC meeting. He noted that NHS Trust Chief Executives found the time to attend HOSC meetings, and that no attendance by Southern Water would give the impression that the company did not take the health impacts of its actions seriously.

22 PUBLIC INVOLVEMENT

- 22.1 There were no public questions.

23 MEMBER INVOLVEMENT

- 23.1 There were no member questions.

24 SUSSEX INTEGRATED CARE SYSTEM (ICS): PRESENTATION

- 24.1 This item was introduced by Lisa Emery, NHS Sussex Chief Transformation, Innovation & Digital Officer. Ms Emery outlined to members the purpose and contents of the Sussex Integrated Care Strategy.
- 24.2 Cllr West thanked Ms Emery for her presentation, noting that it would be helpful to have a presentation on the Integrated Care System as a whole at a later date. Ms Emery responded that NHS Sussex would be happy to arrange something, potentially with a focus on place arrangements.
- 24.3 In response to a question from the Chair on plans to consult with HOSCs on service change, Ms Emery responded that NHS bodies will engage appropriately, either at a system or a place level. Lola Banjoko, NHS Sussex Managing Director, Brighton & Hove, added that no significant change plans are currently under consideration, but that there will be engagement with the HOSC should plans be developed.
- 24.4 Alan Boyd offered to share slides from a recent presentation to Healthwatch from the Chair of NHS Sussex on the development of the Sussex Integrated Care System. Mr Boyd also noted that a relatively low number of people had responded to a Sussex-wide consultation on the Integrated Care Strategy, and that it might be helpful for NHS Sussex to speak to Healthwatch about future engagement plans. Ms Emery responded that she was happy to explore this opportunity.
- 24.5 Michael Whitty asked a question about numbers of patients currently experiencing delays in their discharge from hospital. Rob Persey, BHCC Executive Director, Health & Adult Social Care, responded by saying that partners are working on this issue. However, the local market is very challenged, and it is difficult to find timely packages for everyone who needs them. It is hard to give a figure as this is constantly changing, but although the figure is higher than anyone would like it to be, there are not hundreds of people experiencing delays. The longest waits do tend to be for the most complex care packages.
- 24.6 In response to a question from the Chair about how the Integrated Care Strategy would be dealt with in terms of Council governance, Mr Persey told the committee that it will not be possible to consider the draft strategy at a Health & Wellbeing Board (HWB)

meeting due to timings, although the HWB will look in detail at the agreed strategy at its March 2023 meeting. The Integrated Care System Member Working Group will consider the ICS and it may also be possible to report the strategy for information to the December 2022 Council meeting.

- 24.7 The Chair told members that the session had been helpful, but that she would seek a full presentation on the development of the Integrated Care System at the next HOSC meeting (25 January 2023). Mr Persey responded that partners would be happy to present. It is important to understand that this is a process of building partnerships over a number of years, rather than about what is happening at a single point in time. The Chair acknowledged this point, but said that the committee would nonetheless be interested in the processes being followed to develop this partnership working.

25 TRANS HEALTHCARE: SPECIALISED SERVICES

- 25.1 This item was postponed until a later date.

26 CERVICAL AND BREAST SCREENING AND HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

- 26.1 This item was presented by Sarah Morgan, NHS England Screening & Immunisation Lead (Surrey & Sussex); Nicola Rosenberg, BHCC Consultant in Public Health; and Wendy Young, NHS Sussex Programme Director, Cancer & Planned Care.
- 26.2 Ms Morgan told the committee that screening was the testing of a non-symptomatic population for specific conditions. There are national screening programmes for breast and cervical cancer. There is a clear deprivation link to screening, with more deprived communities on average less likely to come forward to be screened and also more likely to experience cancers. The Covid epidemic has had a negative impact on screening, delaying appointment and leading to the later diagnosis of cancers. Services are working hard to get back to pre-Covid levels and to further improve screening take-up.
- 26.3 In response to a question from Cllr O'Quinn on age limits for screening, Ms Morgan told members that age-limits are set nationally and are evidence-based (e.g. breast screening in women over 70 is significantly less accurate due to natural changes in body tissue associated with ageing that are picked up as potentially problematic by the screening tests). The age limits are under constant review. It is also important to see screening as just one tool to identify cancers, alongside self-checking.
- 26.4 Cllr O'Quinn asked whether there was a local issue with testing hesitancy as there has historically been with vaccine hesitancy. Ms Rosenberg responded that there has historically been less hesitancy around testing than vaccination. With the latter, there has been progress in recent years, with good take up of Covid jabs. There is work to do on childhood vaccination, but with tailored communication, there is the opportunity to increase take-up.
- 26.5 Michael Whitty noted that the 2021 census identifies a growing population of older people in Brighton & Hove, and stressed the need to have communications tailored for this audience. Ms Morgan agreed and assured the committee that this was being taken forward.

- 26.6 Cllr Rainey asked why regular breast screening is only offered to women from the age of 50. Ms Morgan responded that screening is offered to women under 50 in certain situations: e.g. where there is a family history of cancers. The lower age limit reflects the fact that screening tends to be less accurate in populations with low disease prevalence. This is under constant review.
- 26.7 Cllr John asked about deprivation, particularly in the context of cervical screening rates. Ms Rosenberg responded that there is a deprivation link to all screening, with access a major issue for some communities. Ms Young added that commissioners used mapping tools to identify the best locations for the mobile screening sites. It is important to consider the actual availability of public transport as well as distance from a screening site. Ms Rosenberg noted that links with deprivation go beyond simple issues of access. For example, people who suffer from anxiety may be less likely to attend screening, and anxiety is most prevalent in deprived communities.
- 26.8 Cllr Barnett noted that there may be particular issues with some black and minority ethnic communities accessing screening, for instance in Hangleton & Knoll. Ms Rosenberg agreed, stressing to members that a bespoke approach to each community was required to identify what works for them. This may be around providing translated information, about building trust with a community, about using peer educators and so on. There is learning from the successful community outreach for Covid vaccinations to draw upon here. Ms Rosenberg offered to speak to the Chief Executive of the Hangleton & Knoll Project to see what more might be possible in terms of getting public health information to local communities.
- 26.9 Alan Boyd told members that Healthwatch had published a report on screening which he was happy to share with the committee.
- 26.10 In response to a question from Mr Boyd about initial breast screening appointments, Ms Morgan informed members that women will be called up between their 50th and 53rd birthdays, based on the locality of their GP practices (i.e. practice lists are taken in turn). There is no evidence that delaying screening until the 53rd birthday increases population level risk, although it is important that women are aware of breast cancer symptoms and check for them.
- 26.11 In reply to a question from Mr Boyd about breast cancer in men, Ms Morgan told the committee that there was no programme for male screening as the condition is relatively rare. Ms Rosenberg added that there is some comms around male risk.
- 26.12 Nora Mzaoui asked about screening for women who are not registered with a GP. Ms Morgan acknowledged that this is a limitation of screening programmes. Ms Rosenberg added that services do work directly with specific communities with low GP registration rates: e.g. Gypsies & Travellers and the homeless community.
- 26.13 The Chair asked whether it was possible for people to choose to use a screening centre other than Preston Park. Ms Morgan replied that this is possible, although the process could be made easier.

- 26.14 In response to a question from the Chair on fixed Vs mobile screening sites, Ms Morgan responded that fixed sites are accessible for people with disabilities. Mobile sites may offer more convenient access, although there is down-time to be factored in when a mobile unit is moved. Ms Rosenberg added that innovative ways to improve access are being considered: e.g. taxi vouchers.
- 26.15 The Chair enquired why local screening rates have been relatively low for a number of years. Ms Rosenberg responded that Brighton & Hove has a highly mobile population, with large numbers of students and people resident for a relatively short period. When this is accounted for, city screening rates are similar to comparators.
- 26.16 The Chair thanked all the presenters for their contributions.
- 26.17 RESOLVED** – that the report be noted.

27 SUSSEX WINTER PLAN 2022-23

- 27.1 This item was presented by Claudia Griffith, NHS Sussex Chief Delivery Officer; Lola Banjoko, NHS Sussex Managing Director (Brighton & Hove); and Rob Persey, BHCC Executive Director, Health & Adult Social Care. Dr Jane Padmore, Chief Executive, Sussex Partnership NHS Foundation Trust (SPFT); and Dr Andy Heeps, Deputy Chief Executive, University Hospitals Sussex NHS Foundation Trust (UHSx), were also on the call to answer member queries.
- 27.2 Ms Griffith told the committee that the Sussex system faced very challenging circumstances this winter, with the usual winter pressures exacerbated by the need to recover planned care activity lost through the Covid pandemic and by the additional disruption likely to be caused by industrial action. However, there is a robust system-wide plan in place, with positive buy-in from all partners. Key areas of focus include improving ambulance response times, ensuring timely discharge from acute settings, and supporting the most frail in order to reduce admissions into hospital. Additional funding for social care announced in the Autumn Statement is to be welcomed.
- 27.3 In response to a question from Cllr O'Quinn on strikes, Dr Heeps told members that detailed planning had been done. It is important to stress that the dispute is not between UHSx and the Royal College of Nursing (RCN), but between the RCN and Government. The Trust continues to work very well with RCN. Emergency care will not be impacted by strike action, and while planned care will be hit, the Trust is confident it will receive advance notification of any industrial action which will enable it to work to minimise the impact on patients. Dr Padmore reported a similar picture at SPFT, noting that the Trust has communicated its support to all staff whether or not they are engaged in industrial action.
- 27.4 In response to a question from Cllr O'Quinn about staff retention at 111, Ms Griffith responded that there has been a historical problem in retaining relatively low paid 111 staff. There is ongoing work with the South East Coast Ambulance Trust (SECAMB) about this and SECAMB does have a forward plan to improve staffing.

- 27.5 Cllr John asked about plans to deal with the impacts of cold weather, particularly given that many may be unable to afford to heat their homes. She noted the Somerset prescribing warmth pilot as a possible model to be explored locally. Dr Heeps responded by saying that the situation was currently relatively stable, with unseasonably warm weather and the most recent Covid cycle receding somewhat. The system is prepared to use acute capacity across Sussex to manage demand when and if required. Mr Persey added that the council would shortly be issuing a directory of local warm spaces. Work was also underway to target support to the most vulnerable communities. In addition, public health and NHS providers are working together to support care homes: e.g. by providing additional care in homes to reduce admissions to hospital.
- 27.6 In response to a query from Cllr Rainey around gritting plans, Mr Persey told members that the detail of local planning to deal with icy weather was in the Brighton & Hove Cold Weather Plan. The Cold Weather Plan dovetails with the system winter plan, providing more granular information about planning across a range of services, including preparations for extreme weather, support for rough sleepers and so on.
- 27.7 Cllr Rainey asked a question about schemes to reduce mental health admissions. Dr Padmore responded, telling the committee that short term interventions at home were being used to reduce admissions. There was also work ongoing to improve the flow through acute mental health services, particularly in terms of ensuring timely discharge from hospital into appropriate care. Council adult social care services and local community & voluntary sector organisations are key partners in this work.
- 27.8 In answer to a question from Cllr Rainey about accessing mental health support, Dr Padmore replied that work is carried out to advertise how to access services. However, more does need to be done: e.g. closer working with 111 to ensure that callers are not advised to present at A&E if there is a more appropriate alternative. Mr Persey added that a local Mental Health Needs Assessment has recently been published. This is a significant piece of work and will be used to raise awareness of mental health and of the significant challenges we face locally.
- 27.9 The Chair asked a question about the adequacy of local GP services, given the paucity of GPs, particularly in the most deprived parts of the city. Ms Griffith responded that there are problems with people being able to access appointments, particularly face to face. Additional investment is being provided to improve face to face capacity, to provide better telephone access, and to better understand demand for primary care. The recently opened Urgent Treatment Centre and investment in community pharmacy services will also help. Ms Banjoko added that there is an important role to be played by the community & voluntary sector here, with the potential to better use community assets to provide primary care and to target community support to people who need to attend primary care frequently.
- 27.10 The Chair asked how the inevitable tensions between health and adult social care concerning hospital discharge into care settings were being managed. Mr Persey replied that delays to timely discharge remain a national and local concern. However, relationships have improved considerably over recent years, with a them Vs us dynamic having been replaced with a mutual recognition of the challenges faced by each sector and a commitment to work together to improve outcomes. This is not just about discharge; avoiding admissions is as important.

27.11 The Chair thanked all the presenters for their contributions.

27.12 RESOLVED – that the report be noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of