



HEALTH & WELLBEING BOARD ADDENDUM

4.00PM, TUESDAY, 26 JANUARY 2021

VIRTUAL – VIA MICROSOFT TEAMS



ADDENDUM

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**Petition Forwarded from Full Council, 17 December 2020 -
Protect CGL Fact Families and Carers Group**

- 1.1 The Committee is required to respond to the petition either by noting it or writing to the petition organiser setting out the Council's views, or where it is considered appropriate to call for an officer report on the matter. The Chair's response is set out below:

Chair's Response:

"CGL have recruited a new part-time Family and Carers Lead who is about to start in post. The role will focus on setting up peer support groups for family and carers, and a number of volunteers have already been identified who are keen to lead and support these groups. In light of the current circumstances with Covid-19, the groups will be facilitated on-line to begin with. At such time that it is possible to reinstate face-to-face meetings and groups, CGL will prioritise the need to offer a FACT group in the Hove area. A budget for room hire is available and initial discussions have been had with potential venues. The new Family and Carers Lead will be taking this work forward."

WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

A period of not more than fifteen minutes shall be allowed for questions submitted by a member of the public who either lives or works in the area of the authority at each ordinary meeting of the Board.

Every question shall be put and answered without discussion by the Chair. The person who asked the question may ask one relevant supplementary question, which shall be put and answered without discussion.

The following written questions have been received from members of the public.

1. Question from Adrian Attree — Arrangemengts for Asthmatic Sufferers, St Peter’s Medical Centre, London Road, Brighton

“PHE’s COMEAP 2018 report on NO₂ says, when NO₂ is over 188ug/m³ ‘one quarter of people with asthma would experience a ‘clinically relevant’ increase in airway responsiveness’. The expanding St Peters Medical Centre is in a location of high pollution. The bus stops on London Road that serve patients are expected to exceed 188 during busy rush hours. Therefore at these times one quarter of asthmatics who have visited the surgery and wait for a bus home will suffer an asthma attack as a direct result of their visit to the surgery. How is this being addressed?’

Chair’s Response:

“Thank you for your question Adrian. We are very aware of the national research and statistics available about air quality and health. London Road is a busy street where people spend time, and as you have highlighted, the council’s Local Air Quality Management Reports do indicate that it has relatively poor air quality. The reasons for this are the combination of the different types, ages and engines of vehicles and the more enclosed street environment due to the height of some buildings.

The St Peter’s Medical Centre does serve local people and the public transport and sustainable transport links are quite good in this area. The choice and frequency of many bus services mean that most passengers will generally only need to wait a few minutes for their bus and should not be unduly affected by concentrations of emissions. Some people will also use taxis or their own car if they are not very mobile.

We do know that during the 2020 lockdown the levels of traffic, and therefore emissions, have been different because of the effects of the pandemic. This has led to a temporary 50% reduction in some instances, but London Road remains a priority for monitoring, emission reduction and air quality improvement. We need to continue to act to tackle air quality and its effects on our lives and at the Environment, Transport & Sustainability Committee last week, the council has also agreed to develop some exciting options for a new, expanded Ultra Low Emission Zone and the creation of a Liveable City Centre with fewer vehicles and more active travel and public transport use.

We will continue to work with partners such as bus companies to make vehicles cleaner and to deliver more infrastructure that makes walking and cycling more convenient for people; and we want to tackle congestion by providing those alternatives to help reduce vehicle traffic. All of these will help reduce pollution levels in the London Road area and we will be developing a new Air Quality Action Plan for the city and consulting people on it. I hope you will be able to participate in that process later in the year and give your views and suggestions.”

Chair’s Response:

2. Question from John Kapp – Arrangements - Addiction and Rough Sleeping

In the effort to end rough sleeping, will the Health and Wellbeing Board (HWB) suggest to the Clinical Commissioning Group (CCG) that they refer beggars and homeless people to SECTCo’s drop in family constellation groups to overcome their addictions?

Chair’s Response

“Thank you for your question. Brighton & Hove commissions services to meet the needs of people who are homeless and have substance misuse and we have recently been successful in a significant bid to central government specifically to address the needs of people with an experience of homeless and substance misuse. This funding will allow us and our commissioned providers to build on current service provision. This will help us to better support people who are homeless and have substance misuse needs by supporting access, engagement and sustainment in treatment. This will support people to recover from both homelessness and substance misuse.

We are aware of many excellent voluntary and community services in Brighton & Hove and we welcome the wide choice this gives people recovering from substance misuse and note your part in this provision.

3. Question from Ken Kirk – Role of ICSs

“The LGA says ICSs are “not intended to be a partnership of equals and there is a risk that ICSs will bypass or replace ... existing partnerships for health and well-being”. ICSs will supplant existing NHS public bodies. There is no commitment to meet in public, publish minutes, be subject to FOIs, or to have democratic participation from their communities. You will find references in NHSE documents to partnership with LAs and responsiveness to patients, in practice there’s very little LA or community involvement in the development of ICSs. Their board is accountable only upwards, to a Regional Directorate, not downwards to local people - another body set by NHSE with no public scrutiny. This absence of accountability is a shocking indictment, suggesting the intention to pave the way for ICSs to be run by private interests.”

Chair’s Response

‘Sussex Health and Care Partnership became an Integrated Care System (ICS) in April 2020. The build up to the successful application was a partnership across health and care organisations including the three upper tier local authorities and the local voluntary and community sector. There were co-design workshops in January and February of 2020 which were attended by statutory partners that set the foundation of our ICS which is rooted in the needs of the populations we serve. This followed extensive wider public engagement examining the future strategy of the health and care system. The Sussex Health and Care Partnership looks to recognise individual needs and acknowledges the persistent and in some cases widening health inequalities that have remained resolute across our communities.

We have seen a real benefit in our collaborative approach in our response to the Covid-19 pandemic and our ability to mobilise the vaccination programme at speed. This is also reflected in the joint work on discharging patients from our local hospital, care providers and the Homeless Care and Protect services. We are now working across our system in a more effective and efficient way.

This has already brought real benefits to the way we plan and deliver services for our populations, both strategically across Sussex and locally in Brighton and Hove and in communities. Our GP practices have started working more closely with their neighbouring practices to share expertise and workforce and NHS organisations, local authorities and partners are now working closer than they have ever done before to give people more joined-up health and care.

Reaching this point has involved a lot of hard work from our partners and has been achieved through the increasing collaboration and partnership working across our health and care organisations. As a system, we recognise that working together gives us the best opportunity to work effectively and address the challenges we faced prior to the global Covid-19 pandemic and the increased need to work more closely for the benefit of our populations and workforce as we emerge from the current challenges.

It is important to note that our current partnership arrangements for the Integrated Care System do not replace the statutory authority of the organisations that make up the partnership. Therefore our commitment to transparent and accountable decision making through our statutory organisations remains.'