

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 10 NOVEMBER 2020

VIRTUAL VIA MICROSOFT TEAMS

MINUTES

Present: Councillors Shanks (Chair) Councillor Nield (Deputy Chair), Moonan (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Childs

Brighton and Hove CCG: Lola Banjoko and Ashley Scarff

Also in Attendance: Geoff Raw, Chief Executive, BHCC; Deb Austin, Acting Statutory Executive Director, Children's Services; Rob Persey, Statutory Director for Adult Social Care; Alistair Hill, Director of Public Health; Graham Bartlett, Safeguarding Adults Board and David Liley, Healthwatch

PART ONE

26 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

26(a) Apologies

26.1 Apologies were received from Dr Andrew Hodson, of the CCG, Deputy Co-Chair and Andrew Taylor, CCG.

26(b) Declarations of Substitutes, Interests and Exclusions

26.2 There were none.

26(c) Exclusion of Press and Public

26.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

26.4 **RESOLVED** - That the public be not excluded during consideration of any item of business set out on the agenda.

27 MINUTES

27.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 8 September 2020 as a correct record.

28 CHAIR'S COMMUNICATIONS

28a Chair's Communications

Postcard Setting Out Updated Lockdown Guidance

28.1 The Chair explained that a postcard setting down the latest updated lockdown guidance and contact details for local support would be going out to all households in the city w/c 16 November (next week). Additional copies would be shared through food parcels and various services and community groups later that week. If anyone would like additional printed copies they should get in contact with the council comms team.

28b Callover

28.2 It was noted that all items appearing on the agenda were called for discussion.

29 FORMAL PUBLIC INVOLVEMENT

29a Petitions

29.1 There were none.

29b Written Questions

29.2 It was noted that two public questions had been received.

(1) Question from John Kapp — Commissioning Strategy CCG

29.3 Mr Kapp put a question in the following terms:

“Does the board agree that 'first do no harm' should be the first principle of the commissioning strategy of the CCG, and that the HWB should hold them to account to uphold it?”

29.4 The Chair responded in the following terms:

“Brighton and Hove CCG takes its responsibility to commission safe and effective care for the city's population extremely seriously. As a joint partner in the Brighton and Hove Health and Wellbeing Board, our collective Health and Wellbeing Strategy has eight guiding principles; one of these guiding principles is *“Keeping people safe – we want*

everyone to be safe from avoidable harm, taking particular care of our most vulnerable residents" and as a CCG it is fully committed to this principle, as are all HWB partners. Similarly, the Brighton and Hove response to the NHS Long Term Plan reflects that the CCG will work collaboratively with all partners on key priorities including the delivery of safe, effective care, to prioritise prevention across the system and to ensure we reach groups and communities within our population who are less engaged to ensure we reduce health inequalities.

The Brighton and Hove Health and Wellbeing Board is a partnership board, and the CCG is an active and supportive member. The CCG values its place as part of the Board and are encouraged by the partnership working that has developed from discussions to date, and the plans we have for the future. In terms of accountability, the council's Health Overview and Scrutiny Committee has a scrutiny role in terms of the health in the city, and the CCG welcomes and supports their oversight on healthcare plans and services in place across the city. The CCG is also part of the National Health Service (NHS) and as such is regulated and held to account by NHS England.

- 29.5 Mr Kapp was invited to put a supplementary question. Mr Kapp stated that he was not in agreement that the role of the Council/Board was to work in partnership with the CCG considering that elected councillors should call the CCG to account especially in relation to use of alternative evidence based treatments. Mr Kapp referred to the document prepared by the National Association of Social Prescribing which had been published for a year asking what steps the Board would be taking to implement the recommendations set out in that report.
- 29.6 The Chair, Councillor Shanks responded that the role of the Board was one of partnership and collaboration. Social Prescribing was an issue which the Board would be happy to look at properly in future once the current Covid emergency had passed.

(2) Question from Valerie Mainstone – Self Isolation Arrangements

- 29.7 The following question was put on Ms Mainstone's behalf in her absence:

"The HWB will be well aware of the vast amount of money that has been wasted by the central government on private firms to carry out the Test-Trace-and-Treat programme, and the frustrations experienced by local Public Health Departments, such as our own, whose expertise lies in this area of work.

"Unfortunately we know that some people ordered to self- isolate cannot do so for financial reasons. Is there any follow-up to indicate who does, and who does not self-isolate when ordered to do so, and is there any local system in place to support people in self- isolation?"

- 29.8 The Chair responded in the following terms:

"We recognise the importance of test and trace and of support for people to self isolate in helping to break the chain of transmission.

The Test and Trace system does not routinely follow up to indicate who does, and who does not, self-isolate when ordered to do so.

However locally, the Brighton & Hove Community Hub service is in place to provide help and support for residents while they are self isolating. The hub can help people to access:

- food and medicine
- befriending and learning packages to reduce feelings of loneliness
- financial advice
- other forms of support

In addition, residents are entitled to the national Self-Isolation Payments of £500 if they:

1. have been told to stay at home and self-isolate by NHS Test and Trace, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive
2. are employed or self-employed
3. are unable to work from home and will lose income as a result
4. are currently receiving or have applied for certain benefits

They do need to meet all of the criteria above to qualify for a Self-Isolation Payment.

If the resident is not in receipt of any of the specified benefits, the council may be able to make a discretionary payment of £500 to those who will face financial hardship as a result of not being able to work while self-isolating.

Details of the support available are on our website at <https://www.brighton-hove.gov.uk/coronavirus-covid-19/request-help-yourself-or-someone-else> ”

29.9 **RESOLVED** – That the questions and the responses given to them be received and noted.

29c Deputations

29.10 There were none.

30 FORMAL MEMBER INVOLVEMENT

30a Petitions

30.1 There were none.

30b Written Questions

(1) Tier 2 – Covid Recovery Arrangements

30.2 It was noted that four questions had been received in total. One question set out in the agenda and below had been received from Mr Liley of Healthwatch. Mr Liley

acknowledged that his question was now largely redundant having been overtaken by the current situation. He considered however that it would be beneficial for public response to be given.

30.3 Mr Liley's question as follows:

"Government advice is that if we move to Tier 2 COVID response Care Home visiting will be restricted to "...only in exceptional circumstances"
see: <https://www.gov.uk/guidance/local-covid-alert-level-high#visiting-relatives-in-care-homes>

Irrespective of any move to Tier 2 can the HWB ensure that care home residents in Brighton and Hove can be visited by one nominated family member by arranging weekly testing provided on the same basis as for care home staff?"

30.4 The Chair responded in the following terms:

"As HWB Members will be aware since this question was received from David Liley events have overtaken and rather than any consideration of moving into Tier 2 we are now. since last Thursday in a second national lockdown. Additional government guidance <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes> was issued at the end of last week which, in relation to the specific question, can be summarised as follows:

The new national guidance recognises the importance of maintaining opportunities for visiting to take place which is critical for supporting the health and wellbeing of residents and their relationships with friends and family. It sets out measures that can be put in place to provide COVID-secure opportunities for families to meet and expects care home providers, families and local professionals to work together to find the right balance between the benefits of visiting, and the risk of transmission of COVID-19 to care staff and vulnerable residents. The guidance identifies that the individual resident, their views, their needs and wellbeing are an important focus of decisions around visiting and all decisions around visiting should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable. Providers must also have regard to the DHSC [ethical framework for adult social care](#)

The updated guidance states that care home providers 'need to assess and balance the risk of local prevalence and the ability of the care home to manage the visit safely. This dynamic risk assessment must formally take into account the advice of the local DPH' The current local advice for care homes is to follow this latest national guidance. If there is any need to introduce additional and/or different measures locally, these would be communicated.

Therefore, subject to appropriate risk assessments being in place, assuming there is no active outbreak within the care home, following correct procedures up to no more than 2 consistent visitors can continue to meet their loved ones in a care home. However, if an outbreak is confirmed the provider should move to stop visiting apart from in exceptional circumstances such as end of life.

The government are exploring the options for testing visitors and will review the overall approach to care home visiting as the current national restrictions come to an end.

30.5 It was noted that three questions had been also been received from Councillor Childs and these and the Chair's responses to them are also set out below:

(2) **Councillor Childs – Regular Check-Ups for Children Registered with NHS Dentists**

30.6 Councillor Childs put the following question:

“What provision will be made to ensure children registered with NHS dentists can receive regular check-ups which have ceased since March?”

30.7 The Chair responded in the following terms:

“NHS Dentistry is commissioned by NHS England and is currently guided by the Office of the Chief Dental Officer (OCDO) Standard Operating Procedure ‘Transition to Recovery’. For routine and urgent dental care there remains a need to minimise footfall and non-essential face-to-face contact within the dental environment, the main reason for which is the aerosol generating procedures (AGPs) that cover most dental treatments. In identifying and prioritising patients, within the available capacity, recommending deferred courses of treatment, recall and re-assessments will be prioritised to those patient groups with the greatest need. Practices are guided to consider prioritising patients, including those with frequent recall according to NICE recall guidelines e.g., children. Prioritisation of patients to be seen face-to-face will depend upon the clinical judgement and expertise of the practitioner to weigh up the benefits of dental treatment against exposure risk and to always plan for care in the patient's best interests.”

(3) **Councillor Childs – Payment for Care Staff working for Providers Commissioned by the Council if Forced to Self-Isolate**

30.8 Councillor Childs put the following question:

“At the last Committee I asked about care staff working for providers commissioned by the council and if they would receive full pay if forced to self-isolate. Please can an update be provided?”

30.9 The Chair responded in the following terms:

“I can confirm that under the Infection Prevention and Control funding the Council has distributed funding to care homes and is monitoring the use of this funding against the stated criteria. This criteria includes one expectation of continuing to pay staff fully where they are required to isolate. There are many cases where this is happening, and I confirm this is the case also with the Council run homes. However, our monitoring has identified a number of providers where these payments are not automatically being made directly to all staff. The Council is following this up directly with each individual provider identified.

(4) Councillor Childs – Update on Situation With Non-urgent Blood Tests

30.10 Councillor Childs put the following question:

“Can the CCG update us on the situation with non-urgent blood tests?”

30.11 The Chair responded in the following terms:

“The temporary issue with the Roche supply chain has been resolved, and the CCG is pleased to confirm that all pathology services in Sussex (and beyond Sussex within Trusts that our GP practices use) now have regular deliveries to ensure that they can perform all necessary tests. An update has been sent to all GP practices to inform them that all urgent and non-urgent blood testing can resume for all of our hospital trusts. The CCG is working with GP practices to rebook appointments for any patients whose appointment was affected by this national issue and ensure they can take place in a timely way.”

30.12 **RESOLVED** – That the questions and responses given to them be received and noted.

30c Letters

30.13 There were none.

30d Notices of Motion

30.14 There were none.

31 PRESENTATION -COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN

31.1 The Director of Public Health, Alistair Hill, gave a presentation detailing the arrangements being put into place going forward both to seek to continue to contain the number of cases across the city and importantly to foster and sustain recovery and to build resilience in the event of any future spikes in infection rates. Although the mortality rate in the city remained relatively low compared to other parts of the country all partners were continuing to work to ensure that there was sufficient to respond effectively to any changes which took place. Details of infection levels and mortality rates week by week were shown. The slides accompanying this presentation were displayed at the meeting and would also be attached to the agenda and council website. Data provided related to the period up to 9 November.

31.2 It was explained that the results of contact tracing to date had indicated that that the greatest individual exposure was within households closely followed by mixing between households and related to the pre-lockdown period. Whilst data relating to settings was useful in helping to inform prevention but did not necessarily mean that transmission had occurred in those settings. There had been more cases in staff who worked in, hospitality, retail and other workplaces in the city and contact had been made to support these employers.

- 31.3 A summary was provided in respect of health and care settings and in relation to the ratio of service users to staff testing positive. The challenge was in finding the balance between enabling visits and protecting residents and staff. Whilst in recent weeks there had been fewer cases across the city it was too early to conclude that this represented a sustained downward trend as that decline was almost entirely attributable to fewer cases in young adults, explainable in part to fewer cases in students. Currently, the case rate was stable in working age and older adults, with cases associated with a wide range of settings and places with older people having being at higher risk of complications and hospital admissions. Therefore, the impact on the health and care system was significant. Lockdown presented an opportunity to drive down the R rate and to reduce and prevent pressure on health services and to maintain manageable infection levels.
- 31.4 Councillor Bagaeen welcomed the update given and sought further clarification in relation to current infection rates, also in relation to the turn around for tests. It was confirmed that a variety of means were being used and these were being assessed on a daily basis to see how these could be used to best meet the needs and priorities that had been set. In answer to further questions it was explained that once admitted to hospital the length of stay was variable and that where there was a longer period prior to discharge that was challenging.
- 31.5 Councillor Moonan requested details regarding the numbers of those currently admitted to hospital who were in intensive care, the number who were on ventilators and confirmation that there was sufficient capacity currently. It was confirmed that notwithstanding the pressures which were anticipated due to seasonal surges in hospital admissions the situation would be challenging but could be met. There was sufficient ventilator capacity. New guidance had been issued that day in relation to the provision of isolation beds and in relation to the provision and release of Quality Care Commission beds. Arrangements were being put into place but it was difficult currently to identify what the exact level of demand would be.
- 31.6 In answer to questions of Councillor Childs regarding contingency arrangements should the current situation take a turn for the worse, Lola Banjoko of the CCG confirmed that capacity planning and contingency arrangements were in place including use of the Nightingale Hospitals as/if necessary.
- 31.7 **RESOLVED** – That the contents of the presentation be noted and received.

32 BHCC WINTER COLD WEATHER PLAN

- 32.1 The Board considered a joint report of the Public Health Principal, Public Health (HASC) and the Regulatory Services Manager setting out the Brighton and Hove City Council Winter Cold Weather Plan 2020/21.
- 32.2 The Public Health Principal, Becky Woodiwiss, explained that the Plan was updated annually. This year planning for the winter 2020/21 had been in the context of the Covid 19 pandemic, its health and socio-economic impacts, resulting services changes, an expanded seasonal Influenza Vaccination Programme and the UK's scheduled exit from the EU on 31 December 2020. The Plan localised the Cold Weather Plan for England, both of which sought to prevent avoidable harm to health, by alerting services and

people to the negative health effects of cold weather and enabling all prepare and respond appropriately. The main aim of the Cold Weather Plan was to reduce pressure on the health and social care system through improved anticipatory actions with vulnerable people. It was recognised that this year those pressures could include seasonal surge pressures, such as the impact of flu, Covid 19, or the wider circumstances such as the wider impact of the EU Transition Period from 1 January 2021 onwards. The preparation and response for Winter 2020/21 was being co-ordinated with the Sussex Resilience Forum (SRF) and partners across Sussex.

- 32.3 The Regulatory Services Manager, Annie Sparks, explained that she managed the Emergency Plan and sought to ensure that a co-ordinated response was provided in concert with partners. This was set in the context of the work undertaken with the CCG and NHS and the manner in which it dovetailed with the NHS Plan. Additionally, in response to the current pandemic and the impending final arrangements for exit from the EU needed to be factored into the arrangements being put into place in addition to those to combat the seasonal surge in illness and hospital admissions especially from amongst those who were most vulnerable in the community.
- 32.4 The key messages were highlighted which included stepping up roll-out of flu vaccination and publicising its availability, also access to assistance with heating and food especially to those who lived in older/poorer standard housing which took greater effort and cost more to heat. Combatting fuel poverty was a significant issue and those suffering from it could be at greater risk of fire hazard. Mr Kemp who was in attendance on behalf of the East Sussex, Fire and Rescue Service explained that advice was available in terms of fire safety and how to stay warm safely. This was publicised and the service was happy to liaise with and advise colleagues in order that they could be signposted to available services.
- 32.5 The Chair, Councillor Shanks, stated that it was also important for the Council to consider its own housing stock and to ensure that tenants were made aware of the assistance and services available to them. Councillor Bagaeen concurred in that view stating that it was important that the situation was tracked and monitored to ensure that those who were most vulnerable were targeted. It was confirmed that those in the most wards where the greatest levels of deprivation had been identified were deemed to be particularly at risk and that in the current exceptional circumstances ways of advising of and ensuring delivery of services were being assessed to look at how things needed to be done/delivered differently.
- 32.6 Councillor Nield requested details in relation to the expanded flu vaccination programme and any measures being put into place to encourage take up by those who were vulnerable including care staff, including, carers and hospice carers, those who were shielding, where “hot spots” had been identified or where take up had been patchy and what was being provided needed to be ramped up. It was noted that it was important that phased and targeted delivery was important.
- 32.7 Lola Banjoko, CCG, explained that in addition to the usual seasonal arrangements provision had been expanded to address the needs of the most vulnerable residents. Currently there had been a 70% take up of the flu-jab by those over 65 years of age this was being monitored and further uptake was being encouraged.

- 32.8 The Executive Director, Health and Adult Social Care confirmed the on-going support available for those in care homes and explained that due to the SWEF arrangements in place those who had been rough sleeping had been found accommodation which meant that they could be housed and looked after in a covid secure way.
- 32.9 **RESOLVED** – That the Board approves the content of the report and the actions to be taken by the Council services and partner organisations.

33 SUSSEX HEALTH AND CARE PARTNERSHIP (SHCP) WINTER PLAN

- 33.1 The Board considered a report of the CCG, providing an update on the Sussex Health and Care Partnership Winter Plan 2020-21.
- 33.2 The Head of Resilience, Sussex CCG's, Isabella Davis-Fernandez, presented the report and Board Members noted that a high level summary paper had been presented to the 8 September meeting of the Board. The purpose of this paper was to provide an update on that paper and to detail progress made and to reference further detail relating to specific elements of the Winter Plan which had been submitted to NHS England on 1 October 2020. The key elements covered by the Plan were highlighted in the Executive Summary to the report. The Plan which had been developed by the Brighton and Hove Local A & E Delivery Board (LAEDB) which included representation from all local system health and social care providers and commissioners. This group had been instrumental in developing the key elements of the Winter Plan which included setting out key risks and mitigations for winter in each system, capacity and demand modelling, mitigations to address identified gaps, learning from winter 2019-20, escalation triggers, Covid 19 early warning triggers, local outbreak plans and use of the Single Health resilience Early warning Database (SHREWD) and the winter operating model for the winter period.
- 33.3 Board Members welcomed this update, noting the arrangements put into place and the manner in which they would dovetail with the council's own.
- 33.4 **RESOLVED** – That the Board notes the contents of the Sussex Health and Care Partnership Winter Plan 2020-21 update.

34 BRIGHTON AND HOVE SAFEGUARDING CHILDREN PARTNERSHIP (BHSCP) PROGRESS REPORT, OCTOBER 2019- MARCH 2020

- 34.1 The Board considered a progress report prepared by the Brighton and Hove Local Safeguarding Children Partnership (BHSCP). This body was comprised of Statutory Safeguarding Partners: Brighton and Hove City Council, Sussex Police and the Clinical Commissioning Group on behalf of health partners. The report was essentially an interim one, covering the period October 2019 to March 2020.
- 34.2 The BHSCP, Business Manager, Sally Kendal, explained that the Partnership comprised representatives from statutory and non – statutory agencies and organisations in Brighton and Hove who had shared responsibility for keeping children safe. It was noted under its partnership arrangements published in June 2019 the BHSCP oversaw the strategic direction and work of partners key activities which the Partnership had overseen during the 6 month period covered by the report were

outlined. The purpose of this short report was to preface the first annual report under the new arrangements which would cover the period April 2020 to March 2021 and would run in accordance with the business year cycle to enable the BHSCP to utilise comparative data.

- 32.3 In answer to questions it was explained that notwithstanding the impact of the current pandemic the Partnership had continued to establish new ways of working flexibly. The key change was that the Board meeting had been replaced by a smaller strategic leadership body (the Steering Group), which was led by three safeguarding partners. This approach was aligned to the reforms introduced by the Department for Education under “Working Together 2018”, to improve efficiency and focus on core child safeguarding responsibilities across local authority areas. Between April 2019 and March 2020 training had been delivered to 866 including 399 attendees at the Partnership’s core training days.
- 32.4 In response to questions it was confirmed that the final week of the reporting period had seen the first national lockdown and safeguarding children had immediately identified as a key risk and that when looking to the future the short and longer term impact of Covid 19 was one of the key challenges facing the partnership.
- 32.5 **RESOLVED** – That in respect of this report is submitted to the Board for the Board:
- (1) Notes the report the contents of the report and commends to partners the importance of promoting partnership working to safeguard children, young people and their families across the city; and
- (2) Notes the BHSCP’s business plan priorities which run from April 2020 to March 2023 (page 7 of the report) and consider how this work aligns to work being undertaken as part of the city’s joint strategic needs assessment relating to “Starting Well”. Priority 4 (below) will focus on implementation recommendations from the Sussex wide review of emotional health and wellbeing support for children and young people, ensuring that gaps in provision are addressed.
- Priority 1 - Partnership Engagement and Accountability: The new arrangements will provide strategic leadership to embed the principles of safeguarding citywide.
 - Priority 2 - Safeguarding children from violence and exploitation: There is a clear understanding of the scale of complex and contextual safeguarding within Brighton & Hove and that the needs of children and young people affected by violence are identified and assessed effectively.
 - Priority 3 - Neglect: The needs of children and young people affected by neglect are identified and assessed effectively resulting in timely and appropriate intervention.
 - Priority 4 - Mental Health and Emotional Health and Wellbeing: Service provision for children who need support for emotional and mental health issues is consistently good across Brighton & Hove; and
- (3) Notes that the BHSCP is in the early stages of understanding the long-term impact of Covid-19 on safeguarding and supporting our children, young people and their families as well as considering how best to promote their wellbeing and targeting our resources accordingly.

35 "A GOOD SEND OFF"- HEALTHWATCH BRIGHTON AND HOVE REPORT ON END OF LIFE CARE

- 35.1 The Board considered a report prepared by Healthwatch Brighton entitled "A good Send Off", which was presented to advise Board Members of the experiences of 15 people with an end of life prognosis who had been discharged from the Oncology Ward of the Royal Sussex County Hospital between November 2019 and January 2020. At the request of Healthwatch England and the NHS this report had been withheld from public release over the period of the initial response to Covid 19 at the time the case studies were gathered. The individuals referred to had all now passed away but were survived by their families and friends who had been impacted by the end of life care process.
- 35.2 Mr Liley, the Chief Executive Officer of Brighton Healthwatch explained that the aim of the report was to inform the Health and Wellbeing Strategies, "Dying Well" and "Aging Well", to advise service providers across the health and care system about ways in which the patient experience might be improved in hospital discharge and end of life care and to provide a basis for a city wide and system wide action plan in order to improve people's experience of end of life care. The report's recommendations most affected people undergoing end of life care, their families and friends.
- 35.3 Councillor Moonan welcomed the report and considered that the recommendations be amended that scrutiny of this going forward should remain with this Committee in order that it could continue to be informed and to have an overarch in respect of this issue. Councillor Bagaen concurred in that view and seconded the proposed amendment. Mr Liley confirmed that he was happy to accept the amended wording, the Board indicated that they were happy to accept this suggestion and it was then voted on as the substantive recommendation.
- 35.4 **RESOLVED** – (1) That the Board request that the recommendations of the report are delivered through the Brighton and Hove Joint Health and Wellbeing Strategy, by all the relevant partners to the strategy. Particularly Dying Well and Ageing Well.
- (2) That the Board request partners to the JHWS to devise and implement an action plan to address the recommendations of the report. That action plan should include service users and their families as equal partners in service re-design and co-production of improved end of life care services; and
- (3) That there be a report back to the HWB on progress in 12 months time.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of