

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 24 FEBRUARY 2021

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Evans (Chair)

Also in attendance: Councillor Deane (Group Spokesperson), McNair (Group Spokesperson), Barnett, Brennan, Grimshaw, Lewry, Powell, West and Wilkinson

Other Members present: Councillors

PART ONE

25 PROCEDURAL BUSINESS

- 25.1 There were no substitutes for this meeting.
- 25.2 There were no declarations of interest.
- 25.3 **RESOLVED** – not to exclude the press or public from the meeting.

26 MINUTES

- 26.1 The minutes of the 09 December 2020 meeting were agreed as an accurate record.

27 CHAIR'S COMMUNICATIONS

- 27.1 Cllr Evans, the HOSC Chair, gave the following communications:

At the last HOSC a couple of months ago, I started by apologising for the somewhat angry tone of my Chair's Comms, caused by my frustration at the UK government's abject mishandling of the Covid pandemic right from the beginning, and the unnecessarily severe suffering, loss of life and economic hardship it had caused.

At that time, we were just out of the second too-little-way-too-late lockdown, with numbers slightly decreased as a result, with the much more optimistic prospect of several vaccines being approved (& the belief that this programme, unlike the disastrous privatised PPE & TTI efforts, would be run by the NHS) gave me reason to hope that by **this** HOSC, we would be in a way better place, both locally and nationally.

Since then, way over 50,000 more people in England and Wales alone have lost their lives to this awful disease, and although numbers are thankfully heading downwards again, there are currently still nearly 17,000 people in hospital, the government have been ruled to have acted unlawfully in procurement practices around PPE & other contracts, and the Health Secretary doesn't think he should either apologise or resign. We continue to tell people to isolate, without providing the means for literally millions of people on zero hours, zero rights contracts to do so, and the disease spreads and spreads and around we go again.

So, this time I make no apologies for my angry tone: we still lead the world in the worst possible way with our horrendous death toll. In fact, the UK and only 4 other countries account for HALF of the entire world's two million plus deaths, and the other four – India, Mexico, Brazil & the USA – all have vastly bigger populations than us.

Even the one brilliantly shining happy bit of all this – and yes, of course it is the bit run by the NHS themselves, the wildly successful vaccination roll out – must be caveated by saying that although the government can and do boast truthfully that we are leading the world in terms of numbers of vaccinations administered, this is only the case because they have ordered the NHS to ignore the manufacturer's dosing schedules, and if you look again at the international figures, we are trailing badly in numbers of people FULLY vaccinated. We can only hope & cross our fingers and toes that long term, this will be a political gamble that pays off.

Again, I think it bears repeating that of course none of this frustration is even slightly aimed at any of the much put-upon NHS staff – from the cleaners, porters, care workers at the bottom of the pay scales to the consultants and senior admins at the top, we owe them all a huge debt of gratitude for their dedication and service, and of course huge thanks to those presenting reports here today despite the continuing immense pressure they are under.

As trailed last time with verbal reports, we are revisiting in a bit more depth the important subjects of Mental Health provision during this difficult period, and the experience of the city's BAMER communities – both as patients and as workers – during the first wave last year.

It is clear in both cases that the rampant inequality in this country has a massive negative impact on health outcomes, and that Covid has highlighted this impact in a dramatic way. I think the writer Damian Barr coined the quote used on one of the slides in the Mental Health presentation "We are all in the same storm, but not all in the same boat". The TDC report on BAMER experiences in particular contains many findings and quotes that I found both profoundly shocking and yet sadly, depressingly, not very surprising, if that makes any sense. For example, that so many BAME staff even in the NHS feel they are expected to take higher levels of risk than their white colleagues, or that so many BME agency workers in particular even in these most high-risk frontline roles felt they had to go into work even with uncertain symptoms (especially when there were no tests available) because otherwise they would not be paid or be able to eat!

I really want to thank and congratulate everyone involved in this brilliant piece of research, including the respondents of 56 different ethnicities who took part – I'm sure the findings and recommendations will be percolating through our various health bodies and committees for some time to come. Because if we learn nothing else from this extraordinary period in all our lives as a city and a country, we must surely recognise the need to build back better, to have a 1945 style epiphany, to fight not to just 'go back to normal', but to demand accountability from

our leaders, demand a new, much improved normal, where it is NOT OK for some people to weather the storm 'on a super-yacht, while others have just the one oar'.

28 PUBLIC INVOLVEMENT

28.1 There were no public questions.

29 MEMBER INVOLVEMENT

29.1 Fran McCabe (Healthwatch Brighton & Hove) asked a member question:

BH HOSC and Healthwatch organisations across Sussex have identified serious deficits in the NHS dental service for routine and urgent care during the pandemic, which has left patients in pain and without dental check-ups. This has been continually raised by Healthwatch with NHS England who commission the service. The Chair of HOSC has also asked NHSE twice to attend HOSC and they have refused. Would the Chair write jointly with Healthwatch to identify again the issues and express our concerns that they are not willing to attend HOSC to be scrutinised?

29.2 The Chair responded that she would be happy to write a letter jointly with Healthwatch to the NHS England dental commissioners asking them to attend a HOSC meeting to answer questions on dental provision during the Covid pandemic.

30 VACCINATION PROGRAMME: VERBAL UPDATE

30.1 This item was introduced by Dr Sarah Richards, CCG Medical Director, and by Ashley Scarff, CCG Deputy Managing Director.

30.2 Dr Richards told members that the vaccination programme was progressing on or over target across Sussex. Uptake in Brighton & Hove has been slightly lower than in East and West Sussex and targeted work is being undertaken to improve vaccination rates in the city: e.g. focusing on more deprived communities.

30.3 In response to a question from Cllr Brennan on people in emergency or temporary accommodation, refugees and others who may not have a GP, Dr Richards assured members that these groups and others are being targeted. Measures include bespoke communications for particular groups, the use of trusted community champions to encourage vaccination, and temporary GP registration.

30.4 Cllr West stated that he was uncomfortable with remarks made by the Chair in her Chair's Communications. In particular, Cllr West noted that there was strong expert backing for the Government's decision to delay second doses of vaccines in order to prioritise first doses. Cllr Evans responded that it had not been her intention to dissuade anyone from having a vaccination.

- 30.5 In answer to a query from Cllr Grimshaw on the potential to prioritise some groups (e.g. police or teachers) for vaccination, Dr Richards told members that local areas are required to follow the national vaccination timetable.
- 30.6 In response to a request from Cllr Powell on more information on the work of Covid champions, with particular reference to outreach to Black & Minority Ethnic groups, Dr Richards agreed to circulate information outside the meeting. Dr Richards subsequently responded that we currently have more than 100 champions across Sussex, with a number specifically focused on Black & Minority Ethnic engagement. In terms of impact, the champions are having a positive impact on social media and are helping to share accurate and up to date information, and challenge incorrect information. In terms of evidence, at this stage it will be the number of interactions and contacts they have through social media and other digital forums, as well as the activity they lead in their communities (posters in shops etc).
- 30.7 Cllr Powell asked a question about prioritisation for volunteers at foodbanks, where some volunteers in East Sussex had been offered jobs, but people in Brighton & Hove had not. Dr Richards agreed to investigate and respond. Dr Richards subsequently clarified that workers who have regular contact with the public, but who are not working within and health or care settings, should not have priority access to vaccination.
- 30.8 Fran McCabe noted that the CCG is supporting a vaccination enquiry line and asked for more details on this. Dr Richards was not able to provide details at the meeting, but subsequently confirmed that to help support people and answer queries they may have, there is a vaccine enquiry service which can be accessed by email or by phone. The helpline number is on the CCG website and has been shared with VCS orgs and Healthwatch, and will be shared with GP practices in late Feb/early March. The number is 0800 433 4545 (Monday to Friday, 9am – 4pm) and it is important to be clear that people can't book their jab by calling.
- 30.9 The Chair thanks Dr Richards and Mr Scarff for their update.

31 PRESENTATION ON MENTAL HEALTH SERVICES AND COVID

- 31.1 This item was introduced by Anne Foster, Head of Mental Health Commissioning, Sussex CCGs; and by Dr Rik Fraser, Chief Medical Officer, Sussex Partnership NHS Foundation Trust (SPFT).
- 31.2 Dr Fraser told members that:
- There has been a real and sustained surge in mental health demand during the pandemic.
 - This has included anxiety/depression, some in terms of new referrals, some in terms of pre-existing conditions that have been aggravated.
 - Some patients and some medical staff (e.g. ICU staff) have presented with Post Traumatic Stress Disorder.
 - There has been a surge in demand from children and young people.
 - Health inequalities have been exposed by the pandemic and by the associated economic fall-out.

- Acute demand did fall at the start of the pandemic, but wards are now full. There is also increased demand in primary care.
- There was a fall in young people presenting for care at the start of the pandemic, but demand is now in excess of normal levels, particularly in terms of eating disorders and ADHD/autism. Services are also seeing increasing acuity in people presenting for care.
- Demand for beds means that a number of city patients are being treated out of area, but within Sussex. There are also instances of patients having to be treated outside Sussex.
- Eating disorder demand is currently around three times commissioned activity. Many people are presenting at an advanced stage of illness.

31.3 Anne Foster outlined local responses to this challenge:

- A local mental health cell has been established.
- The mental health helpline has been enhanced.
- New crisis prevention services have been introduced.
- Support is being offered virtually and via blended virtual and face-to-face offers.
- A staff support service for all NHS staff has been introduced.
- An additional £8 million has been invested across Sussex (£1.8 million in Brighton & Hove). This funding has been focused on crisis services; discharge to assess; employment support; an online wellbeing platform for young people.

Plans are being developed to:

- Enhance eating disorder services
- Capture and retain positive experiences of virtual services
- Maximise the role of Community & Voluntary Sector, particularly in terms of areas where there are clinical workforce shortages
- Better support staff.

31.4 In response to a question from Cllr McNair on virtual services, Dr Fraser told the committee that this has been a learning process for services, but that services are gaining a better understanding of what does and does not work well in a virtual environment.

31.5 In answer to a query from Cllr McNair on the mental health helpline, Dr Fraser confirmed that out of hours capacity has been increased, in part in response to customer feedback about long waits.

31.6 In response to a question from Cllr Brennan about additional resources for mental health, Ms Foster told members that there is additional funding in the system: around £2.5 million for Brighton & Hove. This will be focused on crisis services and on services for neuro-diverse young people. Dr Fraser added that there is funding available, but that finding staff is a significant problem.

31.7 Cllr Deane asked a question about the long-term impact of the pandemic in mental health services. Dr Fraser responded that his hope was that the impact would mainly be in the short rather than the long term. However, he remains particularly concerned about the long-term impact on young people.

- 31.8 In response to a question from Cllr Wilkinson on referrals to CAMHS, Ms Foster noted that it is important to think in terms of the totality of young person services: CAMHS is just the top tier of a much larger system. Ms Foster offered to return to HOSC at a later date to discuss plans to improve young person services.
- 31.9 The Chair thanked Dr Fraser and Ms Foster for their contributions.

**32 PRESENTATION ON THE TRUST FOR DEVELOPING COMMUNITIES (TDC)
REPORT ON BAME EXPERIENCES DURING THE COVID EMERGENCY**

- 32.1 This item was presented by Kaye Duerdoth, Director of Equalities, Trust for Developing Communities (TDC); by Anusree Biswas Sasi, the independent author of the Report; and by Jane Lodge, Associate Director of Public Involvement, Sussex CCGs.
- 32.2 Kaye Duerdoth told members that TDC interviewed a wide range of people for the report. Most were in the 25-54 age group; there was representation from every Council ward in the city; and the majority of respondents were female. Anusree Biswas Sasi added that there were a number of ethnicities represented; this richness is captured in the report: e.g. by listing the country of origin for people of African descent rather than using the catch-all "Black African". People from a wide range of ethnicities reported that they felt disproportionately impacted by Covid.
- 32.3 In response to a question from Cllr Brennan on vaccine misinformation, Jane Lodge told the committee that services are working to counter misinformation, using existing links with well-respected figures in specific communities.
- 32.4 In response to queries from Cllr McNair about the methodology of the report, Ms Duerdoth told members that the report represents a snapshot in time. Interviewees were not randomly selected: they were people already in contact with support organisations. Whilst the report may have a limited quantitative value, it is a rich source of qualitative data. There are gaps in terms of the ethnicities covered: e.g. in terms of Jewish and of Travelling communities. Ms Lodge added that the report does an important job of capturing community voices.
- 32.5 Cllr Powell welcomed the report. She also noted that it was important for services to think about how best to reach all Black & Minority ethnic communities.
- 32.6 The Chair thanked the presenters for their contributions.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of