

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 2 NOVEMBER 2021**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Nield (Vice-Chair, in the Chair), Fowler (Opposition Spokesperson) and Bagaeen (Group Spokesperson), Appich and Clare

**NHS Members:** Dr Andrew Hodson (CCG); Lola Banjoko (CCG), Ben Stevens and Samantha Allen

**Non-Voting Co-optees:** Geoff Raw (CE BHCC), Rob Persey (Statutory Director for Adult Social Services), Alistair Hill (Director of Public Health) Annie Callanan (Safeguarding Adult Board), David Liley (Healthwatch), Joanna Martindale and Tom Lambert (Community Voluntary Sector)

**PART ONE**

**14 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

Prior to commencement of the meeting the Deputy Chair, Councillor Nield explained that apologies had been received from the Chair, Councillor Shanks who was unwell. In her absence, Councillor Nield would be taking the Chair. In line with current Government Guidance decisions would be taken by those Members who were present in the Chamber. Apart from those officers also present in the Chamber others would join the meeting via Microsoft Teams.

**14(a) Declaration of Substitutes**

14.1 It was noted that Councillor Shanks, Siobhan Melia (Sussex Partnership NHS Trust) and Marianne Griffiths (University Hospitals Sussex NHS Foundation) had sent their apologies. Councillor Clare was present in substitution for Councillor Shanks and Ben Stevens was present in substitution for Marianne Griffiths.

**14(b) Declarations of Interests**

14.2 There were none.

**14(c) Exclusion of Press and Public**

14.3 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.

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

## **15 MINUTES**

15.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 27 July 2021 as a correct record.

## **16 MINUTES OF SPECIAL MEETING, ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE, 27 JULY 2021**

16.1 **RESOLVED** – That the contents of the minutes of the Special meeting of the Adult Social Care and Public Health Sub Committee of 27 July 2021 be noted.

## **17 MINUTES OF MEETING, ADULT SOCIAL CARE AND PUBLIC HEALTH SUB COMMITTEE, 7 SEPTEMBER 2021**

17.1 **RESOLVED** – That the contents of the meeting of the Adult Social Care and Public Health Committee on 7 September 2021 be noted.

## **18 CHAIR'S COMMUNICATIONS**

### **Vaccination Arrangements**

18.1 The Chair stated she wished to encourage everyone to get their Covid vaccines, booster and flu jab when they could. First, second and booster doses, for those who were eligible, were available from walk-in locations across the city every day. Alternatively you could book an appointment on the national booking service or call 119. Flu vaccines were free for many people from your GP or a pharmacy, and for everyone else they cost around £10-15.

18.2 The Chair also explained that she was seeing fewer people wearing masks around the city and on public transport and urged for people to continue wearing face coverings in busy places if they could. It's not difficult for most of people and by wearing a mask you're not only protecting others but also helping many people feel safer to be out.

### **Bonfire Night**

18.3 With bonfire night coming up that Friday everyone was encouraged to support locally organised events rather than setting off fireworks or having bonfires in their own

gardens. People were encouraged to be safe, respect their neighbours and protect our very busy emergency services.

### Healthwatch Brighton & Hove

- 18.4 Healthwatch Brighton & Hove had been shortlisted for two national Healthwatch awards which celebrate their volunteer team.
- Hospital Discharge Wellbeing Service – where Healthwatch volunteers called adults recently discharged from hospital to check on their health and wellbeing, signpost them to services and raise any hospital discharge issues with the local NHS Trust.
  - End of Life project – where Healthwatch volunteers spoke to people at the end of their lives about their discharge from hospital. The recommendations will be considered as part of our 'Dying Well' Joint Health and Wellbeing Strategy delivery plan. They find out next week if they've won.
- <https://www.healthwatchbrightonandhove.co.uk/news/2021-10-28/press-release-281021-healthwatch-brighton-and-hove-shortlisted-two-prestigious>

### Carers Event

- 18.5 There was an event for carers on Thursday 25 November for Carers' Rights Day at St Augustine's Centre. It was a chance for carers to meet other carers, get support and find out more about welfare benefits and social prescribing. Contact the Carers Hub for more info or to book a place.
- 18.6 **RESOLVED** – That the Chair's Communications be noted and received.

### Callover

- 18.7 The Democratic Services Officer then called over the items appearing on the agenda and all were called for discussion with the exception of:

Item 28 – Health and Wellbeing Board Development Task & Finish Group: Proposals for Further HWB Development

The above report recommendations were agreed unanimously without discussion.

## 19 FORMAL PUBLIC INVOLVEMENT

### 19(a) Petitions

- 19.1 There were none.

### 19(b) Public Questions

- 19.2 It was noted that two sets of questions had been received set out below:

**(a) Pollution Caused by Wood Burning Stoves - Question(s) received from Mr Chris Todd**

“The WHO recently announced there are no safe levels for certain air pollutants as it lowered emission guidelines for PM2.5s and nitrogen dioxide, now far below UK legal limits. At the same time there has been a rise in people installing wood burning stoves for recreational purposes, increasing localised air pollution across the city. Given the impact on public health what plans are in hand to inform the public of the dangers of burning wood in the home (both for the household and neighbours), to urge people to minimise wood burning and where possible to stop doing it altogether?”

**Chair’s Response:**

19.3 The Chair gave the following response:

“Thank you for question. I do hope that the World Health Organisation’s recent announcement on guidelines for emissions has helped to highlight and heighten interest and awareness amongst the public of the potential effects that can occur as a result of woodburning in the home.

This matter has been raised on previous occasions at committee meetings and the council has put out messages in the past to alert people that this activity can be a nuisance to others and can have impacts on people’s health. This took on an even more acute focus during the height of the pandemic, given the effects that it can have on people’s respiratory systems.

You have asked your question at a key time of the year, given the arrival of the Autumn and Winter periods and much lower temperatures. During evening hours, wood burning can be a significant source of smoke that is a contributor to poor air quality and I will therefore ask officers to work together to develop and promote some appropriate messages to highlight the health dangers and environmental effects of woodburning.”

We are also looking forward to a presentation on air quality later on the agenda, which will refer to some of the points in your question. This is in advance of a forthcoming consultation on a new Air Quality Action Plan which will include reference to smoke control. In terms of whether enforcement action can be taken in instances where woodburners cause a nuisance, action can be taken with the right evidence in support - abatement notices can be served under the Environmental Protection Act. We would need more information on the specific nuisance on a case by case basis in order to give more detailed advice.

There are also Smoke Control Areas in the City, where you need to have an exempt appliance and use approved fuels.”

19.4 It was noted that Mr Todd had also given advance notice of a supplementary question:

**19(b) Encouragement for Householders to use Cleaner Fuels – Mr Chris Todd**

“If there are no plans, why is this the case given that wood smoke is more toxic than cigarette smoke and the significant impact it can have on neighbours? Urging people to use cleaner fuels makes little difference, especially when so-called ‘eco’ stoves emit at least 465 times the particulate matter that a gas boiler does (per MWh). Wood burning is also fuelling climate change which has its own negative health impacts ?”

19.5 The Chair gave the following response:

“I hope that my previous answer reassures you that we will be preparing some publicity to get the right messages out to help address this important issue. Any concerted campaign over a longer period of time would require officer time and dedicated funding within the council’s budget to develop and deliver it.”

### **19 (c )Sussex Homeless Support for Plan to Build Social Homes - Mr Jim Deans**

19.6 The following question had been received from Mr Jim Deans:

“Recent commissioned reports and guidance from government are showing the need for Social Housing, the lack of is featuring high as a cause of many physical and mental illness. Can the Health and Well-being Board support a plan to build Social Homes and reduce the burden on local services including the NHS?”

19.7 The Chair gave the following response:

“Thank you for your question.

The council is committed to providing additional affordable homes, both through our Corporate Plan and the Housing Committee Work Plan. The council’s priority is delivery of additional council homes as well as other affordable homes, usually via Registered Providers (housing associations).

- We have a total of 466 additional council homes projected for delivery for 2019 to 2023. 144 additional council homes were provided last year (2020/21).
- We have a total of 1,100 additional affordable homes (usually via registered providers) projected for delivery between 2019 to 2023 (379 homes for rent and 721 for shared ownership). 48 additional affordable homes were delivered last year 2021/22.

Updates on progress with delivery of new council homes and other affordable homes are reported to resident Area Panels and Housing Committee on a quarterly basis.

We have also reported to Housing Committee on successful bids for Government funding for accommodation and support for rough sleepers, including significant expansion of Housing First homes offering accommodation and support to clients with multiple & complex needs. We have purchased 30 Housing First homes and have funding to purchase a further 30 homes for Housing Led Support. We also have funding for an additional 30 homes to be leased for a Rapid Re-Housing Scheme.

Your question mentions ‘a plan to build Social Homes’.

We are approached with many such initiatives and would suggest you share any business case with Housing colleagues in order that we can assess the commissioning needs the proposal seeks to meet, the funding arrangements, alignment to City Plan in terms of any proposed sites and the proposed management and support arrangements for any homes. The Housing Committee is responsible not the HWB for increasing the supply of affordable housing in the city, but as a key corporate priority it is a policy supported by all corporate decision-making bodies including the HWB.”

- 19.8 The Chair invited Mr Deans to put a Supplementary question if he had one.
- 19.9 Mr Deans asked if his question and the issues that he had raised be referred to Housing Committee with a statement in support from the Health and Wellbeing Board. Mr Deans asked that this matter be looked at in the round it was as much a matter of health and social welfare as well and was closely allied to availability to affordable and social housing, deficiencies could result in self-harm and significant mental health and physical health issues. He wished to highlight that this was now important than ever to the Health and Wellbeing Board. England needed 90,000 social homes a year to turn the tide, Brighton would be expected to supply 500plus Social or near Social homes a year, in the last 4 years it has provided 47 which was simply not good enough.
- 19.10 The Acting Chair, Councillor Nield stated that she noted Mr Deans’ comments and concerns and whilst she did not feel able to comment or make commitments outside the Board’s remit she asked Members whether they wished to note and receive the question and the response given and to forward it to the Housing Committee with their support.
- 19.6 **RESOLVED** – That the question and response to it be noted and received.
- 19.7 **RESOLVED** – That the Questions and responses given to them be noted and received.

### **19(c) Deputations**

- 19.8 There were none.

## **20 FORMAL MEMBER INVOLVEMENT**

### **20(a) Petitions**

- 20.1 There were none.

### **20(b) Written Questions**

- 20.2 It was noted that two questions had been received from Councillor Bagaeen:

#### **(a) Triage Arrangements During the Pandemic**

1. Under pandemic guidance, GP surgeries had been advised to offer telephone triage first, and then face-to-face appointments if deemed ‘clinically necessary’. What constitutes ‘necessary’ remains open to interpretation. While many GPs have been willing to offer patients either telephone or in-person appointments, depending on what they prefer, others appear to have moved almost entirely to virtual ones. That’s certainly

the case of my GP. The advice from the NHS is for GP practices now is to reverse the triage model and see patients face to face without a screening call. What advice or guidance has the CCG given to GP practices in the city?"

20.3 The Chair gave the following response:

"GP practices across Sussex, and across the country, have been providing a clinical triage service to understand the needs of each individual patient and how best they can be supported. This has helped to keep patients and staff safe during the pandemic over the last 18 months. Through this clinical triage, it is determined how best to provide help and support to each patient based on their needs; if anyone needs to be seen face to face for example for a wound dressing, blood test, or clinical assessment of a lump then a face to face appointment will be offered. In other circumstances, a phone appointment or video appointment will allow the health professional and patient to discuss the concern and for the patient to be supported appropriately. In many cases, this flexible option is benefiting patients who don't need to travel to the surgery unnecessarily when they can stay at home or work and receive the help they need. It is important to note, from the last appointment data released last week, 52% of all appointments in GP practices in the city were face to face, with the rest made up of home visits, phone consultations and video appointments. The CCG is following national guidance in terms of GP access and is working closely with GP practices to make sure patients are receiving the best possible care."

**(b) Effectiveness of Telephone Appointments**

20.4 Councillor Bagaeen asked the following supplementary question:

"2.It's been argued that the shift to telephone appointments is actually good for the NHS. It's more efficient. Yet the data doesn't support this. Even with the move to phone consultations, it appears that the proportion of same-day appointments taking place has barely changed. Can colleagues share the data for same-day appointments (telephone and face to face) for individual GP practices across the city?"

20.4 The Chair gave the following response:

"The ability for GP practices to provide a range of appointment types is helping all practice teams to provide the care that patients need whilst working to manage the increased need that they are experiencing. Telephone appointments, when appropriate, are quicker than face to face appointments as for each face to face appointment the necessary infection control measures need to be followed, such as individually cleaning the consulting room before the next appointment can take place.

The latest data, published last week, shows that there were 133,827 appointments in general practice in Brighton & Hove in September 2021; this is compared to 113,463 in September 2019 before the pandemic period. During September 2021, 55,707 consultations took place on the same day, 13,204 the following day after contact, and 28,039 between 2 to 7 days after contact. In comparison for the same period in 2019, 48,713 consultations were on the same day (6,994 fewer than this year), 8,179 the following day (5,025 fewer), and 24,837 between 2 to 7 days (3,202 fewer).

In total, there were 20,364 more patient consultations that happened in September 2021 compared to the same period before the pandemic, and more patients have received help and support quicker.

Validated practice level data is not available but we hope that this is helpful and we would be happy to look into any specific concerns if you contact us.”

- 20.5 **RESOLVED** – That the content of the questions and the responses given to them be noted and received.

### 20(c) Letters

- 20.6 There were none.

### 20(d) Notices of Motion

- 20.7 There were none.

## 21 PRESENTATION - COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN

- 21.1 The Director of Public Health, Alistair Hill, gave a presentation (copy uploaded to the agenda pack on the council website detailing the arrangements in place to seek to continue to contain the number of cases across the city and to support and sustain recovery. The figures provided related to the period to 2 November 2021.
- 21.2 In summary, it was explained that although the case rate in Brighton and Hove whilst it remained high was lower than for the south-east of England and across England as a whole. The all age case rate was no longer increasing, however, the full impact of the school half-term case rates would not be clear for several weeks, although it was known that there had been less testing.
- 21.3 Rates were currently highest in school aged children, followed by 40-59 year olds. Rates in those aged 60+ was the highest since January 2021 although hospital admissions were currently lower than in the Spring of 2020 and the winter of 2020/21 peaks.
- 21.4 Current Covid response priorities were to:

Increase vaccination uptake including promoting first and booster doses and reducing inequalities in uptake;

Public communication including test, trace and isolate, use of face coverings in crowded settings, ventilation, hand washing, taking up Covid and flu vaccinations;

Test, trace and isolate support, including asymptomatic and symptomatic testing;

Supporting educational and other settings, managing cases and outbreaks;

Awareness and preparedness for “Plan B” – this would be activated nationally if the Government decided that further measures were required to protect the NHS.

21.5 In view of the rising case numbers in the younger age groups Councillor Bagaean enquired regarding progress in rolling out boosters for the under 15's and the timeframe for roll out to those aged 11 – 15. The Managing Director of Brighton and Hove CCG, Lola Banjoko, responded that she did not have the most up to date information to hand but would provide that separately following the meeting.

|  
21.6 **RESOLVED** – That the contents of the presentation be noted and received.

## **22 PRESENTATION - AIR QUALITY CONTROL IN THE CITY**

22.1 The Board received a presentation from Katie Cumming, Consultant in Public Health and Sam Rouse, Air Quality Science Technical Officer in response to a request from Board Members. Air Quality Control had been identified as a priority area of work in order to improve health and wellbeing in the city and had been included in the Joint Health and Wellbeing Strategy and as such was a core concern for the Board.

22.2 The slides which formed the presentation had been circulated with the agenda pack and were available to view on the Council website. The presentation highlighted key indicators and strategies which would be used going forward and following the presentation Members had the opportunity to ask questions.

22.3 The World Health Organisation (WHO) had stated that there were 7 million premature deaths globally each year, 500,000 in the UK and 175 in Brighton and Hove. Poor Air Quality increases morbidity and mortality from cardiovascular and respiratory disease including IHD, stroke and cancer and also increased morbidity from lower respiratory tract infection, preterm birth and childhood illnesses and toxic intake associated with learning difficulties. There were higher risks for those in low and middle income regions worldwide and for those living in deprivation and in urban environments. Cumulative impacts impacted underlying health conditions, deep coughs, Covid, smoking, poor diet and housing and sedentary lifestyles. Latest global guidance included lower levels of pollutants for health. Monitoring and Computer based models were used in order to assess air quality in the city and capital and revenue funding was required in order to sustain the council's statutory duties and these were linked into national and regional guidance. Actions which were being taken locally in order to address this were also summarised.

22.4 It was explained that the Council had statutory responsibility for air quality control measures in its area and the Air Quality Action Plan was comprehensive and multi-disciplinary.

22.4 In answer to questions it was explained that action could be taken in respect of emissions from wood burning stoves in domestic dwellings but that was dependant on the level of nuisance and or harm.

22.5 Councillor Fowler referred to complaints received from residents in her ward in respect of emissions and noxious/toxic smells from the Waste Transfer Station at Hollingdean Depot. It was this matter would be investigated further and a response provided outside of the meeting.

22.6 **RESOLVED** – That the contents of the presentation be received and noted.

### 23 PRESENTATION - SOCIAL PRESCRIBING

23.1 The Board received a presentation from Brighton and Hove CCG in respect of social prescribing by use of a slide presentation.

23.2 The Senior Partnerships Manager and Lead on Social Prescribing in Brighton and Hove CCG, Katy Chipping and the Managing Director of Brighton and Hove CCG, Lola Banjoko gave a brief update and explained that social prescribing formed an intrinsic and developing element of the system and was designed to enable people to take control of and facilitate decisions about their own care and had evolved across Sussex since 2004 and the Social Prescribing Service was now well established in partnership with providers and the community and voluntary sector through the Together Co city-wide social prescribing service.

23.3 Social Prescribing enabled GP's nurses and other professionals to refer people with a wide range of social emotional or practical needs to a social prescribing link worker who provided:

Time and space to work with individuals on what mattered to them;

Provided connections to Community Groups and agencies for practical and emotional support such as volunteering, arts activities, group learning, gardening and befriending, cookery, healthy eating advice and sports;

Provided a holistic approach which empowered people to take control over their own health and wellbeing and provided the opportunity for personalised care and shared decision making.

23.4 Social prescribing could also help to strengthen community and personal resilience by contributing to restoration and recovery of services, reducing the demand for GP services and reducing health inequalities by addressing the wider determinants of health, such as debt, housing and physical inactivity and targeting particular groups/individuals such as those living in areas of deprivation and with particular characteristics. Those who could benefit included those who had mid or long-term mental health problems and those who had complex social needs which affected their wellbeing and those who were lonely or socially isolated and those with multiple long-term conditions who frequently attended either primary or secondary health care,

23.5 An anonymised case study was cited which made reference to a client who had felt suicidal following eviction from his home. As part of his support package the client's GP had referred him to Together Co Social Prescribing where he had been supported by staff to find the people and places that could help him to get back on his feet.

23.6 Councillor Fowler referred to those who might call their GP surgery and who were suffering with suicidal tendencies and whether it was problematic for those individuals to access services. It was explained that receptionists received training to deal with this. There had been demands both in demand and the number of referrals during the pandemic, but notwithstanding those challenges there had been no problems in accessing services.

- 23.7 In answer to questions by Councillor Appich it was explained that self-referrals could be made via an individual's Ward Councillor, their GP or via Community Hubs
- 23.8 Jo Martindale of the Community Voluntary Sector welcomed the presentation but stressed that it was important that all clinicians were up to speed on making referrals in this way, it was also good to know that the strategy was under continual development. Involvement and utilisation of the knowledge of voluntary sector partners was welcomed although it needed to be recognised that would have an impact on them. It was also essential that there was consistency in delivery.
- 23.9 **RESOLVED** – That the content of the presentation be received and noted.

## **24 PRESENTATION BRIGHTON AND HOVE PLACE BASED PLAN**

- 24.1 The Board received a joint presentation by Lola Banjoko, Executive Managing Director, Brighton and Hove CCG and Rob Persey, Executive Director, Health and Adult Social Care, detailing the vision and goals of the joint place based plan which set out its ambitions for the population of Brighton and Hove by providing the framework to develop joint health and care priorities. The plan aimed to set out a clear and concise vision, outcomes priorities and measures, linking together the multiple health and organisational plans and workstreams across Brighton and Hove and the wider Sussex system. The plans had been developed jointly with health and population experts, provider partners and the local population as well as being based on detailed population as well as being based upon detailed population analysis.
- 24.2 The presentation summarised and provided an overview of the full detailed plan which had been published and was available in the public domain.

- 24.-- **RESOLVED** – That the contents of the presentation and the plan which stood behind it were received and noted.

## **25 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020**

- 25.1 The Board considered the Annual report of the Safeguarding Adults Board (BHSAB) for 2020. The report outlined progress made over the year in safeguarding adults with care and support needs. It covered the period 1 April 2020 to 31 March 2021. It was a statutory requirement for the SAB to publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs.
- 25.2 Graham Bartlett, the outgoing Chair presented what would be his last report and outlined the challenges which the Board had met during the period covered by the report and the areas that it would be focusing on going forward. The Board co-ordinated local safeguarding activity and sought to ensure the effectiveness of local work by:

Monitoring and scrutinising what was done by partner agencies to safeguard and promote the welfare of adults with care and support needs;

Undertaking Safeguarding Adult Reviews (SARs) and other multi-agency learning review, audits and qualitative reviews as well as sharing learning opportunities;

Collecting and analysing safeguarding data;

Drawing evidence from the testimony of adults with care and support needs and front line professionals;

- 25.3 Mr Bartlett explained that in the wake of the continuing Covid 19 pandemic it had continued to be a challenging year. In recognition of that and to allow those working on the front line the time and space that they needed to continue their work the SAB had significantly reduced its work programme, particularly in respect of those areas which would have drawn on those in the city who were required to perform critical roles. Significant progress had been made in developing the Board's protocols, understanding the Safeguarding Adults Review (SAR) process and adopting innovative new ways of working.
- 25.4 Mr Bartlett went on to explain that learning from SARS was probably the best legacy which could be provided for those who had died. The Pan Sussex Adult Death Protocol had been developed during the period covered by the report following the completion of an East Sussex SAR in 2019-20. This would vastly improve how agencies responded to deaths where abuse or neglect was suspected, this was already making a difference and was being considered for adoption nationally. Mr Bartlett concluded by stating that he regarded his period as SAB Chair as a privilege and commended those who had assisted him by their support and engagement and welcomed his replacement who was a hugely experienced Chair.
- 25.5 The Chair and the other Board Members who were present commended the report and the lead provided by the outgoing Chair and were unanimous in placing on record their thanks for his valuable contribution and their best wishes to him in his future endeavours.
- 25.6 **RESOLVED** – (1) That the Board notes the report and commends partner agencies for their contribution to safeguarding adults with care and support needs; and  
(2) Notes SAB achievements and challenges ( set out in Appendix 1).

## 26 HEALTHWATCH BRIGHTON AND HOVE ANNUAL REPORT

- 26.1 The Board considered the Annual Report of Healthwatch, Brighton and Hove for 2020/21.
- 26.2 Healthwatch, the local independent consumer champion for health and care as required by the 2012 Health and Consumer Care Act was a co-opted member of both the Brighton and Hove Health Overview and Scrutiny Committee and the Health and Wellbeing Board. As part of its statutory management responsibilities the council continued to monitor the Healthwatch Brighton and Hove contract through its performance framework. Healthwatch

were required to produce an Annual Report as part of their statutory requirements. The development of the Annual Report was based on Healthwatch's consistent approach to seeking to hear people's stories about their experiences of health and social care services, using these to develop an effective evidence base. They use their statutory powers to Enter and View any premises so that their authorised representatives can observe matters relating to health and social care services. Enter and View has not been possible this last year due to the COVID-19 Pandemic, during which time more attention has been given to online and telephone engagement.

- 26.3 In answer to questions it was explained that notwithstanding the constraints and limitations due to Covid Healthwatch had been able to deliver 32 reports and to support 3,500 local people following their discharge from hospital. Healthwatch were grateful that a contract had been awarded to them for a 3 year period which provided a degree of certainty in respect of forward planning going forward.
- 26.4 Councillor Appich commended the report and the valuable work carried out by Healthwatch, noting that the work of the Brighton and Hove Healthwatch was widely respected and was cited as a beacon of good practice.
- 26.5 The spectrum of issues dealt with was welcomed and the support provided to those in the care home across Sussex was particularly welcome at the present time. It was noted that a series of webinars had been arranged and had been well received and that postal surveys had also been undertaken in order to maximise the means by which input could be given. Currently a joint review was being undertaken in respect of the joint equipment service. Lola Banjoko, the Managing Director, Brighton and Hove CCG and Rob Persey, Executive Director, Health and Adult Social Care both referred to the valuable input provided by Healthwatch in the role of critical and impartial friend.
- 26.6 **RESOLVED** - That the Board agrees to note the contents of the Healthwatch annual report

## **27 SUSSEX-WIDE WINTER PLAN AND BRIGHTON & HOVE COLD WEATHER PLAN**

- 27.1 The Board considered a joint report of the Managing Director, Brighton and Hove Clinical Commissioning Group and the Executive Director, Health and Adult Social Care, the purpose of which was to provide the Board with an update on progress to date in relation to winter planning for 2021/22, both in terms of Sussex-wide and local planning.
- 27.2 It was explained that the overall purpose of the Sussex-wide winter plan was to ensure that the system was able to effectively manage the capacity and demand pressures anticipated during the winter period between November and March. The purpose of the plan was to ensure that local systems remained resilient and able to manage demand surge effectively caused by seasonal illness (in addition to Covid), falls etc, caused due to icy weather conditions and exacerbation of respiratory illnesses and a range of long-term conditions due to the colder weather.
- 27.3 The Executive Director Health and Adult Social Care, Rob Persey, explained that the mechanisms in place across disciplines and with health and other partners had worked well although the pressures placed on the workforce remained a challenge. An added pressure in 2021/22 had been the need for the NHS to recover from previous waves of Covid, particularly in terms of addressing the backlog of elective procedures due to the

cancellation of operations etc. when the health system had been forced to concentrate resources on Covid outbreaks.

- 27.4 There was a requirement that the Plan be updated annually and health and care systems had been planning systematically for winter surge pressures over a number of years, integral to that process was assessment of how well the previous years plans had met demand and using learning from that to inform planning for subsequent year(s).
- 27.5 Councillor Bagaean referred to the level of detail provided but sought clarification regarding the opportunities which were in place to enable face to face consultations to take place. The Managing Director of Brighton and Hove CCG, Lola Banjoko, confirmed that one of the key messages was that there was access to such appointments for those who needed them, arrangements were also in place to protect the vulnerable.
- 27.6 The Chief Executive of Healthwatch, David Liley confirmed that the current arrangements had not been without problems, as those who were disabled or did not have access to could be disadvantaged. Many found it easier to seek access to or raise queries regarding primary care services by telephone but the pressures placed on services had led to delays sometimes as long as 40 minutes. That was unacceptable, the system was complex and measures to address this were under discussion
- 27.7 In answer to questions, the Executive Director outlines the discharge process and measures in place to ensure that those leaving care/hospital had a warm home to go to.
- 27.8 The Public Health Principal, Becky Woodiwiss outlined the contents of the Brighton and Hove Cold Weather Plan and the how it dovetailed with the NHS and other plans.
- 27.9 **RESOLVED** – That the Board has reviewed and commented on the Sussex-Wide Winter Plan 2021-22 Update and on the Brighton and Hove Cold Weather Plan.

## **28 HEALTH & WELLBEING BOARD DEVELOPMENT TASK & FINISH GROUP: PROPOSALS FOR FURTHER HWB DEVELOPMENT**

- 28.1 **RESOLVED** – That the Board agrees:

- (1) To use the Brighton & Hove Integrated Care Partnership (ICP) Executive Group for advice when developing the HWB work plan and suggested agendas for HWB meetings. The role of the ICP Executive Group in the HWB work plan will be wholly advisory, with final decisions on the content of HWB agendas remaining the prerogative of the HWB Chair;
- (2) To commission an external consultant to plan and deliver an annual programme of up to four HWB Development seminars, including an initial seminar to identify joint priorities;
- (3) To jointly develop an engagement plan based on the priorities identified in development seminars; and
- (4) To establish a Planning Group to replace the current Task & Finish Group.

The meeting concluded at 7.45pm

Signed

Chair

Dated this

day of