

BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 13 JULY 2022

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Moonan (Chair)

Also in attendance: Councillor West (Group Spokesperson), Grimshaw, John, Peltzer Dunn, Evans and McNair

Other Members present: Geoffrey Bowden (Healthwatch), Michael Whitty (Older People's Council)

PART ONE

1 APOLOGIES AND DECLARATIONS OF INTEREST

- 1.1 Apologies were received from Cllrs Rainey, Barnett, O'Quinn, Lewry and Brennan.
- 1.2 Cllr Evans attended as substitute for Cllr O'Quinn; Cllr McNair attended as substitute for Cllr Barnett.
- 1.3 There were no declarations of interest.
- 1.4 RESOLVED – that the press and public be not excluded from the meeting.

2 MINUTES

- 2.1 RESOLVED – that the minutes of the 13 April 2022 meeting be agreed as an accurate record.

3 CHAIRS COMMUNICATIONS

- 3.1 The Chair gave the following communications:

I had hoped that University Hospitals Sussex would be able to join us at this meeting to update the committee on the improvements they have made following the CQC report on surgery and maternity services in January 2022 which found both to be inadequate. However, UHSussex have informed me that they were reinspected by the CQC in April and anticipate that this report will be published around the end of July. Until the reinspection report is published, UHSussex feel there would be limited point in scrutinising their improvement planning as they would be

unable to reference the views of their external regulator. I have therefore agreed that we will take an update on this at the next HOSC meeting.

I also have some communications on Covid, on avian flu, and on the heatwave:

Masks reintroduced in health and care settings due to rising COVID-19 cases

Unfortunately, the number of positive COVID-19 cases and the number of hospital admissions with COVID-19 is rising.

Last week NHS Sussex reintroduced mask wearing in all clinical healthcare settings to prevent the spread and protect those who are most vulnerable. This applies to patients, visitors and staff, including at GP practices, consulting rooms, outpatient departments, clinics and wards.

We now recommend that visitors and staff in all care settings should wear masks. This includes care homes, supported living, home care and offices in care settings.

Masks will be made available for visitors to use, and exemptions will be respected.

COVID-19 vaccinations

The COVID-19 vaccination centre at Churchill Square has now closed but vaccinations remain available at mobile sites in the city for people aged 16+. Many of these are now regular slots – including at Hove Tesco on a Wednesday, Hove Polyclinic on a Thursday and St Peter's Church on a Friday. Other locations vary each week.

For children aged 5-15, appointments are available to book at the racecourse through the national booking system.

For the latest information, please check the new Sussex Health and Care website.

Bird Flu

Sadly, cases of bird flu have been found in the city and are spreading in our wild bird populations – particularly gulls. The risk to humans is very low, but please do not touch any dead or sick birds that you find and keep any pets away.

If you find a dead bird on public land, please report it to Cityclean for them to safely clear it.

And if you find it on private land, including in your garden please let DEFRA know.

If you find a sick bird, please don't try to handle it. You should contact the RSPCA for advice.

Level 3 heat-health alert

A level 3 heat-health alert is currently in place in the South East until Friday. With such hot weather expected for a prolonged period of time please check in on elderly or vulnerable friends or neighbours to make sure they are keeping cool and hydrated, and watch out for signs of heat stroke. Encourage them to stay in the shade, close curtains, drink plenty of fluids, and check that any medicines are being stored at the correct temperature.

4 PUBLIC INVOLVEMENT

4.1 There were no public questions.

5 ITEMS REFERRED FROM COUNCIL

5.1 There were no items referred from Council.

6 MEMBER INVOLVEMENT

6.1 There was a member question from Cllr Evans:

I ask the committee to note that cervical screening rates have dropped in Brighton and Hove to one of the lower rates in England, that is 64% of eligible women in 2021. The national average being closer to 70% and the government target being 80% of women.

I ask the chair if she is willing to bring a report to the next committee to allow HOSC to scrutinise cervical screening services in the city. I also ask her to consider including other gender related screening programmes such as breast screening if rates are similarly poor. I would particularly ask that this report includes public health awareness and education programmes, and the accessibility and suitability of the programme for hard to reach and minority groups.

6.2 The Chair thanked Cllr Evans for her question and agreed to ask for a paper to come to the next committee meeting. The Chair told members that she would meet with council Public Health officers in the next few weeks to seek advice on the scope of any item, and would then invite NHS England commissioners to attend the October 2022 HOSC meeting.

6.3 Cllr Evans asked a supplementary question, requesting that data on equalities be included in the October report. The Chair agreed that she would ask for equalities and geographical data to be included in any report.

6.4 Cllr West requested that the report should cover all gender-specific cancer screening: e.g. male as well as female cancers. The Chair responded that she would discuss this with public health colleagues.

7 SOUTHERN WATER INVESTMENT: RESPONSE TO NOTICE OF MOTION

7.1 The Chair told members that this item had been referred to the HOSC by the Environment, Transport & Sustainability Committee. The HOSC had been asked to invite the Southern Water CEO to a meeting. The CEO accepted this invitation, but had subsequently retired and the new CEO was unable to make the July meeting date. Southern Water were instead represented by Dr Nick Mills, Head of the Storm Overflow Taskforce. The Chair reminded committee members that they should restrict their questioning to the health and wellbeing implications of storm overflow.

7.2 Dr Mills gave apologies for his colleague Dr Toby Willison, who had been due to attend the meeting, but who had been called to an emergency in the Isle of Sheppey.

7.3 Dr Mills explained that the local sewer system takes both sewage and rainwater, discharging into the sea after treatment. There is sufficient storage capacity to manage most rainfall, but in very heavy rain sewers can fill with water to the degree that they would overflow causing flooding if there was not emergency discharge of the untreated contents into the sea. There is an online system to register these discharges. Southern Water is also piloting the use of 'clever buoys' which measure water quality in real time.

Southern Water has ambitious plans to reduce these emergency overflows by 80% by 2030. Traditionally, the water industry has tended to think in terms of creating major infrastructure: for example, building additional storage tanks or dedicated rainwater sewers. However, this kind of infrastructure is exceptionally, and often prohibitively, expensive to build, especially in urban areas. Another option is to optimise existing infrastructure, for example ensuring that highway gullies operate effectively (this is the responsibility of the Highways Authority rather than of water companies). A third option is source control: that is, to reduce the amount of rainwater that flows into sewers in the first place. Source control measures include rain-gardens, green roofs and domestic water-butts, all of which collect rainwater rather than having it run-off into sewers.

There is an important role for Planning here: e.g. to ensure that small developments and domestic extensions have source control conditions attached. It is also important to note that the amount of rainwater flowing directly into sewers has increased in recent years due in part to actions which have reduced urban resilience: e.g. people paving over front gardens for driveways. Major change is required if source control is to be effective: for example around 40% of surface water would need to be removed to reduce storm overflows by 80%.

- 7.4 In response to a question from Cllr Peltzer-Dunn on the effectiveness of the Brighton & Hove seafront storm-drain, Dr Mills told members that the drain has led to fewer and less impactful discharges. However, major infrastructure works like this will never entirely solve the problem and are also extremely expensive.
- 7.5 Cllr Grimshaw asked what warnings were given to people going to beaches about discharges into the sea. Dr Mills responded by noting that the 95% of storm discharge is rainwater, with only around 5% untreated sewage. In addition, discharges occur at least 2km out to sea. Furthermore, most storms and hence most incidents of discharge occur in the winter, when people are less likely to be in the sea. The threat to human and marine life is consequently low. In fact discharge into rivers poses more of a threat, although it is not the only threat to inland water quality (agricultural run-off poses a significant risk). It must also be recognised that in the short-term, the only alternative to discharge is to permit flooding. In the longer term, Southern Water is committed to investing to reduce discharge. People can find info here [Beachbuoy \(southernwater.co.uk\)](https://southernwater.co.uk) which provides an interactive map and email notification of discharges, and more could be done in terms of beach signage (e.g. having a QR code on signs that would link to the app). This would be a local authority responsibility.
- 7.6 The Chair asked a question about the health risks of flood discharge into the sea. Dr Mills responded that there is a risk from bacteria and pathogens in untreated discharge. However, dog faeces on the beach and bird droppings also pose potential risks, and in fact beaches in the UK are cleaner than they have ever been, now meeting EU and WHO minimum standards.
- 7.7 Cllr West noted that, if discharges did not pose a health risk, he thought it unlikely that Southern Water would be committing £2 billion to reducing their incidence. Cllr West also asked how confident Southern Water was in achieving its 80% overflow reduction target, given the effects of climate change, particularly in terms of the increasing frequency and severity of storms throughout the year and especially in summer. In addition, Cllr West noted that even if an 80% reduction in discharges was achieved, this would leave 20% of discharges in place,

with a detrimental impact on the environment and on people's health. Members of the Council's Environment, Transport & Sustainability Committee (ETS) and signatories to a recent petition had demanded that a plan be put in place to reduce storm overflows to zero. Cllr West added that it was disappointing that the CEO of Southern Water had been unable to attend the meeting. He should be invited to a future committee meeting and encouraged to meet with the Leader of the City Council to plan how to keep beaches safe. Cllr West also asked what incentives would be offered by Southern Water to encourage source control. Dr Mills responded that moving to nearer 100% reduction in discharges would be prohibitively expensive, potentially costing around £600 billion (nationally). It is not really feasible to eliminate all discharge, particularly for the biggest storms, and there are other areas that Southern Water needs to invest in also: e.g. mitigating against increasing water scarcity. In terms of future-proofing against climate change, source control remains the best option.

- 7.8 In response to a question from Cllr John on DEFRA targets, Dr Mills told the committee that this was complex, but essentially DEFRA was demanding no more than 10 discharges per year and no harm caused by discharges. This is compatible with Southern Water's plans for 80% reduction by 2030. A draft investment plan will be published in autumn 2022, with a final submission of plans to OFWAT in 2023.
- 7.9 In response to a question from Geoffrey Bowden on fines, Dr Mills told the committee that Southern Water had paid a considerable amount in fines for non-permitted discharges from 2010-2015. However, there was a change of management in 2017 and there have been no subsequent fines. The income from fines goes directly to the Treasury.
- 7.10 In answer to a question from Cllr McNair on flooding in Patcham and what more could be done to tackle blocked gullies and drains, Dr Mills responded that these are the responsibility of the Highways Authority rather than Southern Water.
- 7.11 Cllr Evans asked whether the culture at Southern Water had changed. Dr Mills responded that the illegal discharges into waterways between 2010 and 2015 were shocking, but the culture had changed significantly in recent years, driven by a new executive team.
- 7.12 In response to a question from Cllr Evans on the number of discharges off Saltdean this year, Dr Mills told members that he did not have this information to hand. However, it was important to understand that currently, the choice is between discharging storm overflow into the sea or allowing flooding; there is no other option in the absence of additional infrastructure or better mitigation via source control.
- 7.13 In response to a query from the Chair asking where the intelligent buoys would be piloted, the committee was informed that the pilot sites were in Kent and at Hayling Island.
- 7.14 The Chair asked a question about who is ultimately accountable for discharge. Dr Mills responded that water companies will inevitably be held accountable as they are private companies and can raise capital for infrastructure investment. However, some of the measures that could be taken to reduce the incidence of discharges are the responsibility of the Environment Agency or of local authorities.

7.15 Cllr John noted that she would like the Southern Water CEO to attend a future meeting, and looked forward to more interaction with Southern Water at the HOSC or other council committees. Dr Mills responded that he was sure the CEO would be happy to talk to council committees: the company is committed to positive joint working with the local authority.

7.16 **RESOLVED** – that the report on Southern Water investment be noted.

8 TRANS HEALTH SERVICES

8.1 This item was presented by Lola Banjoko (Executive Managing Director, Brighton & Hove, NHS Sussex); Helen Davies (Clinical Director, Trans Healthcare); Nicky Cambridge (Head of Equality, Diversity & Inclusion); and Hugo Luck (Director, Primary Care). Before handing over to the presenters, the Chair reminded the committee that this report had been requested by Cllrs Clare and Powell, who had written to the April 2022 HOSC. The Chair also noted that the commissioning of Trans healthcare services is complex, with specialist services and services for children and young people currently commissioned at a regional or national level by NHS England. In order to make scrutiny manageable, the Chair had decided to take two reports on Trans Health: the first, at this committee meeting, to focus on locally commissioned services for adults; and the second, to follow at the October 2022 meeting, to focus on NHSE-commissioned services for young people and for adults.

8.2 Lola Banjoko told members that the Trans community experiences significant inequalities, which have been made worse by Covid. These include problems accessing services, receiving treatment, and experiencing discrimination. A Trans Healthcare Improvement Board has been established with representation from primary care, public health, NHSE, University Hospitals Sussex, LGBT Switchboard and the Clare Project. The Board has objectives to reduce health inequalities, to improve comms & engagement, to improve staff training, and to foster better integration between services.

8.3 Hugo Luck informed the committee of the launch of a locally commissioned service (LCS) for Trans people, which would include hormone therapy and an annual review of physical, mental and sexual health. 54 GP practices across Sussex have already signed-up to this service (11 of them in Brighton & Hove). This is a good rate of take-up, and it may be that some practices will take on LCS functions for neighbouring practices.

8.4 Helen Davies explained to members that NHSE runs seven Gender Identity Clinics (GIC) across England. There are very long waits following referral to these clinics, with a 240% increase in GIC referrals over the past five years. A GIC for Sussex is currently under tender. As this is a live process, only very limited information about the service can be shared publicly. Ms Davies added that Brighton & Hove has traditionally had a large Trans population. In recent years there has also been an expansion in the population of Trans people living in East Sussex. Commissioners are committed to working with the Trans community across Sussex in terms of designing and delivering services.

8.5 Nicky Cambridge told members that the NHS has a long history of working with LBG and Trans organisations across the city. Commissioners fund and support organisations

for Trans people and have involved community representatives in the planning of new services.

- 8.6 Ms Davies acknowledged that there were challenges: Trans people experience really significant health inequalities; there is a pressing need to reduce waiting times; and also to improve data on Trans people and their needs (the inclusion of Trans questions in the 2021 census should help). Ms Banjoko added that the next steps include: opening the Sussex GIC; establishing a baseline dataset of Trans needs; strengthening links with local universities; and developing services that feel integrated from a patient perspective.
- 8.7 In response to a question from the Chair on the typical patient journey, Ms Davies told members that most people's destination is not surgery; it is key that there are good local services in primary care and timely referral into the GIC, with appropriate support to help patients manage waiting times.
- 8.8 In response to a question from Cllr John on timelines for the new services, Ms Banjoko offered to provide more information on the GIC at the October 2022 HOSC meeting. Mr Luck added that the offer of training for GPs will be assessed at six months. There is no real expectation or requirement that all GPs will undertake the training as 100% adherence is very rare, and only some GPs in a practice will typically undertake training. Practices offering the LCS will need to show that they have an effective offer to their Trans patients, particularly in terms of annual reviews.
- 8.9 Responding to a query from Cllr John on engagement and data, Ms Cambridge told the committee that there is lots of engagement happening now, and that it is absolutely vital to the success of services that the community feels engaged. There has been good involvement in and feedback on the LCS model. In terms of data, detailed information from the 2021 census will be published in the autumn and this will give us the first real data on the size of the Sussex Trans population. Ms Banjoko added that public health teams would be analysing the census data and using it to update their JSNAs.
- 8.10 In response to a question from Cllr Evans on Trans people and cancer, Ms Davies told members that the issue here was primarily around ensuring that people received the screening appropriate to their previous identities. There is a risk that people will be missed in screening calls.
- 8.11 In answer to a query from Cllr Evans about staff training, Ms Davies responded that it is important that all staff understand that transphobic attitudes are unacceptable. However, different types of staff require different levels of training in Trans health issues, so there is no one-size-fits-all programme.
- 8.12 Cllr Grimshaw asked what was expected from the census date. Ms Banjoko replied that combining the census data with existing information from JSNA, the ONS etc. will enable a richer understanding of the scale of need. However, specialist capacity will remain limited, so work may need to focus on how best to support specialist services.
- 8.13 The Chair asked about the what the commissioning philosophy is for Trans health, given the potential for the NHS to medicalise services when people may have a greater need

for support. Mr Luck acknowledged this risk, and told members that the basic philosophy is that Trans people should have the same healthcare experience as everyone else.

- 8.14 Geoffrey Bowden told the committee that Healthwatch had worked with LGBT Switchboard on survey work with the Trans community. It was clear from this that there are still big challenges in terms of communication and engagement. However, it is good to see that the original scrutiny panel report is still relevant and that its recommendations are still being taken forward. The Chair agreed that it had been a long journey, but that there is clearly lots of positivity.
- 8.15 The Chair thanked all the presenters for their input and said she was looking forward to the report on NHSE commissioned services at the October HOSC meeting.
- 8.16 RESOLVED – that the report be noted.

9 HEALTHWATCH BRIGHTON & HOVE ANNUAL REPORT

- 9.1 This item was presented by Geoffrey Bowden, Interim Chair of Healthwatch Brighton & Hove. Mr Bowden began by paying tribute to Frances McCabe, who had chaired Healthwatch for many years. Fran will be greatly missed, although she is now working as a Governor at University Hospitals Sussex, leading and patient and public engagement work. Members expressed thanks to Fran for all her work over the years, including her contributions to the HOSC.
- 9.2 Mr Bowden told members that Healthwatch operates with funding of £197K from the city council (this comes from a Government grant), employing five permanent staff members, and more than 70 volunteers. In the past year, Healthwatch has published more than 20 reports. Instances where Healthwatch has had a real impact include a report on the Coldean GP surgery: the practice felt it had to reduce sessions, but after a report from Healthwatch, commissioners found additional funding to maintain opening hours. Healthwatch Brighton & Hove has also been recognised nationally for its work with patients post-discharge (HOPS), although sadly Healthwatch has not been recommissioned to continue this excellent work.
- 9.3 Looking forward, Healthwatch remains concerned about the provision of primary care in the city and will monitor this closely. Healthwatch will also be working closely with the emerging Integrated Care System (ICS); Healthwatch is represented on ICS bodies, but will robustly maintain its independence from the system.
- 9.4 Various committee members congratulated Healthwatch on the work undertaken in the past year.
- 9.5 The Chair asked Mr Bowden how the HOSC could support the work of Healthwatch. Mr Bowden responded that Healthwatch was not seeking additional core funding, although inflation and the fact that funding has not been increased, have created pressures. However, Healthwatch is keen to explore opportunities to take on specific commissions (e.g. the HOPS post-discharge work), and would encourage the HOSC to lobby on behalf of Healthwatch for such work, particularly given Healthwatch's excellent record of delivery.

- 9.6 Cllr Grimshaw asked whether Healthwatch might be interested in looking at the high number of deaths of homeless people in the city. Mr Bowden responded that Healthwatch is aware of and concerned by this issue, and would welcome the opportunity to undertake commissioned work in this area.
- 9.7 Cllr Peltzer-Dunn noted the work that Healthwatch had done around A&E services. Whilst A&E staff are excellent, aspects of A&E are unacceptable, including the physical state of the waiting area; and crucially the information given to people while they are awaiting treatment. It would be much better for the hospital to be honest with patients about likely waiting times than to display waiting time information that is wildly inaccurate. Mr Bowden responded, saying that Emergency Department staff have been working very hard for a very long time. Staffing is a massive problem, with the department regularly understaffed or staffed in part by non-A&E workers. In consequence, morale is very low. Healthwatch recently engaged with the Care Quality Commission around their inspection of A&E services, flagging a number of concerns. There is no easy fix to the problems at A&E, although additional staffing, reducing inappropriate presentations, and increasing GP and community pharmacy capacity would all help. The Chair noted that the HOSC would definitely want to consider the CQC report on A&E services at the Royal Sussex County Hospital when it becomes available, and would work closely with Healthwatch on this.
- 9.8 Cllr Peltzer-Dunn proposed that the report recommendation should be amended to “note and acclaim the work of Healthwatch” to reflect the value that the HOSC attaches to the work that has been undertaken over the past year. This was unanimously agreed by members.
- 9.9 **RESOLVED** – that the report be noted and that the HOSC acclaims the work of Healthwatch Brighton & Hove over the past year.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of