

BRIGHTON & HOVE CITY COUNCIL
HEALTH & WELLBEING BOARD
4.00pm 7 NOVEMBER 2023
COUNCIL CHAMBER, HOVE TOWN HALL
MINUTES

Present: Councillor Oliveira (Chair)

Also in attendance: Councillor Burden, Galvin, Hogan and West

Other Members present: Councillors

PART ONE

15 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

(a) Declarations of Substitutes

15.1 Isabella Davis-Fernandez was present in substitution for Dr Jane Padmore, Chloe Rogers was present in substitution for Siobhan Melia and Andrew Jones was present in substitution for Lola Banjoko. Georgina Clarke-Green was present in substitution for Deb Austin. Will Tuckley (BHCC Interim Chief Executive sent his apologies.

(b) Declarations of Interest

15.2 Councillor Burden advised that he was employed by East Sussex County Council several of the reports appearing on that days agenda were cross-cutting and referred to partnership working. In consequence he considered that it was appropriate to declare this. He did not however have a pecuniary or prejudicial interest in any item appearing on that days agenda.

15.4 Councillor Hogan advised that she was declaring that as a consultant psychiatrist one of her roles was based in the Sussex Partnership NHS Trust. This was not a pecuniary or prejudicial interest but as three items on that days agenda involved discussion of mental health issues, she considered that it was appropriate to declare an interest.

(c) Exclusion of Press and Public

15.5 There were no Part Two items and therefore the press and public were not excluded during consideration of any item of business on the agenda.

15.6 **RESOLVED** – That the press and public not be excluded from the meeting during consideration of any item of business on the agenda.

(d) Webcasting of the meeting

- 15.7 The Chair advised that the meeting was being webcast and would be capable of repeated future viewing.

16 MINUTES**Minutes of meeting 18 July 2023**

- 16.1 It was noted that Lola Banjoko had been incorrectly recorded as present on behalf of Sussex Partnership NHS Foundation instead of NHS Sussex.
- 16.2 **RESOLVED** – Subject to the above amendment the minutes of the meeting of 18 July 2023 were agreed as a correct record.

17 CHAIR'S COMMUNICATIONS

- 17.1 The Chair delivered the following communications:

“Strike Action by registered Social Workers in the Health and Adult Social Care Directorate

- 17.2 You may be aware that the Councils registered Social Workers in the Health and Adult Social Care directorate who are members of Unison have balloted for strike action over the coming weeks. The Council has been notified that the 3 strike days are:
- 17.3 Today 7 November (you will have seen the demonstration as you walked into Hove Town Hall this afternoon) AND 14 and 15 December. The strike action is over a dispute in paying them a 12.5% Market Supplement in addition to their basic pay, in line with what is paid to Social Workers in our Families, Children and Learning Directorate, as an incentive to recruitment and retention. We absolutely value the challenging and complex work our social workers undertake each day, and are taking this action very seriously. We also know some of our staff across the Directorate are struggling to make ends meet during the cost-of-living crisis, and we're offering as much support as we can. Unfortunately, this cannot include awarding social workers in our adult social care service a 12.5% market supplement and we have made this clear in our negotiations with the union. We have put contingency measures in place to ensure there is cover for our essential services on strike days, and are in further negotiations with Unison regarding potential resolutions to the industrial action.
- 17.4 Councillor West referred to a public question which had been submitted in respect of this matter stating that the matter was worthy of discussion and requesting that the Chair agree that the question be put. The Chair, stated that the question had been rejected as it had been submitted late, did not relate to the work of the Board which was a partnership including health and third sector partners and related to confidential discussions which were currently on-going between the council as an employer and its employees and could not be discussed or debated in public. In response to further questions, the Legal Adviser to the Board confirmed that this could not be considered in the public domain.

Referral from HOSC

- 17.5 The Council's Health Overview & Scrutiny Committee (HOSC) recently received a report on mental health, outlining measures being taken across the health and care system to deal with the problem of people waiting for long periods in A&E after being detained by the police under a section 136, or because an acute mental health bed is not available for them. HOSC members were not satisfied that the measures being taken are sufficient to deal with these problems and referred the matter to the Health & Wellbeing Board. There wasn't time to prepare a report for this meeting, but I have asked officers to bring something to the next Board.

Government Consultation on Measures to Reduce Smoking

- 17.6 The Government is currently running a consultation on measures to reduce smoking. I wanted to explore whether we could submit a Board response to this consultation and I asked officers to email round members with a draft submission compiled by the council's Public Health Team. Hopefully you've all seen the emails that were sent round and have had a chance to comment on the proposed submission. I'd like to ask members whether they are happy that this goes as a submission from Brighton & Hove Health & Wellbeing Board?"
- 17.7 In answer to questions regarding why it had not been possible to bring a report forward to the Board to enable it to approve a single response to be provided, the Director of Public Health explained that the timeframe for responses had been too short, all of the comments/observations received would be incorporated into the response which was sent.

18 CALLOVER

- 18.1 All items appearing on the agenda were reserved for discussion.

19 FORMAL PUBLIC INVOLVEMENT

- 19.1 There were no petitions or deputations. One written question had been received set out below including the Chair's response. It was noted and received in the questioner's absence.
- 19.2 Prior notification of a question had been received from Mr Daniel Harris:

Provision of Care to Cancer and Mental Health Homeless Applicants

- 19.3 "I have had homeless cases where there has been a failure to adequately address the complex needs of very ill cancer and mental health homeless applicants in assessments and reviews decisions, leaving vulnerable ill people to fend for themselves & homeless. I wonder how the Health and Wellbeing Board is working to ensure that comprehensive, medically-informed assessments are standard practice in homeless services, and beyond. Can you confirm whether experts in mental health and oncology are consulted in the evaluation processes for homeless individuals with similar severe medical conditions?"

Chair's Response:

Brighton & Hove City Council recognises its statutory responsibilities:

Under section 185 of the housing act to prevent homelessness;

- Under section 18 of the 2014 Care Act to support vulnerable adults with care and support needs
- Under the 1983 Mental Health Act section 117 regarding accommodation requirements following an in patient admission
- Section 2b of the 2006 NHS Act to improve the health of people in the local area

Across our statutory health, care and housing assessment services we carry out regular practice audits to ensure we are consistently meeting our statutory responsibilities.

The City Council's Health & Wellbeing Board is committed to improving services for the most vulnerable people in our local communities. We recognise that homelessness adversely impacts people's health and people who are homeless often experience significant health inequalities. In 2019 the City Council carried out a formal Joint Strategic Needs Assessment on Multiple Compound Needs (MCN) in the City [Adults with MCN Final.pdf \(brighton-hove.gov.uk\)](#). MCNs is also known as multiple disadvantage and multiple complex needs. It refers to people who experience two or more of the following conditions of homelessness, mental health problems, substance use challenges, domestic violence and involvement with the criminal justice system. Our JSNA highlighted that people with entrenched MCNs have a 41-year life expectancy differential to the average person in the city. The JSNA assessment identified that the city had a good range of specialist services for people with MCNs and often went beyond its statutory requirements in providing services. But the biggest challenge we faced was improving the integration of services and ensuring there is consistent care coordination, across different support agencies, for people with MCNs. So people did not fall through gaps in service provision and received an holistic service.

The JSNA report coincided with the start of the Covid pandemic where our focus was on public health protection and included the 'everyone in' policy to protect people who were homeless. As a result of the JSNA report we made improving health and care outcomes for people with MCNs one of our five health & wellbeing strategy priority areas. In December last year we launched a new MCNs pilot service to test a new integrated care coordination approach through a multidisciplinary team of specialist social workers, housing and housing options, substance use, mental health and domestic violence workers. This programme is supported by the Government's Changing Futures multiple disadvantage initiative and focuses on improving the integration of services to support better outcomes for people with MCNs in the city.

Examples of this work which respond to the question:

The role of Adult Social Care as the care coordination lead in the pilot service to improve the care coordination and access to statutory care and medical assessment.

Co-locating housing options workers and social workers in frontline settings like hospital discharge for homeless patients and in the city's homeless street outreach service, so people can receive joint assessments at the point of need.

As part of the MCN programme we have ensured that there is clinical oversight group of specialist homeless healthcare clinicians. This group is reviewing areas where we know people who are homeless experience health inequalities, this will include mental health and access to important physical health services like cancer screening and treatment. The group will be using the latest guidance from the National Institute for Health & Care Excellence (NICE) [Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE](#) to assess and improve access to engagement with health and social care and ensure care is coordinated across different services. In reference to the specific issue of cancer and access to oncology services for people who are homeless; within Brighton & Hove we have targeted lung health checks, peripatetic fibro-scanning for liver disease and the walk-in Liver Clinic on Grand Parade, all of which are aimed at the most vulnerable and deprived parts of our populations, particularly those who are homeless.

19.4 **RESOLVED** – That the question and response to I be noted and received.

20 FORMAL MEMBER INVOLVEMENT

20.1 There were no petitions, written questions, letters or notices of motion.

21 ITEMS REFERRED FROM COUNCIL

21.1 There were none.

22 SUSSEX HEALTH & CARE WINTER APPROACH 2023-24

22.1 The Board considered a joint report of the Managing Director NHS Sussex (Brighton and Hove) and the Executive Director Health and Adult Social Care, the purpose of which was to provide the Board with a summary of the Sussex System Winter Plan approach for 2023/24 and an update on progress to date.

22.2 The Executive Director, Adult Health and Social Care explained that 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 to meet the needs of the local population. The winter planning period covers the period November 2023 to April 2024. The plan needed to ensure that the local systems remain resilient and were able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period. Health and care systems typically experience increased demand pressures during the winter months due to a number of factors including:

- Seasonal illnesses (e.g. flu, norovirus)
- Extreme weather (e.g. falls in icy conditions)
- Exacerbation of respiratory illnesses and a range of long-term conditions due to cooler weather
- Ongoing impact from the cost-of-living crisis affecting the most vulnerable in the local population to keep well.

- 22.3 The Deputy Executive Managing Director East Sussex, Brighton and Hove explained that Added pressures in 2023/24 would be in relation to Covid 19 and the need for the NHS to recover from previous waves of Covid, and from the impacts of industrial action, particularly in terms of addressing the backlog of elective procedures. Health and care systems had been planning systemically for winter surge pressures for a number of years, and typically a key part of this process was assessing how well the previous year's plans met demand, and using learning from this to inform the subsequent year's planning.
- 22.4 In answer to questions it was explained that currently no information had been provided by the World Health Organisation (WHO) regarding resistance to the current Covid variant.
- 22.5 Councillor West stated that this highlighted the need to address the wider impact and vulnerabilities within social care, particularly in relation to the current issues around pay. As a way forward this matter needed to be settled.
- 22.6 The Chair, re-iterated his earlier statement that this was the subject of on-going confidential negotiations and could not be discussed. The Executive Director confirmed that measures were in place to ensure that there was sufficient resilience notwithstanding any planned industrial action.
- 22.7 **RESOLVED** - That the Board notes the Sussex Health & Care system approach to winter planning 2023/24 as outlined in the paper and its accompanying appendix.

23 BRIGHTON AND HOVE ADULT AUTISM STRATEGY

- 23.1 The Board considered a report of the Executive Director, Health and Adult Social Care which set out the Brighton and Hove Adult Autism Strategy for 2023-2028 and associated action plan. This strategy had been developed through extensive engagement with the local community and been agreed by the Brighton and Hove Autism Partnership Board. The strategy focused on six key themes to improve the wellbeing of local autistic people, their unpaid carers and members of their support network.
- 23.2 Lorne Power presented the report accompanied by Ellis Thistle and Rachel Fricker who had provided input and were able to give their perspectives as autistic service users. The key points in the strategy based on the engagement work which had been carried out were highlighted, outcomes achieved to date and actions proposed to achieve the strategy outcomes in the longer term and next steps were outlined.
- 23.3 The Executive Director stated that he had learned a huge amount from Chairing the Board which had resulted in an Action Plan from Year 1, it represented a really positive piece of co-production.
- 23.4 The Chair and Deputy Chair welcomed the report and the positive results which had been achieved by collaboration, this approach definitely provided a robust basis for future work.

- 24.5 In answer to questions it was explained that one of the issues identified was that there could be a disconnect between support available for the intersect between children and adults. It was important to get that right and that was one area on which there would be a particular focus.
- 24.6 Councillor West also commended the report and the resulting strategy which represented an impressive and well considered piece of work.
- 23.7 **RESOLVED** - That the Board notes the Brighton and Hove Adult Autism Strategy 2023-2028 and accompanying action plan.

24 SUICIDE PREVENTION ACTION PLAN 2024 - 2026

- 24.1 The Board considered a report of the Director of Public Health presenting the city's three-year suicide prevention action plan and the Sussex three-year suicide prevention strategy.
- 24.2 Every death by suicide had a devastating impact on families, friends and communities and locally there was a high level of need: the city had the highest suicide rate in the South East, and was a third higher than nationally. It was acknowledged that reducing suicide was everyone's business. Within the city a multi-agency suicide prevention steering group oversaw suicide prevention and had been instrumental in developing the new three-year local action plan. It aimed to reduce the risk of suicide, provide better support for people who self-harm and provide better support for those bereaved by suicide. This action plan was presented for approval by the Board.
- 24.3 Local partners also worked on suicide prevention at Sussex level where there are benefits to doing so and a new three-year Sussex suicide prevention strategy had been approved in September 2023 by the Sussex Mental Health, Learning Disability and Autism Programme Board. This strategy was also included for noting by the Board.
- 24.4 Councillor West welcomed the work that had been carried out commenting on the devastating impact this had on families and highlighted wider issues under the Boards remit and he hoped that could be taken forward. The Executive Director, Adult Health and Social Care concurred, stating however that this was a very sensitive area of work. It was therefore very important that great care was taken in addressing these issues.
- 24.5 Councillor Burden, whilst recognising the scale of the problem stated was pleased to note that there had been some progress towards prevention.
- 24.6 The Director of Public Health stated that one of the key messages had been the importance of training to recognise and address issues highlighted. Training would be rolled out across the city over the next few years.
- 24.7 Councillor Hogan stated that as a consultant psychiatrist one of her roles involved work with Sussex Partnership NHS Trust and in that capacity she was able to give

reassurance that suicide prevention was actively being worked towards in partnership across the board.

24.8 Joanna Martindale stated that a grant application had been put forward by the voluntary sector for a significant sum in order to provide for voluntary sector staff and volunteers with focused training. It was hoped that this would be successful.

24.9- **RESOLVED** – (1) That the Board approves the three-year Brighton & Hove suicide prevention action plan 2024 – 2027; and

(2) That the Board notes the three-year Sussex suicide prevention strategy 2024-2027.

25 JOINT HEALTH & WELLBEING STRATEGY - AGEING WELL - UPDATE

24.1 The Board considered a report of the Director of Public Health providing a update in respect of the Ageing Well Strategy within the Joint Health and Wellbeing Strategy.

24.2 Health and Wellbeing Boards had a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA). The current Brighton & Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019 with the vision that ‘Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life’. In order to deliver that ambition, the strategy had identified a number of outcomes for local people that were reflected under four key areas or themes in the Strategy known as the ‘Wells’: starting well, living well, ageing well, and dying well. The Health and Wellbeing Board has chosen to receive updates on a specific strategy theme at each Board meeting. This will enable the Board to receive a rich picture of health and social care activity in Brighton & Hove relating to the specific ‘Well’. This update report related to Ageing Well.

24.3 Following an overview and summary, the Public Health Programme Manager Ageing Well/Dying Well, David Brindley gave a power point presentation picking out headline points. He was joined by Maxine Thomas Head of Adult and Older People’s Services at Impact Initiatives and Heba Jackson Trust wide Falls Lead, Sussex Community NHS Foundation who were on hand to respond to Member questions.

24.4 Councillor West welcomed this strategy which was comprehensive and sought to encompass different strategies and approaches to this work and the fact that service delivery was designed to help people to be independent. He was struck by the impact of isolation and considered that the measures proposed to address that were valuable and welcome.

24.5 Details were provided regarding how matters had been managed during the pandemic and overall, the strategy had adapted well, the aim had been to reach as many people as possible and there had been a particular focus on the importance of good nutrition.

24.6 Councillor Galvin stated that having worked in social care for many years it was important to continue to consolidate this work and to ensure that help was provided to people from across the socio-economic range.

24.7 It was confirmed that work had been undertaken across to integrate work of care teams across the city and future work would build on the connections which were now in place.

24.8 **RESOLVED** - That the Board notes the current status of the Joint Health and Wellbeing Strategy outcome measures and activity relating to Ageing Well.

26 ITEMS TO BE REFERRED TO COUNCIL

26.1 There were none.

The meeting concluded at 6.15pm

Signed

Chair

Dated this

day of