

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 5 MARCH 2024

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Oliveira (Chair)

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

Other Members present: Lola Banjoko, Ash Scarff (Sussex Integrated Care Board), Peter Lane (University Hospitals Sussex NHS Foundation Trust), Dr Colin Hicks (Sussex Partnership NHS Foundation Trust), Joanna Martindale (Community & Voluntary Sector), Alan Boyd (Healthwatch Brighton & Hove), Deb Austin, Steve Hook, Alistair Hill, Will Tuckley (Brighton & Hove City Council)

PART ONE

27 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

15 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

(a) Declarations of Substitute

27.1 Dr Colin Hicks for Dr Jane Padmore (SPFT). Jane sent her apologies. Apologies were received from Siobhan Melia (SCFT). Tom Lambert (CVS rep) sent apologies – he is unwell. Councillor Miller attended as substitute for Councillor Burden.

(b) Declaration of Interest

27.2 There were no declarations of interest.

(c) Exclusion of Press and Public

27.3 There were no part 2 items and therefore the press and public were not excluded during consideration of any item of business on the agenda.

(d) Webcasting of the meeting

- 27.4 The Chair advised that the meeting was being webcast and would be capable of repeated future viewing.
- 27.5 **RESOLVED** – That the press and public not be excluded from the meeting during the consideration of any item of business on the agenda.

28 MINUTES

- 28.1 **RESOLVED THAT:** the minutes of the Health and Wellbeing Board Meeting held on 7 November 2023 be agreed as true record.

29 CHAIR'S COMMUNICATIONS

- 29.1 The Chair delivered the following communications.

Rob Persey

I would like to inform the board that Rob Persey, Executive Director of Health and Adult Social Care has now left the Council. Steve Hook is the acting statutory Director of Adult Social Services and is present at the Board today. I would like to thank Rob for his contribution to the Board, the Council and health and care across the city over the past seven years. Rob goes with our best wishes for the future.

Councillor West told the Board that Rob Persey brought passion to his role through challenging times during his time at the council. He said that Rob Persey's shoes would be hard to fill.

The Chair echoed Cllr West's remarks and thanked Mr Persey for all his work at the council.

Measles and MMR

Measles is an infection that spreads very easily and for some people can be very serious. There's no specific medical treatment for the disease; so it's vital to get vaccinated as it's the best protection against becoming seriously unwell.

You may be aware that there have been outbreaks of measles in the West Midlands, London and the North in the last 4 months although we have not seen any confirmed cases locally yet.

The best protection against measles is 2 doses of the MMR (Measles, Mumps and Rubella) vaccine – which are routinely offered as part of the childhood Immunisations schedule.

The uptake of MMR in Brighton and Hove for children under 5 is statistically similar to the national and regional rates; for one dose it is 92.3% and for two doses it is 84.4%. This means that many of our residents are not adequately protected against the virus.

The Council's Public Health team are working with partners including the UK Health Security Agency and the NHS to ensure we are prepared to respond if there are cases or outbreaks locally. There is a communications plan in place, including raising awareness of measles and MMR with communities who are most at risk of low MMR uptake. We are promoting to all residents that anyone can request their MMR records and, if necessary, an MMR vaccine at any age from their GP surgery.

I want to encourage parents and carers to check their children are up to date with their MMR vaccinations; if you're not sure whether your child is due a vaccination or has missed a vaccination, you can check your Red Book or contact your GP surgery.

Health Counts

I am pleased to confirm that the 4th Health Counts survey will launch on the 18th of March 2024.

This survey has taken place in Brighton & Hove approximately once a decade since 1992.

The survey gives us our main source of detailed data on health issues and health behaviours in our local population – looking at lifestyles, health and wellbeing, and the building blocks of health.

We will be able to analyse data by protected characteristics and other inclusion groups and it gives us important evidence of inequalities within the city.

We use this as source evidence for our needs assessments and understanding of equalities, and to help us to develop strategies and design services and interventions that meet the needs of communities and residents.

This year is especially exciting as we anticipate an unprecedented level of participation. In previous years we sent the survey to 2% random sample of the local adult population. This year we will be sending the survey link by text from GP practices to **all** patients aged 18+ with a mobile number, and who haven't opted out of communications in this way and all GP practices have in the city signed up to support this.

As not everyone will be registered with a GP or be able to take the survey online, the research team are attending a number of settings and events to ensure the greatest possible participation in the survey.

The research is funded by the public health grant and is being led by the University of Brighton, and we are working in collaboration with NHS Sussex, Healthwatch, Brighton & Sussex Medical School, and Brighton & Hove GP Federation.

Key findings will start to be available in Summer 2024, with further information published throughout 2024/25.

(This is such an exciting and important survey, and we encourage everyone to take part if they can).

Referral from HOSC

Item 36 on today's agenda is a report on mental health and policing referred to the Board by the Health Overview & Scrutiny Committee. Under the Council's Constitution reports may only be referred from one committee to another for information, not for debate, so we are not able to discuss this issue at today's meeting.

30 FORMAL PUBLIC INVOLVEMENT

30.1 There were no petitions or deputations.

31 FORMAL MEMBER INVOLVEMENT

31(a) CALLOVER

31.1 All items appearing on the agenda were reserved for discussion.

31(b) FORMAL MEMBER INVOLVEMENT

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

31(c) ITEMS REFERRED FROM COUNCIL

31.3 There were none.

32 LOCAL SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL UPDATE

32.1 The Board considered a report from Chris Robson, Independent Chair of the Local Safeguarding Children Partnership.

32.2 Mr Robson explained it was a statutory duty for the LSCP to produce an annual report and to present it for information to the local Health & Wellbeing Board.

32.3 Mr Robson outlined the major achievements and challenges that the LSCP had dealt with over the past year.

- Safeguarding is very busy, with more than 17,000 contacts in the past year
- Local partnership structures are well developed and healthy
- There are fantastic individuals and well-developed systems in place across the city
- An ILAC inspection has recently been announced – it is heartening to see that children's social care has welcomed the inspection as an opportunity
- There has been a big focus on Unaccompanied Asylum Seeking Children (UASC) in recent months. Mr Robson undertook some independent scrutiny of local processes. The local authority and police made outstanding contributions to this work and there was an immediate local response to concerns raised in the report
- A new performance dashboard has recently been launched
- There is a really good local safeguarding training package available

- An anti-racist practice conference was delivered recently – this was exceptionally well organised and well attended.

32.4 Members asked questions on issues including:

- The length of time it takes for learning from case reviews to be disseminated
- Support for new fathers, including via the 'Dad Pad' app
- Strategic approaches to dealing with the growing problem of self-harm.

32.5 **RESOLVED** – that the report be noted.

33 SHARED DELIVERY PLAN (SDP)

33.1 Chas Walker, Joint Programme Director Integrated Service Transformation, introduced the report. Kay Duerdoth, Trust for Developing Communities; and Emma McDermott, BHCC Head of Communities, Equalities & Third Sector were also in attendance.

33.2 Mr Walker told the Board that the report before them provided an update on the delivery of Shared Deliver Plan (SDP) priorities. Currently, there is good performance across these priorities, with all but 2 considered 'green'. There is more work to be done in delivering the 2 performance measures that have been graded 'amber': delivering physical health checks for people with severe mental health problems; and developing and implementing a cardio-vascular reduction plan.

33.3 Ms Duerdoth presented on the Community Health Improvement Programme (CHIP):

- CHIP is a 1 year project, aiming to gather community insight; to assist community development; to support greater Primary Care Network (PCN) outreach; to begin co-production of local solutions to problems; and to increase referrals into services
- By the end of November 2023, CHIP had provided information to more than 50,000 people, with more than 800 people attending events, and more than 3,000 people referred to clinical or preventative care, with over 750 NHS health-checks undertaken.

33.4 Members welcomed the work on delivering SDP priorities, and particularly welcomed the success of the CHIP programme; comments included:

- It is good to see a focus on co-production – this is a key area for development
- It is surprising to see so many 'green' metrics given the pressures faced by NHS and care services
- Successes to date are to be welcomed, but it is unclear what will happen without additional NHS funding
- It is great to see all the work that has been undertaken by CHIP
- Where possible it would be good to see an opportunity for a hybrid option for attendance at community events, as this can be very helpful for people with hearing loss
- CHIP has been really successful, but it is important to note that its success is partly because of the long term relationships built over many years with city communities
- It has been heartening to see the beginning of genuine co-production, not only with local people, but also in terms of developing relationships between community sector professionals and health professionals

- Close working between primary care, the community & voluntary sector and local residents shows the way forward for the city to begin addressing unacceptable levels of health inequality. However, the CHIP programme was time-limited and did not have funding attached. The challenge will be to maintain this going forward.
- CHIP provides a model for community engagement that we must build upon.

33.5 RESOLVED – that the report be noted.

34 LET'S GET MOVING: BRIGHTON & HOVE SPORT & PHYSICAL ACTIVITY STRATEGY

34.1 The report was introduced by Verena Quin (Healthy Lifestyles Manager) and Katie Cuming (Public Health Consultant).

34.2 The Board was told:

- There was a presentation to the HWB in July 2023 on the draft strategy and comments and suggestions from Board members have informed the development of subsequent drafts
- The vision is to encourage active movement for everyone in Brighton and Hove to live well and be healthy. In order to deliver this, we want to make Brighton and Hove one of the nation's most active cities in a way that is enjoyable
- Physical activity has a wide range of physical and mental health benefits
- The strategy aims to focus resources and efforts to support communities who have been identified as facing the greatest barriers to being physically active
- The strategy supports a coordinated approach to physical activity, encouraging local partners to collaborate, pool resources and work jointly to increase the impact of interventions
- The strategy will raise awareness of the contribution of sport and physical activity can give to developing the health of residents, addressing inequalities, and improving social and economic outcomes in the city
- 7 out of 10 adults in Brighton and Hove City are active enough. This is worse than our performance only a few years ago. The aim is to improve this
- Certain areas of the city have high rates of inactivity, including East Brighton and North Portslade. Other factors include people with ill health, disabilities and certain ethnic groups
- Less than half of the children are physically active (at least 60 minutes of physical activity per day).

34.3 Board members asked questions and made comments on issues including

- How the barriers to physical activity could be broken down for people from specific communities, including those who would struggle to pay for activities
- How the strategy can be aligned with NHS care pathways
- That it is important for it to be explicitly recognised that physical activity includes dance, yoga etc and is not just focused on sports which can put many people off
- That active travel is a key element of physical activity

- That there needs to be good public transport to leisure facilities if all communities are to benefit from the range of opportunities the city offers.

34.4 **Resolved:** The Board agreed The Let's Get Moving Brighton & Hove Sport & Physical Activity Strategy.

35 JOINT HEALTH & WELLBEING STRATEGY: STARTING WELL UPDATE

35.1 The report was presented by Bernadette Alves, Sarah Colombo, Emma Smith, Vanessa Sharp and Joanne Templeton.

35.2 Members were told that starting well is one of the 4 'wells' within the local Joint Health & Wellbeing Strategy, and that the Board has requested regular updates on performance against each of the 'wells'. Starting Well is a complex area as it covers different groups with differing needs. However, it is of paramount importance as many of the foundations for a healthy life are established in childhood.

35.3 Immunisation/Vaccination.

- This is a wide-ranging programme including early childhood vaccination and also teenage programmes such as HPV
- There was excellent community work during the Covid pandemic to encourage community uptake of the Covid vaccine. This work has been built on to encourage greater take up of other immunisation and vaccination programmes, employing a non-judgmental approach, recognising access or cultural barriers to uptake, delivering appropriate messaging to specific communities etc.

35.4 Health Visiting and School Nursing.

- There are around 12,700 contacts per year with babies, children and parents
- Surveys record high levels of satisfaction with the service
- We have achieved stage 2 UNICEF baby friendly standard accreditation and are working to achieve stage 3
- There is an enhanced support offer available for vulnerable families
- A new SEND specialist health visitor has been appointed
- School nursing operates as a multi-disciplinary team supporting a wide range of needs
- The services received referrals from other services
- There is a confidential text service where young people can raise concerns about their physical or mental health
- The service has high levels of user and parent satisfaction
- There has been a successful post-Covid build back of services.

35.5 Early Years Work in Relation to School Readiness.

- Services are outperforming the England average
- We work really hard to support quality in early years settings – and almost all local providers are rated as good or better
- Support starts early with a focus on babies right through to helping with transitions to and from schools
- There is a particular focus on children eligible to receive free school meals

- There has been successful promotion of the offer of free childcare hours and take-up has improved
- The services helps train staff to best support children from the most disadvantaged backgrounds.

35.6 **School Attainment for Children in Care.**

- Local performance is better than the national average
- There is bespoke support on offer for all children in care
- There is a focus on encouraging all partner agencies to have high expectations of the potential of children in care.

35.7 **Family Hubs Transformation Programme.**

- The programme was successful in securing time-limited funding
- There has been a major restructure of early help hubs into a family hubs model
- There is a focus on capturing quality data and sharing data amongst partners so families do not have to tell their story multiple times
- There has been a focus on refurbishing and redecorating hubs to ensure they are fit for purpose
- There has been a focus on workforce development, with a joint model of practice across the system
- A strength-based approach has been successfully adopted with a shift in focus to family needs away from meeting service requirements
- There has been a focus on consultation and co-production
- We are looking at how to build on the success of family hubs, particularly in terms of building closer links between the hubs and VCS organisations that provide essential support across the city
- A family hub strategy is in development
- There has been a 71% increase in referrals to family hubs – this is excellent news, although it presents challenges in terms of workload.

35.8 **Healthy Weight.**

- There is lots of work with schools to encourage physical activity
- Work is ongoing to ensure that health eating and physical activity offers are accessible to all
- The most recent Safe & Well At School survey includes questions on healthy weight, so we will shortly have valuable additional data to drive improvement.

35.9 **Self-Harm.**

- The core school mental health service is good, and there have been effective initiatives including offering themed group activities
- There is an increasing focus on how to best support neurodiversity
- More work needs to be done to understand why there are high rates of self-harm in the city
- A toolkit to support schools in dealing with pupil death has recently been released
- A recent pilot on addressing harmful sexual behaviours in young men is currently being evaluated by the University of Sussex.

35.10 members asked a range of questions on issues including:

- The role of social media in self-harm

- What can be done to help young people deal with anxiety about climate change
- Ensuring that there is good take-up of workforce training, particularly given that much of the workforce is part-time.

35.11 RESOLVED – that the report be noted.

36 REFERRAL FROM HEALTH OVERVIEW & SCRUTINY COMMITTEE: MENTAL HEALTH & POLICING

36.1 The referral was noted.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of