

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.30pm 12 NOVEMBER 2024**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor De Oliveira (Chair), Burden (Deputy Chair), Miller

**Also in attendance:** Stephen Lightfoot, Tanya Brown-Griffith (ICB), Dr Adam Fazakerley (Primary Collaborative), Peter Lane (UHSx), Dr Colin Hicks (SPFT), Steve Hook, Alistair Hill, Deb Auston (BHCC), Professor Robin Banerjee (University Of Sussex), Joanna Martindale, Tom Lambert (CVS), Lester Coleman (Healthwatch), Giles Rossington, Caroline Vass, Hannah Youldon (ESFRS)

**PART ONE**

**45 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**a) Substitutes and Apologies**

45.1 Councillor Miller is attending as substitute for Councillor Grimshaw.

45.2 Apologies from Mark Matthews (East Sussex Fire & Rescue Service). Hannah Youldon is attending as substitute.

45.3 Lester Coleman was attending as a substitute for Alan Boyd (Healthwatch).

**b) Declaration of Interests**

45.4 There were none.

**c) Exclusion of the press and public**

45.5 **Resolved** – that the press and public not be excluded from the meeting.

**46 MINUTES**

46.1 **Resolved** - The minutes of the 05 March 2024 meeting were agreed.

**47 CHAIR'S COMMUNICATIONS**

47.1 The Chair gave the following communications:

**Covid and Flu**

Keeping loved ones safe and healthy is everyone's priority and one of the best ways to protect yourself and others is to be vaccinated. Vaccines give safe and effective protection against severe illness and hospitalisation.

Covid-19 is still around – and it can cause serious infections in some people. The vaccines are still being offered because viruses change, and protection fades over time. It's important to top up your protection if you're eligible.

Free jabs are available for:

- frontline health and social care workers and staff in care homes for older adults
- residents in a care home for older adults
- all adults aged 65 years and over
- anyone aged six months to 64 years who is in a clinical risk group

If you are eligible for a free jab and you haven't been contacted, you can phone your GP practice or book an appointment with a community pharmacy, on the NHS website, by calling 119, or through the NHS app.

Free flu jabs are available for:

- those who are pregnant
- all children aged 2 or 3 years on 31 August 2024
- all children in clinical risk groups aged from six months to under 18 years
- anyone aged 65 years and over
- anyone aged 18 to under 65 who is in a clinical risk group
- anyone in a long-stay residential care home
- carers in receipt of carer's allowance, or if you are the main carer of an elderly or disabled person
- close contacts of immunocompromised people
- frontline workers in a social care setting.

## **Inequalities**

At the last Board meeting, members were asked to state their biggest priority for the Health & Wellbeing Board. A majority of us identified reducing inequalities as the most important thing for the Board to focus on.

This is something that is reflected in today's agenda. If our aim is to reduce inequalities, it is vital that we understand the nature of the barriers that some communities face. The Joint Strategic Needs Assessment is key to developing an in-depth understanding of the health and care needs of city residents, and we have an annual update report to consider today. We also have an initial analysis of the recent Health Counts survey, which will provide us with valuable data to plan and improve services.

We know that, nationally and locally, people from Black and racially minoritised communities often have worse health outcomes than White British

people, and we will have a discussion today about whether there is enthusiasm for establishing a BRM Health Forum to address some of these issues.

As well as understanding where there are inequalities, we need robust plan for addressing them, and we need to oversee the delivery of these plans. The Fuel Poverty & Affordable Warmth Plan sets out how city partners will work together on this key issue. The paper on the Joint Health & Wellbeing Strategy: Living Well outlines how well partners are performing in delivering against the Strategy's overarching ambitions to increase the number of years city residents live healthy lives and to reduce the gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city. Finally, the report on Integrated Community Teams provides an update on the implementation of a key measure to tackle inequalities.

#### **48 FORMAL PUBLIC INVOLVEMENT**

48.1 There were no public engagement items.

#### **49 MEMBER INVOLVEMENT**

49.1 There were no member engagement items.

#### **50 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

50.1 This item was presented by Kate Gilchrist, head of Public Health Intelligence, and was accompanied by Louise Knight, Needs Assessment Programme lead.

50.2 The board approved the Joint Strategic Needs Assessment (JSNA), and this paper gives an update on progress to note and approve.

50.3 Kate Gilchrist stated that, In the first year, a key focus has been on the move from the JSNA website to the council website and ensuring products meet accessibility standards and moving to a new framework around healthy lives, healthy places, and healthy people. This is working alongside mapping and guidance.

50.4 Kate Gilchrist stated that in years 2 and 3, there's a key focus on promotion and communication of JSNA resources. A further focus is around continuing to work collaboratively with East and West Sussex on shared Sussex priorities around needs assessment.

50.5 Section 2.1 includes a summary and appendix 2 of the paper along with other papers listed. Appendix 1 lists all the papers and memberships with the board asked to approve the program.

50.6 Councillor Miller appreciated the work and said it is well detailed. Councillor Miller raised a question on how the JSNA steering group is structured. It was asked if it would be sensible to have members from the Transport, Open Spaces, and Culture teams so that general quality of life could be looked at. Kate Gilchrist answered, stating that membership has already been widened out to Housing and to Sustainability. They

further stated they would be happy to pick up outside of the meeting the possibility of widening further.

- 50.7 Councillor Burden agreed with Councillor Millers comments and stated that the commercial determinants of health would be a welcome addition to this work and that young people are especially at risk from these factors, both positively and negatively. Kate Gilchrist responded stating that evidence is available on the JSNA website, including some area profiles which may be of use. The Public Health Annual report has information and pulls together some of this evidence around commercial determinants.
- 50.8 Tanya Brown-Griffith (Director for Joint Commissioning and Integrated Community Teams at NHS Sussex) asked when Special Education needs and Stability and Neurodiversity sections will be published. Kate Gilchrist responded stating that the stage one for this is in progress presently. Stage two exists to assess if any qualitative work is needed. Once stage one is complete, timelines around stage two can be given once it is assessed if it needs to happen.
- 50.9 Stephen Lightfoot (Chair of NHS Sussex) asked whether oral health can be added to the forward plan, pertaining to children in particular. Second, they asked how well joined up is the commissioning processes with the needs that were set out. Kate Gilchrist responded stating that they were happy to take the discussion around Oral Health to the City Needs Assessment Steering group and that there is a wealth of information that can be evidenced from the report.
- 50.10 Tanya Brown-Griffith Stated that they hoped that data would be fed into the JSNA framework from the population outcomes framework which then goes to the commissioning group based on current data sets and subsequently feeds in, allowing for strategic planning around population needs based on current data sets. Caroline Vass (Consultant in Public Health, Brighton and Hove City Council) stated that priorities were given to areas best informed.
- 50.11 Councillor Miller asked if it would be possible to look at the difference between on and off-licence premises and if there is a difference in harms, particularly with children. Kate Gilchrist responded stating that there is some evidence around this and will get back to Councillor Miller on the figures.
- 50.12 Tom Lambert (Chief Executive of the Carers Centre) asked a question on the methodology in engaging the voluntary and community sector in the development of the JSNA. Kate Gilchrist responded stating that engagement is conducted in several ways and further groups (including voluntary and community) were used when looking at the wider community. On the groups steering individual projects, there tends to be significant presence and input from voluntary and community groups.
- 50.13 **RESOLVED** – that the report be noted and approved.

## 51 JOINT HEALTH & WELLBEING STRATEGY: LIVING WELL

- 51.1 This item was introduced by Caroline Vass (Consultant in Public Health, Brighton and Hove City Council) and supported by Laura Wood (Health Development Specialist) and Katy Harker (Consultant in Public Health). Laura Wood presented an update to the

board on the Joint Health and Wellbeing Strategy with a focus on Living Well, showing comparative data and metrics. These metrics look comparatively at how Brighton and Hove is doing versus the national averages and data from across the region and how it is doing now versus previously. Brighton and Hove was similar or better than the English average (barring smoking prevalence in adults, where Brighton and Hove was worse) and, in most metrics, Brighton and Hove had improved versus previous data sets (barring: self-reported wellbeing, smoking prevalence in adults in routine and manual occupations, and workers walking for travel, which had all worsened). STI diagnosis, drug misuse deaths, and the suicide rates had also increased.

51.2 Katy Harker presented slides on the cardiovascular disease prevention plan for the city. Developing a cardiovascular disease (CVD) prevention plan was a year 1 Shared Delivery Plan (SDP) milestone for Brighton and Hove. In March 2024, a list of the activities being delivered to reduce the impact of CVD in Brighton and Hove was taken to the Health and Wellbeing Board. Based on feedback from the board, NHS Sussex and Brighton and Hove City Council Public Health have worked together to develop a CVD prevention plan.

There were 5 key areas for the plan that were focused on:

- NHS Health Checks
- Tier 2 Weight Management
- Smoking Cessation
- Hypertension and Hyperlipidaemia
- Healthy Communities

Katy Harker presented further details within each of the 5 key action areas. Focus across each of the points were placed on deprived areas and towards targeted groups to improve engagement.

51.3 Laura Wood presented slides on outcomes and campaigns, specifically on Workplace Health Champions. This is a scheme open to organisations to work on health improvement and achieve health outcomes for staff. Medium business were targeted to signpost staff to the appropriate clinics to promote health and wellbeing. There are currently 105 workplace champions, with 32 being citywide, 37 being in schools and nurseries, and 36 being with Brighton and Hove City Council.

51.4 Councillor De Oliveira asked how the programme is promoted. Laura Wood responded stating that the team will go out to workplaces and host exhibitions and events to get the message out.

51.5 Tanya Brown-Griffith (Director for Joint Commissioning and Integrated Community Teams at NHS Sussex) asked how Workplace Health Champions are made aware of within the workplace and how they work together to connect staff and recipients with what's available. In response to how workplace health champions are made aware of in the workplace and work together to connect with what is available, there are newsletters distributed and various levels of support.

51.6 Stephen Lightfoot (Chair of NHS Sussex) made a comment on cardiovascular disease as to who is doing what and asked about the prioritization process. In response to this question, all activities are run at the same time and are all priorities. A commission has

been in service in hospitals. There is a real challenge in areas of high smoking. The priorities will continue to be based on areas that the Board has asked to be prioritised.

51.7 Councillor Miller commented, referring to the language used on page 70 of the report, is the wording around the low happiness score referring to a percentage of the population with a low happiness score? The response is that this is self-reported score and is a percentage. This is statistically similar to other areas of England and has worsened in the area. The Councillor also commented that some of the evidence from the report should be informing Councillor's decisions more broadly. Katy Harker responded that on a couple of the indicators, the city is doing quite well, particularly around physical activity where collaboration with council colleagues has been very strong and shown very strong results. There have been workshops and engaged people across many backgrounds. While it is not all as joined up as it could be, there have been plenty of positive steps and collaboration seen.

51.9 Councillor Burden asked a question around walking as physical activity. In response, the table within the report shows that residents are walking and cycling at least 3 times a week with the highest rate in the country.

51.10 A question was asked around workplace health champions and how this will tie in with mental health first aid. In response, it was said that having more than one workplace health champion is welcomed and encouraged, especially across organisations with multiple sites. Mental health is also covered on this course for workplace health champions.

51.11 Lester Coleman (Healthwatch) asked a question on point 2.19 on page 73: should adult prevalence be included when considering the smoking rates? In response, it was stated that this would be explored and brought back to board.

51.12 Councillor Miller asked if work is being done with universities which is where mental health issues occur. In response it was confirmed that universities and schools are receiving support.

51.13 **RESOLVED** – that the report be noted and approved.

## 52 INTEGRATED COMMUNITY TEAMS

52.1 This item was introduced by Chas Walker (Programme Director, Integrated Service Transformation), Tanya Brown-Griffith (Director for Joint Commissioning and Integrated Community Teams at NHS Sussex), and Isabella Davis-Fernandez (Managing Director for Brighton and Hove at Sussex Partnership NHS Foundation Trust). Tanya Brown Giffith explained that this item is coming to the board to ensure the board is sighted on some of the recent changes in terms of the Integrated Community Team. The Integrated Community Teams are well linked to the Health and Wellbeing strategy for the city, especially as it is an all-age strategy. Integrated Community Teams will be a place for more preventative rather than reactionary care, including work with the voluntary sector. Strategic leads engage in areas that are diverse and ensure those voices are heard. In supporting Living Well, needs and bringing care into the community is what integrated Community Teams are striving for. A series of slides detailing further details to the

model and work were presented to the Board by Tanya Brown- Griffith, Chas Walker, and Isabella Davis-Fernandez.

- 52.2 Councillor De Oliveira asked how the needs of Brighton will be fulfilled given the different priorities and population centres across the city. Isabella Davis-Fernandez responded stating that a lot of planning from population data and what resources are needed has been conducted. Neighbourhood teams across Brighton and Hove will have the ability and flexibility to have the right staffing capacity and requirements for their local population. Tanya Brown-Griffith added that the integrated teams will have a care coordinating role and will have community forums for patients, driving the scheme forward.
- 52.3 Stephen Lightfoot (Chair of NHS Sussex) commented that 65-70% of the offer across all the 16 teams will be the same. The remaining 30% will be tailored to local needs. They stated that, in principle, they are supportive of the move to one Integrated Community Team for the Brighton area and that they hope that this can be moved forward in a relatively straight forward way.
- 52.4 Stephen Lightfoot asked a question to other colleagues on the Health and Wellbeing Board on if they feel sufficiently engaged in this particular programme of work.
- 52.5 Steve Hook (Assistant Director of Operations) responded by stating that this arrangement works well for the city. Realigning means that the existing partnership will continue to exist in slightly different forms. A lot of the embryonic work around Integrated Care Teams is already well lead. There was some difficulty in how we interface with primary care but this engagement has been good. Overall, there is a feeling of positive engagement.
- 52.6 Tom Lambert (Chief Executive of the Carers Centre) commented that the feedback from the sector has been very positive so far and brings a lot of clarity. Having the 3 delivery groups maintains the respect of the different characteristics of different neighbourhoods.
- 52.7 Genette Laws (Corporate Director - Housing Care and Wellbeing) commented on the evaluation going forward leading to greater job satisfaction to improvements to staff retention. Tanya Brown-Griffith responded that there are benefits of face-to-face communication and there was less frustration.
- 52.8 Councillor Miller asked a question around maternal mental health and how this would fit in. Isabella Davis-Fernandez responded stating that a specialist service is offered through a separate service line and, as such, is not part of the core team, but rather with the aligned services. Isabella stated they recognised the need for effective referrals.
- 52.9 Councillor Burden raised a question on the digital infrastructure that's being introduced and that the systems can stay connected. Tanya Brown-Griffith responded stating that a system called plexus will ensure interfacing with the other systems. The multidisciplinary team will run and interact with the primary care and pathways in all places. There is an action for Tanya to bring the information around the plexus interface back to the board in 6 months' time.

52.10 Tom Lambert asked a question on strategic commissioning. Tanya Brown-Griffith responded stating that any commissioning work will consider the strategic needs both for the present and future. There will be a review of the data and Chas Walker will bring back data to the Board. The mental health commissioning is joined up and enable to bring in children and young people to the neighbourhood team.

52.11 **RESOLVED** - that the Board agree to note the report.

### **53 FUEL POVERTY & AFFORDABLE WARMTH PLAN**

53.1 This item was presented to the board by Sarah Podmore (Health Promotion Specialist) and Miles Davidson (Sustainability & Energy Manager). Sarah stated that this plan has been developed as a refresh to the previous local strategy agreed by the board in 2016. The previous local Fuel Poverty & Affordable Warmth Strategy was developed in response to the release of the National Institute for Health and Care Excellence (NICE) NG6 guideline (2015). The new plan responds to the National Fuel Poverty Strategy for England and the ongoing cost-of-living crisis and high energy prices.

53.2 Sarah stated that reflecting a revised national strategy and changes to the national definition of fuel poverty, the intention is for this refreshed Fuel Poverty & Affordable Warmth Plan to both reflect and drive local action to tackle fuel poverty and cold homes. They added that estimates show that 13.2% of households in Brighton and Hove are experiencing fuel poverty and that this is having negative physical and mental health impacts.

53.3 Sarah stated that the provisions provided by the Fuel Poverty and Affordable Warmth Plan includes its own steering group which coordinates a collaborative approach to tackling fuel poverty and cold homes. They cited key resources through which residents can access support and stated that the plan is aligned with local and national strategy.

53.4 Councillor De Oliveira asked who sits on the Poverty Reduction Steering Group, which will be a new reporting line for the fuel poverty & affordable warmth steering group. Sarah responded that they haven't attended that group yet as it is relatively new within the council. They stated it is being chaired by Councillor Mitchie Alexander with representatives from a number of council departments with it currently being internal, though this may change to incorporate external organisations.

53.5 Stephen Lightfoot (Chair of NHS Sussex) thanked the presenters and asked what else can be done, using this work, to identify where there is a need for more local NHS services. Miles Davidson responded stating that it is important that local authorities and the NHS are joined up on matters such as these and that they are always trying to do more to ensure that information, data, and recommendations are passed on as appropriate. Sarah Podmore added that they have previously linked with community teams and that it would be good to refresh that link.

53.6 Councillor Miller commented that a high proportion of those living in fuel poverty are in private accommodation. They asked if we could use a new licencing scheme to compel landlords to improve fuel efficiency for their tenants. Miles Davidson responded that the licencing of houses of multiple occupation (HMO's) does allow for setting of certain standards, but that this doesn't always mean the heating is necessarily affordable. The



new government has indicated that the minimum EPC standard for private accommodation will likely be raised.

53.7 **RESOLVED** – That the board agree to note the report

## 54 HEALTH COUNTS

54.1 This item was presented by Kate Gilchrist (Head of Public Health Intelligence) and Nigel Sherriff (Professor of Public Health and Health Promotion in the School of Health Sciences at the University of Brighton). Slides were presented to the Board. Nigel stated that Health Counts take place every 10 years and provides a wealth of helpful local information and data and provides a data source for inequalities in the city, as well as providing a detailed picture of health and wellbeing in Brighton and Hove. The gap between surveys allows for time-based comparisons. Over 26,014 responses were submitted, representing 11.2% of the over 18 resident population.

54.2 Kate Gilchrist presented some of the key findings to the board. This included the way in which different demographics were represented in the data. It was noted that the data revealed that there has been a drop off in the number of people regarding themselves as being in good to excellent health. Low happiness scores across the city had increased with anxiety scores also increasing, effecting different parts of the city to greater and lesser extents. Self-harm instances were noted as being particularly high among 18–24 -year-olds, those in temporary accommodation, and people identifying as trans, non-binary, or intersex. Smoking has almost halved since 1992. Further such findings were detailed.

54.3 Regarding community at the cost-of-living crisis, Kate Gilchrist revealed that there was a small decrease in those satisfied with their local area as a place to live, as well as a small decrease in those who stated they felt they belonged in their immediate neighbourhood. Kate further revealed that 86% of people stated they were taking some measures to protect against the cost of living. It was further revealed that less people across the city feel 'very safe' compared to 2018.

54.4 Kate Gilchrist stated that there will be a city level briefing in January 2025, with are profiles by March 2025. There will also be an equalities profile in 2025/26. Evidence is being incorporated across the Joint Strategic Needs Assessment (JSNA).

54.5 Due to time constraints, board members were asked to direct questions directly to Kate and Nigel outside of the meeting. The Chair thanked the presenters.

54.6 **RESOLVED** – That the board agree to note the report.

## 55 BLACK & RACIALLY MINORITISED HEALTH FORUM

55.1 This item was presented to the board by Nora Mzaoui and Dr Anusree Biswas Sasidharen, the founders and directors of 'Bridging Change'. Slides were shown to the board, and they stated that they are a Local, Black racialised minority (BRM) organisation with the main aims of tackling social and health inequalities that a lot of BRM communities are facing, as well as strengthening the BRM community and voluntary sector.

- 55.2 Nora Mzaoui stated that they have been doing work around infrastructure in order to build up organisations. 'Bridging Change' have provided training, advised organisations on equality, diversity and inclusion, and have been championing BRM experiences and bringing them into conversations. They further stated that they have worked with a wide range of partners and funders.
- 55.3 Dr Anusree Biswas Sasidharen highlighted to the board some of the health and wellbeing focused projects they have undertaken and their successes. They also shared the broad number of health topics covered through the projects that they run, as well as a brief run down of the various organisations, boards, and assemblies that they sit on.
- 55.4 Dr Sasidharen added that there was previously a BRM Health Forum in 2009 that was led by the Black & Minority Ethnic Community Partnership. They stated that this was a space for statutory community organisations and individuals and operated as a sharing space for local intelligence, projects, and activities, as well as to raise awareness of health programmes. They further offered some suggestions to the board to consider moving forward.
- 55.5 Councillor De Oliveira commented, thanking the presenters and stated their surprise that a forum for BRM health had once existed but no longer does. They stated a wanting for something of this nature to return and invited comments from the board.
- 55.6 Councillor Miller commented that they agree that this is something that is needed and asked why it stopped previously. Dr Sasidharen responded stating that it stopped due to a lack of funding and didn't have clear or real connections with the NHS. Councillor Miller responded stating that we need clear structures in place and clear lines as to who would need to be involved in such a forum.
- 55.7 Tom Lambert (Chief Executive of the Carers Centre) asked a question on whether there would be an appetite from minority groups across the city to bring representation to such a forum. Tom further asked if there is a role in a forum such as this to address matters that particularly effect migrant and refugee communities or is this a big enough issue that it should have a separate forum on its own. Nora Mzaoui responded stating that it depends on what the offer is with respect to attendance and that attendees would need to feel it was something worth coming to. More structure would likely generate more interest.
- 55.8 Stephen Lightfoot (Chair of NHS Sussex) stated that they agree that this is something that is needed and that a 'talking shop' should be avoided and that it's important to hear from the lived experiences of those who wish to participate. To this end, they said that NHS Sussex would like to participate.
- 55.9 Councillor Burden expressed their thanks to the presenters and echoed that it is a shame that this had existed previously but no longer does. They stated that a half-day session would be welcomed to talk through this in greater detail.
- 55.10 **RESOLVED** – That the board note this item and work further to develop the idea of a new BRM Health Forum, with a report to be brought back to a future meeting for consideration to Cabinet.

The meeting concluded at 7.47pm

The meeting concluded at 7.47pm

Signed

Chair

Dated this

day of