

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 8 SEPTEMBER 2020**

**VIRTUAL VIA SKYPE**

**MINUTES**

**Present:** Councillors Shanks (Chair) Moonan (Opposition Spokesperson), Bagaeen (Group Spokesperson), Childs and Drutt

**Brighton and Hove CCG:** Dr Andrew Hodson (Co Deputy-Chair); Lola Banjoko; Andrew Taylor and Ashley Scarff

**Also in Attendance:** Geoff Raw, Chief Executive, BHCC; Deb Austin, Acting Statutory Executive Director, Children's Services; Rob Persey, Statutory Director for Adult Social Care; Alistair Hill, Director of Public Health; Nick Hibberd, Executive Director, Economy, Environment and Culture; Graham Bartlett, Safeguarding Adults Board and David Liley, Healthwatch

**PART ONE**

**19 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**19(a) Apologies**

19.1 Apologies were received from Councillor Nield (Deputy Chair) and Chris Robson, Independent Chair of the Brighton and Hove Safeguarding Children Board.

**19(b) Declarations of Substitutes, Interests and Exclusions**

19.2 Councillor Drutt was in attendance in substitution for Councillor Nield.

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

19.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in

view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

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

## 20 MINUTES

- 20.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 28 July 2020 as a correct record.

## 21 CHAIR'S COMMUNICATIONS

### 21a Chair's Communications

- 21.1 The Chair, Councillor Shanks, stated that she wanted to make Board Members and the public aware of the fact that the testing centre at Withdean was now open. She stated that she wished to stress the importance of everyone following the guidance and of ensuring that anyone went for tests if they exhibited symptoms of the virus. It was noted that a detailed presentation updating on the current situation in respect of the pandemic would be dealt with elsewhere on the agenda.

### **Big Health & Care (socially distancing) Conversation**

- 21.2 The Covid-19 pandemic had changed the way health and care services were delivered and accessed. Across the Sussex Health and Care Partnership services had, had to adapt and change to protect staff patients and service users. The **\*Big Health and Care Conversation** had been re-launched so that people's experiences, questions, ideas and stories around health & care during the pandemic could be used to inform how we move forward with the delivery of our health & care services.
- 21.3 \*The Big Health & Care Conversation was being led by the CCG. They wanted to get staff and patient feedback so that they could work out how we can prioritise and deliver health and care services across the city as we move into the recovery phase.

Conversations were happening online at:

<https://yoursaysussexhealthandcare.uk/engagementhq.com/the-big-health-and-care-socially-distancing-conversation>

Or you can response over the phone or through the post.

- 21.4 Every two weeks the conversation would be focusing on a new topic. Staff and residents had already been sharing their thoughts on mental health services and accessing A&E during the pandemic, and for the next two weeks the theme was care.

### **World Suicide Prevention Day – Thursday 10 September**

- 21.5 Grassroots Suicide Prevention (one of our commissioned services) were launching "Ask Now Save Lives" to challenge the stigma around talking about suicide and promote

resources that could help with the conversation, such as suicide prevention training, and the StayAlive suicide prevention app. Every 90 minutes, someone in the UK took their own life. Each suicide was a complex and personal tragedy which devastated those left behind. But together we could help prevent suicide by talking openly and honestly about it – we just had to ask.

21.6 **RESOLVED** – That the position be noted.

#### 21b Callover

21.7 It was noted that all items appearing on the agenda were called for discussion.

### 22 FORMAL PUBLIC INVOLVEMENT

#### 22a Petitions

22.1 There were none.

#### 22b Written Questions

22.2 It was noted that two public questions had been received.

#### **Question from John Kapp — Asset-based Approach**

22.3 Mr Kapp put the following question:

“Concerning **the asset based approach to social care and health**, does the board agree that the **solutions** mentioned under draft minute 8.3 of the HWB meeting on 9.6.20 (see note 1) should include all **prescribed interventions** under both Health (NHS primary care) and Social Care, including those interventions called **social** prescriptions, and that no one should be excluded by inability to pay, so they should be commissioned by the CCG in sufficient numbers so that all patients and service users for whom they are clinically appropriate can access them within the statutory access times of 18 weeks?”

#### **Chair’s Response**

22.4 The Chair provided the following response:

“I would like to refer to you to the answer given to your question on this matter at the July meeting of the HWB. The CCG commissions care on the basis of best practice which includes all treatments should be evidence based. Before interventions are offered an informed discussion of the risks and benefits should take place with the most robust evidence to inform medicine treatment choice. Not all patients will derive the same benefit, the decision to treat or not must be informed by the evidence but also individualised to each patient within the context of the NHS constitution and available NICE guidance, finite NHS resources, and a broader comprehensive care plan.”

#### **Question from Valerie Mainstone –**

22.5 The following question was put on Ms Mainstone’s behalf:

“On 18 August, the re-organisation of Public Health England was described as "highly risky, and justification for the change has not been fully set out" by the Health Foundation, an independent charity committed to bringing about better health and health care for people in the UK.

How will these changes affect Public Health here in Brighton & Hove. given the depth of local knowledge, the length of experience, and the professional expertise of our own Public Health Department?”

### **Chair’s Response**

22.6 The Chair provided the following response:

“We have not been provided with the full details regarding the dismantling of Public Health England (PHE) and the establishment of the National Institute for Health Protection.

Therefore it is not yet possible to describe how these changes will affect Public Health in Brighton & Hove.

Public health is much more than health protection and more details are needed to understand how the full PHE responsibilities, including supporting healthcare and health improvement, will be delivered under the new arrangements. PHE has a wide range of important functions such as data and intelligence, workforce support, research and policy.

The Council’s Public Health team will continue to work hand in hand with their skilled and valued PHE colleagues. In particular at this time, the local PHE Surrey and Sussex Health Protection Team are critical partners in protecting our residents’ health.”

22.6 **RESOLVED** – That the questions and the responses given to them be received and noted.

### **22c Deputations**

22.7 There were none.

## **23 FORMAL MEMBER INVOLVEMENT**

### **23a Petitions**

23.1 There were none.

### **23b Written Questions**

23.2 It was noted that one question had been received from Councillor Bagaeen.

### **List of Vulnerable Settings in the City - Covid 19**

23.3 The following question had been received from Councillor Bagaeen:

“We previously had discussions about vulnerable settings in the city to COVID outbreaks and I do not believe that the list was finalised. Recent data indicates that cases are rising and it would be helpful to know where in the city these cases are located, and if in a particular setting or settings.

It is important to have clarity on this baseline now as matter of urgency before schools go back in full.

The latest data on cases I can access is as follows:

To 26 August, 870 cases / 8 cases per 100,000 (20<sup>th</sup>-26<sup>th</sup> August)

To 23 August, 860 cases / 8 cases per 100,000 (17<sup>th</sup>-23<sup>rd</sup> August)

To 20 August, 841 cases / 4 cases per 100,000 (10<sup>th</sup>-16<sup>th</sup> August)

To 10 August, 824 cases / 2 cases per 100,000 (31<sup>st</sup> July-6<sup>th</sup> August)”

23.4 The Chair gave the following response:

“In the period 01/08/20 to 31/08/20 there were 75 confirmed cases in Brighton & Hove residents.

There was one or more confirmed cases in every electoral ward in Brighton & Hove. The range was between 1 and 8.

Across all areas of the City there were a small number of cases associated with settings of interest, including care homes and restaurant/pub settings.

However there have not been any outbreaks declared by Public Health England related to these settings or linked to geographical areas.

This is in contrast with some other parts of the country where there have been outbreaks associated with specific workplaces or pubs/restaurants/venues etc. However we remain alert to this risk in the delivery of our Local Outbreak Plan. Our Environmental Health team are delivering preventative activity in targeted high risk settings.

NHS Test and Trace data indicates most identified exposure to cases is taking place in household settings including household visitors, and a few cases have had a history of foreign travel. This highlights the importance of everyone following guidelines on social distancing, limiting close contact between households and self-isolation after travel to affected locations abroad.

Geographical data at Medium Super Output Area level is published at <https://coronavirus.data.gov.uk/cases>”

23.4

23.5 **RESOLVED** – That the questions asked and responses given to them be received and noted.

**23c Letters**

23.6 There were none.

**23d Notices of Motion**

23.4 There were none.

**24 PRESENTATION - COVID RECOVERY STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN****Covid 19 - Epidemiology Update to 8 September 2020**

24.1 The Director of Public Health, Alistair Hill, gave a detailed presentation detailing the arrangements being put into place going forward both to seek to continue to contain the number of cases across the city and importantly to foster and sustain recovery and to build in resilience in the event of further future spikes. Whilst the mortality rate across the city was low compared to other places all partners were working to ensure that there was sufficient resilience going forward, details of infection levels and mortality rates week by week were shown. The slides accompanying this presentation were displayed at the meeting and would also be attached to the agenda on the Council website.

24.2 An update was provided in respect of the number of confirmed cases, trends across the city compared to other areas, by age, gender, area of the city, settings and the number of deaths. It had become clear that greater numbers of young adults had been affected and that spread of the disease appeared to be linked to social activity and gatherings with the risk of spread particularly associated to indoor activity. Whilst the R number for the city was relatively low it was important to ensure that measures in place continued to provide a rapid, agile and robust response. It was important that those living and working in the city continued to follow the guidelines in place. The key messages remained to observe social distancing, limiting contact between different households, self-isolation after travel to affected locations abroad, what needed to be done if symptoms became apparent and how to interface with test and trace. A key factor was to seek to ensure that all settings including businesses were clear on the guidelines, targeted work had been carried out with young people and in collaboration with the city's universities and colleges.

**City Schools**

24.3 The Executive Director, Children and Families confirmed the measures which had been put into place prior to the return of the city's children to school, the measures put into place to ensure their safe return and the raft of measures which were in place going forward. It was noted that these would be kept under constant review.

**City Recovery and Renewal**

24.4 The Executive Director, Economy, Environment and Culture then gave a presentation outlining the overarching principles in place to support economic recovery and renewal as a planned process in the city (the slides accompanying the presentation were available to view attached to the agenda papers on the council website). Critical to that

process and to longer term recovery it was essential that measures linked into and were underpinned by health and wellbeing and local outbreak control measures, working at a regional level as appropriate. There needed to be a focus on community as well as economy, employment and skills, were resilient and embraced a healthy, active and sustainable economy. Collaborating across service and organisational boundaries and building upon the relationships developed as an emergency response was also key.

- 24.5 The scope of the recovery process including events and hospitality, creation of safer public spaces in supporting the easing of lockdown were referred to. Segregated cycle lanes and widening of walkways had been undertaken in order create more space for active travel whilst maintaining social distancing, including the Old Town pedestrian improvements, also incentivisation of sustainable journeys, avoidance of overcrowding and support for public transport. Work had been undertaken and was on-going with key schools and employers.
- 24.6 Members welcomed the fact that a range of sustainable travel were being encouraged also noting that the bus network still had capacity and welcomed the updates given.
- 24.7 **RESOLVED** – That the contents of the presentation be noted and received.

## **25 SUSSEX HEALTH & CARE PARTNERSHIP WINTER PLAN 2020-21: UPDATE**

- 25.1 The Board considered a report of the Director of Resilience, Sussex CCG's. The purpose of this paper was to provide Brighton and Hove Health and Wellbeing Board with an update on progress to date in relation to winter planning, outline next steps and timelines.
- 25.2 It was explained that the overall purpose of the winter plan was to ensure that the system was able to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter planning period covered the period September 2020 to 31st March 2021. The plan needed to ensure that the local systems remained 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. For 2020/21, the planning process had also considered the impact and learning from the current Covid-19 outbreak as well as planning for further possible outbreaks.

Core to the development of plans for 2020/21 had been:

- Building upon learning from winter 2019/20
- Developing capacity and demand modelling which takes into account expected A&E activity, impact of the covid-19 pandemic (numbers of incidents as well as impact of national requirements)
- Reviewing system surge plans and escalation triggers

This year's winter plan had been developed through place based engagement with commissioners and providers through the Local A&E Delivery Board and working groups.

- 25.3 Members referred to concerns which had been raised with them regarding difficulties that had been experienced in accessing the health information line and David Liley, Healthwatch, referred to the work that had been undertaken in liaison with the NHS and Lola Bajoko, CCG, referred to the evidence based approach and the timelines and implementation arrangements which had been put into place.
- 25.4 Members enquired regarding the discharge arrangements which were being put into place and it was confirmed that there was capacity within the system and that care packages were in place. This had been looked at and robust measures were in place and had sought to factor in the challenges of Covid 19 in addition to usual seasonal challenges which providers were familiar with. Also, contingency arrangements which could be put into place.
- 25.5 The Executive Director, Adult Social Care referred to the involvement of care homes/ providers and the support and advice available to them. This would dovetail with the council's own arrangements, a report on which would be coming forward to the next scheduled meeting of the Board.
- 25.6 **RESOLVED** – That the Brighton and Hove Health and Wellbeing Board note the Sussex Health and Care Partnership Winter Plan 2020-21 Update.

## 26 SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT

- 26.1 The Board considered the Annual Report for 2019/20 of the Independent Chairperson of the Brighton and Hove Safeguarding Adults Board. Preparation of an annual report was a statutory requirement and covered the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 and outlined progress the B&H SAB has made over the last year in respect to safeguarding adults with care and support needs.
- 26.2 It was noted that the Brighton & Hove Safeguarding Adults Board (B&H SAB) comprised senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for safeguarding adults with care and support needs, the Board co-ordinated local safeguarding activity and sought to ensure the effectiveness of local work by:
- Monitoring and scrutinising work done by partner agencies to safeguard and promote the welfare of adults with care and support needs
  - Undertaking Safeguarding Adult Reviews (SARs) and other multi-agency learning reviews, audits and qualitative reviews as well as sharing learning opportunities
  - Collecting and analysing safeguarding data
  - Drawing evidence from the testimony of adults with care and support needs and frontline professionals
  - Publishing an annual report
- 26.3 During the period covered by the report, significant progress had been made against the priorities set out in the, Strategic Plan 2019-22 the hard work and commitment shown by all the partner agencies to achieve these aims was acknowledged. The highlight of the year had been securing funding for a full-time business manager and appointing Guy Jackson to the role This more than doubled previous management capacity and, were it not for Covid 19, would have



enabled the Board to accelerate an ambitious programme of community and user engagement and care sector assurance. Other notable achievements included the agency self-assessment process, culminating in a pan-Sussex challenge event where significant introspection and learning took place and a robust action plan was developed. Additionally a successful safeguarding conference in November 2019 had focused on exploitation with a range of themes that included homelessness, trauma, personality disorder, county lines, cuckooing, coercive control and hoarding.

- 26.4 In answer to questions relating to work planned for the coming year and going forward it was explained that as well as developing new strands related to COVID 19, work would resume to engage and inform the public, especially those who access safeguarding services and those who care for them, assess how the SAB can help agencies reduce the suicide rate and look for opportunities to share arrangements and good practice with neighbouring SABs and at a national level.
- 26.5 Members welcomed and commended this detailed report which set out in detail the important work carried out by the Board and the valuable and pro-active role which it had.
- 26.7 **RESOLVED** – (1) That the Health and Wellbeing Board notes the contents of the Safeguarding Adults Board (SAB) Annual Report 2019/20 and commends partners agencies for their contribution to safeguarding adults with care and support needs; and
- (2) Notes SAB’s achievements and challenges as identified in Appendix 1 to the report.

## 27 HEALTH & WELLBEING BOARD (HWB) REVIEW

- 27.1 The Board considered a report Executive Director, Health and Adult Social Care which outlined proposals to improve the effectiveness of the Health & Wellbeing Board (HWB). These proposals had been developed by BHCC officers, building on the 2019 Local Government Association (LGA) facilitated review of the HWB.
- 27.2 It was explained that the intention was to further develop these proposals through consultation with city partners, stakeholders and local residents. This would include public consultation via the Council’s online Consultation Portal. Feedback from the consultation process would inform a revised proposal which will be presented to a future HWB meeting for agreement. It was also noted that if approved by the Board, the proposed changes to the HWB membership and Terms of Reference would require amendment of the Council’s Constitution, so will need to be considered by Policy & Resources Committee and by Full Council. Insofar as the proposed changes impacted on partner organisations, they might also need to go through those organisations’ governance processes.
- 27.3 The Executive Director, Adult Health and Social Care explained that following the consultation workshops which had taken place the previous year there had been agreement that it was timely to review membership and consult further regarding its future make-up of the Board. In answer to Member questions, the Executive Director confirmed that a broad consultation was envisaged with collaboration and input with different partners on a range of issues.

27.4 Dr Hodson, CCG explained that the CCG had its own processes in place and once they had fed their perspectives into the consultation process they would then need to receive agreement to any changes proposed from its appropriate internal bodies.

27.5 **RESOLVED** – (1) That the Health and Wellbeing Board notes the proposals to enhance its effectiveness (detailed in section 2 of the report);

(2) Approves plans to further refine these proposals through engagement with partners, stakeholders and residents, including online public consultation; and

(3) Requests officers to bring a report back to the March 2021 Board meeting (or earlier if possible) with the outcome of the consultation and engagement and with proposed recommendations for the Board to make to Policy and Resources Committee and Full Council.

The meeting concluded at 7.09pm

Signed

Chair

Dated this

day of