

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

2.00pm 8 NOVEMBER 2022

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

**Present:** Councillors Shanks (Chair) Nield (Deputy Chair), Robins (Opposition Spokesperson), Brown (Group Spokesperson) and Appich

**Other Members present:** Other Members present: Ash Scarff (NHS Commissioners); Mike Jennings (Sussex Partnership NHS Foundation Trust); Andy Heeps (University Hospitals Sussex NHS Foundation Trust); David Liley (Healthwatch Brighton & Hove); (Brighton & Hove Safeguarding Adults Partnership); Joanna Martindale (Community & Voluntary Sector representatives); Geoff Raw (BHCC Chief Executive); Rob Persey (BHCC Director of Adult Social Services); Alistair Hill (Director of Public Health

**PART ONE**

**17 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**17(a) Apologies & Declaration of Substitutes**

17.1 It was noted that voting members, Lola Banjoko and Dr Jane Padmore had sent their apologies. Tom Lambert (Carers Centre) and Annie Callanan had also sent their apologies.

17.2 Mike Jennings was in attendance in place of Dr Padmore.

**17(b) Declarations of Interests**

17.3 There were none.

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

17.4 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.

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

## 18 MINUTES

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

## 19 CHAIR'S COMMUNICATIONS

### 19(a) Chair's Communications

19.1 The Chair gave the following communications:

#### **National Conference in Manchester**

“I have just returned from the National Conference on Adult Social Care and Children’s Services in Manchester which was very interesting. Delegates had heard from the Head of the NHS who had been very upbeat about all of the things the things the NHS do. However, the appropriate Minister had not been in attendance so it had not been possible to obtain clarity around what represented the big issues for many authorities.

#### **Cost of Living Hub – Council Website**

We know many people may struggle this winter. The council has launched a Cost of Living hub on our website to help residents find out what benefits and emergency help you could get, and what financial advice and support is available. Support to improve your health and wellbeing is also included as we all know that when you have other concerns on your mind, it’s easy to forget to look after your physical and mental health.

#### **Covid 19 Booster**

It’s important it is to do whatever you can to protect yourself this winter. This includes getting your Covid-19 booster and free flu vaccine if you’re eligible. Both now include everyone who’s 50 or over, as well as people who are more at risk and those that live or work with people who are vulnerable. Flu jabs can be booked with your GP or pharmacy, and you can book an autumn booster appointment online or by calling 119. First or second doses are also still available too.

#### **HIV Treatment and Prevention**

One of the items we're hearing more about today is the work in the city around HIV treatment and prevention. So it seems like a good opportunity to let people know about the local events happening for World AIDs Day. On Sunday 27 November there is a community lunch and service at Dorset Gardens Methodist Church, a memorial quilt will be on display in Jubilee Library throughout the week and a candlelight vigil will be held at 6pm on Thursday 1 December in News Steine Gardens by the AIDs memorial."

19.2 **RESOLVED** – That the Chair's Communications be received and noted.

**19(b) Callover**

19.3 All of the reports appearing on the agenda were called for discussion

**20 FORMAL PUBLIC INVOLVEMENT**

**20 (a) Petitions**

20.1 There were none.

**20(b) Written Questions**

20.2 It was noted that one public question had been received. The questioner was unable put the question in person but the Chair, Councillor Shanks had agreed to consider and respond to it.

**(a) Women's Health - Ms Jean Calder:**

20.3 "There are widespread concerns about women's health, nationally and locally. These include low take-up of smear tests, dangerous maternity provision, cuts to female-only services and a failure to address female "on women's health released a tsunami of dissatisfaction from many thousands of women who reported widespread sexism within health services and arrogant indifference to women's needs. In response, the Women's Health Ambassador, Professor Lesley Regan has called for Women's Health Hubs across the country. Will you support this initiative, ensuring that if government money becomes available, we bid for it?"

20.4 The Chair's response is set out below:

"Our priority is to ensure that people across Sussex can have access to high quality, accessible services, and to address where improvements may be needed for our population.

It is positive that such aspects of Women's Health have been raised both nationally and locally in Sussex. NHS Sussex is working on our strategy to respond to the National Women's Health Strategy for England, especially to support those who have been identified as having significant inequalities within our local population in Sussex and improve the quality of care delivered.

The aim would be to reduce inequalities, improve and align Women's Health care, bringing together expertise and a supportive and holistic approach to delivering Women's Health. At the heart of this would be patient support, self-help, education and access to the right clinical expertise first time. The services would also support further education of our Health Care Professionals to ensure ongoing that we have the right expertise locally and that we maintain and continuously improve this. As an example we have already started work on some key areas of Women's Health covering areas such as Menopause and HRT.

have already set up a Clinically focussed Menopause Working Group and have developed a Sussex Menopause pathway and a supporting Menopause 'Resource pack' which is designed for GPs, wider Health Care Practitioners including practice pharmacists as well as containing a dedicated section for patients. We are working with our Health Watch partners to ensure we are getting the right balance with this, and any feedback will be used to further improve this detailed resource pack.

- 20.4 It was agreed that the supplementary question set out below would be responded to separately and will appear in the subsequent minutes of today's meeting.

"We need politicians to co-operate to challenge sex discrimination, providing improved health services to meet women and girls' sex-specific health needs - including menstruation, menopause, fertility, maternity, gynaecological and other services. Elections are fairly imminent, so politicians may be tempted to retreat to party political bunkers, reluctant to co-operate for fear of giving others advantage. Will councillors commit themselves to avoiding this, working across-party with politicians and others with whom they may not always agree (including local MPs, in particular, Maria Caulfield, the Minister for Mental Health and Women's Health Strategy), to improve women's health services?"

- 20.5 **RESOLVED** – That the question and the Chair's response to it be noted and received.

## **20 (c) Deputations**

- 20.6 There were none.

## **21 FORMAL MEMBER INVOLVEMENT**

- 21.1 There were no items of Member Involvement.

## **22 ITEMS REFERRED FROM COUNCIL**

- 22.1 There were no items.

## **23 MENTAL HEALTH JOINT STRATEGIC NEEDS ASSESSMENT**

- 23.1 The Board considered a report of the Director of Public Health setting out the Brighton and Hove Mental Health Joint Strategic Needs Assessment. It was noted the Board had approved the undertaking of an all-ages mental health and wellbeing joint strategic

needs assessment (JSNA) for Brighton and Hove in 2021. As a result of the Covid 19 pandemic, this needs assessment had been undertaken in 2022.

- 23.2 A detailed presentation was given summarising the findings and key recommendations of the needs assessment which had been carried out and had covered all ages. I was confirmed that the purpose of the JSNA was to provide an evidence base to increase population resilience in order to improve the range and quality of support for those with mental health problems and to address inequalities and sought to describe the impact on mental health and wellbeing of the building blocks of health such as education, income, housing and other socio-economic factors; protective and risk factors that affect mental health and wellbeing and focused on groups facing greater risks and higher levels of mental health needs.
- 23.3 It was clarified in answer to questions that the report was intended to set out a shared understanding of the city's challenges and assets, it had seven recommendation areas for action. Delivery of the recommendations would be overseen by the Brighton and Hove Health and Care Partnership with actions specific to children and young people or Adults directed through the relevant place-based board and set out a timeline for delivery.
- 23.4 Councillor Appich referred to the one of the stated aims of the assessment, which was to build on existing community assets, this appeared to have been removed from the most up to date version of the report. Councillor Appich was anxious that this was not lost sight of. It was explained that reference to this had been moved to the section a section of the report which made specific reference to Communities.
- 23.5 Councillor Appich commended the report which she considered to be excellent report, co-production in relation to some areas of work was welcomed. It should be noted that it was difficult to enhance and sustain a healthy lifestyle against a backdrop of working long hours for low pay.
- 23.6 Councillor Shanks, the Chair referred to the pressures on young people in schools particularly as a consequence of Covid 19. It was confirmed that this was an area had shown an increase and that schools had put measures in place to address this.
- 23.7 Councillor Robins referred to the fact that at any one time 1 in 5 of the adult population of Brighton and Hove was estimated to have a common mental health problem compared to 1 in 6 across England. This was very high and, in his view needed to be highlighted more. Exercise could be key and for instance if the TECC Committee was seeking to close/reduce the opening of swimming pools and other facilities, the potential impact on that should form part of the discussion and decision making.
- 23.8 The Director of Public Health that these issues were long standing, it was important not to lose focus on them going forward.
- 23.9 David Liley, Healthwatch, stated that this was very important, on-going broad engagement would continue to be very important.
- 23.10 Councillor Brown noted that although significant improvements had been made to the provision of services for young people, further improvements were still needed.

Provision for older people did not appear to have been given the same level of priority. There was recognition that improved co-ordination of transitional support across all groups was required and would create greater resilience.

- 23.11 Ashley Scarff stated that the report was excellent, its stated aims were fully supported by NHS Partners.
- 23.12 Ruth Hillman explained that young adult services did not always fit into neat categories and it was important to have adequate signposting available for that age group.
- 23.13 The Executive Director, Adult Health and Social Care stated that in the challenges that were faced across the city were such that it was vital for delivery to provided strategically.
- 23.14 Joanne Martindale referred to the role of the voluntary sector and the network which youth workers had into the community which could assist in providing signposting to/harder to reach groups.
- 23.15 Councillor Shanks, the Chair, stated that the using opportunities provided by the needs assessment to make connections was very important.
- 23.16 **RESOLVED** - That the Board note the report and its findings.

## **24 BRIGHTON & HOVE MENTAL HEALTH & HOUSING PLACE BASED PLAN**

- 24.1 The Board considered a report of the Executive Director, Health & Adult Social Care detailing the Mental Health & Housing Place Based Plan'
- 24.2 It was noted that that the links between mental health and housing were well established with good quality housing being a component in enabling positive mental health and wellbeing. In July 2020 the Sussex Health and Care Partnership had published a Strategic Plan for Integrating Housing and Mental Health systems across Sussex including all relevant partners both statutory and voluntary. The purpose of this to bring partners together around a shared set of priorities with the aim of supporting a shared set of priorities aimed to increase access to support and accommodation provision for those with mental health needs within the city and to support better integration of services to improve outcomes for service users. There were a number of crossovers and common themes with the previous agenda item.
- 24.3 Councillor Shanks, the Chair, sought clarification regarding how individuals were prioritised, those who had been identified as having difficulties in accessing and maintaining private accommodation were given assistance, across all age groups and having been identified as having multiple needs.
- 24.4 Councillor Appich referred to that fact on occasion it could be possible that individuals placed in some of our housing units could encounter resistance from other residents, asking regarding measures in place to address that. It was explained that where individuals were housed was handled carefully and sensitively. The Panel which oversaw the process had the necessary level of support in place prior to any placement being made.

- 24.5 In answer to further questions by Councillor Shanks, the Chair, it was confirmed that placements were made applying a partnership approach, work was cross-cutting across various work streams. It was also explained that there was a high demand for completely self-contained accommodation and that a number of individuals were placed in accommodation outside the city, particularly into residential care or supported living because that provision was not currently available in the city.
- 24.6 Councillor Robins asked whether individuals were placed into shared housing and it was confirmed that very careful consideration was given to whether such accommodation would be suitable.
- 24.7 David Liley, Healthwatch welcomed the report. It had been identified that 92% of those interviewed had identified mental health and housing as being integral to their problems, but did not feel that was being adequately met. Staff working with these individuals had identified high levels of need. There was clearly a disconnect between intended outcomes and delivery. Healthwatch welcomed the report and the opportunity to be involved in the process.
- 24.8 Councillor Appich asked regarding the numbers of people identified and the number who had needed to be accommodated outside of the city. Those figures were not available at the meeting and it was agreed that they would be provided separately.
- 24.9 **RESOLVED** – That the Board notes the content of the report.

## **25 FAST FOOD & ENERGY DRINK ADVERTISING: OFFICER RESPONSE TO NOTICE OF MOTION**

- 25.1 The Board considered a report of the Executive Director, Health and Adult Social Care setting out the Officer response to the Notice of Motion referred from Council in respect of Fast Food and Energy Drink Advertising and further work which had been carried out in response to that, this report was the officer response to that. The Board were requested to recommend to the Policy and Resources Committee that a decision be taken to implement restrictions to the advertisement of high fat salt and sugar (HFSS) food and drinks on council owned and managed advertising space, this includes advertisement on the transport / bus system and other hoardings.
- 25.2 It was explained that this was considered important as currently one on three children were leaving primary school overweight or obese, one in two in some schools. Two thirds of adults were overweight or obese which could lead to diabetes, cancers heart disease and covid outcomes and had worsened as a result of lockdowns and the cost of living crisis. Advertising high fat, salt and sugar foods (HFSS) was linked to purchase and weight gain. The 7 April 2022 Full Council Notice of Motion had requested officers obtained data about fast food and energy drink advertising on council properties and this provided that data. The current provider, Clear Chanel, had confirmed that 34% of its advertising content was for HFSS.

- 25.3 Data had been obtained from London, Bristol, Barnsley and several London boroughs including Merton and Haringey. Evidence collected had indicated that advertising changes equated to 5 million purchases in 1,970 households and had resulted in a significant reduction in HFSS, the greatest reduction being in confectionary and cake purchases. Health and economic benefits shown from modelling had included a reduction in obesity, heart disease and diabetes. The amount of revenue obtained had not reduced when TFL had introduced restrictions to HFSS adverts and across other areas there had been no reports of financial issues arising as a result of healthier food advertising implementation.
- 25.4 In total there were 478 council owned bus shelters with 223 advertising shelters managed by Clear Channel with advertising space on hoardings at five sites leased by the estates team. The draft policy was set out in Appendix 1 to the report and had been informed by the collaborative work which had taken place to date. This aligned with the council's existing priorities including the health and wellbeing strategy, the declaration of a climate and biodiversity emergency 2018 and the Brighton and Hove food strategy, as the first gold sustainable food city in the UK. Those living in "deprived" areas appeared to be more susceptible to such advertising, however established brands could be advertised differently with a focus on their less HFSS products and example where McDonald's had advertised in such a way was cited.
- 25.6 The Chair, Councillor Shanks, thanked officers for their presentation stating that rather than "banning" certain types of advertiser by displaying photographs of products they offered which were not HFSS they were still able to advertise.
- 25.7 Councillor Robins referred to the fact that "deprived areas" were considered to be more susceptible, it must be more complex citing the fact that if they had little people could be attracted to eat foods which were more appealing to them and which they were able to afford. Whilst recognising that this was certainly part of the answer he was interested to know what other work was being undertaken. In response it was explained that officers were very keen to undertake work with other partners across the city in order to fully explore the multitude of ways in which this issue could be addressed not least, by seeking to ensure that good affordable food was available to all.
- 25.7 Councillor Appich considered that Councillor Robins had made an interesting point. In the past school dinners had not been healthy but were much more nutritious now and it was therefore important to encourage take up of those particularly by those who could be entitled to free school meals as that could provide an essential mainstay to a healthy diet. Notwithstanding the sizeable budget gaps which had been identified, you could not put a price on health and this represented a very important piece of work. Interestingly, the approach taken by TfL seemed to indicate that such an approach could be taken without compromising the revenue obtainable from advertising.
- 25.8 Councillor Brown noted that implementation of this approach in London had shown a reduction in obesity and heart disease for example, asking whether any additional information was available to support this. It was explained that this was being looked into further and it was intended to provide as much additional information as possible with any report to the Policy and Resources Committee.



- 25.9 The Chair, Councillor Shanks, stated that she understood that this item report needed to be forwarded to the Policy and Resources Committee for final approval in order to enable potential financial implications to be fully explored.
- 25.10 **RESOLVED** - That the Board recommend to the Policy & Resources Committee that a decision be taken to implement restrictions to the advertisement of high fat salt and sugar (HFSS) food and drinks on council owned and managed advertising space, this includes advertisement on the transport/bus system and other hoardings.

## 26 BETTER CARE FUND 2022/23 - ANNUAL PLAN SUBMISSIONS

- 26.1 The Board considered a joint report of the Director of Adult Social Care and the Deputy Managing Director, NHS Sussex Brighton & Hove and East Sussex.
- 26.2 Ashley Scarff explained that the scale to which everything had needed to be turned around and completed to a very tight schedule. Based on previous experience and taking on board discussion which had taken place at Board meetings in the past those preparing the documentation had sought to build in stability and continuity and to maximise capacity and capability. The process dovetailed with the national planning framework, various other deadlines did not. Councillor Shanks, the Chair noted that year on year this continued to be the case.
- 26.3 Ashley Scarff referred to the appendices containing financial information, how the Better Care Plan would be applied for the coming years and how we were meeting nationally set conditions, the criteria by which we had to meet and apply the fund and also the metrics by which the fund would be delivered and how it related back to NHS plans and the Joint Health and Wellbeing Strategy.
- 26.4 Councillor Shanks asked whether it was possible to get this back into sync. There was a drive to bring this forward and to complete earlier but everything was not there yet. The Executive Director, Adult Health and Social Care confirmed that over recent years and this year there had been an element of reinvigoration. Government was being pressed to bring forward the necessary guidance earlier in the year and that would continue.
- 26.5 David Liley, Healthwatch, referred to the need to hold contingency funding back asking why that was done and the rationale for that was explained.
- 26.7 Joanna Martindale, asked whether it would be possible to roll the plan forward any further and it was explained that whilst pressure to that end had been brought to bear as far as that was possible this was nationally led.
- 26.8 **RESOLVED** - (1) The Board notes the requirements for 2022/23 Better Care Funds;  
(2) That the Board notes as recommended the place-based governance and oversight of developing plans 2022/23; and

(3) That the Board ratifies the submission of the Better Care Fund planning returns for Brighton and Hove for 2022/23 NHSF in accordance with national requirements and agreed approach submitted on 27 September 2022.

## **27 TOWARDS ZERO HIV TASKFORCE: UPDATE**

- 27.1 The Board considered a report of the Executive Director, Health and Adult Social Care providing an update on the work of the Brighton and Hove Towards HIV Taskforce. The taskforce was the local delivery vehicle for the International Fast Track Cities initiative. The Taskforce supported the City to achieve the Fast Track City goals of zero HIV stigma, zero new HIV infections and zero deaths from HIV.
- 27.2 Councillor Shanks, the Chair, welcomed the report which was a “good news story” in that significant improvements had been achieved to reach the point that we are at now.
- 27.3 Councillor Nield, also commended the report which gave a clear audit trail from where we were, where we had reached and future goals.
- 27.4 The Director of Public Health, stated that this piece of work provided an excellent example of what could be achieved as a result of collaboration.
- 27.5 **RESOLVED** – That the Board notes the contents of the progress report.

## **28 BRIGHTON & HOVE COLD WEATHER PLAN 2022-23**

- 28.1 The Board considered a report of the Executive Director of Public Health detailing the Brighton and Hove City Council Winter Cold Weather Plan 2022/23. It was noted that the plan was updated annually. For 2022/23 planning had been in the context of the economic downturn, cost of living increases, political changes, ongoing challenges to the health and socio-economic impacts and seasonal influenza.
- 28.2 The Plan localised the Cold Weather Plan for England, both aimed to prevent avoidable harm to health, by alerting services and people to negative health effects of cold weather and enabling all to prepare and respond appropriately. One of the main aims of the Plan was to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people, for this year these pressures would include cost of living, increasing fuel costs with associated fuel poverty, and the impacts of Flu, Covid 19 and other seasonal viruses.
- 28.3 It was explained in answer to questions that whilst the challenges to be met differed each year the on-going after-effects of the pandemic and the impact of the cost of living crisis represented significant issues for the forthcoming winter period. To set this into context, the key factor and strategies in place and actions to be taken to address them were highlighted.
- 28.4 Councillor Robins queried the need to keep homes at a temperature of 18 degrees even through the night which seemed very high. It was explained that was advised only for the most vulnerable. Keeping warm with a blanket/hot water bottle was also recommended.

28.5 Councillor Brown referred to the suggestion that “warm banks” be provided which provided a warm environment at hub location  
(s) which would provided not only warmth but also companionship and the opportunity to interact with others, enquiring whether this had come to fruition. The Executive Director, Health and Adult Social Care that a directory detailing winter activities available across city was being produced but was not yet complete.

28.6 **RESOLVED** - (1) That the Board approves the content of the report and the actions to be taken by the Council services and partner organisations;

(2) The City Council, NHS commissioners and partner organisations are assured that plans are in place and action identified to respond to Cold Weather Alerts and that service providers and stakeholders will take appropriate action according to the Cold, Weather Alert level in place, their professional judgements and remain Covid 19 safe.

## 29 **JOINT HEALTH & WELLBEING STRATEGY (JSNA) OUTCOME MEASURES: UPDATE**

29.1 The Board considered a report of the Director of Public Health setting out the Joint Health and Wellbeing Strategy Outcome Measures update. All 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)

29.2 Members discussed the merits of when/how that information should be received and were of the view that they would like to receive an annual update at one meeting, supplemented by summary updates based on the Wells, at the remaining two meetings (to highlight 2 of the Wells at each meeting).

29.3 **RESOLVED** -(1) That the Board notes the current trend status of the JH&WS outcome measures;

(2) That the Board agrees the changes to outcome measures and inclusion of additional measures;

(3) That the Board approves the proposal to monitor outcome measures by reflecting “direction of travel”;

(4) That the Board considers and agrees that they would like to receive an annual update at one meeting, supplemented by summary updates based on the Wells, at the remaining two meetings (to highlight 2 of the Wells at each meeting).

The meeting concluded at 5.00pm

Signed

Chair

Dated this

day of