BRIGHTON & HOVE CITY COUNCIL

OVERVIEW AND SCRUTINY COMMISSION AD- HOC PANEL ON CLIMATE CHANGE - COMPLETED

3.30pm 21 APRIL 2010

KINGS HOUSE

MINUTES

Present: Councillor MacKerron (Chair)

Also in attendance: Councillor Mitchell and Wakefield-Jarrett

Other Members present: Councillors

PART ONE

35. PROCEDURAL BUSINESS

No decs
No Party Whips
Tony Janio and Thurstan Crockett sent their apologies
Adam Bates, Head of Tourism and Venues sent his apologies as was no longer able to attend this meeting due to the date change.

36. CHAIRMAN'S COMMUNICATIONS

None.

37. MINUTES OF THE LAST MEETING

The minutes of the previous meeting were agreed.

38. WITNESSES

Tom Scanlon (TS), the Director of Public Health for Brighton & Hove began by telling the Panel that the NHS was just waking up to the issue of climate change. That he had just been appointed the Director of Sustainability for the NHS Brighton & Hove. They had just signed up to the 10:10 initiative.

Gordon MacKerron (GMK) : It seems that the NHS has focussed primarily on mitigation, but the focus of this Scrutiny Panel is on adaptation.

Jane Simmons (JS), the Head of Commissioning and Partnerships agreed that Adult Social Care (ASC) was in a similar place as the NHS. To a large degree, preparation for extreme weather events was generic: it required the capacity to flex services up or down at very short notice. It had been shown that the recent snow had a significant impact on services and to learn from this.

TS: told the Panel that he was jointly appointed (employed and funded) by the NHS and Brighton & Hove City Council (BHCC), although his primary response was to the NHS. He worked 3 days a week at the NHS and 2 days at BHCC. All his public health staff were funded by the NHS. It was an increasingly common arrangement to jointly appoint to his role, but typically more Directors of Public Health were funded by the NHS. However increasingly it was moving to joint funding for his role.

JS: told the Panel that she worked 4 days per week for BHCC and 1 day for the PCT. Her role was entirely within ASC. There was a joint work programme for this and joint commissioning - section 75. Money flowed between the 2 organisations to deliver a joint work programme. For example with learning disabilities – the council was responsible but the work was jointly funded.

GMK: How does your role relate to severe weather?

TS: I chair a heat wave planning group which produces a plan each year. This meets in the late spring and they now have a draft plan which has been revised using the new Department of Health guidance. This group includes ASC, housing, health, emergency planning and South Downs Health NHS Trust This group works well, but it has not really been tested. It has produced a lot of information and has monitored its own effectiveness. There was a small heat wave last year for a few days which resulted in around 300 deaths (nationally).

I also contribute to winter planning and was part of a PCT group looking at snow, which met with the local authority a few days ago. An example of issues raised included the information collected on falls and using it to target gritting. Our PCT is not contributing to some of the weather related responses, including gritting, unlike some other PCTs (particularly in the North of England). We learnt from the first episode of snow last winter, how to improve our response to such weather.

GMK: The climate change projections predict hotter summers. Is there a commonality in planning for extremes of heat and cold?

TS: Yes, particularly in relation to vulnerable groups. For example the links built up, between South Downs and the council, to identify who is vulnerable.

JS: ASC have a list of vulnerable people, as does South Downs and other organisations. Home care agencies have been checked to ensure they have plans for people who cannot get out. The utilities e.g. EDF each have huge lists of people who have been registered with them as vulnerable (i.e. people whose supply should not be discontinued). However, there is no single list - all the relevant agencies have their own lists and are clear about their own responsibilities. For example, home care agencies are asked to ensure they know what the needs are of the vulnerable people and how long they can be left.

GMK: How are agencies being expected to plan on a statutory basis for increasing heat? The community/neighbours may be ready to help the vulnerable in cold weather, but may not be so aware about the heat, which can be a more insidious problem. The planning seems to be carried out on a 'silo' basis.

JS: There is a need for community/neighbourhood cohesion and for people to ask if their neighbours are OK.

TS: This is an area where we should do better, if people could deal with those who live in their streets. We could make big strides if it was possible to harness neighbourliness and collective feeling.

Gill Mitchell (GM): Will this issue have an impact on your budgets?

JS: There needs to be a responsive system, which can flex up and down.

TS: Winter happens every year and so rather than hold back, it should be planned for every year.

GM: Would a prolonged heat wave have a greater impact on community, primary and social care, than acute services?

TS: It can have the same e.g. more people slipping on ice impacts on acute services

Vicky Wakefield- Jarrett (VWJ): Could you deal with a sustained heat wave?

TS: The Heat-Health Watch system comprises of 4 levels. The threshold temperature for the South East is 31˚C in the day and 16˚C at night. For example at an indoor temperature of 26˚, then wards should be checked. The majority of deaths in the French heat wave of 2003 happened in hospital. This can lead to significant extra work for hospitals including checking curtains and south facing windows. So we have signed up to the Plan, tested on paper but it has not really happened yet.

GMK: The guidance reflects the expectation of higher temperatures.

TS: The plan is still a draft and want to include areas such as accessing housing support help for home visits. There will be some alterations made to the plan but it will be finalised in May.

GMK: Do local authority areas share good practices?

TS: There was sharing of good practice across the local authorities in Sussex e.g. flood resilience. This was based on the national model, which had given them a very good steer.

GMK: Flood resilience was likely to be more specific.

JS: There is also a need to factor in both the resident population and day trippers when planning for heat waves.

VWJ: The Panel have heard about flooding and the potential disruption to services e.g. ambulances. The evidence from Ambiental showed a flooding map for Preston Circus/Lewes Road. Do you think you could cope with this? Is there the resilience?

TS: I am not the commissioner for ambulances, so would need to double check this issue. Have been involved in this issue in Lewes, but Brighton & Hove has not been tested.

JS: All NHS Trusts (and GPs) have to have emergency plans and business continuity plans.

TS: Also ensure that PCT has a contingency plan and that primary care services can deal with issues. We have invested a lot in planning for flu.

GMK: I am interested that there is not a single list of vulnerable people. I accept that utilities such as EDF have one, however what if one does not buy gas or electricity?

JS: One can opt to be put on a list as a vulnerable person to ensure that your utilities do not get cut off. There have been a significant number of discussions about having a single list. However, concerns about data protection and confidentiality have led to each organisation keeping their own list.

TS: Although we do not have a single list, we do use doctors' lists, for example to identify over 75's. GP records are a dynamic list.

GMK: Are you confident that people do not fall between the cracks?

TS: People definitely do fall between the cracks, for example if they do not have a GP or use ASC.

JS: This is why a more general community based approach is needed. This would engender help to deal with snow and heat.

GMK: If all are responsible, then no one is responsible.

JS: There are neighbourhood groups that clearly work in areas.

GM: In the instance of water shortage, is there a plan for people on dialysis?

TS and JS: There definitely are plans in place. They work closely with the Fire Service and so have been tested.

GMK: Are the plans for each type of weather inter-connected? Would co-ordination help?

TS: There is a broad resilience plan for the health economy, which has subsets including heat wave and cold weather. It is probably more disconnected than it should be. However they are joined up by the single resilience forum.

VWJ: Do you liaise with the Neighbourhood Care Scheme? Are they geographically concentrated?

JS: Some of the schemes are funded by ASC/City Council and others by the NHS. However it is patchy. This is an issue that could be looked at in further detail.

TS: There is no Neighbourhood Strategy.

GMK: This could not just be about extreme weather.

TS: We did some work in this area when we obtained New Deal for Communities funding for 13 neighbourhoods.

GM: The networks are there, but we need to flag up the issue of climate change and neighbourhoods.

GMK: Are you using the climate change projections?

TS: They are explicitly referred to in the plan e.g. predicting the future likelihood of heat waves. This has led to the channelling of more resources to this area. So they are moving in the right direction, but are at the start of this process.

VWJ: What about infectious diseases?

TS: This is a very relevant issue. We do anticipate a significant rise in some infectious diseases during times of unusually hot weather – e.g. food poisoning.

VWJ: What about if there was an increase in malaria cases?

TS: The proximity of Gatwick means we regularly have to deal with malaria issues, and do so reasonably well. Any significant increase in UK-originating malaria infections would be a national issue and a response would be co-ordinated by the Health Protection Agency (HPA). The HPA has regional offices in Lewes and we have an excellent relationship with them.

VWJ: Is there anything we can do?

TS: There is an alerting system, but if they get breeding – then it becomes a national issue. The HPA would issue instructions to be carried out locally, which might include spraying pesticides on areas of standing water etc.

GMK: An increase in tourism could lead to trends such as increased coronary and growing leisure related medical problems.

JS: The increase in alcohol related admissions is already a significant problem and is a red LAA indicator.

TS: On the flipside people do feel better in the summer and there is increased community cohesion.

GMK: I anticipate that over time resources for this area will increase, what kind of people and resources do you need?

TS: We need to become more pro-active. We need to carry out more checking, e.g. asking people if they have thermometers – rather than waiting for problems to happen. More funds are needed. £100,000 was made available for housing modifications in this area. If funds increased, then we could for example pro-actively sort out more housing and increase the numbers of district nurses visiting.

GMK: Would increased resources help you improve the lists of vulnerable people?

JS: We will never have a single list. So should use the resources to reach a wider range of people e.g. through education and community development.

TS: There could be an increase in the number of planning exercises. For example could ask doctors on one day to all submit their details on vulnerable people. This could help address the feeling that the heat wave plan has not yet been tested.

JS: The flu pandemic was good for testing services.

GMK: Could it ever be possible to visit/make contact with vulnerable people on a daily basis?

JS: If one could use people such as postmen and bin men who have contact with the whole population. But the daily contact will not be achievable for all apart from the most vulnerable. .

GMK: Do you have any comments on cold wave planning?

TS: I am very much in favour of being pro-active in this area. A meeting was held for representatives of all health people to look at snow and what we could do better.

VWJ: 1) What do you think are the work force implications for severe weather and 2) Are all new buildings up to standard e.g. their ventilation?

TS: There is more of an issue about cold weather e.g. school closures preventing staff from coming to work, whereas heat does not have the same impact. There are facilities issues as many of our existing hospital buildings are not the best. However this is not a problem with new-build facilities which are designed with extreme weather factors in mind. There is a facilities group, which is looking at how to maintain buildings at temperatures of less than 26˚.

JS: There are a lot of residential care homes and nursing homes that are not well adapted to extreme weathers. There are national standards but they do not relate to extreme weather.

TS: They do send out information leaflets about extreme weather, but they probably do not cover issues to do with the buildings.

JS: It is an important issue due the very high numbers of people in residential care.

GM: The key issues addressed in the registration of these homes are issues such as size of rooms. The majority of people who are very vulnerable are probably in rooms that are not properly adapted to extremes of heat.

GMK Is there a higher % of people in residential care in the city, than in the UK as a whole?

JS: We are in the top quartile, although the numbers are reducing.

TS: I am pretty certain that the Sustainability Team are on top of ensuring that developments are built to sustainable standards.

GMK: What advice or help would be welcome?

TS: Welcome the joint working with the NHS, the advice and support from the Sustainability Team and expert advice on procurement.

39. A FUTURE PRIVATE MEETING

TBC

40. DISCUSSION ON DRAFT OUTCOMES/RECOMMENDATIONS

Private discussion on the draft recommendations.

41. ANY OTHER BUSINESS

None.

Signed Chair

Dated this day of