

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 23 MARCH 2021

VIRTUAL VIA MICROSOFT TEAMS

MINUTES

Present: Councillors Shanks (Chair) Nield (Deputy Chair), Moonan (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Childs

Brighton and Hove CCG: Dr Andrew Hodson (Co-Deputy Chair), Mr Andrew Taylor and Ashley Scarff

Also in Attendance: Deb Austin, Acting Statutory Executive Director, Children's Services; Rob Persey, Statutory Director for Adult Social Care; Alistair Hill, Director of Public Health; Graham Bartlett, Safeguarding Adults Board and David Liley, Healthwatch

PART ONE

48 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

48(a) Apologies

48.1 Apologies were received from Lola Banjoko of the CCG, and Geoff Raw, Chief Executive of Brighton and Hove City Council.

48(b) Declarations of Substitutes, Interests and Exclusions

48.2 There were none.

48(c) Exclusion of Press and Public

48.3 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.

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

49 MINUTES

49.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 26 January 2021 as a correct record.

50 CHAIR'S COMMUNICATIONS

A Year of Lockdowns

50.1 The Chair, Councillor Shanks, explained that 23 March marked a year since the first lockdown and to commemorate that there was to be a national day of reflection to think about those who have lost their lives to Covid and organised by the Marie Curie Foundation. In our City 449 people had died from Covid-19 and 126,000 nationally. It was appropriate to reflect on the sadness of the last year but also to champion the incredible efforts of key workers in our city. Whether it was in relation to food, transport, or health, many had worked to keep the city going. Thanks were due to everyone for everything they needed to continue to do to follow the guidance and keep Covid-19 cases low – and as we reflect it was vital that everyone kept up these efforts, to help prevent more deaths.

6-12 March Social Worker Week

50.2 The 6 – 12 March was Social Worker Week and provided the opportunity to acknowledge the important work Social Workers do. The social care workforce had made enormous sacrifices during the pandemic, primarily in terms of those who have lost their lives caring for others, but also in terms of the impact on the wellbeing of the workforce and their friends and families.

50.3 It has been a long year for everyone and all were looking forward to being able to meet our friends and family again, she was missing her own grandchildren especially. The Chair stated however that she had been lucky in that she had been able to work from home. The inequalities of the impact of Covid have exposed existing inequalities of health wealth, race, status and made them worse. Basic needs of tackling deprivation and income inequality needed national action but locally everyone in the health and social care sector could do their best as our health and wellbeing strategy outlined but also by looking at how staff were paid to ensure they were adequately rewarded and were able to take time off if they needed to isolate.

Vaccinations

50.4 The Chair urged anyone who had already been offered their vaccination and had not yet taken it up to make an appointment as soon as possible. Anyone who was aged 50 or

over this may be lower by Tuesday, was at higher risk from coronavirus, or looked after those at higher risk, as well as frontline health & care workers could book on the national site.

Regular Symptom Free Testing

- 50.5 Those who needed to leave home for work or to look after someone, or you who had children at school or nursery were encouraged to make regular symptom-free testing part of their weekly routine. Anyone who did not have access to a home test through their work or because they had school age children could book free appointment at pharmacies or test sites in the city.

Update on Knoll House Development

- 50.6 In January 2020 this Board had agreed that the preferred option for the Knoll House building was to look in detail at the cost and feasibility of developing supported housing for people with physical disabilities and brain injuries. Engagement with the local community had indicated that this was their preferred option too. This detailed work had been paused from March to October as the Covid-19 pandemic had put significant strain on Health & Adult Social Care resources and had resulted in the Council and CCG considering other emergency uses for the building. Brighton & Hove CCG had explored using the building as a dementia care unit and a step down from the hospital but concluded that the extensive work required to meet infection control and safety standards would be expensive and time consuming. The building therefore remained closed with a Guardian Scheme providing security and bringing a small income to the Council as the Guardians paid a fee to live in the property. In November 2020 the feasibility work had resumed and it had been planned to present a report to Health & Wellbeing Board at this meeting with the outcome and recommendations. This work had yet to be completed and would include looking at costs of both refurbishment and rebuild options. It was proposed that the presentation of the business case and recommendation will now go to the 8th June Health & Wellbeing Board and then onto the 8th July P&R Committee

- 50.7 **RESOLVED** – That the content of the Chair’s Communications be noted and received.

51 FORMAL PUBLIC INVOLVEMENT

52 FORMAL MEMBER INVOLVEMENT

53 PRESENTATION - COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN

- 53.1 The Director of Public Health, Alistair Hill, gave a presentation (copy uploaded to the agenda pack on the council website) 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. Symptom free testing had expanded across the City with the following taking place:

4,000 tests per day - 70% are in schools, as they have fully reopened

This was picking up more asymptomatic cases - enabling them to self-isolate and break the chain of transmission.;

Following the week with the lowest case rate for 5 months, in the most recent week there had been a small increase in cases, accounted for by positive results following the expansion of LFD testing;

It was vital to note that every stage of the Government's roadmap would introduce social mixing and potentially increased risk highlighting the importance of social distancing and following the remaining restrictions;

The number of cases in residents aged 60+ remained low and the number of hospital inpatients was continuing to fall a positive impact of vaccination;

Following the peak in January, the number of deaths (Covid and all cause) had fallen and had built in resilience in the event of any future spikes in infection rates.

- 41.2 An update was also given regarding measures in place within the NHS and it was confirmed that robust measures were in place, that services were operating well within capacity and that there was confidence that any increases could be accommodated.
- 41.3 A summary was provided in respect of health and care settings and in relation to the ratio of service users to staff testing positive. The challenge was in finding the balance between enabling visits and protecting residents and staff. Whilst in recent weeks there had been fewer cases across the city it was too early to conclude that this represented a sustained downward trend as that decline was almost entirely attributable to fewer cases in young adults, explainable in part to fewer cases in students. Currently, the case rate was stable in working age and older adults, with cases associated with a wide range of settings and places with older people having being at higher risk of complications and hospital admissions. Therefore, the impact on the health and care system was significant. Lockdown presented an opportunity to drive down the R rate and to reduce and prevent pressure on health services and to maintain manageable infection levels.
- 41.4 It was also explained that local authorities were required to have Local Plans in place in order to respond to Covid as part of their existing duty for protecting the health of their population. The original plan had been published on 30 June 2020 and updated refreshed guidance had been published on 1 March 2021. All relevant partners had had input into and had agreed the plan. Key themes highlighted were:
- Infection Prevention and Control;
Test Trace and Isolate;
Non-Pharmaceutical Intervention; and
Vaccination
- 41.5 **RESOLVED** – That the contents of the presentation be noted and received.
- 54 PRESENTATION - CHILDREN AND LEARNING- UPDATE ON IMPLEMENTATION OF THE CITY'S HEALTH AND WELLBEING STRATEGY**

- 54.1 The Executive Director, Families, Children and Learning, Deb Austin, gave a presentation providing an update on implementation of the City's Health and Wellbeing Strategy.
- 54.2 It was explained that this dovetailed with the over-riding corporate strategy the stated aim of which was to provide everyone in Brighton and Hove with the opportunity to live a healthy, happy and fulfilling life. The Families, Children and Learning vision dovetailed with this by seeking to address disadvantage and deliver safe and whole family services which were inclusive, accessible and sought to improve outcomes. Covid had provided heightened awareness of health and wellbeing concerns/inequalities. There had also been an impact on progressing work, changes had needed to be made in order to focus on a reactive/emergency response.
- 54.3 After initial moves to providing most services on-line, essential services were now available on a face to face basis within government guidelines with a shift of some social work services providing more support to families around issues such as food or digital poverty.
- 54.4 Details were also given of the strategy outcomes being sought to meet the starting well and living well strategies. The early years provision including the delivery of family coaching and parent interventions in order to provide holistic whole family support for which there had been high demand during the pandemic. There was also a specialist adolescent service which included support around substance use and sexual health.
- 54.5 In meeting the living well strategy, structures were in place to support adults with learning difficulties into work, in the city this stood at 7.9% compared with the national average of 5.5%, this also supported the City Employment and Skills Plan. There was also a Care Leavers Pledge and provision of supported living to those to live outside of care homes. In Brighton this stood at 78.9% of adults being in settled accommodation when set against the national average of 77%.
- 54.6 Members welcomed the presentation and update which had been provided.
- 54.7 **RESOLVED** – That the contents of the presentation be noted and received.

Note: Councillor Clare, Children of the Young People, Learning and Skills Committee was in attendance to hear the presentation. Councillor Clare stated that she had welcomed the opportunity for a presentation to be given to the Board updating on work which had been undertaken and structures which were in place going forward.

55 HEALTH & WELLBEING BOARD REVIEW: PROPOSALS FOR AGREEMENT

- 55.1 The Committee considered a report of the Interim Executive Director of Health and Adult Social Care which presented proposals to improve the effectiveness of the Health & Wellbeing Board (HWB)
- 55.2 Under the Health & Social Care Act (2012) all local authorities with social care responsibilities had been required to establish Health & Wellbeing Boards (HWB). The 2012 Act (and subsequent Regulations) set out a legal framework for HWBs, including a

minimum membership and statutory duties. However, local authorities were given considerable freedom to develop locally appropriate HWB models with additional membership and duties. In consequence, a number of different HWB models had evolved and over time it had become apparent that some models were more effective than others. Since 2019 the Brighton & Hove HWB had been working with the Local Government Association (LGA) to better understand good practice with regard to HWBs and it had become clear as a result of that work that there were aspects of the Brighton & Hove HWB model which needed to be changed and updated to reflect recent major developments in health and care in order to make it more effective and to better align it with best practice across England.

- 55.3. It was noted that the proposals being put forward for approval had been developed by BHCC officers in partnership with HWB member organisations and stakeholders across the city and that the review process had been supported by the Local Government Association (LGA). The review proposals had also been influenced by an online public consultation which had run during November/December 2020. It was explained 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 and so would also need to be considered and agreed by Full Council. Insofar as the proposed changes could impact on partner organisations, they might also need to go through those organisations' governance processes.
- 55.4 The Assistant Director, Resources, Safeguarding and Performance explained that it was anticipated that further changes to the Membership of the Board and or the Adult Social Care and Public Health Sub-Committee would be required in response to the pending Government White Paper. Notwithstanding that, the proposals being put forward were considered to set the direction of future travel and to be suitably resilient and robust.
- 55.5 The Chair, Councillor Shanks welcomed the report commending the work of the previous Chair, Councillor Moonan who had supported the process in bringing these proposals to fruition.
- 55.6 Councillor Moonan welcomed the report and referred to specific points which she considered required to be made explicit or amplified upon going forward. In respect of paragraph 2.15 (bullet point 2), discussions had taken place at the Board Member meeting relating to shared focus work with identified communities, it was also important in her view to make explicit reference to addressing mental health issues. It was recognised that this would constitute a big area of work which would need to be focused on post Covid and would be integral to future wellbeing. In respect of references to those with learning disabilities if responsibilities and overarch for children and adults sat with different directorates it was important that was made clear. One thing which had also been evident was that it was unclear to those outside of the organisations which fed into the Board what its role was where it sat in relation the various Programme Board and how people accessed it. She considered an organogram which indicated the interconnection of these constituent parts and roles would be beneficial. Overall, Councillor Moonan considered that the proposals would affect the improvements identified and was very happy to support the report recommendations.
- 55.7 The Executive Director, Health and Adult Social Care, Rob Persey, explained which elements of Learning and Disability sat within the Directorate of Children, Families and

Learning and which sat within Adult Health and Social Care agreeing that these distinctions would be made explicit he also agreed that the focus on mental health would also be referred to explicitly. Thought could also be given to how the various roles, functions and the overlay between them could be expressed diagrammatically. These matters could certainly be form business for discussion at the first Engagement Board meeting.

- 55.8 The Senior Partnership and Scrutiny Officer, Giles Rossington, explained that it was recognised that work needed to be done in order raise awareness of the Board its role and the new Sub Committee, if the recommendations were agreed and means by which individuals and organisations could interface with it. This was a work in progress and it was recognised that further work was needed. It was agreed that the HWB and sub-committee Terms of Reference would be amended to reflect Cllr Moonan’s points around mental health and around Learning Disability services; and that the point around being able to explain the local health & care system model in straightforward terms would be taken up by the HWB officer task & finish group as part of its work on improving engagement.”
- 55.9 David Liley Healthwatch also welcomed the report and sought clarification of the route via which Healthwatch would bring forward reports in future and whether meetings would take place in public. The Chair, Councillor Shanks, stated that meetings of both the Board and the new Sub Committee would take place in public and issues could be brought forward in either forum. Additionally, workshop sessions would take place for Members. The Executive Director, Health and Adult Social Care, Rob Persey confirmed that meetings would follow the council’s governance arrangements and would take place in public and would provide the opportunity for public engagement.
- 55.10 As there was no further discussion the Board moved to the vote and voted unanimously in support of the report recommendations.
- 55.11 **RESOLVED – That the Board agrees to recommend to full Council:**

- (1) The revised Terms of Reference for the Health & Wellbeing Board (**Appendix 1**);
- (2) The creation of an Adult Social Care and Public Health Sub-Committee of the Health & Wellbeing Board (**Appendix 2**); and

That the Board agrees

- (3) To establish an officer task & finish group (to include NHS and CVS representatives) to report back to the Board with proposals to address the matters that were identified in the public consultation as set out at paragraph 2.18 of the report, in particular to improve public engagement with the Board.

That Full Council:

- (4) Agrees the revised Terms of Reference for the Health & Wellbeing Board (**Appendix 1**);
- (5) Agrees the creation of an Adult Social Care and Public Health Sub-Committee of the Health & Wellbeing Board (**Appendix 2**);

(6) Authorises the Chief Executive and Monitoring Officer to take all steps necessary or incidental to the implementation of the changes agreed, and that the Monitoring Officer be authorised to amend and re-publish the Council's constitutional documents to incorporate the changes; and

(7) That the proposed changes come into force immediately following their approval by Full Council.

56 RESPONDING TO THE CHILD SAFEGUARDING REVIEW PANEL "OUT OF ROUTINE" REPORT ON SUDDEN UNEXPECTED DEATHS IN INFANCY

56.1 The Board considered a report of the Director of Public Health which detailed the national report and local response to sudden unexpected death in infants.

56.2 It was explained that there was a strong body of evidence around the importance of addressing the factors which could contribute to sudden unexpected death in infants. This paper outlined a Sussex-wide response which encompassed a universal offer and targeted work with vulnerable families. The paper also outlined the work undertaken to date across Sussex on the ICON programme which focused on infant crying and coping strategies for parents and carers. Dr Jamie Carter Designated Doctor for Safeguarding Children for Brighton and Hove was in attendance and delivered a presentation to the Board detailing aspects of this paper.

56.3 Dr Carter explained that some babies were more at risk than others, male babies, babies under six months old and babies born pre-term or at a low birth weight and babies who had more contact with health services. The message of ICON was that infant crying was normal, a normal part of development, that babies were not doing this on purpose, that all parents could become stressed and to support parents in coping with their own emotions and stress. Parents were sent a strong message that you should never shake a baby and supported in developing strategies such as a crying plan which would include soothing and safe sleep techniques. Parents were encouraged to share ICON with anyone who cared for their baby.

56.4 Board Members thanked Dr Carter for his informative presentation.

56.5 **RESOLVED** – (1) That the Board notes the content of the report; and

(2) That the Board agrees this is a key message for all frontline practitioners working with parents, carers and families and should be 'Everybody's Business'.

57 A GOOD SEND-OFF'? PATIENTS' AND FAMILIES' EXPERIENCES OF END OF LIFE CARE REPORT RESPONSE, MARCH 2021

57.1 The Board considered a joint report of the Head of Integration, Clinical Lead and Manager, Community Services at the CCG prepared in response to the Healthwatch report entitled "A Good Send Off" which had been published in September 2020 which had reported on the experiences of people receiving end of life care at the Royal Sussex County Hospital.

- 57.2 Healthwatch had talked to 15 patients on the Oncology Ward at the Royal Sussex County Hospital about their discharge from hospital between November 2019 and January 2020 and followed up with them once discharged. Though a relatively small sample of patients, many issues emerged. The report had suggested that End of Life care was not found to be a dignified and well-arranged experience for many, and the sensitivity and dignity of individual care planning that was expected was not always provided. Healthwatch's recommendations were accepted in full by the NHS with a pledge to improve the care pathway and correct elements of personal insensitivity and absence of coordinated planning that were found. Central to this ongoing development. These actions also helped inform the 'dying well' element of Brighton & Hove Joint Health and Well-being strategy, with further engagement supporting the need to develop End of Life care. An update on the response to these recommendations is now being presented to the Brighton and Hove Health and Well-being Board at their request.
- 57.3 Following the initial report Brighton and Hove CCG had reviewed the recommendations in conjunction with Brighton and Sussex Hospital Trust (BSUH), Brighton and Hove City Council (BHCC), and Healthwatch and developed a response plan. Since the publication of the 'A Good Send-off?' report, the Brighton and Hove healthcare system has actively developed support around end of life patients, with a focus on improving personalised care planning and keeping people out of hospital. The impact of the Covid 19 pandemic both in terms of the immediate impact and potential longer-term implications and learning have been There has been input into both this paper and the review of actions in response to the Healthwatch report from Brighton and Hove City Council and Brighton and Sussex Hospital Trust as well as Brighton and Hove CCG.
- 57.4 A presentation was given detailing the work which had been undertaken and outlining the given and David Liley of Healthwatch stated that Healthwatch had welcomed the approach which had been taken by the CCG in addressing the issues which had been raised.
- 57.5 **RESOLVED** – That the Board notes the update from Brighton and Hove CCG on responding to the Healthwatch report "A Good Send-off?"

The meeting concluded at 7.02pm

Signed

Chair

Dated this

day of

