



## Who are we?

The Health & Wellbeing Board is the forum where representatives of the Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove. Meetings are open to the public and everyone is welcome.

## Where and when is the Board meeting?

This next meeting will be held virtually via Microsoft Teams on Tuesday (10 November 2020), starting at 4.00pm. It will last about two and a half hours.

Board meetings are also available to view on the council's website.

## What is being discussed?

There are 5 main items on the agenda

- Presentation Covid Recovery Plan Strategy and Update on Outbreak Control Plan
- BHCC Winter Cold Weather Plan 2020/21
- Sussex Health and Care Partnership (SHCP) Winter Plan Update
- Brighton Safeguarding Children Partnership, Annual Report
- "A Good Send-off" Healthwatch, Brighton and Hove Report on end of life care



**Health & Wellbeing Board**  
**10 November 2020**  
**4.00pm**

Who is invited:

**B&HCC Members:** Shanks (Chair), Nield (Deputy Chair), Moonan (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Childs

**CCG Members:** Dr Andrew Hodson (Deputy Chair), Lola BanJoko, Andrew Taylor and Ashley Scarff

**Non-Voting Co-optees:** Geoff Raw (CE - BHCC), Deb Austin (Acting Statutory Director of Children's Services), Rob Persey (Statutory Director for Adult Care), Alistair Hill (Director of Public Health), Graham Bartlett (Safeguarding Adults Board), and David Liley (Healthwatch)

Contact: **Penny Jennings**  
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Date of Publication - Monday, 2 November 2020

*This Agenda and all accompanying reports are printed on recycled paper*



# AGENDA

Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

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## 26 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

## 27 MINUTES

7 – 16

Minutes of the meeting held on 8 September 2020 (copy attached)

## 28 CHAIR'S COMMUNICATIONS

The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.

## 29 FORMAL PUBLIC INVOLVEMENT

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting Contact the Secretary to the Board at [penny.jennings@brighton-hove.gov.uk](mailto:penny.jennings@brighton-hove.gov.uk)

(a) Petitions - to consider any petitions received by noon on 5 November 2020;

(b) Written Questions – to consider any written questions received by noon on 5 November 2020;

(c) Deputations – to consider any Deputations received.

## 30 FORMAL MEMBER INVOLVEMENT

17 – 18

To consider any of the following:

(a) Petitions;

(b) Written Questions (Question received from Co-optee, Chief Officer



Healthwatch (copy attached);

(c) Letters;

(d) Notices of Motion

**31 PRESENTATION -COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN**

This will be a joint inter-department presentation which will provide further updates to the information provided to previous meetings and additional information as appropriate.

**32 BHCC WINTER COLD WEATHER PLAN 19 – 56**

Joint report of Public Health Principal, Public Health, HASC and Regulatory Services Manager (copy attached)

**33 SUSSEX HEALTH AND CARE PARTNERSHIP (SHCP) WINTER PLAN 57 – 66**

Report of Head of Resilience Sussex CCG's (copy attached)

**34 BRIGHTON AND HOVE SAFEGUARDING CHILDREN PARTNERSHIP (BHSCP) PROGRESS REPORT, OCTOBER 2019- MARCH 2020 67 – 98**

Report of Statutory Safeguarding Partners: Brighton and Hove City Council, Sussex Police and Clinical Commissioning Group (on behalf of "health" partners (copy attached)

**35 "A GOOD SEND OFF"- HEALTHWATCH BRIGHTON AND HOVE REPORT ON END OF LIFE CARE 99 – 104**

Report of the Chief Officer, Healthwatch, Brighton and Hove (copy attached)



**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



**WRITTEN QUESTIONS FROM MEMBERS**

The following question has been received from Mr Liley, of Healthwatch and will be taken at Item 30 (b):

Healthwatch would like to ask a member question at the HWB, as follows:

Government advice is that if we move to Tier 2 COVID response Care Home visiting will be restricted to "...only in exceptional circumstances"

see: <https://www.gov.uk/guidance/local-covid-alert-level-high#visiting-relatives-in-care-homes>

Irrespective of any move to Tier 2 can the HWB ensure that care home residents in Brighton and Hove can be visited by one nominated family member by arranging weekly testing provided on the same basis as for care home staff?





*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.*

Title: Brighton and Hove City Council Winter Cold Weather Plan 2020/21

Date of Meeting: **10 November 2020**

Report of:

Becky Woodiwiss - Public Health Principal, Public Health, HASC  
Annie Sparks – Regulatory Services Manager

Contact: Tel: 07767 613460

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Wards Affected: All

**FOR GENERAL RELEASE**

### **Executive Summary**

The BHCC winter cold weather plan is updated annually. This year, planning for the winter of 2020/21 is in the context of the COVID-19 pandemic, its health and socio-economic impacts, resulting services changes, an expanded seasonal Influenza Vaccination Programme and the UK's scheduled exit from the EU on the 31<sup>st</sup> December 2020.

The BHCC plan localises the Cold Weather Plan for England and both aim to prevent avoidable harm to health, by alerting services and people to the negative health effects of cold weather and enabling all to prepare and respond appropriately.

The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people. This year these pressures may include seasonal surge pressures, the impact Flu,



Covid-19 or other wider circumstances such as the impact of the end of the EU Transition Period from 1<sup>st</sup> January 2021 onwards.

The preparation and response for Winter 2020/21 is being coordinated with the Sussex Resilience Forum (SRF) and partners across Sussex

### **Glossary of Terms**

CWP = Cold Weather Plan

EWD = Excess winter deaths

COVID-19 = coronavirus illness in humans caused by SARS-COV-2 infection.

CVD = Cardio-vascular disease

SWEP = Severe Weather Emergency Protocol

SRF = Sussex Resilience Forum

VCS = voluntary and community sector

EU = European Union

## **1. Decisions, recommendations and any options**

- 1.1 That the Board approves the content of the report and the actions to be taken by the Council services and partner organisations.

## **2. Relevant information**

- 2.1 On average, there are around 25,000 excess winter deaths each year in England. Excess winter deaths (EWDs) are the observed total number of deaths in winter (December to March) compared to the average of the number of deaths over the rest of the year.

The EWD Index is as a percentage increase of the expected deaths based on non-winter deaths. EWD index for Brighton & Hove was 31.9% equivalent to 212 EWDs<sup>1</sup>. This is higher than England (30.1%) and fifth highest of the 19 local authorities in the South East region (30.2%) and third for CIPFA comparators.<sup>2</sup>

- 2.2 There is strong [evidence](#) that many of these winter deaths are related to cold temperatures, living in cold homes, respiratory illnesses, and cardiovascular conditions as well as infectious diseases such as influenza.

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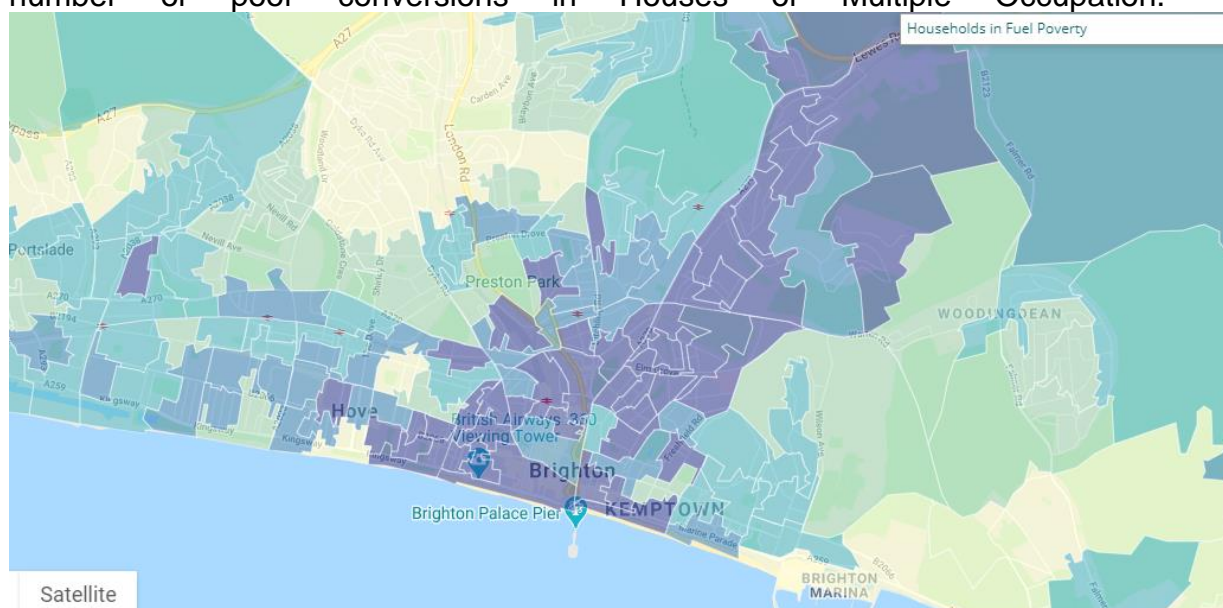
<sup>1</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/excesswintermortalityinenglandandwalesreferencetables>

<https://fingertips.phe.org.uk/search/excess%20winter%20deaths#page/3/gid/1/pat/6/par/E12000008/at/202/are/E06000043/iid/90360/age/1/sex/4/nn/nn-7-E06000043/cid/4/page-options/car-do-0>

<sup>2</sup><https://fingertips.phe.org.uk/search/excess%20winter%20deaths#page/3/gid/1/pat/6/par/E12000008/at/202/are/E06000043/iid/90360/age/1/sex/4/nn/nn-7-E06000043>

People live in cold homes often due to fuel poverty <sup>3</sup>. A household is considered to be fuel poor if it has higher than typical energy costs and would be left with a disposable income below the poverty line. Fuel poverty is driven by 3 main factors: household income, high or unmanageable energy costs and the energy efficiency of a home.<sup>4</sup>

2.3 Brighton & Hove has the (shared) highest proportion of homes in fuel poverty at 11.2, in the southeast,(SE ave at 7.9), and higher than the England Average of 10.3.<sup>5</sup> The map below shows the distribution across the city. <sup>6</sup> The high rates in Brighton and Hove are likely due to a combination of factors; levels of deprivation, high cost of housing, age and structure of the housing stock, the number of poor conversions in Houses of Multiple Occupation.



The EU funded SHINE project provides energy efficiency and fuel poverty advice to council tenants, including home energy advice visits. Due to the COVID19 pandemic the SHINE project has been extended until the end 2020.

2.4 Those at greater risk from the ill health effects of cold weather are similar population groups as those at high risk of COVID-19 infection, morbidity or mortality. These are the over 70s, those with chronic health conditions especially respiratory and CVD, those clinically extremely vulnerable, pregnant women and people living in areas of higher deprivation and experiencing ongoing health and/or socio-economic inequalities.

<sup>3</sup> Annual Fuel poverty statistics report 2018, The Department for Business, Energy and Industrial Strategy:  
[assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/719106/Fuel\\_Poverty\\_Statistics\\_Report\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719106/Fuel_Poverty_Statistics_Report_2018.pdf)

<sup>4</sup> Fuel poverty is based on the Low Income High Costs framework, where a household is in fuel poverty if a) their required fuel costs are above average (the national median level), and b) were they to spend that amount they would be left with an income below the official poverty line. [https://brighton-hove.communityinsight.org/?indicator=fuel\\_pov\\_alt\\_11\\_dr\\_20180101#](https://brighton-hove.communityinsight.org/?indicator=fuel_pov_alt_11_dr_20180101#)

<sup>5</sup> [https://fingertips.phe.org.uk/search/fuel%20poverty#page/3/qid/1/pat/10113/par/cat-113-6/ati/302/are/E06000043/iid/90356/age/-1/sex/-1/cid/4/tbm/1/page-options/ovw-do-0\\_car-do-0](https://fingertips.phe.org.uk/search/fuel%20poverty#page/3/qid/1/pat/10113/par/cat-113-6/ati/302/are/E06000043/iid/90356/age/-1/sex/-1/cid/4/tbm/1/page-options/ovw-do-0_car-do-0)

<sup>6</sup> [https://brighton-hove.communityinsight.org/?indicator=fuel\\_pov\\_alt\\_11\\_dr\\_20180101#](https://brighton-hove.communityinsight.org/?indicator=fuel_pov_alt_11_dr_20180101#)

Specifically, the cold weather affects thermoregulation and with ageing there is reduced thermoregulatory control and thermal perception, this is magnified in certain conditions e.g. dementia. The effects of cold weather start at outdoor temps below 8°C and indoor temps below 18°C. Living in cold environment increases blood pressure and the risk of blood clotting (cholesterol and fibrinogen). Negative respiratory effects are seen from 18°C and increase as temperatures lower.

Questions about people ability to heat their homes are now included in assessment processes at discharge from hospitals and care settings. Information on where to get further help will also be shared as relevant. The same questions and information is also included as part of assessment for COVID19 support through Community Hub, and other ASC services. certain VCS services and support projects will also be including these.

As part of the ongoing management of the COVID-19 pandemic people will need to self-isolate in their homes for periods of time. Additional support will be needed for those with cold homes or who are living in fuel poverty.

All services delivered in preparation for, or in response to the cold weather will follow the COVID19 infection prevention and control guidance relevant for their service and appropriate for the recipient and community context.

## 2.5 The objectives of this plan are to:

1. To define the partners engaged with the implementation of this Plan
2. To ensure the requirements of the National Plan are complied with locally, by clearly stating the work-streams agreed to be relevant and those partners engaged in their delivery.
3. To set out the coordination and oversight / assurance arrangements in support of the plan.
4. To understand and mitigate, as far as possible, the impact of cold weather on the community and those most vulnerable to cold weather.
5. To safely deliver this Plan in the context of COVID19 guidance.
6. To support those self-isolating as a result of COVID-19 illness or Test and Trace Service instructions, to keep well and warm at home.
7. To review any implications for this Plan of the EU exit and access to relevant supplies'

## 2.6 The BHCC CWP sits alongside the NHS trusts Winter Plans that are about increases in service demands during the cold weather. each plan sits as an Appendix to the other.

## 2.7 The Plan is implemented via a system of cold weather alerts – linked to the existing winter weather warning system developed by the [Met Office 'National Severe Weather Warning Service' \(NSWWS\)](#) – which will trigger appropriate actions up to a major incident. A Cold weather health watch system operates in England from the 1 November to 31 March every year. The alerts take account of

temperature along with other winter weather threats such as ice and snow. Alerts are cascaded to Council services and all wider stakeholders and local service providers. The CWP summarises actions at each level to be taken by different Directorates, services and partner organisations.

2.8 Of specific relevance this winter are those relating to those our most vulnerable residents such as rough sleepers, those living in care settings, those in fuel poverty and self-isolaters in cold homes.

2.9 Actions include arrangements for:

- Support for vulnerable people self-isolating with COVID-19 via the Community Hub
- Maintaining highways and gritting in the ice and snow,
- Emergency heating provision for council tenants,
- Transport Hub of 4x4 vehicles to maintain domiciliary home care services,
- Warmth For Wellbeing programme focussing on reaching marginalised and isolated communities, to identify and engage with those who are at elevated health risk due to living in fuel poverty and/or a cold home.
- The Severe Weather Emergency Protocol' (SWEP). activates when the temperature feels like 0 degrees for 1 night, The SWEP service offers overnight shelter to rough sleepers.
- the [Seafront Office](#) will issue a warning email to seafront businesses if the Met Office weather warnings identify a specific risk of overtopping or coastal flooding in Brighton & Hove.
- Promotion of the annual flu programme.  
Initiatives with the VCS include support to neighbourhoods and Brighton & Hove Energy Services Co-operative working with the vulnerable in hard to heat homes.
- Communications and campaign for the public and partners such as 'stay well this winter' alert and inform city residents.

2.10 This year there is an increased focus and support for the care sector with the [Adult social care: our COVID-19 winter plan 2020 to 2021](#) which sets out commitment and actions relating to the increased pressure the winter may bring with the combinations of cold weather, COVID-19 and Flu.

2.11 The Sussex Resilience Forum (SRF) provides a coordinated multi agency response to emergencies and this includes working with agencies and partners in Sussex on winter preparedness, and ensuring that there is resilience and risk management when responding to concurrent events as described above. This includes exercising of this plan.

### 3. Important considerations and implications

3.1 Legal

The Council's input into the production and delivery of the winter plan across the Brighton and Hove area is part of the Council's joint working arrangements with its partners for the improved delivery of care to Brighton and Hove residents.

Lawyer consulted: Nicole Mouton

Date: 20/10/20

Finance:

- 3.2 Any additional costs resulting from the planning undertaken by the Sussex Resilience Forum will need to be met from within current budget resources.
- 3.3 Winter pressures causes significant financial strain across Health & Social Care. Current budget forecasting accounts for anticipated increased demand over this period. However, budget forecasts are subject to considerable uncertainty due to the implications of covid-19.

Finance Officer consulted: Sophie Warburton

Date: 16/10/2020

Equalities:

- 3.4 We have considered equalities in the Winter Cold Weather Plan. This includes a focus on how cold weather impacts on older people, vulnerable people, and those living in fuel poverty. This forms part of a wider assessment on 'seasonal weather impacts' which is being undertaken in a holistic way consider the different needs and provide the relevant support to the most vulnerable communities in the city.

Equalities Officer consulted: Anna Spragg

Date:20/10/2020

Sustainability:

The sustainability aspects of heating cold homes are considered in the related actions of the Fuel Poverty & Affordable Warmth Steering Group.

3.5

Health, social care, children's services and public health:  
Covered in paper

### **3.6 Supporting documents and information**



BH Cold Weather  
Plan 2020 Final .doc

Appendix1:

Appendix 2:NHS/CCG Brighton & Hove Winter plan





Appendix 3 Winter  
plan 2020\_21 LAEDB





# Brighton & Hove Cold Weather Plan 2020

## Protecting Health and Reducing Harm During Winter

**(To be read in conjunction with the Cold Weather  
Plan for England & supporting guidance)**

This Cold Weather Plan is the overarching plan for the Brighton and Hove City Council and the local health economy. It describes work-streams and governance arrangements for multi-agency partners, oversight by the Director of Public Health, and coordination arrangements led by Brighton and Hove Health Protection & Screening Forum.

**This plan replaces previous Brighton & Hove City Cold Weather Plans and is based on the most recent Cold Weather Plan for England dated January 2019**

## Document Control

<b>Version</b>	V1.0 Final draft
<b>Drafted by:</b>	Becky Woodiwiss Public Health Principal, Public Health, Health & Adult Social Care Directorate, Brighton and Hove City Council and Brighton & Hove Clinical Commissioning Group
<b>Reviewed by:</b>	Health and Adult Social Care Directorate Management Team 3 <sup>rd</sup> Sept 2020
<b>Approved by:</b>	B&H Health Protection & Screening Forum, 7 <sup>th</sup> Sept 2020 Brighton and Hove local Management Team (BH CCG), TBC
<b>Date Issued:</b>	September 2020
<b>Review Date:</b>	September 2021
<b>Target Audience:</b>	Brighton & Hove City Council Health & Adult Social Care, other Directorates, partner agencies and Local Health Economy. Including The Health Protection & Screening Forum, NHS secondary and community providers, Clinical Commissioning Group (CCG), Primary care, Out of Hours (OOHs) Provider, & Brighton & Hove City Council, Community and voluntary sector
<b>Mandatory / Statutory guidance Requirements</b>	Civil Contingencies Act 2004 <a href="http://www.legislation.gov.uk/ukpga/2004/36/contents">http://www.legislation.gov.uk/ukpga/2004/36/contents</a> NHS EPRR Framework & associated guidance <a href="http://www.england.nhs.uk/ourwork/gov/epr/">http://www.england.nhs.uk/ourwork/gov/epr/</a> Public Health England Cold Weather Plan for England <a href="http://www.gov.uk/phe/cold-weather-plan">http://www.gov.uk/phe/cold-weather-plan</a> BHCC Covid19 Local Outbreak Plan <a href="https://new.brighton-hove.gov.uk/local-covid-19-outbreak-plan">https://new.brighton-hove.gov.uk/local-covid-19-outbreak-plan</a>
<b>Winter guidance and advice</b>	NHS Community Health guidance <a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0198-community-health-services-sop.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0198-community-health-services-sop.pdf</a> Annual seasonal influenza (flu) vaccination programme <a href="https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan">https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan</a> Keep Warm Keep Well - NHS Choices (www.nhs.uk) <a href="https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather">https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather</a> Met Office 'Get Ready For Winter' Web-page <a href="http://www.metoffice.gov.uk/learning/get-ready-for-winter">http://www.metoffice.gov.uk/learning/get-ready-for-winter</a> Excess winter deaths and morbidity and the health risks associated with cold homes <a href="https://www.nice.org.uk/guidance/ng6">https://www.nice.org.uk/guidance/ng6</a> <a href="https://www.nice.org.uk/guidance/ng6/preventing-excess-winter-deaths-and-illness-associated-with-cold-homes">Preventing excess winter deaths and illness associated with cold homes</a> Quality standard [QS117] Published date: March 2016 <a href="https://www.nice.org.uk/guidance/qs117/chapter/Related-NICE-quality-standards">https://www.nice.org.uk/guidance/qs117/chapter/Related-NICE-quality-standards</a> Cutting the cost of keeping warm <a href="https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm">https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm</a>

## Version Control

<b>Plan Version</b>	<b>Pages</b>	<b>Details</b>	<b>Date</b>	<b>Author</b>
1.0		Final draft	01/09/2020	B Woodiwiss

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# 1. Introduction

## 1.1 Planning for winter 2020/2021

Planning for the Winter of 2020/21 is in the context of the COVID-19 pandemic, its health and socio-economic impacts, resulting services changes, an expanded seasonal Influenza vaccination Programme and the UK's scheduled exit from the EU on the 31<sup>st</sup> December 2020.

The COVID-19 pandemic started in January 2020 reached a peak of cases in April and has decreased over the summer months in Brighton and Hove and Sussex.<sup>1</sup> A [Local Outbreak Control Plan](#) is in place to prevent and manage any subsequent outbreaks or a resurgence.

Throughout the response phase many service changes have been made to ensure service users and staff are safe. These changes have embedded over the spring and summer, so services are COVID-19 prepared for the winter demands.

The enhanced Flu Programme has expanded the eligible groups and it is hoped will reduce impact of seasonal flu during winter.

Nationally, the EU exit agreements have not been finalised at the time of writing, but whether an agreement is reached or not there is liable to be some form of disruption linked to the ending of free movement of people, goods and services between the UK and EU on 1<sup>st</sup> January 2021. Strategic and practical work has been ongoing across Sussex to mitigate against potential issues to do with access to supplies, equipment, staffing and medicines and moving forwards, consideration of Brighton & Hove's identified Brexit risks will be incorporated into both Winter planning and the COVID-19 response and recovery planning.

## 1.2 Impact of cold weather

In recent previous years there have been significant periods of severe and sustained cold weather. This has highlighted the need to have effective plans in place to mitigate the effects of cold weather on health.

On average, there are around 25,000 excess winter deaths each year in England. Excess winter deaths (EWDs) are the observed total number of deaths in winter (December to March) compared to the average of the number of deaths over the rest of the year. Excess deaths are not just deaths of those who would have died anyway in the next few weeks or months due to illness or old age. There is strong [evidence](#) that many of these winter deaths are indeed 'extra' and are related to cold temperatures and living in cold homes, respiratory illnesses, and cardiovascular conditions as well as infectious diseases such as influenza are the main causes of excess mortality in preceding years. This is predominantly in the older age groups, those with chronic illnesses and children, Heavy snow and ice has a small direct effect on health, predominantly as a result of falls and injuries. Additionally it causes disruption to the delivery of health, social care and other services. In the recent past, the rate of winter deaths in England was twice the rate observed in some northern European countries, such as Finland.

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<sup>1</sup> <https://new.brighton-hove.gov.uk/covid-19-key-statistics-brighton-hove>

Although there are several factors contributing to winter illness and death, in many cases simple preventative action could avoid many of the deaths, illnesses and injuries associated with the cold. Many of these measures need to be planned and undertaken in advance of cold weather.

Living in a cold home has significant and demonstrable direct and indirect health impacts. There is strong evidence that shows it is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. People live in cold homes often due to fuel poverty<sup>2</sup>. A household is considered to be fuel poor if it has higher than typical energy costs and would be left with a disposable income below the poverty line. Fuel poverty is driven by 3 main factors: household income, high or unmanageable energy costs and the energy efficiency of a home.

### **1.3 COVID19 and the cold**

Those at high risk of COVID19 infection, morbidity or mortality are similar population groups as those at greater risk from the ill health effects of cold weather (Fig 2.6). For COVID19, these are the over 70s, those with chronic health conditions especially respiratory and CVD, those clinically extremely vulnerable, pregnant women and people living in areas of higher deprivation and experiencing ongoing health and/ or socio-economic inequalities.

As part of the ongoing management of the COVID19 pandemic people will need to self-isolate in their homes for periods of time. Additional support will be needed for those with cold homes or who are living in fuel poverty.<sup>3</sup>

All services delivered in preparation for or in response to the cold weather will follow the COVID19 infection prevention and control guidance relevant for their service and appropriate for the recipient and community context.

### **1.4 The national Cold Weather Plan<sup>4</sup>**

The Cold Weather Plan for England (CWP), published annually since 2011 aims to prevent avoidable harm to health, by alerting people to the negative health effects of cold weather and enabling them to prepare and respond appropriately.

The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people. This year these pressures may include seasonal surge pressures, the impact Flu, Covid-19 or other wider circumstances such as the impact of the end of the Transition Period from 1<sup>st</sup> January 2021 onwards.

Concerns have been raised over the safety and health of patients and citizens being

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<sup>2</sup> Annual Fuel poverty statistics report 2018, The Department for Business, Energy and Industrial Strategy:  
assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/719106/Fuel\_Poverty\_Statistics\_Report\_2018.pdf

<sup>3</sup> <https://www.nice.org.uk/guidance/NG6/chapter/1-recommendations> (accessed July 2020)

<sup>4</sup> The CWP 2020 is not published at the time of writing

overlooked during the negotiations on the future UK-EU relationship.<sup>5</sup> There are local plans in place to mitigate potential implications for access to essential winter supplies, equipment and medicines. <sup>6</sup>

The EWD Index is excess winter deaths as a percentage increase of the expected deaths based on non-winter deaths. Excess winter deaths index for Brighton & Hove was 31.9% equivalent to 212 EWDs<sup>7</sup>. This is higher than England (30.1%) and fifth highest of 19 local authorities in the South East region (30.2%) and third for CIPFA comparators.<sup>8</sup> Local and national excess winter mortality is highly variable year on year and shows no clear trend. However, in the 2018 to 2019 winter period (December to March), there were an estimated 23,200 EWD in England and Wales and this was substantially lower than in most previous years. Generally, historical trends in EWD in England and Wales show that the steady decreases since the 1950 to 1951 winter period have levelled off and most recently increased for the third consecutive year. <sup>9</sup>

The Cold Weather Plan for England is at <https://www.gov.uk/government/collections/cold-weather-plan-for-england> this page contains links to the national plan, health risks of cold homes, a supporting 'making the case' document, and an easy-read summary document, action cards for all groups involved, 'Keep Warm Keep Well' leaflet and supporting guidance.

The National CWP acknowledges the roles of Local Authorities, Directors of Public Health, NHS England Regional Office, Clinical Commissioning Groups, Health and Wellbeing Boards (HWB's), NHS Trusts, GP's, Emergency Planning Officers, and others. The Department of Health commissioned an independent evaluation of the CWP from the Policy Innovation Research Unit (PIRU) in 2012. The findings indicate that negative health effects start at relatively moderate outdoor temperatures of around 4-8°C. Although the risk of death increases as temperatures fall, the higher frequency of days at moderate temperatures mean that the greatest health burden in absolute numbers of deaths, occurs at these moderate temperatures. This means that action to prevent excess winter morbidity and mortality should not be restricted to the very cold days, but should be carried out throughout the year tailoring solutions to protect the most vulnerable.

The Fuel Poverty Strategy for England (currently under review) emphasises the role the health and social care sector can play in tackling fuel poverty and sets targets up to 2030.<sup>10</sup>

## 1.5 Key messages for action

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<sup>5</sup> <https://www.nao.org.uk/exiting-the-eu/> (accessed July 2020)

<sup>6</sup> <https://new.brighton-hove.gov.uk/brexit-brighton-hove>

<sup>7</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/excesswintermortalityinenglandandwalesreferencetables>

<https://fingertips.phe.org.uk/search/excess%20winter%20deaths#page/3/gid/1/pat/6/par/E12000008/ati/202/are/E06000043/iid/90360/age/1/sex/4/nn/nn-7-E06000043/cid/4/page-options/car-do-0>

<sup>8</sup>

<https://fingertips.phe.org.uk/search/excess%20winter%20deaths#page/3/gid/1/pat/6/par/E12000008/ati/202/are/E06000043/iid/90360/age/1/sex/4/nn/nn-7-E06000043>

<sup>9</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/2018to2019provisionaland2017to2018final>

<sup>10</sup> <https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm>



This Brighton and Hove Cold Weather Plan is a good practice guide and the actions denoted within it are illustrative. There are five key messages recommended to all local areas:

1. All local organisations should consider the Cold Weather Plan for England and satisfy themselves that the suggested actions and Cold Weather Alerts are understood across the system, and that local plans are adapted as appropriate to the local context.
2. City Council and NHS commissioners should satisfy themselves that the distribution of Cold Weather Alerts and the National Severe Weather Warning Service (NSWWS) which provides information on snow and ice, will reach those that need to take action.
3. City Council and NHS commissioners should satisfy themselves that providers and stakeholders will take appropriate action according to the Cold Weather Alert level in place, their professional judgements and remain COVID-19 safe.
4. Opportunities should be taken for closer partnership working with the voluntary and community sector to help reduce vulnerability and to support the planning and response to cold weather.
5. Long-term planning and commissioning to reduce cold-related harm both within and outside the home is considered core business by health and wellbeing boards and should be included in joint strategic needs assessments and joint health and wellbeing strategies.

## **2. *Aim***

2.1 The aim of this plan is to set out the procedures and work-streams to be implemented within Brighton and Hove City Council, the local health economy (LHE) and with key city partners in support of the National Cold Weather Plan for England.

## **3. *Objectives***

3.1 The objectives of this plan are to:

- To define the partners engaged with the implementation of this Plan
- To ensure the requirements of the National Plan are complied with locally, by clearly stating the work-streams agreed to be relevant and those partners engaged in their delivery.
- To set out the coordination and oversight / assurance arrangements in support of the plan.
- To understand and mitigate, as far as possible, the impact of cold weather on the community and those most vulnerable to cold weather.
- To safely deliver this Plan in the context of COVID19 guidance.
- To support those self-isolating as a result of COVID-19 illness or Test and Trace Service instructions to keep well and warm at home.
- To review any implications for this Plan of the EU exit and access to relevant supplies.

#### 4. ***'Level 0' planning implications and needs for B&H***

4.1 The planning implications for the National Plan and other known circumstances are:

- Strong local leadership and partnership working at all levels across sectors continues to be vital to tackle the range of causes and reduce the number of “excess” deaths that are observed each winter.
- B&H planning arrangements are supporting the importance recognised in the Plan of long-term and strategic planning and commissioning to reduce cold-related harm. This is considered core business by Health and Wellbeing Boards (HWBs) and joint strategic needs assessments (JSNAs), as evidenced by the linking of these arrangements to the Public Health led Health Protection & Screening Forum and HWB.
- The need to ensure that the action cards are disseminated widely to all City stakeholders as appropriate for:
  - ✓ Frontline Health & Social Care staff in community & care facilities
  - ✓ Commissioners in the Local Authority and the CCG
  - ✓ GP's & Practice Staff and pharmacies
  - ✓ Community & Voluntary Sector organisations
  - ✓ Provider Organisations
  - ✓ Other relevant organisations in the city
  - ✓ Individuals.
- To ensure there is a link to the City's Vulnerable People Plan and other Emergency Planning Resilience and Response plans.
- The Public Health Outcomes Framework includes indicators to reduce excess winter deaths<sup>11</sup> and address fuel poverty<sup>12</sup>
- Working with partners to ensure that a strategic approach to the reduction of EWDs and fuel poverty is taken across the local health and social care economy. In particular:
  - ✓ To develop a shared understanding of EWD's and what partners can do to reduce them.
  - ✓ To identify those most at risk from seasonal variations.
  - ✓ To improve winter resilience of those at risk via a locally annually agreed programme.
  - ✓ To ensure a local, joined-up programme is in place to support improved housing, heating and insulation, including uptake of energy-efficient, low-carbon solutions.

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<sup>11</sup>

<https://fingertips.phe.org.uk/search/excess%20winter%20deaths#page/3/gid/1/pat/6/par/E12000008/ati/202/are/E06000043/iid/90360/age/1/sex/4/nn/nn-7-E06000043>

<sup>12</sup>

<https://fingertips.phe.org.uk/search/fuel%20poverty#page/0/gid/1/pat/6/par/E12000008/ati/302/are/E06000043/cid/4/tbm/1/page-options/ovw-do-0>

- ✓ To achieve a reduction in carbon emissions and assess the implications of climate change.
- ✓ To consider how winter plans can help to reduce health inequalities, how they might target high-risk groups and address the wider determinants of health.
- ✓ To ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice).
- ✓ To work with partners and staff on risk reduction awareness, information and education including vaccinations.
- ✓ To engage with local CVS organisations for planning and implementation of all stages of the Plan.

## **5. Cold Weather Alerts**

5.1 The Plan is implemented via a system of cold weather alerts – linked to the existing winter weather warning system developed by the Met Office ‘National Severe Weather Warning Service’ (NSWWS) – which will trigger appropriate actions up to a major incident. A [Cold weather health watch system](#) operates in England from the 1 November to 31 March every year, in association with [Public Health England](#). However, should thresholds for an alert be reached outside of this period, an extraordinary heat-health alert will be issued and stakeholders are advised to take the usual public health actions. The alerts take account of temperature along with other winter weather threats such as ice and snow.

### **5.2 Recommended indoor temperatures**

## Recommended indoor temperatures for homes in winter

Heating homes to at least 18°C (65F) in winter poses minimal risk to the health of a sedentary person, wearing suitable clothing.

### Daytime recommendations:

- the 18°C (65F) threshold is particularly important for people **65 years and over or with pre-existing medical conditions**; having temperatures slightly above this threshold may be beneficial for health
- the 18°C (65F) threshold also applies to **healthy people (1 –to 64 years)\***; if they are wearing appropriate clothing and are active, they may wish to heat their homes to slightly less than 18°C (65F)

### Overnight recommendations

- maintaining the 18°C (65F) threshold overnight may be beneficial to protect the health of those **65 years and over or with pre-existing medical conditions**; they should continue to use sufficient bedding, clothing and thermal blankets, or heating aids as appropriate
- overnight, the 18°C (65F) threshold may be less important for **healthy people (1 to 64)\*** if they have sufficient bedding, clothing and use thermal blankets or heating aids as appropriate

\*There is an **existing recommendation** to reduce sudden infant death syndrome (SIDS). Advice is that rooms in which infants sleep should be heated to between 16 to 20°C (61 to 68F)

Fig 2.1 Indoor room temperatures.

## 5.3 The Cold Weather Plan sets out actions at five Cold Weather Alert Levels

The 5 alert levels are shown in Fig. 2.2 below as being:

<b>Level 0</b>	<b>Year-round planning</b> <i>All year</i>
<b>Level 1</b>	<b>Winter preparedness and action programme</b> <i>1 November to 31 March</i>
<b>Level 2</b>	<b>Severe winter weather is forecast – Alert and readiness</b> <i>mean temperature of 2°C or less for a period of at least 48 hours and/or widespread ice and heavy snow are predicted, with 60% confidence</i>
<b>Level 3</b>	<b>Response to severe winter weather – Severe weather action</b> <i>Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow.</i>
<b>Level 4</b>	<b>Major incident – Emergency response</b> <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i>

Fig. 2.2 Cold Weather Plan alert levels

#### 5.4 **Definitions** (See the National Plan for full details).

**Cold Weather Alert** – to provide early warning of low temperatures and/or snow and ice will be issued when there is a high likelihood (more than 60%) that there will be a mean temperature at or below 2°C for a period of 48 hours in one or more regions in the next five days. A level 2 will be issued when this weather is forecast, and a level 3 when the snow and ice is occurring. An NSWWS warning is highly likely to have been issued as well.

**Heavy snow** – Snow that is expected to fall for at least two hours. Geographic extent is not considered, and sometimes the event can be quite localised.

**Widespread ice** – Ice forms when rain falls on surfaces at or below zero; or already wet surfaces fall to or below zero. The ice is usually clear and difficult to distinguish from a wet surface. The term “widespread” indicates that icy surfaces will be found extensively over the area defined by the Met Office in the alert.

#### **Cold Weather Plan levels.**

##### **Level 0: Year round planning to reduce harm from cold weather**

This emphasises that year-round planning is required to build resilience and reduce the impact of cold weather. This level of alert relates to those longer-term actions that reduce the harm to health of cold weather (e.g. housing and energy efficiency measures, and long-term sustainable approaches to influence behaviour change across health and social care professionals, communities and individuals.)

##### **Level 1: Winter preparedness and action**

Level 1 is in force throughout the winter from 1 November to 31 March and covers the moderate temperatures where the greatest total burden of excess winter death and disease occur. This is because the negative health effects of cold weather start to occur at relatively moderate mean temperatures (4-8°C depending on region) and there are normally many more days at these temperatures each winter.

##### **Level 2: Alert and readiness**

Level 2 is triggered when the Met Office forecasts a 60% chance of severe winter weather, in one or more defined geographical areas within 48 hours. Severe winter weather is defined as a mean temperature of 2°C or less and/or heavy snow and widespread ice.

##### **Level 3: Severe weather action**

This is triggered as soon as the weather described in Level 2 actually happens. It indicates that severe winter weather is now happening and an impact on health services is expected.

##### **Level 4: National emergency**

This is reached when cold weather is so severe and/or prolonged that its effects extend outside health and social care, and may include for example power or transport problems, or water shortages, and/or where the integrity of health and social care systems is threatened. At this level, multi-sector response at national and regional levels will be required.

The decision to go to a Level 4 is made at national level and will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat (Cabinet Office).

Summary cold weather actions for health and social care organisations and professionals, communities and individuals

	Level 0	Level 1	Level 2	Level 3	Level 4
	<b>Year-round planning</b> All Year	<b>Winter preparedness and action</b> 1 November to 31 March	<b>Severe winter weather forecast – Alert and readiness</b> Mean temperatures of 2°C and/or widespread ice and heavy snow predicted with 80% confidence	<b>Severe weather action</b> Mean temperatures of 2°C and/or widespread ice and heavy snow	<b>Major Incident – Emergency response</b>
Commissioners of health and social care	1) Take strategic approach to reduction of EDWs and fuel poverty. 2) Ensure winter plans reduce health inequalities. 3) Work with partners and staff on risk reduction awareness (eg flu vaccinations, signposting for winter warmth initiatives).	1) Communicate alerts and messages to staff/patients/clients. 2) Ensure partners are aware of alert system and actions. 3) Identify which organisations are most vulnerable to cold weather and agree winter surge plans.	1) Continue level 1 actions. 2) Ensure patients can access advice and make best use of available capacity. 3) Activate business continuity arrangements as required.	1) Continue level 2 actions. 2) Ensure key partners are taking appropriate action. 3) Work with partners to ensure access to critical services.	Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office.
Provider organisations	1) Ensure organisation can identify and support most vulnerable. 2) Plan for joined up support with partner organisations. 3) Work with partners and staff on risk reduction awareness (eg flu vaccinations, signposting for winter warmth initiatives).	1) Ensure cold weather alerts are going to right staff and actions agreed and implemented. 2) Ensure staff in all settings are considering room temperature. 3) Ensure data sharing and referral arrangements in place.	1) Continue level 1 actions. 2) Ensure carers receiving support and advice. 3) Activate business continuity arrangements as required, plan for surge in demand.	1) Continue level 2. 2) Implement emergency and business continuity plans; expect surge in demand in near future. 3) Implement local plans to ensure vulnerable people contacted.	All level 3 responsibilities to be maintained unless advised to the contrary.
Frontline staff – care facilities and community	1) Use patient contact to identify vulnerable people and advise of cold weather actions; be aware of referral mechanisms for winter warmth and data sharing procedures. 2) Ensure awareness of health effects of cold and how to spot symptoms. 3) Encourage colleagues/clients to have flu vaccinations.	1) Identify vulnerable clients on caseload; ensure care plans incorporate cold risk reduction. 2) Check room temperatures and ensure referral as appropriate. 3) Signpost clients to other services using 'Keep Warm Keep Well' booklet.	1) Continue level 1 actions. 2) Consider prioritising those most vulnerable and provide advice as appropriate. 3) Check room temperature and ensure urgent referral as appropriate.	1) Continue level 2 actions. 2) Implement emergency and business continuity plans; expect surge in demand in near future. 3) Prioritise those most vulnerable.	
GPs and their staff	1) Be aware of emergency planning measures relevant to general practice. 2) Ensure staff aware of local services to improve warmth in the home including the identification of vulnerable individuals. 3) Signpost appropriate patients to other services when they present for other reasons.	1) Consider using a cold weather scenario as a table top exercise to test business continuity arrangements. 2) Be aware of systems to refer patients to appropriate services from other agencies. 3) When making home visits, be aware of the room temperature.	1) Continue level 1 actions. 2) Take advantage of clinical contacts to reinforce public health messages about cold weather and cold homes on health. 3) When prioritising visits, consider vulnerability to cold as a factor in decision making.	1) Continue level 2 actions. 2) Expect surge in demand near future. 3) Ensure staff aware of cold weather risks and can advise appropriately.	

	Level 0	Level 1	Level 2	Level 3	Level 4
Community and voluntary sector	1) Engage with local statutory partners to agree how VCS can contribute to local community resilience arrangements. 2) Develop a community emergency plan to identify and support vulnerable neighbours. 3) Agree arrangements with other community groups to mediate service for and contact with vulnerable people.	1) Test community emergency plans to ensure that roles, responsibilities and actions are clear. 2) Set up role of volunteers to keep the community safe in cold weather and check on vulnerable people. 3) Actively engage with vulnerable people and support them to seek help.	1) Activate the community emergency plan. 2) Activate the business continuity plan. 3) Continue to actively engage vulnerable people known to be at risk and check on welfare regularly.	1) Continue level 2 actions. 2) Ensure volunteers are appropriately supported. 3) Contact vulnerable people to ensure they are safe and well and support them to seek help if necessary.	Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office.
National level	1) CO will lead on co-ordinating cross-government work, individual government departments will work with partners on winter preparations. 2) DHSC, PHE and NHS England will look to improve the CWP and the monitoring and analysis of winter-related illness and deaths. 3) PHE and NHS England will issue general advice to the public and professionals and work closely with other government departments and other national organisations that produce winter warmth advice.	1) Cold Weather Alerts will be sent by the Met Office to the agreed list of organisations and Category 1 responders. 2) PHE and NHS England will make advice available to the public and professionals. 3) NHS England will continue to hold health services to account for action and PHE will routinely monitor syndromic, influenza, norovirus and mortality surveillance data.	1) Continue level 1 actions. 2) DHSC will ensure that other government departments, particularly MHCLG, RSD, are aware of the chance in alert level and brief ministers as appropriate. 3) Government departments should cascade the information through their own partner networks and frontline communication systems.	1) Continue level 2 actions. 2) NHS England will monitor mutual aid when requested by local services. 3) Met Office will continue to monitor and forecast temperatures in each area, including the probability of other regions exceeding the level 3 threshold.	All level 3 responsibilities to be maintained unless advised to the contrary.
Individuals	1) Seek good advice about improving the energy efficiency of your home and staying warm in winter: have all gas, solid fuel and oil burning appliances serviced by an appropriately registered engineer. 2) Check your entitlements and benefits, seek income maximisation advice and other services. 3) Get a flu jab if you are in a risk group (September/October).	1) If you are receiving social care or health services ask your GP, key worker or other contact about staying healthy in winter and services available to you. 2) Check room temperatures – especially those rooms where disabled or vulnerable people spend most of their time. 3) Look out for vulnerable neighbours and help them prepare for winter.	1) Continue to have regular contact with vulnerable people and neighbours you know to be at risk in cold weather. 2) Stay tuned into the weather forecast ensure you are stocked with food and medications in advance. 3) Take the weather into account when planning your activity over the following days.	1) Continue level 2 actions. 2) Dress warmly; take warm food/drink regularly; keep active; if you have to go out, take appropriate precautions. 3) Check on those you know are at risk.	Follow key public health and weather alert messages as broadcast on the media.

Fig. 2.3 Cold Weather Plan alert levels and actions

## 5.5 Detailed Arrangements.

Detailed arrangements are set out in the National Plan for the key groups; commissioners of health and social care, provider organisations, frontline health and social care facilities and community, GPs and their staff, community and voluntary sector, national level organisations, individuals

## 5.6 Modelling for winter pressures on hospital admissions

The public health department provides weekly modelling on the expected impact of cold weather on hospital admissions. This is sent to HASC, BSUH and CCG colleagues.

## **6. Risk of Cold Weather (governance and assurance) at B&H**

6.1 The health, social, economic and environmental risks associated with a Severe Cold Weather spell have been assessed by the Sussex Local Resilience Forum (SRF) (Ref H18) and included on the Sussex Community Risk Register. Information regarding the risk of severe weather can be found on the Sussex Local Resilience Forum website

<https://www.sussex.police.uk/SysSiteAssets/media/downloads/sussex/about-us/sussex-resilience-forum/srf-community-information-on-risks-in-sussex.pdf>

6.2 It is the responsibility of the NHS England South (South-East) and for Sussex DsPH to engage with providers and multi-agency partners via the Local Health Resilience Partnership, (LHRP), a body linked to the SRF to assess risks and to ensure plans are in place to protect the communities of Sussex from health-related vulnerabilities.

6.3 The Director of Public Health for Brighton and Hove ensures that local plans are in place within B&H, and will ensure that coordination arrangements are in place with City Council and health and Social Care organisations & NHS funded providers, and other stakeholders, to ensure that all partners understand their responsibilities and have organisational plans in place in line with the information set out in Appendix 1. Oversight of these arrangements will be provided by the Brighton and Hove Health Protection & Screening Forum, which reports to the Health & Wellbeing Board, in line with the National Cold Weather plan.

6.4 Partners include:

- BHCC (Public Health & Adult Social Care, Families, Children and Learning , Highways, Communications, Housing, Parks, Sea Front, City Clean and Emergency Planning & Resilience Team)
- Brighton & Hove CCG (Commissioning Teams / Winter Pressures, Communications )
- NHS England / Improvement (South-East)
- Brighton and Sussex University Hospitals Trust (secondary care provider)
- Sussex Community Foundation Trust (community services provider)
- Sussex Partnership Foundation Trust (mental health services provider)
- South East Coast Ambulance (is also the NHS 111 provider).
- IC24 (Out of Hours –Provider).
- Community Works - Community and voluntary groups and services (CW)
- British Red Cross (BRC).

6.5 Planning meetings (coordinated by the BHCC Public Health and the Emergency Planning and Resilience Team, on behalf of the Health Protection Forum), will identify local work-streams which support these arrangements. These are detailed below.

## **7. Cascading Cold Weather Level Alerts**

7.1 The Level will be publicly displayed on the Metrological office website at <http://www.metoffice.gov.uk/health/professionals/cold-weather-alerts>

7.2 Other typical arrangements for alerting via email etc. are detailed in the diagram below at Fig.2.5

## **8. Local cascade arrangements within B&H**

8.1 Local cascade arrangements are as per the national model (shown below), with the following additional actions:

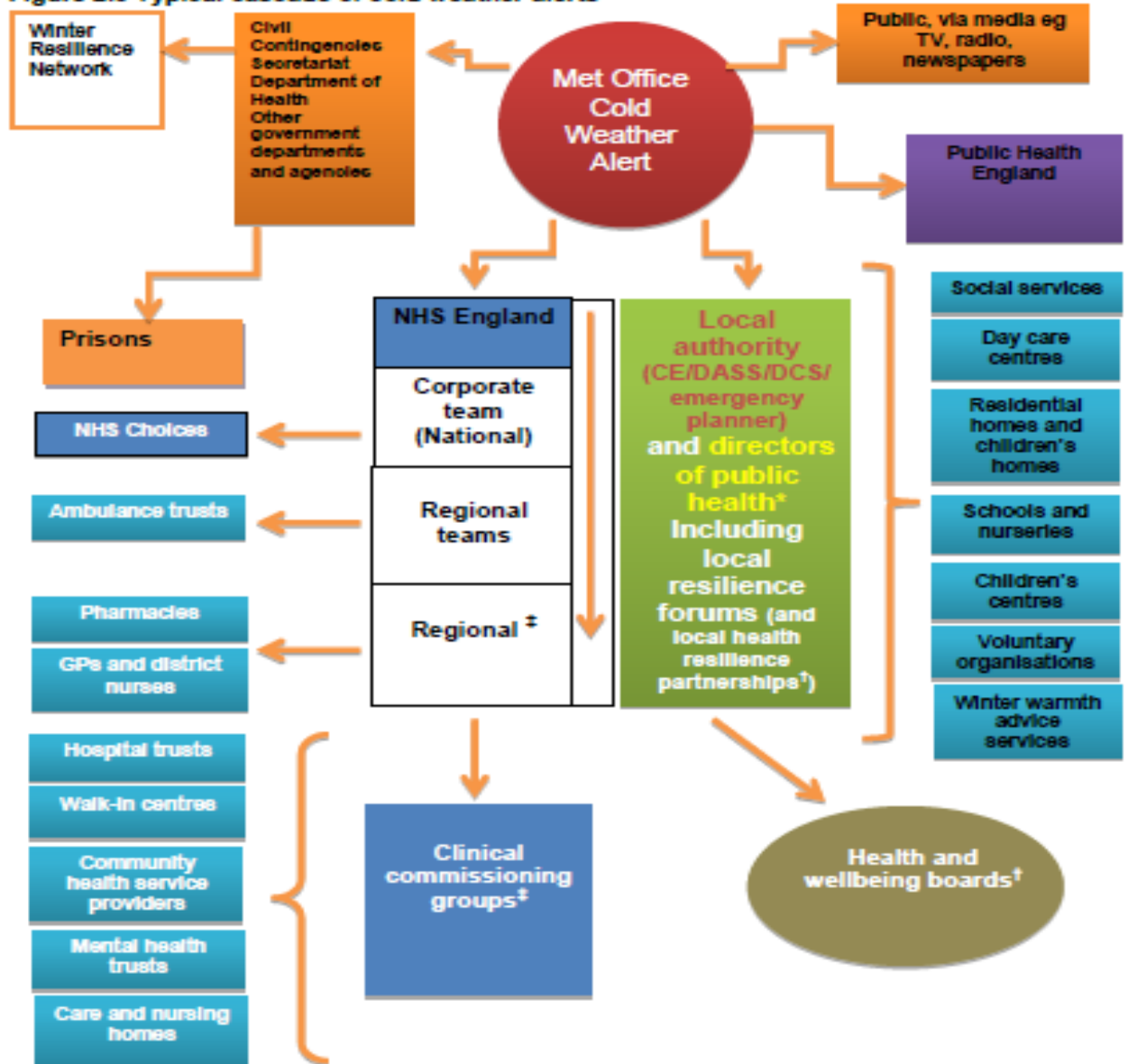
- All category 1 providers (including SCFT / hospital trusts / SECAMB etc) also receive alerts direct from the Met Office.
- The BHCC Emergency Planning & Resilience Team forward alerts to all internal BHCC departments (including Adult Social Care) and external partners locally including the Community and Voluntary sector and 'Community Resilience' contacts that request the service.
- BHCC ASC have provided assurance that they will inform ALL B&H care & residential homes and home care providers
- Brighton and Hove CCG (having delegated authority for Primary Care Commissioning), inform city GP Surgeries via a process agreed with the primary care team.
- The CCG Resilience lead disseminates alerts to CCG staff (on-call managers, agreed primary care staff and Communications), and to IC24 (Out Of Hour's provider), and to Sussex Partnership Foundation Trust, (SPFT) and to the British Red Cross.

It is therefore confirmed that systems are in place to ensure that all who need to receive cold weather alerts are doing so within the city.



Local cascading within the B&H is as per the diagram above, and local updates are that:

Figure 2.5 Typical cascade of cold weather alerts



Notes:

- †LHRPs and HWBs are strategic and planning bodies, but may wish to be included in local alert cascades.
- ‡NHS England Regional and CCGs should work collaboratively to ensure that between them they have a cascade mechanism for cold weather alerts to all providers of NHS commissioned care both in business as usual hours and the out of hours period in their area.
- \*PHE Centres would be expected to liaise with Directors of Public Health to offer support, but formal alerting would be expected through usual Local Authority channels.

## 9. At-risk groups

9.1 These include examples of sub-categories, as well as living conditions and health conditions which may place people at risk to the potential of their vulnerability in relation to the cold weather. (See figure 2.6 below).

9.2 Brighton & Hove has an old housing stock with 66% of houses built before 1945 (compared with 43% across England) and many private sector properties labelled 'hard to treat' (for example those with solid walls) in relation to energy efficiency measures. Brighton and Hove has an estimated 11.3% of households living in fuel poverty, equating to 14,575 households. This is higher than both the South East (7.9%) and England (10.3%)<sup>13</sup>.

9.3 Groups at greater risk of harm from cold weather (as defined by the national CWP) are detailed in fig 2.6 below. (It is recognised that the NICE guidance refers to 65+).

- older people (in particular those over 75 years old, otherwise frail, and or socially isolated)
- people with pre-existing chronic medical conditions such as heart disease, stroke or TIA, asthma, chronic obstructive pulmonary disease or diabetes
- people with mental ill-health that reduces individual's ability to self-care (including dementia)
- pregnant women (in view of potential impact of cold on foetus)
- children under the age of five
- people with learning disabilities
- people assessed as being at risk of, or having had, recurrent falls
- people who are housebound or otherwise low mobility
- people living in deprived circumstances
- people living in houses with mould
- people who are fuel poor
- homeless or people sleeping rough
- other marginalised or socially isolated individuals or groups

*Fig. 2.6 Groups at greater risk of harm from cold weather*

#### **9.4 COVID19 related risks**

People with COVID19 or those who have been asked to self-isolate by the NHS Test & Trace service will be isolating in their own homes. If they have cold homes, or are fuel poor and cannot heat their homes adequately, they may be at increased risk of the negative health effects of the cold weather. This may exacerbate their illness especially if the home is damp. It may also reduce compliance with self-isolation guidance from the Test & Trace service.

The Local Outbreak Plan identifies the Community Hub as route by which people who are self isolating can get practical support if it is needed.

People being discharged from hospital or in-patient care may be at increased risk of the cold if their home was left empty and / or unheated. All discharge, rehabilitation

<sup>13</sup> [https://fingertips.phe.org.uk/profile/wider-determinants/data#page/3/gid/1938133043/pat/6/par/E12000008/ati/102/are/E06000043/iid/90356/age/-1/sex/-1/cid/4/page-options/ovw-do-0\\_car-do-0](https://fingertips.phe.org.uk/profile/wider-determinants/data#page/3/gid/1938133043/pat/6/par/E12000008/ati/102/are/E06000043/iid/90356/age/-1/sex/-1/cid/4/page-options/ovw-do-0_car-do-0)

and reablement plans consider home circumstances. People are only discharged if they are considered to be well enough for self-care. Cold homes and fuel poverty may not be an obvious consideration. Further links and contact details should be made explicit for support with cold homes and fuel poverty given the impact on health and recuperation especially for older people and those with respiratory or CVD conditions.

## **10. Level 0 Planning And Action Card Implementation**

10.1 Action cards for all partner groups are contained at Appendix 1.

10.2 All provider Trusts have provided assurance to the CCG and to the DPH that winter planning arrangements have been updated in line with the National Plan, and latest guidance.

10.3 The public health team draft this Plan is to be reviewed at the Health and Adult Social Care Directorate Management Team meeting and approved by the Brighton & Hove Health Protection & Screening Forum, which is linked to the Health & Wellbeing Board with specific responsibility for health protection, via the DPH.

## **11. Consolidation of previous work**

11.1 The following work has been consolidated into winter planning in B&H over recent years:

- An annual Public Health winter programme to reduce the impact of cold homes and fuel poverty on the health of the local population.
- Liaison with Communities Equalities and Third sector Team at BHCC to widen reach to vulnerable communities and population groups in the city
- Information shared onward by the CCG to GP surgery Patient Participation Groups
- Agreement that B&H communications and media messages will be jointly coordinated by BHCC and CCG comms teams. A B&H Vulnerable People Plan has been agreed, which defines what may make people vulnerable, and contains a system for contact those considered vulnerable to that context and how to contact them as guided by an information sharing protocol.
- Annual flu campaign to support the vaccination uptake across all eligible groups and to the wider population.

## **12. Winter Planning Group / Areas of City winter planning**

A winter planning group meets as required. This Plan acknowledges the findings of the 2012-2013 Evaluation of the Cold Weather Plan, in that the majority of the burden of cold-related ill-health occurs at moderate outdoor winter temperatures (from 4-8°C), and the required 'increased emphasis on year-round (Level 0) and winter preparedness and action (Level 1) to protect 'at-risk' population groups. It is also in line with the NICE Guidance on excess winter deaths and morbidity, acknowledging

‘the need for strategic approaches, single point of contact services offering tailored solutions to which all who come into contact with vulnerable people can refer’.

This Plan has been provided to the partners listed for consultation, amendment and agreement. An update on issues linked to winter preparedness for 2020/21 as follows:

### **12.1 Brighton and Sussex University Hospitals Trust.**

Plans are reviewed annually at BSUHT. The Trust participates in the NHS Operational Pressures Escalation Level (OPEL) procedures, which are centred around the Hospital Trusts geographic area and seeks to ensure that ‘capacity management’ issues are monitored effectively and where all resources in the local health care system (including those of BHCC) are managed on a daily basis by a teleconference and reported/monitored using appropriate management tools. It now includes risk and pressures in the system relating to COVID19 as C-OPEL. It is led by the CCG’s Director of Resilience. It is recognised that the Trust is often at high levels of escalation, but the issues are actively managed with the support of other organisations. The Trust is committed to raising staff flu vaccination levels and vaccinate other eligible groups as identified in the annual Flu letter. Business Continuity Plans are regularly updated. BSUH operates using COVID19 infection prevention and control guidance for the safety of staff, patients and partner organisations. Plans are in place for the EU exit in light of supplies, equipment, staffing and medicines.

### **12.2 Sussex Community NHS Foundation Trust.**

SCFT provides out-patient clinics on-site and teams of healthcare staff such as Health Visitors, who deliver frontline community health services to patients in B&H and across wider Sussex. The Immunization Team is part of this Trust and contributes to the annual flu vaccination programme. The Trust maintains service level Business Continuity Plans and has access to 4x4 vehicles to deliver its role during severe weather. The Trust has a Cold Weather Plan, Winter Plan and Escalation Plan which are available to staff on the Trust intranet. Staff and patients are provided advice on all aspects of winter health that can be found on [NHS Stay Well This Winter](#) and the [Keep warm- keep well leaflets](#). SCFT operates using COVID19 infection prevention and control guidance for the safety of staff, patients and partner organisations. Plans are in place for the EU exit in light of supplies, equipment, staffing and medicines.

### **12.3 BHCC Health and Adult Social Care**

**Public Health** - Reduction of excess winter deaths and fuel poverty are Public Health (PH) priorities as highlighted in the Public Health Outcomes Framework.

Public Health and Housing co-chair a cross-sector, multi-agency Fuel Poverty and Affordable Warmth Steering Group, which meets quarterly to oversee delivery of the Fuel Poverty and Affordable Warmth Strategy 2016-2020. During the COVID-19 pandemic, key partners have met virtually with increased frequency to share

information and coordinate support to households struggling to pay energy bills. Public Health have ensured links between this group and the Welfare Support and Financial Assistance Group. The overarching aims of the Fuel Poverty & Affordable Warmth Steering Group are to:

- Reduce preventable excess winter death rates
- Improve health and wellbeing among vulnerable groups
- Reduce pressure on health and social care services
- Reduce fuel poverty and the risk of fuel debt or being disconnected from gas and electricity supplies
- Improve the energy efficiency of homes.

The steering group will also consider additional issues for those who are self-isolating due to COVID-19 and ensure relevant connections with the Community Hub and other local initiatives as appropriate.

Building on previous successful partnership work and in collaboration with the steering group, initiatives to support at-risk groups during the winter months and beyond will be commissioned by Public Health. The Warmth For Wellbeing programme focusses on reaching marginalised and isolated communities, to identify and engage with those who are at elevated health risk due to living in fuel poverty and/or a cold home and reduce the health impacts through;

- Information and advice
- Home visits and assessments in line with COVID-19 guidance
- Provision of small measures
- Debt & benefits casework
- Small hardship grants

Citizen's Advice Bureaux across Sussex has partnered with Your Energy Sussex, the local energy supplier backed by councils from across Sussex, to offer fuel vouchers to vulnerable households struggling to pay their fuel bills. Eligible householders can apply to their local Citizen's Advice for multiples (up to 3) of a £49 voucher for a family and £28 voucher for a single occupier. Funding is limited and additional sources of funding are being explored to widen and extend this support.

**Adult Social Care** - Both Domiciliary and bed-based services are delivered by the Directorate, which has well-rehearsed Business Continuity Plans and heightened infection prevention and control measures in response to the COVID-19 pandemic. Independence at Home have service level agreements with both the Seafrost Team and City Parks at BHCC, who will assist where possible with 4x4 vehicles and drivers in bad weather i.e. snow. Services and organisations across health and social care work closely together. Each service has a process in place which identifies level of need, the number of visits required and in what time scales. This assists in identifying and prioritising community visits at times of high demand / limited resources / extreme weather conditions. All services delivered are considered in light of the COVID-19 guidance.

Flu vaccination is actively encouraged in all provider and commissioned services as staff are eligible under the National Flu Programme. All HASC front line social care

delivery staff are actively encouraged to visit their general practice or local pharmacies for flu vaccinations.

The ASC team also maintains links with independent Care Homes (including Nursing Homes), and Home Care providers in the City.

A range of resources are distributed through ASC networks for example Helping to prevent winter deaths and illnesses associated with cold homes; A quick guide for home care managers <sup>14</sup> [Advice to Care Homes Guidance on Outbreaks of Influenza in Care Homes](#), promotion of the pneumococcal vaccination and norovirus prevention.

Cold weather information is routinely be shared widely across the city through these general contacts.

[Access.Point@brighton-hove.gov.uk](mailto:Access.Point@brighton-hove.gov.uk) and / or Contracts Unit Admin Team  
[ContractsUnit.AdminTeam@brighton-hove.gov.uk](mailto:ContractsUnit.AdminTeam@brighton-hove.gov.uk)  
[Control.Carelink@brighton-hove.gov.uk](mailto:Control.Carelink@brighton-hove.gov.uk) [carelinkplus@brighton-hove.gov.uk](mailto:carelinkplus@brighton-hove.gov.uk)

The [Adult social care: our COVID-19 winter plan 2020 to 2021](#) sets out national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers, including in the voluntary and community sector. Examples include arrangements for safely reopening day services or respite services; support the wider PPE needs of the sector, rolling out further testing, visiting guidance and additional funding for infection prevention and control.

BHCC Health and Adult Social Care commission the 'Severe Weather Emergency Protocol' (SWEP). This activates when the temperature feels like 0 degrees for 1 night, (SWEP will also open where possible on an Amber weather warning). The [SWEP service](#) offers overnight shelter to rough sleepers. Community and third sector organisations working with rough sleepers within the city are involved in ensuring that rough sleepers are informed when the service is open and how to access. The service is open to all rough sleepers regardless of local connection.

This service is normally offered in shared sleep environments and we are in planning stages to look at how we deliver the service this winter to ensure the safety and wellbeing of rough sleepers whilst COVID-19 remains a real risk. We will be sharing plans as they are developed.

## **12.4 BHCC Families, Children and Learning Directorate**

It is important to involve services for children and families in winter preparations and health protection, particularly in order to [reach the city's schools](#). Schools closures have a clear impact on the city, and support to business continuity planning in educational settings is available. Key city gritting routes do not always cover all individual routes to schools. Following the mandatory school closures earlier in 2020 as part of the Covid pandemic response, schools, their pupils and their families are more set up for and experienced in home and remote learning techniques. This could help with school's badly affected by poor weather.

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<sup>14</sup> <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-winter-deaths-and-illnesses-associated-with-cold-homes>

An FCL departmental representative attends the Health Protection & Screening Forum and it is hoped this will result in further opportunities to coordinate city winter planning. Services and information to support families in fuel poverty will be widely shared through FCL networks. [Children's centres](#) and [Council nurseries](#) distribute weather related posters and leaflets, promote the flu vaccine and can sign-post families for advice on fuel poverty. Private, voluntary and private early years childcare settings can be sent information to pass on advice to families. The Family Information Service can also pass on information using their Twitter account and Facebook page. The [Family Information Service](#) and the [Integrated Team for Families](#) can provide advice for families to reduce fuel poverty. Information about the seasonal flu vaccinations generally and the schools based vaccination programme will be shared through wider FCL networks. Children under 5, pregnant women are recognised at risk groups.

All schools, early years and children's services will be operating under strict COVID-19 guidelines over Winter 2020/2021. The NHS Flu Vaccination programme has been extended to cover all school years from Reception to year 7. There is a commitment to continue with the successful levels of vaccination uptake as seen in previous years.

## **12.5 BHCC Seafront Team**

The City recognises that numbers of rough-sleepers across the city have risen, and this is a particular problem for the seafront area.

It has been acknowledged that advice to traders re flood defences etc can be obtained from the YouGov website at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/451622/LIT\\_4284.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/451622/LIT_4284.pdf)

The [Seafront Office](#) will issue a warning email to seafront businesses if the Met Office weather warnings identify a specific risk of overtopping or coastal flooding in Brighton & Hove.

A number of products such as flood sacks etc can be locally obtained from B&Q and Travis Perkins etc.

Events such as the B&H 'Christmas Day Swim' are kept under review. The team put out public safety signage and press releases about the dangers of swimming in the sea at this time of year in the lead up to Christmas., The swim is not an 'event' which is recognised by the council as it has no formal organiser and has no safety cover (Brighton Swimming Club do not wish to be responsible). The Seafront Office are on duty on Christmas Day and will advise the public not to enter the water if they are considering it. However, the Seafront Officers are not there to provide lifeguard cover as this is not their role.

## **12.6 IC24 (NHS Out of Hours Provider).**

IC24 provides out of hours and roving GP services to B&H and to E Sussex, as well as a GP in A&E at Royal Sussex County Hospital, a walk-in service and other

facilities. The organisation may have challenges in providing some services during periods of adverse weather but may access 4x4 support via links with Adult Social Care and the CCG.

## **12.7 Cityclean**

Cityclean (01273 294706/01273 292229) staff working for BHCC and trained as gritter drivers are on a rota for the winter season and operate under the direction of the BHCC 'Winter Duty Officer' who will advise on weather and road conditions, and on action required by the team. Road gritting routes cover main roads, all bus routes and access roads to emergency services such as ambulance stations. In severe snowfall, additional Cityclean staff working for BHCC may work on pavement clearance for identified priority areas such as city centre and hospital entrances. There are 7 gritters (including a pavement gritter) and they will all be serviced before the start of the Winter Gritting period.

## **12.8 The BHCC Highways Winter Service Plan 2020-21**

This plan states the Council's gritting and monitoring arrangements specifically relating to public roads and pavements. It is available on the council's public website (see below).

The Local Authority maintains an information page on the council's public website, which provides advice on winter weather (see <http://www.brighton-hove.gov.uk/content/parking-and-travel/roads-and-highways/winter-weather>) and driving and 'what you can do' as well as on 'what the Council does'. The link to this page is: <https://www.brighton-hove.gov.uk/content/parking-and-travel/roads-and-highways/winter-road-maintenance>

The highways plan ensures that roads to NHS hospitals are gritted, as well as ambulance stations. Clearance of pavements which lead to those hospitals are also on the Priority list.

B&H Bus Company's routes are on the City's gritting routes. Salt is good at combating ice but the addition of the buses and other heavy transport is needed to make it as effective as possible, Salt will only melt a very thin layer of snow or ice so anything more than snow flurries will settle on gritted roads. Under such circumstances, the aim is to reclaim the network as soon as possible using a grit/salt mixture and snow ploughing. It is important to keep the buses running where possible to help break up snow but that is an operational decision for the bus company. Issues for Brexit; reduction in vehicle part access, fuels, etc will be covered by Business Continuity Plans

Pavement clearance will also be carried out during snow events. Grit bins are provided across the coldest, steepest areas of the city for the public to use.

The service operates from 1 November until the end of March, 24 hours a day, 7 days a week. The period may be extended on a day-to-day basis in cases of severe cold weather continuing into April or starting earlier in October.

## **12.9 BHCC Flood Management**



The City's focus is on groundwater and surface water (as the Environment Agency retains responsibility for other areas). The approach is to reduce (not eliminate) risk. Groundwater levels are currently higher than in recent years, but the situation is being closely monitored. Patcham residents are in contact with BHCC staff, and developments are being monitored.

### **12.10 BHCC Housing.**

The team has responsibility for the Council's stock of social and seniors housing. The Housing Sustainability & Affordable Warmth Manager works closely with the Public Health lead for fuel poverty & EWDs to plan annual winter warmth initiatives.

Up to 2020 the EU funded SHINE project provides energy efficiency and fuel poverty advice to council tenants, including home energy advice visits. Due to the COVID19 pandemic the SHINE project has been extended until the end 2020. The service is committed to stopping non-urgent work and to re-deploy housing staff to other services who need extra support. The Estates Services provide salt and equipment to residents to help clear communal pathways to blocks. The Council's Housing Repairs and Maintenance service and heating contractor run out of hours services. They maintain winter contingency stock including heaters etc. Out of hours the duty housing officer is contactable via the Emergencies and Resilience Team or via [Carelink](#).

### **12.11 BHCC Emergency Planning and Resilience team (EP&R)**

Transport hub arrangements and lists of community volunteers are annually reviewed. The B&H Transport Hub results from an agreed arrangement between partners to support BHCC in running a hub facility during periods of severe weather. The Transport Hub is managed and staffed via the agreement, and by an operational document. The Hub (once setup) will:

- Ensure an overview is maintained on weather conditions.
- Liaise with the BHCC Highways department and media sources to understand the impacts of the severe weather on the cities road's.
- Understand the implications of the weather falling on roads on transport providers including buses and taxis.
- Coordinate available 4 x 4 resources (including via the NHS MOU with Sussex 4x4 Response), from partner organisations and local community volunteers Match local prioritised requests for 4x4's against availability.
- Work with community and voluntary sector groups who may be able to assist with the community response to severe weather events.

The [BHCC 'EP&R Team'](#) and the Public Health lead for Health Protection and resilience both engage with external partners including the Sussex Resilience Forum (SRF), and the Sussex Local Health Resilience Partnership (LHRP), and responding agencies to ensure that B&H is fully engaged in planning for a number of areas which may involve severe weather and winter-related events at the Sussex level. This has included City participation in a Sussex Pandemic Flu exercise and in a review of the SRF 'Adverse Weather framework' in 2017.

### **12.12 British Red Cross**

BRC has agreed to link with BHCC and other local services and is available to support them during periods of severe winter weather. BRC have other winter provision available in B&H:

- A 24 Emergency Response Messaging service which will mobilise staff and volunteers as required, 24/7/365 to support people in crisis and depending on what the situation is, if BRC can help, they will respond.
- The basic “offer” to B&H is to provide practical and emotional support, work in Rest Centres, providing transportation during bad weather and home welfare checks on vulnerable individuals.
- BRC can also provide blankets, hot drinks etc and staff.
- If made aware of a longer term failure of infrastructure or facilities, then BRC may be able to call in our dedicated communications or catering units to provide operational support to large groups of people.

### 12.13 Seasonal Influenza (Flu) Programme

Flu is a respiratory illness and COVID-19 is primarily a respiratory illness. There are strong similarities between the two - those at higher risk of acquiring it, side effects and subsequent complications, and mortality. This year the national Flu programme has extended uptake targets, expanded groups eligible for the vaccination and widened delivery routes in response to the additional infection prevention measures needed for COVID-19.<sup>15</sup>

Established for winter 2020/21 the NHS Sussex Flu Planning Board is co-ordinating the Sussex Influenza Prevention Plan with Task and Finish groups for: Health & Social care staff, primary care, testing, outbreak arrangements, vaccine supply, data, communications, health promotion and prevention. Locally, the city’s multi-sector Flu Planning meeting co-ordinates implementation across organisations in support of the Flu prevention plan.

Traditionally uptake of the flu vaccine has been consistently lower than the SE and England average for all eligible groups with the exception of the schools programme which achieves 67% uptake.<sup>16</sup>

This is supported by a major new public facing marketing campaign to encourage take up amongst eligible groups for the free flu vaccine, and a targeted campaign for front-line health and social care workers. Resources will be available to from the PHE Campaign Resource Centre at:

<https://campaignresources.phe.gov.uk/resources/>

Vaccinations are available to those not in the target groups through pharmacies at a low cost (£8-£15)

Free flu vaccinations are available for:

- everyone aged 65 and over

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<sup>15</sup> <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

<sup>16</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000043/pat/6/par/E12000008/ati/302/are/E06000043/cid/4/page-options/ovw-do-0>

- everyone under 65 years of age who is in a clinical risk group e.g. respiratory conditions, BMI 40+, CVD. This includes children and babies over six months of age
- children 2 and 3 years of age
- all children in reception class to school year 7 (4-11 years old)
- all pregnant women, at any stage of pregnancy
- everyone living in a residential or nursing home, or a long stay accommodation
- Carers - everyone who cares for an older or disabled person
- household contacts of anyone who is immunocompromised
- all frontline health care staff
- all frontline social care and hospice workers

Extended groups:

- household contacts of those on the NHS Shielded Patient List.
- children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants,
- 50-64 year old age group subject to vaccine supply from Nov/Dec.
- Those attending hospital in- and out-patient appointments in a clinical risk group.
- At the Sussex level the Alcohol and Substance misuse services (with onsite clinical staff) are being commissioned to vaccinate services users and staff .

**Uptake ambitions** - at least 75% for all group this year with 100% for all groups of health and social care workers.

The vaccinations need to be delivered in line with infection prevention COVID-19 guidance.

#### **12.14 Immunisation of frontline health and social care staff**

As set out above, the main care providers are expected to deliver a significant improvement in staff vaccination rates this year moving towards a compliance rate of 100%. Last year's rates were not at these levels, and every provider is aware of the need to do more. Having staff vaccinated reduces their own vulnerability, increases the resilience of the provider, and reduces the threat of transmission to patients. Staff vaccination programmes are in place across local provider organisations. Although uptake will be monitored by NHS England and NIHP, local providers' coverage will be monitored via the Flu Planning Group, Sussex Flu Programme Board, A&E Delivery Board, at Quality Review Group meetings with providers and by the CCG's Executive Management Team.

BHCC and the CCG are actively encouraging all front line health, social care,<sup>17</sup> residential and Care Homes to vaccinate their residents and these are free of charge

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<sup>17</sup> health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

Community pharmacies will be able to vaccinate all resident and staff in care settings as part of the NHS programme.

### **12.15 Clinical Commissioning Group**

Local plans are in place to respond to escalations in pressure in the local health system. The level of pressure is gauged using the Operational Pressures Escalation Level Framework (OPEL) and the local response to the escalation levels identifies a set of actions to be taken by all partners within the BUSH health system to manage the increased levels of pressure. This now includes COVID-19 assessments, impacts and mitigations as C-OPEL. As the CCGs in Sussex are working in close alignment, the plans for the BSUH System are now closely aligned with the plans of support neighbouring trusts.

The aim of using the C-OPEL Framework is to ensure planned or elective as well as urgent care services operate as effectively as possibly in delivering year round services for patients.

The key objectives are to ensure sustainable delivery of the two national NHS service standards i.e. the 4 hour A&E standard and 18 weeks for referral to treatment for planned care. These are achieved by a system-led process known as 'SHREWD' which provides real-time monitoring of hospital flow and capacity and is able to report information nationally. Locally the system is overseen by senior management at BSUH and the CCG.

### **12.16 Community and Voluntary sector**

The CVS is increasingly involved in supporting the planning for winter resilience. This is both through their networks across the city into neighbourhoods and groups working with those more vulnerable to cold.

There are services provided by a wide variety of organisations to help those in fuel and food poverty. These include Age UK, NEA, Brighton & Hove Citizens Advice Bureau, Brighton and Hove Energy Services Co-operative (BHESCO), the British Red Cross, The Fed Lions, Club and others.

The strength of the partnership approach taken during the COVID-19 response has established a shared approach to supporting those most vulnerable in the city and this will be especially important in addressing the demand of the cold weather, Flu, self-isolation for COVID-19, its socio-economic impacts and those potentially arising from the EU exit.

The CVS are represented at the BHCC Flu Planning meetings and the Sussex Flu Programme board

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- health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.
  - health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

Groups are becoming increasingly involved in various parts of the City prone to weather and cold-related risks. Examples include 'Time To talk befriending', 'One Church Brighton', Neighbourhood Watch and the Woodingdean Residents Association.

### **12.17 Brighton & Hove Energy Services Co-operative**

[BHESCo](#) aims to improve resident's thermal comfort targeting vulnerable people in hard to heat homes, thereby reducing EWD's, and provide advice to consumers including action on tariffs, switching energy supplier and take up of energy efficiency offers. They have some funding to pay for simple measures like weather stripping, secondary glazing film, energy meters and radiator reflectors. Other areas of housing-related concern include the elderly, vulnerable and socially isolated. There are good links to other BHCC housing teams and other stakeholders.

## **13 Communication**

13.1 There are three areas of communication: Awareness, Warning & informing and Advising the public.

**13.2 Awareness** – pre 1st November each year. This will be done through the national and local campaigns , by informing and educating the public about the risks of cold weather, and how people in the identified vulnerable groups can prepare themselves.

### **'Help Us, Help You' Stay Well This Winter**

The Public Health England and NHS England marketing campaign, 'Help Us, Help You - Stay Well this Winter', will run starting in September. This phased campaign aims to help those with long-term health conditions (particularly respiratory conditions), older people, school children, pregnant women and parents of under-5s stay well and keep their loved ones well this winter. This includes messages about flu vaccination, contacting NHS 111, seeking advice at the first signs of a winter illness, accessing evening and weekend GP appointments and the advantages of consulting with community pharmacists. It will include COVID-19 messages also.

Further information is available from:

<https://campaignresources.phe.gov.uk/resources/campaigns/34-stay-well-this-winter/overview> which also provides a link to sign up for email updates.

'Top Tips for Keeping Warm and Well', in collaboration with Age UK. The leaflet is targeted at pensioners in receipt of pension credit in England, Scotland and Wales. It will sit alongside an updated 'Keep Warm Keep Well' booklet, found at:

<https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>

The CCG runs a winter communications campaign titled '#HelpMyNHS'. This is run across Sussex . The campaign encourages people to use A&E and GP services appropriately and highlight the other services available. There is a strong focus on self-care and prevention, which links into the NHS England campaign as described

above. The local campaign will start during November and includes communications materials, marketing and a media campaign.

**13.3 Warning** – at each change of cold weather level. The Met Office will communicate to the public any change in levels and what the changes means, taking into specific account the local weather warnings.

**13.4 Local Warning and Informing** – Immediately when Level 2 and above is reached. Public health staff and the LA Emergency Planning & Resilience Team will liaise with CCG and BHCC Communications staff to agree a local interpretation of public messages, based on then Public Health messages as taken from the national plan.

### Key public health messages

Contact your GP or pharmacist if you think you, or someone you care for, might qualify for a free flu jab.

**Free flu vaccinations** are available for those who are at risk. For a full list see the annual flu plan, available at: [www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme).

Keep your home warm, efficiently and safely:

- heating your home to at least 18°C in winter poses minimal risk to your health when you are wearing suitable clothing (see page 40 for full advice).
- get your heating system and cooking appliances checked and keep your home well ventilated
- use your electric blanket as instructed and get it tested every 3 years
- never use a hot water bottle with an electric blanket
- do not use a gas cooker or oven to heat your home; it is inefficient and there is a risk of carbon monoxide poisoning and this can kill
- make sure you have a supply of heating oil or LPG or solid fuel if you are not on mains gas or electricity – to make sure you do not run out in winter

Keep in the warmth by:

- fitting draught proofing to seal any gaps around windows and doors
- making sure you have loft insulation. And if you have cavity walls, make sure they are insulated too
- insulate your hot water cylinder and pipes
- draw your curtains at dusk to help keep heat generated inside your rooms
- make sure your radiators are not obstructed by furniture or curtains

Look after yourself:

- food is a vital source of energy and helps to keep your body warm so have plenty of hot food and drinks
- aim to include 5 daily portions of fruit and vegetables. Tinned and frozen vegetables count toward your 5 a day
- stock up on tinned and frozen foods so you don't have to go out too much when it's cold or icy
- exercise is good for you all year round and it can keep you warm in winter
- if possible, try to move around at least once an hour. But remember to speak to your GP before starting any exercise plans

- wear lots of thin layers – clothes made from cotton, wool or fleecy fibres are particularly good and maintain body heat
- wear good-fitting slippers with a good grip indoors and shoes with a good grip outside to prevent trips, slips and falls
- make sure you have spare medication in case you are unable to go out
- check if you are eligible for inclusion on the priority services register operated by your water and power supplier

Look after others:

- check on older neighbours or relatives, especially those living alone or who have serious illnesses to make sure they are safe, warm and well

Get financial support:

there are grants, benefits and sources of advice to make your home more energy efficient, improve your heating or help with bills. It's worthwhile claiming all the benefits you are entitled to before winter sets in.

### **13.5 Staff information.**

All partner agencies will ensure that suitable messages are also passed to staff, detailing warnings where appropriate, actions to be taken, and measures in line with their Business Continuity Plans, which must be kept up to date. This may include the need to re-deploy staff during severe weather, and arrangements for home-working where appropriate.

### **13.6 De-Briefing & Support.**

Post incident, a de-briefing should be held to ensure lessons are identified and learnt, and also partners should ensure that support is offered to staff in appropriate cases.

## **14. Key public health messages**

14.1 These are the core messages to be broadcast as official weather warnings alongside national and regional weather forecasts. They may be expanded or otherwise refined in discussion with broadcasters and weather presenters.

### **14.2 Level 1: Winter preparedness and action**

This is in force from 1 November to 31 March and indicates that actions should be taking place to protect health from cold weather, and that preparations should be in place to ensure service continuity in the event of severe winter weather. No warning is required, unless the situation worsens to warrant a level 2 alert. A spell of chilly weather might warrant a message along the lines of:

*“If this does turn out to be a spell of severe cold weather, we’ll try to give you as much warning as possible. But in the meantime, if you want advice about protecting your health from the cold go to the winter health pages at [www.nhs.uk](http://www.nhs.uk). If you are worried about your health or that of somebody you know, ring NHS 111.”*

### **14.3 Level 2: Alert and readiness**

The Met Office, in conjunction with PHE, is issuing the following cold weather warning for [regions identified]:

*“Severe cold weather can be dangerous, especially for the very young or very old or those with chronic disease. Advice on how to reduce the risk either for yourself or somebody you know can be obtained from the winter health pages at [www.nhs.uk](http://www.nhs.uk) or*

*from your local chemist. If you are worried about your health or that of somebody you know, ring NHS 111.”*

#### **14.4 Level 3 and 4: Severe cold weather action/emergency**

The Met Office, in conjunction with PHE, is issuing the following severe cold weather advice for [regions identified]:

*“Make sure that you stay warm. If going outside make sure you dress appropriately. If indoors, make sure that you keep your heating to the right temperature; heating your home to at least 18°C in winter poses minimal risk to your health when you are wearing suitable clothing. If there is anyone you know who might be at special risk, for example, an older person living on their own, make sure they know what to do to stay warm and are well stocked with food and medications. If you are worried about your health or that of somebody you know, ring NHS 111”*

### **15. Awareness, Training and Exercising**

15.1 Staff that has an active part to play in the cold weather response will require awareness training in this plan, its requirements and implementation. All partners will ensure that this is made available.

15.2 Opportunities for testing and exercising this plan and associated arrangements will be considered by executives from partners as listed to validate the plan and any subsequent major alterations required.

### **Appendix 1 – Cold Weather Plan Action Cards**

Action Cards for the implementation of the Cold Weather Plan for England are available for the following:

- Commissioners (Health & Social Care) & other Local Authority directorates ’
- GP’s & Practice Staff,
- Frontline Health & Social Care Staff in Community and Care facilities,
- Individuals
- Community and Voluntary sector

The Cold Weather Plan for England ‘landing page’ is located at:

<https://www.gov.uk/government/collections/cold-weather-plan-for-england>

Further details as to the roles each sector should plan are outlined at:

<https://www.gov.uk/government/publications/cold-weather-plan-action-cards-for-cold-weather-alert-service>





*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.*

Title: Sussex Health and Care Partnership Winter Plan 2020-21 Update

Date of Meeting: 10 November 2020

Report of: Isabella Davis-Fernandez, Head of Resilience, Sussex CCGs

Contact: Suzanne Bryant

Email: [suzanne.bryant1@nhs.net](mailto:suzanne.bryant1@nhs.net)

Wards Affected: All

**FOR GENERAL RELEASE**

### **Executive Summary**

A high level summary paper on the winter plan 2020-21 was presented to the Brighton and Hove Health and Wellbeing Board on 08 September 2020. The purpose of this paper is to provide an update on progress and reference further detail relating to the specific elements of the winter plan submitted to NHS England on 01 October 2020. This report is set out to include a summary of the plan covering the following key elements:

- The approach taken to develop the Brighton and Hove Local A&E Delivery Board (LAEDB) system winter plan
- Key risks and mitigating actions for the winter period
- An overview of winter system capacity and demand planning which has been developed using a standardised approach and taking into account potential Covid-19 surge
- Plans in relation to Integrated Urgent Care, Primary Care, Mental Health, Adult Social Care and Care Homes
- The influenza plan, which has been developed to ensure that national vaccination rate targets for staff and vulnerable patient cohorts are achieved for extended cohorts of patients in 20-21, that there is an effective plan to avoid and respond to infection outbreaks and initial preparedness for any

- potential mass Covid-19 vaccination
- The winter communications strategy and tactical plan, which is being developed in line with the national campaign and with input from provider and commissioner communication leads
- The winter operating model for 2020-21, which has been developed to align with the national and NHSE SE regional winter operating model
- Identification of the high-level winter plan risks and the mitigating actions that have been identified
- Confirmation of the governance and assurance processes that have been followed to assure our plans for winter
- Confirmation of the next steps, actions and timelines for further developing our plans ahead of winter

## 1. Decisions, recommendations and any options

- 1.1 The Brighton and Hove Health and Wellbeing Board are asked to **note** the Sussex Health and Care Partnership winter plan 2020-21 update.

## 2. Relevant information

### 2.1 Winter Planning Approach

The winter plan has been developed by the Brighton and Hove Local A&E Delivery Board (LAEDB) which includes representation from all local system health and social care providers and commissioners. This group has been instrumental in developing key elements of the winter plan which has included:

- Setting out key risks and mitigations for winter in each system
- Capacity and demand modelling
- Mitigations to address identified gaps
- Learning from winter 2019-20
- Escalation triggers, Covid-19 early warning triggers, local outbreak plans, and use of the Single Health Resilience Early Warning Database (SHREWD)
- The winter operating model for the winter period

The plan has been developed in line with the national Key Lines of Enquiry (KLOEs) and regional guidance which note consideration of EU exit in addition to development of plans covering all parts of the system including primary care, acute, community and mental health plans. The winter plan includes plans on Communications, Flu, NHS 111 and NHS 999.

The winter plan is linked to the work underway in relation to the system financial plans required in October.

A robust governance and assurance process has included review and feedback of the plan at the Brighton and Hove LADEB, Brighton and Hove Health and Wellbeing Board and Health Oversight and Scrutiny Committee

(HOSC), CCG committees including Quality and Safety, alongside a newly established Integrated Care System (ICS) Winter Oversight and Assurance Group.

The ICS Winter Oversight and Assurance Group undertook an initial RAG rated assessment of the winter plan on 03 September 2020 which subsequently informed further refinement. Final review of the plan by the Brighton and Hove LAEDB took place during week of 21 September 2020.

A final oversight and approval of the plan took place on 25 September 2020 by the ICS Oversight and Assurance Group and by CCG Executive Management Team on 28 September 2020, in advance of submission of the Brighton and Hove winter plan to NHS England & NHS Improvement on 01 October 2020.

## 2.2 Key Winter Risks

The key winter risks identified are set out below alongside mitigating actions:

- **Covid-19 related surge:** There is a risk that there will be a second wave surge resulting in system fragility and potentially impacting on patient safety and delivery of restoration and recovery trajectories.  
Mitigations: Demand and capacity planning has modelled reasonable scenarios and plans to close this gap identified. Covid-19 phase one schemes have been reviewed as part of the Covid-19 stocktake exercise and schemes recommended to continue to sustain community capacity. A Sussex Monitoring Group is established to develop early warning mechanism and local outbreak management plans.
- **Critical care capacity:** There is a risk that critical care capacity will be insufficient to manage normal winter demand and a second wave Covid-19 surge and that this will impact on restoration trajectories.  
Mitigations: A Critical Care system surge and capacity plan has been agreed. Monitoring and management of critical care capacity at system level to manage Covid-19 related surge. A Regional/Cross border Escalation Plan will be in place alongside access to SE Critical Care Surge hubs and commissioned critical care transfer resource. This includes work with Surrey and Frimley to agree how we will use critical care capacity to manage demand as it arises across the three ICS systems
- **Workforce:** There is a risk to the resilience of the health and care workforce during the winter months. Existing workforce pressures are likely to exacerbated by requirements for shielding and self-isolation, staff resilience and increase levels of sickness absence.  
Mitigations: Risks assessments for at risk staff completed across the system and workplace environments adapted to be Covid-secure where possible. The delivery of staff flu vaccination programme. Redeployment and PPE protocols established and in place to deal with surge periods. Sussex ICS mutual aid mechanisms in place.
- **Staff, key worker and Patient testing:** There is a risk that NHS and non-NHS key workers will not be able to access testing, which will

extend periods of staff absence related to Covid-19 or that patients will not be able to access timely testing.

Mitigations: A Sussex ICS Testing Prioritisation Framework has been developed. Pillar 1 capacity and demand modelling developed to inform the above. Re-establishment of provider in house staff testing capacity. Sussex Central Booking Hub to facilitate and prioritise access for key workers. Targeted deployment of mobile testing units

- **Public Behaviour:** There is a risk that patients may be reluctant to access face to face services during a Covid-19 surge and local lock down scenario potentially impacting on health outcomes and delivery of restoration trajectories

Mitigations: Extensive system wide communications and engagement plan and a single system access policy in development.

- **Residential and Care Home fragility:** There is a risk of outbreaks and closures in residential and care home settings.

Mitigations: Care home enhanced support in place delivered by PCNs, medicines management team and community services. Care Home Support LCS in place for primary care support, prior to the introduction of the Enhanced Health in Care Homes DES scheme in October 2020. Care home fragility and issues are monitored managed and coordinated by a dedicated joint care home cell including provision of PPE. Stock take of care homes in progress to consider areas / homes where additional focus may be required.

- **Mental Health:** There is a risk of increased Mental Health demand as a result of Covid-19. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure on A&E impacting negatively on system flow

Mitigations: Detailed mental health demand and capacity planning has been completed. Increasing Mental Health workforce and reconfiguration of services to support the front door. Mental health escalation framework, triggers and actions to support resilience. A weekly Sussex ICS Mental Health Resilience group established.

- **Medically Ready for Discharge (MRD) delivery:** There is a risk that the system will not sustain the discharge trajectories assumed in the modelling to protect acute bed capacity.

Mitigations: A community-led Executive MRD Task and Finish Group has been established to oversee the development and delivery of MRD improvement plans. Modelling and work-up of proposals to secure additional community capacity to support discharge is underway, relating to “Home First” discharges and bedded community capacity.

- **NHS111 First:** There is a risk that the funds allocated to support rollout may be insufficient to enhance the NHS111-CAS to the degree required to deliver targeted benefits

Mitigations: Proceed with ESHT as fast follower at pace; share lessons learnt across other Trusts in parallel; confirm NHS111 capacity requirements following full service mobilisation; commissioning group established to manage pan-Sussex elements and contractual levers; collaboration across systems to provide a collective response

### 2.3 Demand and Capacity Modelling

System-wide demand and capacity modelling has been undertaken in conjunction with the Brighton and Hove LAEDB based upon the approach agreed with the Acute Care Collaborative and community provider. This modelling exercise reviewed both acute and community activity, while modelling assumptions were co-designed with providers

The winter plan has been developed aligned to the third phase planning submission and a key deliverable is to ensure the system can deliver its trajectories relating to elective care. This has been built into demand and capacity modelling for non-elective care in each system. Delivery of winter resilience and effective management of any further Covid-19 surges is critical to the ability of the system to deliver the restoration and recovery plan and related trajectories.

### 2.4 Integrated Urgent Care

In line with national guidance, the key areas of focus for the delivery of the Urgent and Emergency Care Programme and NHS111 is the implementation of 111 First. The Brighton and Hove system go-live is planned for 01 December in line with national requirements. In addition, the Clinical Assessment Service will be mobilised by October 2020 along with further increases in call handler capacity identified to support the Covid-19 response.

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) have released a winter plan for Kent, Surrey and Sussex covering the winter period from 01 November 2020 to 31 March 2021 with specific emphasis on the critical period, from early December to mid-January.

### 2.5 Flu Programme

A Sussex wide Influenza Programme Board has been established from June 2020 with task and finish groups focusing on prevention of viral illnesses, delivery of vaccination programmes, outbreak management plans across all providers and critically the expansion of the national vaccination programme. In addition, a 2020-21 Influenza Prevention Plan has been developed and identifies the following key priority areas:

- National Influenza Vaccination Programme for both patient and staff groups
- Vaccination supplies
- Personal Protective Equipment (PPE)
- Flu testing
- Outbreak Management
- Communications and engagement strategy
- Local and regional reporting
- Commissioning in and out of hours outbreak services
- Prevention of all Winter Viral Infections

## 2.6 Primary Care

A primary care resilience plan has been developed in order to support practices during the winter period, particularly in the event of a resurgence of Covid-19. This will ensure resilience within General Practice; recognising the additional challenges to delivery resulting from social distancing so that access to services is maintained and undue pressure on the rest of the system is avoided. This work has included making final arrangements for hot sites and zoning, alongside a review and harmonisation of all LCSs across Sussex to ensure prioritised services for high risk patients.

The medicines management team are supporting the primary care restoration and recovery programme, including an agreed clinical service model supporting Enhanced Health in Care Homes from 01 October 2020. Sussex has 99.4% pharmacy coverage for the Community Pharmacy Consultation Service providing both "speak to" and "face to face" access to community pharmacy via NHS 111 Clinical Assessment Service and NHS 111 online. NHS England & Improvement are making arrangements for a locally enhanced service which will cover pharmacies on Christmas Day for a three-hour session.

## 2.7 Mental Health

Sussex Partnership Foundation Trust (SPFT) has provided a winter plan which summarises the key schemes to address both current pressures, winter surge and further impact of Covid-19. In line with the NHSE Winter Operating Model for 2020-21, the plan outlines the response to the following areas:

- Increase mental health crises service provision to mitigate attendances at A&E:
  - e.g. building upon the development of the urgent care lounges and Havens capacity as a result of Covid-19, in addition to the Sussex Mental Healthline, Crisis Resolution Home Treatment Teams
- Access to 24/7 psychiatric liaison in A&E to enable rapid discharge from A&E and wards
  - Including Delivery of 24/7 mental health liaison teams in all A&Es through Core24, plus CAMHs liaison team at the Royal Alexandra Hospital
- Actions to support mental health system pressures, plus learning from Covid-19:
  - Including development of urgent care hubs, discharge to assess schemes, significant programme of work to support reduction in out of areas placements

There is a risk of increased Mental Health demand as a result of Covid-19. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure on A&E impacting negatively on system flow. The following mitigations have been identified:

- Detailed mental health demand and capacity planning has been completed.

- Increasing Mental Health workforce and reconfiguration of services to support the front door.
- Mental Health escalation framework, triggers and actions.
- Weekly Sussex ICS senior system oversight of mental health flow established.
- Block contract of 24 additional beds in independent sector in Sussex for six months
- Sustain reduce in length of stay and delayed transfers of care to maintain flow in acute psychiatric provision
- Effectively utilise system escalation and framework (Clinical Bed Management policy)

## 2.8 **Adult Social Care and Care Homes**

The Brighton and Hove Local Authority is an integral member of the Brighton and Hove LAEDB and has worked closely with partners in the development of the system plans, the integrated discharge arrangements and the mitigating actions for the additional Covid-19 pressures. The national Adult Social Care Winter Plan was released on 18 September 2020 and is being reviewed by local systems to inform additional actions as required. Local Authorities are required to finalise their plans and write to Department of Health & Social Care to confirm they have done this by 31 October 2020. Local authority draft plans are therefore incorporated in the place-based plans which will be updated to reflect any changes during October 2020.

Local Authorities as lead agency in respect of care homes, are key partners in the Sussex wide and place-based care home workstreams. A stocktake of care home support is in progress which includes:

- Review the currently commissioned support to care homes what needs to continue, and any gaps
- Working with local place-based Care Home Incident Management Teams to test how resilient homes are for winter, and if increased support is needed
- Review of existing communication channels to ensure that key messages about winter planning are delivered
- Review of escalation triggers, in order to build care home key metrics into the overall Sussex escalation framework
- Aligning existing data and intelligence with data from other sources, including Continuing Health Care, safeguarding and SECAMB

## 2.9 **Communications**

Public communications and messaging during winter forms a key part of planning. A communications and engagement strategy for winter has been developed at an ICS level and is currently being reviewed and agreed with partners. This year, the design and approach for the winter preparedness campaign takes into account Covid-19 and the requirement to ensure patients and the public know where to access care, what is available and how to safely access services. The strategy brings winter preparedness messages together

with public information about how the NHS is currently working to encourage confidence and manage expectations.

A system-wide approach to communications and engagement for the next six months is set out in the strategy which includes targeted communication for the clinical at-risk groups and other key audiences. Core to the strategy is delivery of local communications that are aligned to the national NHSE and Public Health messaging under the 'Help Us Help You' branding. This campaign focuses on the following key areas:

- Access – aiming to embed a culture of early presentation and diagnosis, particularly for cancer and maternity services, and accessing GP services from home
- Flu – maximising flu vaccination uptake across the core and expanded cohort of eligible groups
- Pressures – managing pressures and safety by enabling patients to access NHS services differently, with a core focus on 111 First implementation

#### 2.10 **Winter Operating Model and Escalation**

A scaleable integrated operating model has been developed for the system covering Winter, Covid-19 and EU exit. This model is underpinned by a Sussex ICS Escalation Framework that incorporates additional triggers relating to critical care, MRD and Covid-19 early warning indicators. The escalation framework is built around four levels, aligned to the OPEL framework used for winter resilience purposes, and also aligned to the alert status positions that will be used by public health leads in each local authority to describe the local infection position.

An agreed process is in place to coordinate reporting and mitigating action plans in respect of the nationally agreed triggers for urgent and emergency care escalation to NHS England & Improvement.

#### 2.11 **Next Steps**

The Brighton and Hove Winter Plan has been through a detailed governance and assurance process. An ICS Winter Oversight and Assurance Group on 25 September 2020 undertook a final review of the detailed plan with a further CCG Executive Management Team review on 28 September 2020. Final changes from the Brighton and Hove LAEDB approval process, ICS Oversight and Assurance review, and from the CCGs Executive Management Team were made ahead of submission to NHSE/I on 01 October 2020.

NHSE/I feedback on the winter plan submission has been received. The feedback was overwhelmingly positive. The Resilience Team have developed an action plan to progress the areas for improvement ahead of response to NHSE/I on 02 November 2020. This action plan and the NHSE/I feedback will be taken to Brighton and Hove LAEDB and OPEX groups for review and comment by system partners. Feedback from NHS England and any revised plans will be reported to both the CCGs Quality and Finance and Performance Committees in November 2020.



### **3. Important considerations and implications**

#### **Legal:**

Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (October 2020 to 31 March 2021).

Lawyer consulted: Nicole Mouton

Date:21/10/2020

#### **Finance:**

A commissioning stock-take exercise looking at quality and value for money reviewed the additional capacity put in place during the Covid-19 response and has informed the winter plans in terms of actions recommended to continue as part of the arrangements to maintain delivery of the national Hospital Discharge requirements. The winter plans are linked to the work underway in relation to the system financial plans required in October.

Finance Officer consulted: Sophie Warburton

Date: 22/10/2020

#### **Equalities:**

The aims of effective collaborative winter plan arrangements are to ensure that local health and care systems are able to continue to deliver the totality of services that have been developed to meet the needs of the local population which would be in line with agreed local and national strategies and priorities. An Equality Impact Assessment is not appropriate for this paper. Where services are further developed to support delivery during the winter period EIAs will be undertaken.

### **Supporting documents and information**

**None**





*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Safeguarding Children Partnership, Safeguarding Adults Board and Healthwatch.*

Title:	Brighton & Hove Local Safeguarding Children Partnership (BHSCP), Progress Report October 2019 – March 2020
Date of Meeting:	10 <sup>th</sup> November 2020
Report of:	Statutory Safeguarding Partners: Brighton and Hove City Council, Sussex Police and Clinical Commissioning Group (on behalf of 'health' partners)
Contact:	Sally Kendal, BHSCP Business Manager Tel: 07717 303332
Email:	Sally.kendal@brighton-hove.gov.uk
Wards Affected:	All
<b>FOR GENERAL RELEASE</b>	
<b>Executive Summary</b>	
<p>There is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in each local area authority area. The Brighton &amp; Hove Local Safeguarding Children Partnership (BHSCP) is led by three Statutory lead Partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children. The lead safeguarding partners, Brighton and Hove City Council; Sussex Police; and the Clinical Commissioning Group are responsible for the join-up of local services to achieve the best possible outcomes for children and families across the City.</p> <p>The BHSCP is comprised of representatives from statutory and non-statutory agencies and organisations in Brighton &amp; Hove with a shared responsibility for keeping children safe. Under its recently published Partnership arrangements (June 2019) the BHSCP oversees the strategic direction and work of partners. Key activities also include:</p> <ul style="list-style-type: none"> <li>• undertaking child safeguarding practice reviews in order to improve safeguarding practice other multi-agency learning reviews,</li> <li>• audits and qualitative reviews and sharing learning opportunities,</li> <li>• developing and delivering multiagency learning and development opportunities</li> </ul>	

This short progress report describes key work undertaken by the partnership to safeguard and promote the welfare of children and young people. It covers a six-month period, following inception of the new partnership arrangements, from October 2019 to March 2020.

## 1. Decisions, recommendations and any options

This report is submitted to the Board for information. It is recommended that the Board:

- 1.1 Note the report and commend to partners the importance of promoting partnership working to safeguard children, young people and their families across the city.
- 1.2 Note the BHSCP's business plan priorities which run from April 2020 to March 2023 (page 7 of the report) and consider how this work aligns to work being undertaken as part of the city's joint strategic needs assessment relating to "Starting Well". Priority 4 (below) will focus on implementation recommendations from the Sussex wide review of emotional health and wellbeing support for children and young people, ensuring that gaps in provision are addressed.
  - Priority 1 - Partnership Engagement and Accountability: The new arrangements will provide strategic leadership to embed the principles of safeguarding citywide.
  - Priority 2 - Safeguarding children from violence and exploitation: There is a clear understanding of the scale of complex and contextual safeguarding within Brighton & Hove and that the needs of children and young people affected by violence are identified and assessed effectively.
  - Priority 3 - Neglect: The needs of children and young people affected by neglect are identified and assessed effectively resulting in timely and appropriate intervention.
  - Priority 4 - Mental Health and Emotional Health and Wellbeing: Service provision for children who need support for emotional and mental health issues is consistently good across Brighton & Hove.
- 1.3 Note that the BHSCP is in the early stages of understanding the long-term impact of Covid-19 on safeguarding and supporting our children, young people and their families as well as considering how best to promote their wellbeing and targeting our resources accordingly.

## 2. Relevant information

- 2.1 Working Together to Safeguard Children 2018 places a statutory requirement on the safeguarding partners to publish a report at least once in every 12-month period, setting out what they have done as a result of the arrangements, and how effective these arrangements have been in practice.
- 2.2 The BHSCP replaced the Local Safeguarding Children Board in September 2019. It commenced a journey to refine its arrangements: to work in partnership with agencies and organisations across the city to protect children from abuse and

neglect, and to support children and young people who have suffered harm or abuse. As part of its arrangements the partnership appointed two scrutineers whose role is to provide independent assurance regarding the effectiveness of the BHSCP's work and act as critical friend to support ongoing development of the partnership.

### 2.3 In summary during this 6-month period:

- The partnership continued to establish new ways of working flexibly: the key change is that the Local Safeguarding Children Board meeting has been replaced by a smaller strategic leadership body, the Steering Group, which is led by the three safeguarding partners. This approach is aligned to the reforms introduced by the Department for Education under Working Together 2018, to improve efficiency and focus on core child safeguarding responsibilities across local authority areas.
- Neglect of children and young people: the BHSCP co-hosted a Neglect Conference with the West Sussex Safeguarding Children Partnership, which focussed on early learning from learning reviews across both local authority areas; the impact of neglect on child development and case studies. Recognising and responding to neglect in families remains a BHSCP priority. The partnership plans to introduce the latest version of the Graded Care Profile (GCP2), a neglect assessment tool developed by the NSPCC to support practitioners working across the partnership to apply a consistent approach to identifying neglect at the earliest opportunity.
- Between April 2019 and March 2020 training was delivered to a total of 866 staff, including attendance 399 attendees at the BHSCP's core training days (p 14 of the report).
- Building on previous work to tackle criminal exploitation, the BHSCP's Exploitation Group is co-chaired by Sussex Police and the BHCC's Safer Communities lead. It includes Public Health and Safeguarding Adult Board (SAB) representatives, thus enabling a city-wide approach to address this priority work area.
- This short report prefaces the first annual report which will cover the period April 2020- March 2021 and will run in accordance with the business year cycle to enable the BHSCP to utilise comparative data.

## 3. Important considerations and implications

### Legal:

The information contained in this report remains crucial to the ability of the different agencies represented to be satisfied that they are meeting their statutory obligations to work together to prioritise safeguarding and wellbeing of children.

Legal Adviser consulted: Natasha Watson Date: 27/10/2020

**Finance:**

The report details a breakdown of budget contributions from partner agencies (page 24 of the report). The local authority contributed just over 50% of partner contributions to the budget during this period. In addition, the local authority hosts the BHSCP's business team on behalf of partner agencies.

There are no financial implications directly resulting from the recommendations of this report.

Finance Manager consulted: Paul Jeans      Date: 14/10/20

**Equalities:**

The BHSCP, led by the three lead safeguarding partners is committed to working with partner agencies organisations and the voluntary and community sector to work to ensure all children and families have timely and appropriately focussed access to safeguarding services which meet their specific needs.

Equalities Manager consulted: Anna Spragg Date: 13/10/20

**Sustainability:**

There is a statutory reequipment under Working Together to Safeguard children 2018 for local authority areas to form multiagency safeguarding arrangements led by the three joint and equal safeguarding lead partners – police, health (led by the Clinical Commissioning Groups) and the local authority. A continuing commitment to funding the partnership's work is required.

**Supporting documents and information**

Appendix 1: Progress Report: October 2019 – March 2020.

# Brighton & Hove Safeguarding Children Partnership Progress Report: October 2019 - March 2020

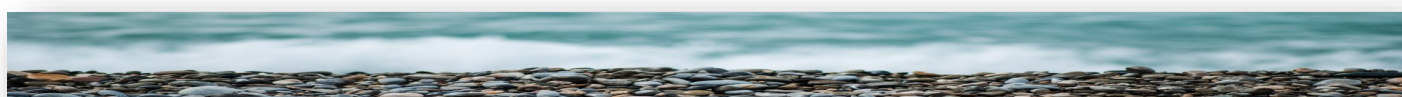


**Safeguarding is Everyone's Responsibility**



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# Foreword: Lead Safeguarding Partners

This is the Brighton & Hove Safeguarding Children Partnership's (BHSCP) first report. It charts the BHSCP's early progress as it establishes its identity as a newly formed Safeguarding Children Partnership.

When we developed and published our safeguarding arrangements our ambition lay in taking the opportunity to review and change some of our ways of working - building on strengths within the good partnership relationships that already exist, whilst also focusing on how we can make a real difference to multi-agency frontline practice. By developing and spreading good practice based on what we know works well and is evidence based we aim to improve outcomes for children, young people and their families.

One year on and six months into our new arrangements we are keen to move away from a safeguarding partnership style which relied on large board style meetings, and embrace a focussed strategic approach which is centred on understanding and building on our strengths whilst addressing challenges.

Our various strands of independent scrutiny will enable us to test over time how well we have moved the partnership forward and built upon existing foundations of good multi-agency working. Crucially, all work undertaken by agencies should evidence that professionals understand and reflect the voice of children, young people and their families in their decision making.

The advent of the Coronavirus pandemic is a critical time for safeguarding and it is vital that we have the flexibility to adapt; thereby delivering the most effective whilst efficient and innovative ways of providing services and support to children, young people and families who most need it. Utilising local and national research and feedback from the community will enable us to fully understand its impact on the city.



We are impressed by how well agencies have already worked together across the city in response to Covid-19 in terms of ensuring effective safeguarding arrangements were in place despite being in an emergency response mode. We should like to extend our thanks to all staff who stepped up and went above and beyond to ensure children were and continue to be safeguarded.

A culture of close multi-agency co-operation is key to leading us beyond this crisis. We need to develop sustainable service delivery methods and ways of working together. New ways of working must also support our front line professionals who are currently facing exceptional challenges in their day to day work. We believe that a resilient and collaborative multi-agency workforce deployed both locally and across Sussex will help to ensure that we keep our children, young people and their families safe and support their health and wellbeing.



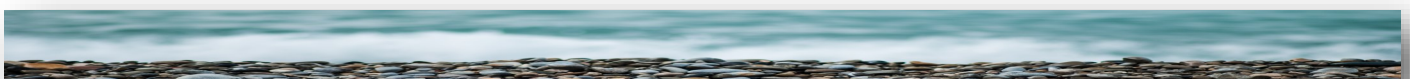
Deb Austin  
Interim Executive Director,  
Families, Children and Learning,  
Brighton & Hove City Council



Jonathan Hull  
Detective Superintendent,  
Public Protection  
Sussex Police



Naomi Ellis,  
Head of Safeguarding and  
Looked After Children,  
Sussex Clinical  
Commissioning Groups



# Introduction



## About this report

This is the first report published by the Brighton and Hove Safeguarding Children Partnership. It covers the 6 month period, October 2019 and March 2020<sup>1</sup> following implementation of our new partnership arrangements in late September 2019. It explores how the BHSCP started to deliver our vision for Brighton & Hove's children and families, looking at successes to date and key challenges for 2020-21.

The final week of this reporting period saw a national lockdown commence as a result of Covid-19; with an unprecedented global response to this pandemic. Safeguarding children was immediately identified as a key risk by the BHSCP. Whilst the focus of this report is on how the safeguarding arrangements are working including relationships with strategic partners across the city, when looking to the future the short and longer term impact of Covid-19 is one of the key challenges facing the partnership.

## About Brighton & Hove

The city of Brighton & Hove population is estimated<sup>1</sup> to be 290,900 in 2019, of which 21% are under 20 year of age; 19.5% are from a black or minority ethnic group; 18% of the city's residents were born outside of the UK; and between 11 and 15% of the population aged over 16 is estimated to be lesbian, gay or bisexual.

The most recent local authority Joint Strategic Needs Assessment (JSNA)<sup>2</sup> noted that the city is ranked as the 131<sup>st</sup> most deprived local authority in England (out of 317); however pockets of the city are amongst the 20% most deprived areas in England. 16% of Brighton & Hove children are estimated to be living in poverty; whilst this is below the national figure (17%) it is above the South East regional rate (13%).

According to Department for Education 2019 data, 67% of primary school pupils reached the expected standard of attainment, above the 65% average for England. 47% of secondary students achieved Grade 5 or above in English and maths GCSEs, compared to a 40% average for England.

<sup>1</sup>Data published within this report may span April 2019 to March 2020 for comparison purposes— further data is available via the JSNA report (see 2 below).

<sup>2</sup>Health and Wellbeing in Brighton and Hove: Joint Strategic Needs Assessment (JSNA), July 2019.

# Independent Scrutiny of the BHSCP

*“The role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases.”*



Working Together to Safeguard Children 2018.

I feel extremely privileged to have been entrusted with the role of Independent Scrutineer for the BHSCP. As you read this section, and other parts of this annual report, I would ask you to consider that BHSCP is emerging from a transition period, agencies continue to develop the new Partnership and work hard to get the best possible outcomes for children and their families. The Partnership will make mistakes, it will do things that it can be incredibly proud of and it is important continuous improvement comes from both. I remain completely confident that there is a very genuine commitment to providing the best possible safeguarding for the city's children across the statutory agencies and wider Partnership.

The role of Independent Scrutineer is set out in 'Working Together'. My role is to:

- ◆ Provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in Brighton & Hove.
- ◆ This includes scrutinising arrangements to identify and review serious child safeguarding cases.
- ◆ Be part of a wider scrutiny system which includes the independent inspectorates' single assessment of the individual safeguarding partners and the Joint Targeted Area Inspections.
- ◆ Implement a robust system of independent scrutiny
- ◆ Be objective, act as a constructive critical friend and promote reflection to drive continuous improvement.
- ◆ Consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership and agree with the safeguarding partners how this will be reported.



# Independent Scrutiny (continued)

In the first six months I've delivered a focussed piece of work on Domestic Abuse and its effect on children. This is discussed later in the report but it's an example of the more detailed and structured work that I believe will benefit the Partnership in developing multi-agency policy and practice. The excellent reaction of professionals when asked to join focus groups helped me understand the issue across a number of perspectives and is an example of why I can say that there is a real enthusiasm to learn and improve within the Partnership. Unfortunately, the current pandemic has resulted in a delay in considering many of the recommendations I made, whilst this is understandable to a degree, I will be seeking assurance that recommendations have been considered and appropriate improvement plans put in place.



I have been included in strategic meetings and provided feedback regarding aspects of the current C19 arrangements. I believe that the way in which strategic leaders from the three statutory agencies have conducted business and worked collaboratively has been outstanding. The will to support each other and the pride they have shown in their staff has been an example of what good leadership looks like at a time of crisis. They would be quick to point out the professionalism and resilience of practitioners across the Partnership as being key to success.

Post pandemic I intend to scrutinise the inclusion of the wider Partnership in safeguarding. Maintaining the positive impact of partners to our safeguarding efforts is of paramount importance. I will also seek to complete more focussed work in areas that impact the city's children, including the BHSCP priorities.

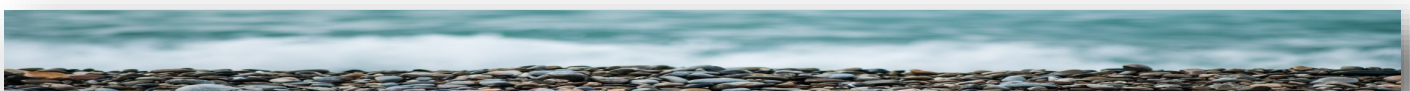
My overarching view is that the BHSCP have delivered a Partnership model that will develop into a strong basis on which to provide effective multi-agency safeguarding.

A handwritten signature in black ink, appearing to read 'Chris Robson', is positioned above the printed name.

Chris Robson

Independent Chair and Scrutineer

Brighton & Hove Safeguarding Children Partnership



# Our vision & values... which inform our business plan

## Our vision:

Children and young people in Brighton & Hove live a life free from fear, harm, abuse and exploitation, enabling every child in every part of the City to achieve their potential.

## Our values:

A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Safeguarding is everyone's responsibility: for services to be effective each citizen, practitioner and organisation should play their part.



### Priority 1 - Partnership Engagement and Accountability:

The new arrangements will provide strategic leadership to embed the principles of safeguarding citywide.

### Priority 2 - Safeguarding children from violence and exploitation:

There is a clear understanding of the scale of complex and contextual safeguarding within Brighton & Hove and that the needs of children and young people affected by violence are identified and assessed effectively.

### Priority 3 - Neglect:

The needs of children and young people affected by neglect are identified and assessed effectively resulting in timely and appropriate intervention.

### Priority 4 - Mental Health and Emotional Health and Wellbeing:

Service provision for children who need support for emotional and mental health issues is consistently good across Brighton & Hove.

*The 6 months covered by this report saw the partnership develop its new business plan priorities and associated activities to deliver its vision. During this period of transition the BHSCP looked at progress made nationally by Safeguarding Children Partnership 'Early Adopters'<sup>3</sup> and how this learning could be applied to further develop its partnership arrangements, learning from its own experiences and those of other local authority areas.*

<sup>3</sup> National Children's Bureau: Safeguarding Early Adopters report (published autumn 2019)

# Strategic Leadership and Delivery

## ‘Safeguarding is Everyone’s Responsibility’

### Pan Sussex Strategic Leaders

The Pan Sussex safeguarding lead partners met in October 2019 to consider how best to link up pan-Sussex partnership working in the future. For example, considerations around further developing consistency across training and quality assurance work, such as audit themes, will build upon existing Pan Sussex working in these areas. The leaders look forward to implementing recommendations arising from a Sussex-wide review of Children and Young Persons' Emotional Health and Wellbeing Services. The review is expected to be completed in the summer of 2020, paving the way for consistent and improved Pan-Sussex services to support some of our most vulnerable children and young people.

**The Steering Group, comprised of the three lead partners<sup>4</sup> and senior safeguarding leads, oversees the strategic direction and work of the Brighton & Hove Safeguarding Children Partnership. It links to the BHSCP subgroups, making sure that work plans are delivered and emerging issues are quickly identified and acted on.**

### Steering Group

The Steering Group meets quarterly; during this period it met on one occasion, where it focussed on development of the partnership’s business plan priorities and strengthening the partnership. Terms of Reference for sub-groups were developed to ensure that the right delivery mechanisms were put in place which underpin the partnership’s shared vision and enable partners to work collaboratively to develop the best possible services and support.



The business plan commenced in April 2020 and will run for three years. The 2020-21 BHSCP annual report will reflect on progress made in light of adjustments to safeguarding practice and in particular in light of the impact of the Covid-19 pandemic.

### Partnership Board

The Partnership Board (PB) supports delivery of the Steering Group’s strategic objectives.

The purpose of the PB is to:

- ◆ Ensure good representation from organisations on subgroups
- ◆ Operationalise the strategic aims of the steering group
- ◆ Raise issues put forward by Steering Group
- ◆ Engage the wider safeguarding community

In December 2019 the PB debated business plan priority work and made recommendations to the Steering Group about the focus and scope of the partnerships’ priority work. PB members advocated the need to improve engagement with both the community and children and young people. This approach will help the BHSCP to understand how to improve its services, for example identifying and addressing service gaps, thereby improving outcomes for children and their families.

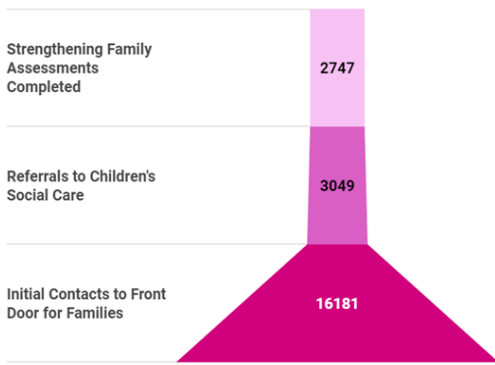


The BHSCP’s strapline message “Safeguarding is everyone’s responsibility” echoes a key message from statutory guidance (Working Together to Safeguard Children 2018): there is a collective ownership and responsibility taken for safeguarding in the city by all - statutory agencies, community organisations and the city’s residents. The Partnership Board must also ensure that it is able to understand the impact of the BHSCP’s work on outcomes for children and families and also highlight areas of concern to the Steering Group.

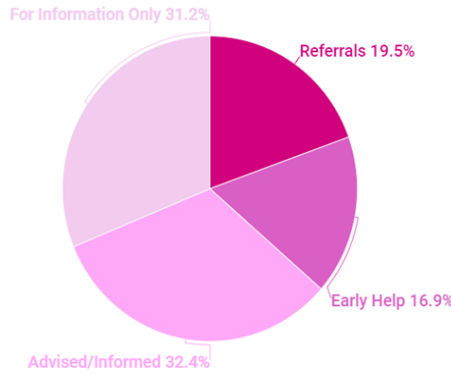
<sup>4</sup> The three lead partners are responsible for ensuring that partners work across the city to safeguard children and young people and promote their health and wellbeing. Further information can be found in [BHSCP’s partnership arrangements](#).

# About Brighton & Hove children and families

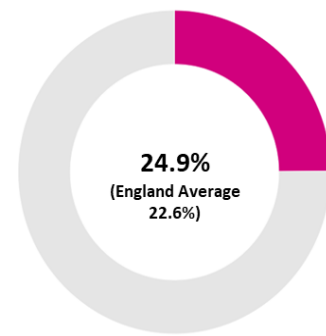
## Initial Contacts, Referrals and Assessments



## Initial Contacts by Outcome



## Re-Referrals to Children's Social Care

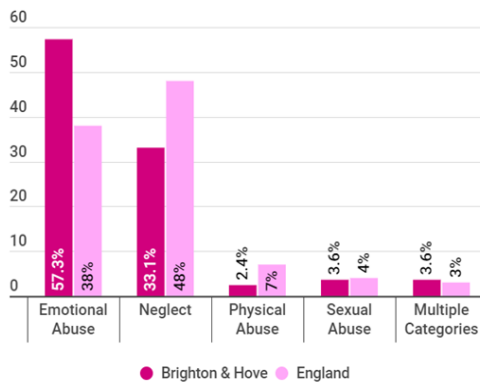


**510**  
Early Help Assessments completed year ending 31st March 2020

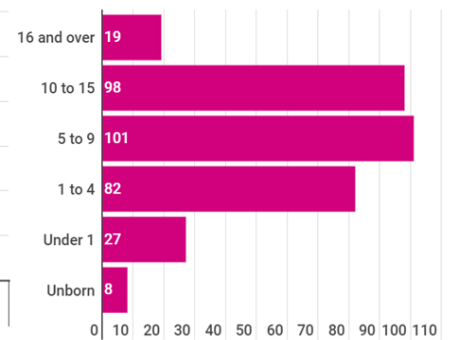
**1,431**  
Children and young people who were receiving support from any Early Help Service

**335**  
Children subject of a child protection plan at 31st March 2020, up from 315 at 31st March 2019

## Children Subject of a CP Plan by Category of Abuse



## Children Subject of a CP Plan by Age



## Children Missing from Education

**30**  
30 Children Missing from Education under Criteria 1 and 2

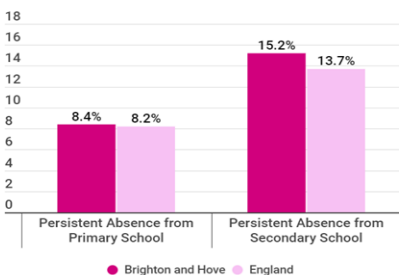
**Criteria 1:** 11 pupils known to be not on roll and missing

**Criteria 2:** 19 children who were reported to have come off roll from a school with an unconfirmed destination in another authority.

## Pupils Educated at Home

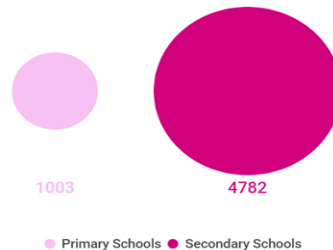
**294**  
Children educated at home at 31st March 2020, up from 223 at 31st March 2019

## Absence from School 2019/20



A pupil is classified as a persistent absentee if they miss 10 per cent or more of their possible sessions (i.e. 90% attendance).

## Sessions (half days) missed through fixed term exclusion 2018/19



5.5% of pupils received a fixed term exclusion in 2017/18 (latest published data), above the national average of 4.8%.

## CAMHS Caseload

**1,340**  
Cases open to CAMHS at 31st March 2020, up from 1,065 at 31st March 2019

**69**  
Young people in the transition process to Adults Services at 31st March 2020

## Referrals to CSARC

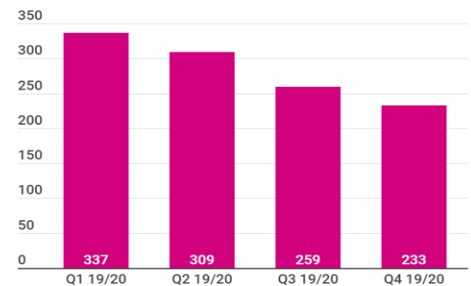
**69**  
Children Referred to CSARC during year ending 31st March 2020

**30**  
Children Seen

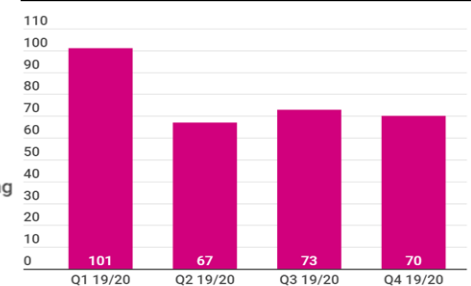
## MACSE / MACE / AVRMs nominals Q4 2019-20



## Under 18 Missing Reports 2019-20



## Single Combined Assessment of Risk Forms (SCARFs)



# Early Help

## Early Help

Early Help brings together professionals who will work with the whole family to help to bring improvements for everyone. Early Help could include support with parenting, employment, anti social behaviour and emotional well being. This approach enables early identification of need and assessment with shared decision making with families. A single assessment will offer families access to the support they need across multiple agencies if required.

An Ofsted focussed visit to Brighton & Hove children's services in March 2020 noted that "The implementation of a new children in need strategy in October 2019 is proving to be largely effective in ensuring that the same priority and attention is given to this work as is given to child protection work. This is seen in the increasingly frequent visits to children and the now consistently broad multi-agency attendance at child in need network meetings".

Action has been taken to improve multi-agency attendance at strategy discussions in response to child protection concerns where services are already working with children.

## Graded Care Profile 2 (GCP2)

The BHSCP Training Officer (TO) led a working group to plan implementation of GCP2. GCP2 is a new neglect assessment tool for use across partner agencies and organisations to support early identification of child neglect. 20 multi-agency staff are now trained to use the model under a train the trainer approach; next steps are for roll out to all staff.



A highlight for the BHSCP was the NSPCC's recognition of the TO's innovative creation of a pocket sized

GCP2 information card created specifically for Sussex Police officers use. The TO received an NSPCC award in January 2020.



## Operation Encompass

Operation Encompass operates to improve and speed up information sharing between Sussex Police and schools, enabling the latter to provide appropriate help and support.

Prior to each school day, a nominated Key Adult at participating schools will be informed when a child or young person has been involved in or exposed to a domestic incident. This allows the school to act immediately through 'silent' or 'overt' support, depending upon the needs and wishes of the child.

In Brighton & Hove 90 schools participate in the scheme. This includes Primary, Secondary and Sixth Form schools and colleges.

The scheme is now well established across the city. In 2019 there were 716 recorded notifications to schools. In 2020 to date (March 2020) there have been a further 167 notifications.

In summer 2019 a Sussex wide survey was sent to all participating schools seeking their views about the scheme. 39 schools in Brighton & Hove

responded. Sussex police have used the feedback to improve the service, including the timeliness of notifications and the range: young people under 18 years of age attending 6th form colleges are, as a result of feedback, within Op Encompass's scope.





# Domestic Abuse: How partners are working across the city to support children and families



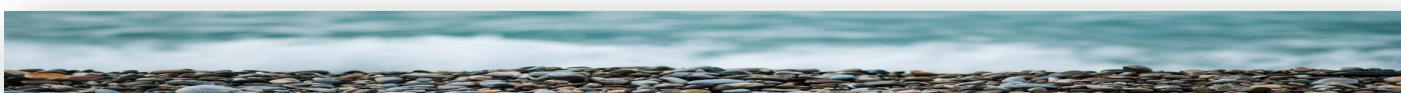
**In November 2019 the Independent Scrutineer hosted domestic abuse focus groups comprised of 26 managers and practitioners to discuss how children, young people and their families are supported.**

*Nationally 831,000<sup>5</sup> children under the age of 17 are estimated to be living in households that reported domestic abuse.*

*At the beginning of 2020 children who were subjects of a Child Protection Plan in Brighton & Hove 63.4% had domestic violence recorded as a risk factor.*

In the autumn of 2019 the Steering Group commissioned the Independent Scrutineer to look at progress made by partners working with children and families suffering domestic abuse. The Partnership Board (PB) met in early 2020 to discuss the report findings and consider how best partners can work together to safeguard children experiencing domestic abuse. The PB highlighted key considerations for the Partnership to address in 2020-21:

- ◆ Information sharing and assessment of risk: making sure the right professionals are involved as soon as possible.
- ◆ Assurance that effective assessment of risk and safety planning are in place, including early help.
- ◆ Waiting lists: therapeutic support is available to children and young people however currently demand exceeds resources available; and impact of support should be measured.
- ◆ Working with those who perpetrate domestic abuse to tackle repeat offenders.
- ◆ Child focused thinking – what is the lived experience of the child/ren?
- ◆ Raising awareness of domestic abuse citywide: i.e. families, their networks and the wider community.



<sup>5</sup> Office of the Children's Commissioner estimates based on population increase since the ONS survey 2016

# Learning Reviews and Practice Improvement

## Case Review Group

The Case Review Group (CRG) meets monthly to look at how to ensure that when a child dies or is seriously hurt safeguarding partners across the city can understand what happened and why. This helps partners to identify practice improvements to be made to better safeguard and promote the welfare of children. The Independent Scrutineer reviewed the system for identifying rapid reviews and local child safeguarding practice reviews and found them to be fit for purpose.

During this reporting period the CRG undertook a rapid review<sup>6</sup> and commissioned a local review; key learning themes around neglect, exploitation and substance misuse were identified at an early stage.

## ICON

As a result of recent learning from a review, partners invested in 'ICON' resources which are being rolled out across the city by professionals working with families both ante and postnatally. Research has shown that crying babies can cause an adult to momentarily lose control and shake a baby, causing potentially catastrophic injuries that lead to death and disability. These injuries affect a baby's brain (known as abusive head trauma) as well as injuries to the eyes, leading to conditions such as cerebral palsy, blindness and epilepsy.



ICON is a national preventative programme to reduce abusive head trauma in babies. It

provides parents and carers with advice and support to manage their baby's crying with the aim that they can avoid injuries. ICON provides professionals in Brighton & Hove with the tools to discuss and work with families and develop strategies to cope with crying. Training has been undertaken and leaflets distributed to various key areas, such as midwifery, A&E and paediatrics. Midwifery will be introducing a discussion with new parents at 32 weeks gestation, birth and discharge home.

## Child Safeguarding Liaison Group

The Child Safeguarding Liaison Group (CSLG) is an interagency forum that also meets monthly to review and improve joint working practice in respect of interagency Child Protection processes. The forum provides an opportunity for practitioners and managers to raise specific concerns and also share good practice.

The need to ensure that the right people have the right amount of information at the right time to enable them to make informed assessments is a key component of multi-agency safeguarding.

Partners discussed and resolved a specific issue by exploring how best to accommodate a safe space for practitioners and managers to challenge and support practice. They also explored ways to maximise agencies participation in strategy and child protection meetings.



The group looks at the practical implications of local and national learning and contributes to policy and process development.

CSLG activity reflects a mature partnership: the group has promoted closer co-operation and respectful challenge leading to positive improvements such as refined and updated guidance both locally and pan Sussex. The CSLG also links front line work directly to the Steering Group, notifying senior leaders of significant emerging issues and potential risks to front line practice delivery. It is understood that this group has had a positive impact on interagency co-operation and challenge resulting in a reduction in formal inter-agency escalations. This will be tested by monitoring the BHSCP's escalation process.

<sup>6</sup>"When a serious incident becomes known to the safeguarding partners, they must consider whether the case meets the criteria for a local review. ....The safeguarding partners should promptly undertake a rapid review of the case". Working Together to Safeguard Children 2018.

# Monitoring and Evaluation of our work



*Monitoring and evaluation of our work looks at the effectiveness of the partnership both as individual agencies and organisations and as a collective workforce.*

The BHSCP Monitoring and Evaluation Group has:

- ◆ Continued to develop data and information to track the BHSCP's performance and identify emerging risks and issues.
- ◆ Commissioned an audit which revisited intra-familial Child Sexual Abuse with a specific focus on establishing whether learning from the last audit was embedded and led to practice improvement.
- ◆ Looked at findings of the BHSCP's Criminal Exploitation audit and contributed to the development of an action plan for delivery by the BHSCP's Exploitation Group.

A key challenge continues to be capacity and maintaining pace in developing and implementing the plans following audit, for example a recent audit looking at the emotional health and wellbeing of children and young people across the city.

Ensuring robust links remain between all the BHSCP's working groups, including e.g. the Monitoring & Evaluation and Learning & Development groups is an additional consideration following sub-group membership changes as a result of the new partnership arrangements.

Further development of scrutiny of the partnership's arrangements will be part of the BHSCP's business plan priority work from 2020-21. Measuring the positive impact of multi-agency work has had on making a real difference to children, young people and their families is key to this.



# Learning and Development Activity

## About the BHSCP multi-agency training offer

Partners continued to develop, and update training offers to keep the BHSCP offer relevant and informative. The new partnership arrangements have supported a more integrated approach to training across Sussex, and where possible we have looked to combine offers, rather than duplicate.

**(Table 1) The number of courses run and attendance**

Core Child Protection Courses	Courses Presented	Attendance
Developing a Core Understanding	6	157
Assessment, Referral and Investigation	5	121
Child Protection Conferences and Core Groups	5	121
		<b>399</b>
Level 3 - Specialist Child Protection Courses		
Domestic Abuse and Violence	3	44
Exploitation - Day 1	3	46
Exploitation - Day 2	2	18
MAPPA – Multi Agency Public Protection	2	7
Neglect Training	3	53
Hidden, (Private fostering, Home education, Travellers and Migrants)	1	14
Young people displaying Sexually Harmful Behaviours	1	10
Dealing with Child Sexual Abuse	1	13
Mental Health & Children’s Services: Working Together with Families	2	8
Safeguarding Adolescents	2	15
Disguised Compliance	2	23
Safeguarding in a Digital World	3	43
Joint Neglect Seminar	1	20
Gangs & Youth Violence	5	66
Trauma Informed Practice	3	62
Professional Differences	1	14
Sudden Infant Death – Rapid Response	1	11
		<b>467</b>

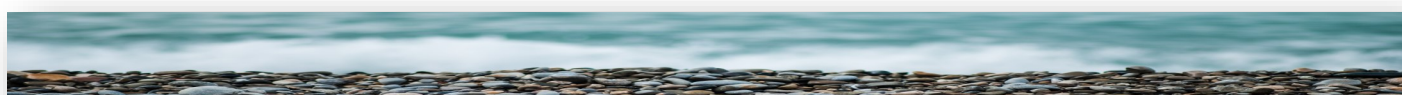
Core training days are mandatory for all staff who are new to safeguarding roles. The clear benefits of multi-agency training are evident in the positive feedback received, both for the core training days and for the more specific and specialised training offers. Multi-agency training also affords professionals the opportunity to network and resolve practice issues.

BHSCP training was delivered to 866 attendees (April 2019 – March 2020)

399 staff attended core training.

**Table 2: Attendance at Core Training by Agency (01/04/19–31/03/20)**

Agency	Developing an Understanding	Referral, Assessment & Investigation	Case Conference & core groups
Police	0	0	0
Education	53	52	54
Health	3	2	2
CVS	31	21	13
Probation	5	4	6
BHCC	50	29	35
Early Years	14	12	10
Housing	1	1	1
Other	0	0	0
<b>Total</b>	<b>157</b>	<b>121</b>	<b>121</b>



# Learning and Development Activity (continued)

## Safeguarding week - November 2019

Safeguarding Week focused on exploitation and the trauma it can cause.

72 Staff attended safeguarding children events that week.



In November 2019, in partnership with colleagues from the West Sussex Safeguarding Children Partnership, the BHSCP ran a full day seminar about Neglect. This was hosted in West Sussex and attended by staff from both localities. There were a range of speakers and the day was well received by those that attended.

Those attending were asked to evaluate their confidence around identifying and tackling neglect before the conference and at the end of the day using a scale system of 1-10.

Based on feedback from evaluations submitted;

- 58% of delegates reported *increasing their knowledge* by 1 point after attending the conference.
- 33% of delegates reported *increasing their knowledge* by 2 or 3 points after attending the conference
- 42% of delegates reported *increasing their confidence* by 1 point after attending the conference

42% of delegates reported *increasing their confidence* by 2 - 4 points after attending the conference

## Learning & Development Headlines:

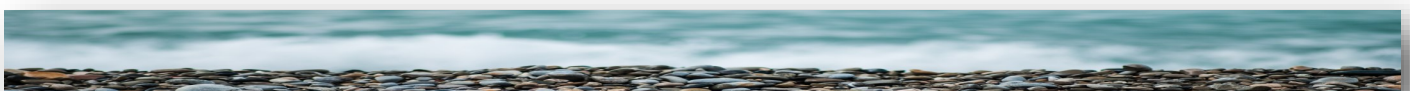
**Harmful Practices Training** - The new Brighton & Hove City Council lead for Violence Against Women and Girls (VAWG) and Domestic and Sexual Violence is exploring options around recommissioning this training. A new offer will be available as the year (2020-21) progresses.

**Covid-19** - At the end of March, lockdown measures to tackle the coronavirus pandemic resulted in the closure of the BHSCP's face to face training offer. Alternative methods to convert training courses into on-line presentations and virtual offers will be a priority. Whilst this is not ideal and it is hoped that face to face training may resume again during 2020-21 the reality is that the ongoing uncertainty around Covid-19 measures means that alternative training provision methods are needed.



Challenges for the BHSCP remain around ensuring multi-agency attendance at mandatory training, including police staff attendance. The voluntary and community sector also continue to face challenges to ensure that volunteers have knowledge and follow up support to enable them to recognise and respond appropriately to safeguarding concerns.

The BHSCP is grateful to the Training Pool comprised of multi-agency leads across the partnership without whom, the BHSCP could not run and present such a full programme of expertly led events. The ongoing commitment and passion of the trainers is key to enabling the continuation of a full and wide ranging programme of safeguarding training delivery across the partnership.



# Protecting Children and Young People from Exploitation

## Partners working across the City

The BHSCP Exploitation Group under its new arrangements sees the Safeguarding Adults Board and Community Safety Partnership come together with the BHSCP to set the strategic direction of partners collective work to tackle exploitation. This joined up approach recognises the linkages and interdependencies within this work and will avoid omission and duplication of work.

## Raising awareness in the community



The 'night time economy' plays a crucial role in helping to safeguard children by understanding when and how to raise safeguarding concerns.

## Missing Children

Children who are being exploited for criminal gain may also go missing from home. Timely 'return home interviews' with all children and young people who go missing from home are vital to help agencies build a picture of the child or young person's experiences and quickly identify whether a child or young person is being exploited. Agencies can then support the individual to reduce future missing episodes.

Between January and March 2020, a total of 96 children/young people were recorded as missing from home or a placement in care with a total of 264 missing 'episodes' between them. 66 individual missing episodes in the quarter had a return interview within 72 hours out of 141 missing episodes during this period. The figures for this period were slightly lower than between September and December and demonstrate a need to improve the timeliness in which return home interviews are conducted.

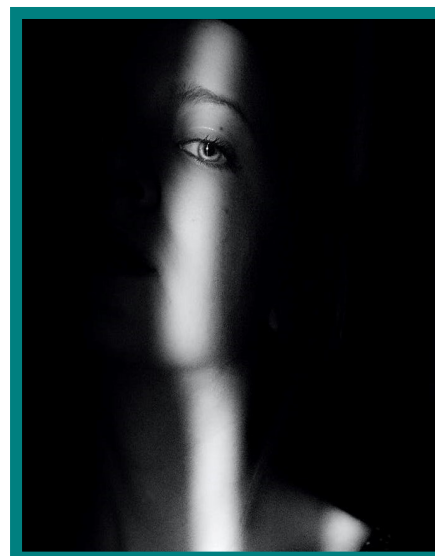
## Exploitation Audit

A multi agency audit looked at "*children who are at risk of, or who are being exploited*".

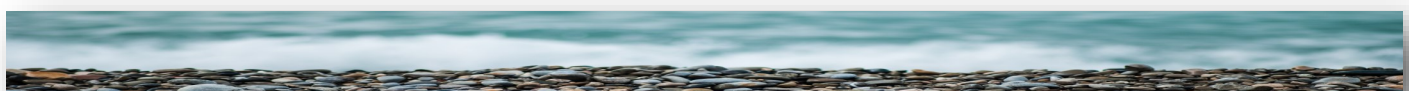
Areas of good practice were identified which provided positive assurance to the Partnership. An action plan will address recommendations summarised below:

- Improve the identification and understanding by professionals of extra familial risks faced by young people (contextual safeguarding).
- Increase awareness across agencies of the impact that a young person's involvement in county lines/criminal exploitation might have on younger siblings in the household.
- Improve the communication with children and young people with learning disabilities who are at risk of exploitation, to ensure that they understand the risks, their situation and decisions made which involve and/or are about them.
- Each agency involved in the audit to share and embed the learning with practitioners and the Partnership should ensure that learning from this audit is used to improve practice.

Work is in progress to address the audit recommendations via a multi-agency action plan.



Abianda, a social enterprise that works with girls and young women affected by gangs, delivered awareness raising training for over 30 professionals.



# Looking to the Future

In late March, at the end of this reporting period, the safeguarding world underwent radical change. The unprecedented government response to a global pandemic, the consequences of which are not fully understood at the time of writing this report are highly likely to have a profound effect on the partnership's approach to safeguarding children in the future.



Whilst immediate responses from agencies turned to implementation of robust child protection measures, the virtual world replaced vital face to face meetings. The effectiveness of this response will be carefully monitored but may never be fully understood. Could a serious child safeguarding incident be attributable to the restrictions and limitations Covid-19 on our collective ability to safeguard and protect our resident children?

Potential legacy issues of missed education, housing pressures and increases in child poverty alongside a longer term reduction in resources available to safeguard children are all unknown; but they are all potential outcomes of the pandemic's secondary wave of destruction.

In addition to the impact on children and families, our service users, professionals across the partnership have had to quickly adjust to new ways of working. Some changes have led to positive improvements such as enhanced IT and greater use of virtual meetings. The quality of the latter and the impact of the lack of face to face interactions on staff networks, morale and individual emotional health are yet to be quantified. What is known is that the longer effects of Covid-19 will be felt for some time.

At the time of writing the BHSCP's training offer is under review - delivering an extensive training programme in accordance with the 'new normal' will require a variety of innovative approaches. With months of missed training anticipated there will be a focus on compensating for lost training.

Strengthening the BHSCP's operational and strategic alliances across the city and beyond has never been more important. At a time when post Covid-19 pressures emerge a clear join up with key partners including the Health and Wellbeing Board, Safeguarding Adults Board and Community Safety Partnership on such issues such as improving transitions of children in receipt of services to adulthood, emotional health and wellbeing and exploitation can ensure a collaborative focus on priority areas of work and avoid overlooking key work strands.

A pan Sussex policy lead started in post from 1st April 2020 to co-ordinate a consistent approach to child safeguarding policies and processes.

The lead partners await the outcome of the Department for Education's<sup>7</sup> review of progress of the effectiveness of multi-agency safeguarding arrangements, and how this may inform adaptations to our partnership arrangements to help us to continue to further improve and innovate.



Our Partnership work needs to be fully integrated to enable the BHSCP to develop its reach cross the city. By improving our engagement with the community and crucially with children and families to truly understand their day to day lives will help partners to improve and target services as well as support every child in every part of the City to achieve their potential and improve outcomes for them. This work is integral to the BHSCP's new business plan.



<sup>7</sup> The Department for Education appointed Sir Alan Wood CBE to review how the new multi-agency safeguarding arrangements for local areas (introduced in July 2019), are addressing criteria set out in Working Together to Safeguard Children 2018 guidance. 17

# Updates from Partner Agencies and Organisations

## Voluntary and Community Services (VCS)



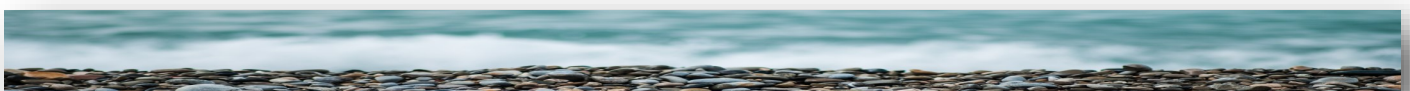
Community Works, Safety Net and the BHSCP have been working together to improve engagement with the VCS. A package of training has been maintained even throughout the pandemic including Safeguarding for Trustees, and a Safeguarding Q&A for front line workers. Our aim is to build ever stronger partnership arrangements to assist in safeguarding in the city.

The VCS responded extensively to the Prevention Peer Review, completing surveys, writing case studies and taking part in workshops with the Local Government Association; the VCS look forward to working together on the recommendations. COVID 19 has created a challenging environment for voluntary and community organisations, there are concerns about funding, opening services back up again after moving them online and supporting service users in an uncertain environment but we know that effective partnership is the best route out together.

### Lay members

The BHSCP is fortunate to be supported by two lay members; they are invaluable to the partnership, as independent observers they provide feedback to the partners with a particular focus on quality and impact of partnership working as well and an objective perspective regarding learning from serious child safeguarding incidents.

As local residents the lay members bring their individual experiences of living in the Brighton & Hove community to this role. In addition to their local knowledge and experience lay members have a scrutiny function and their absolute independence enables them to provide constructive challenge.





# Updates from Partner Agencies and Organisations

## Private Fostering: raising awareness



A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18 if disabled), by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

Local authorities are required to raise public awareness of the requirement to notify the local authority of private fostering arrangements and therefore to reduce the number of 'unknown' private fostering arrangements. In 2019-20 a number of initiatives were undertaken to highlight the notification arrangements to existing and potential private foster carers, voluntary and statutory agencies, and members of the public:

- ◆ In March 2020 the Private Fostering Monitor delivered training to professionals from services working with children and families in Brighton & Hove. The training is part of a Brighton & Hove Safeguarding Children Partnership (BHSCP) one day training event called Hidden Children and Young People: Working with Invisible Families.
- ◆ Information about private fostering has been included in the primary and secondary school application guides 2019-20.
- ◆ Information about private fostering is regularly shared by the Brighton & Hove Safeguarding Children Partnership (BHSCP) with professionals and members of the public via the BHSCP website and social media.
- ◆ We continue to raise awareness about private fostering with Language Schools; Guardianship Agencies and other Homestay Providers.

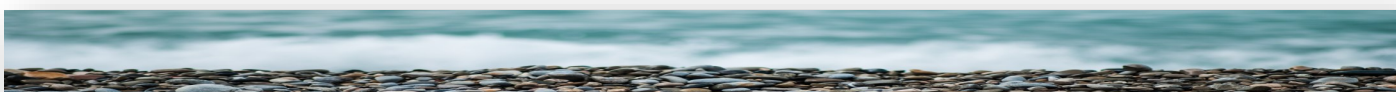
## Monitoring Compliance: Duties and Functions

29 children were living in Private Fostering Arrangements in 2019-20 compared to 31 in 2018-19. During the year, 16 new notifications were received and 15 were confirmed as being private fostering. All new notifications received an initial visit, with 62% taking place within 7 working days, down from 80% in 2018-19. Where visits did not take place within 7 days, in the majority of cases the delays were an additional 1 to 2 days.

## Voice of children who are looked after

There are forums running in the city for young people in care and care leavers which enable them to have a voice and to be a part of decision-making processes, such as the Corporate Parenting Strategy. Forums include: Children in Care Council (CiC), Young Ambassadors (YA) and ARC (Ask, Report, Change).

The CiC worked with an artist to create a visual description of what matters most to them and how partner agencies, led by the local authority can help them to 'reach for the stars'.



# Updates from Partner Agencies and Organisations

## Sussex Community Foundation Trust

The Sussex Community Foundation Trust (SCFT) offers a range of children's community health services which includes the Healthy Child Programme (HCP) 0-19 years which is delivered by Health Visitors and School Nurses offering a Universal, Universal Plus and Universal Partnership Plus service to children and their families.

The Children's Sexual Assault Referral Centre (CSARC) covers the whole of Sussex and is a welcoming child centred service to meet the specific health needs of children who have been sexually abused, by offering a health assessment at a purpose built centre, Pebble House, based in Brighton. The CSARC is operationally managed by a SCFT Consultant Community Paediatrician and a Specialist Nurse.

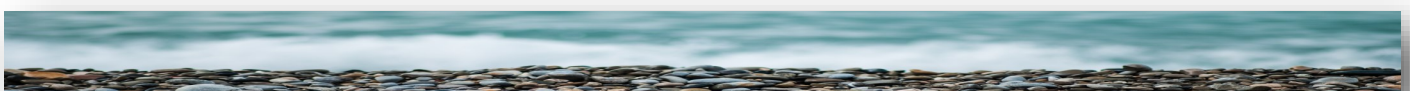


A key achievement for SCFT has seen the development of pathways in the HCP Healthy Futures Team which has offered enhanced intensive support to over 300 vulnerable children, teenagers and their families across the city. Criteria for support includes teenage parents, pre-birth assessments, asylum seeking families and refugees, families from the traveller community, children educated other than at school and children placed in emergency housing.

SCFT Named Professionals involvement in the bi-monthly multi-agency neglect consultation group for practitioners, which takes a multi-agency approach to solving complex matters, is a notable example of positive partnership working in challenging circumstances.

Other areas which have seen SCFT work collaboratively with partners include:

- ◆ Specialist Nurses who work at the Front Door for Families have improved sharing of health information with partner agencies including children's social care and the police.
- ◆ Development of out of school drop-in spaces for children and young people at priority Youth service sites including Allsorts Youth Project for LGBTQ young people and a Young Asylum Seekers group. The drop ins are run by School Nurses.
- ◆ "Chat health", a confidential health and advice text service aimed at 11-19 years, which is run by School Nurses. Between 1st April 2019 and 31st March 2020 the service received 1,322 messages from children and young people and sent 1,375 messages in response. The service resulted in 28 referrals to School Nurses for face to face contact.
- ◆ CSARC Clinicians plan to deliver a Child Sexual Abuse (CSA) awareness raising Webinar including FAQs about the Children's SARC to all professionals, following the findings from the recent multi-agency CSA audit. This is in addition to our Open Days, which will be delivered virtually from September and within that, a targeted offer for Social Workers.



# Updates from Partner Agencies and Organisations

## Public Health

Public health has a key role in commissioning services aimed at early identification and prevention services, helping develop children and young people's health and wellbeing. Public Health provides direct support or can refer to appropriate services.



Public Health supported the successful launch of the second year of the YMCA Downslink Group delivered 'Right Here' project, now with 8 secondary schools and two sixth form colleges taking part to improve health outcomes for young people (aged 16 –15) .

Mental Health Champions in schools and colleges enabled young people to:

- ◆ Express their views and ideas in order to increase awareness amongst the wider school population;
- ◆ Identify and develop specific anti-stigma projects and contribute to the planning and delivery of mental health work in schools.

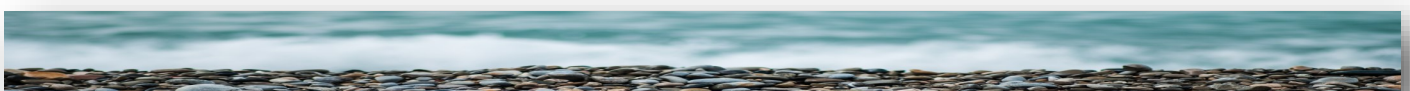
Public Health led collaborative work with the Mental Health Liaison Team at the Royal Alexandra Children's Hospital, Families, with partners including Children and Learning and the Children's Adolescent Mental Health Team to improve support to children and young people following a presentation at A&E for deliberate self-harm.

## National Probation Service (NPS)

The National Probation Service is part of the Criminal Justice System working with offenders who pose either a direct or in direct threat to children. Key achievements this year included:

- ◆ Promotion of Relate's Being Parents' First project for service users with children which includes free counselling.
- ◆ Mandatory Child Protection and Domestic Abuse Training delivered to all staff.
- ◆ Work with care leavers who are over 18 years of age: assessments and interventions are reflective of individual needs within this cohort.

A key challenge for the NPS is the provision of suitable accommodation for service users who pose a threat to children. Without suitable accommodation an offender's risk (to children) is much more difficult to manage. The NPS needs support from partner agencies to secure accommodation for service users who pose a risk to children. A collaborative approach would enable the NPS to monitor service users effectively at an approved address and reduce the likelihood of them gravitating towards addresses where children are living.



# Updates from Partner Agencies and Organisations

## Sussex Partnership Foundation Trust (SPFT)

SPFT provide specialist mental health services to children and young people in Brighton and Hove and across Sussex. The SPFT safeguarding team provide clinical consultations, support, supervision and CORE and specialist safeguarding training.

SPFT's training strategy has been a real achievement:

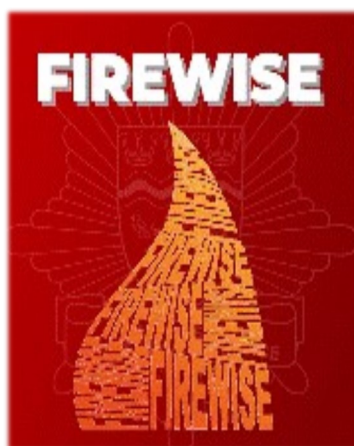
- ◆ Training for 2019 - 20 was reviewed and updated to increase knowledge and understanding of key partners' roles and to build relationships. The feedback is positive and SPFT have increased knowledge of safeguarding, emerging risk and learning from child safeguarding practice reviews.
- ◆ Following internal review a training session on sexual abuse and the role of the SARC was developed in partnership with the Designated Doctor for Safeguarding Children. This has greatly improved CSARC understanding and knowledge has resulted in staff visiting the CSARC and referrals being made appropriately, and relationships with the Front Door for Families developed.
- ◆ How to make a good referral, understanding of referral thresholds, what to expect from the referral and how to escalate and consider concerns when outcomes differ from expectation. Another element of this has been the early identification or abuse and neglect and how to intervene. The benefit of guest speakers is that training attendees hear about the early identification and interventions offered from practitioners and clinicians.



## East Sussex Fire & Rescue Service (ESFRS)

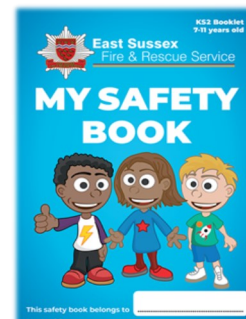


In addition to emergency response service, ESFRS's deliver an extensive Prevention programme, including risk reduction for fire, road and water and home safety visits.



Children who play with fire do so for a variety of reasons. ESFRS provide a preventative fire setting intervention for children and young people called FireWise, which is delivered by a trained Education Team.

ESFRS have continued to develop the award winning Safety in Action (SIA) education programme aimed at Year 6 students and home educated children, to provide a safe learning environment for children.



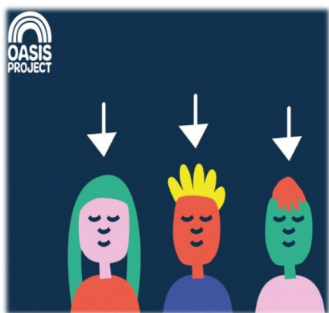
ESFRS describe their current greatest challenge: to reach more children at risk of injury associated with accidents or fire setting through more effective referrals by partners and families.



# Updates from Partner Agencies and Organisations

## Oasis Project

Oasis provides services for women with drug and alcohol problems and provides care and support to children and young people affected by drug and alcohol misuse in the family. Oasis work in partnership to deliver treatment services across the city.



Oasis offers direct support to children affected by drug/alcohol use in the family. This service is offered for children aged 5-18 and is predominantly funded by Charitable Trusts.

A challenge faced by Oasis remains around maintaining stability of service provision e.g. increased caseloads within treatment services are impacting on our capacity to swiftly respond to the needs of families and safeguard children.

Oasis has been really pleased to be part of a national initiative to improve outcomes for children whose parents drink dependently.

## Brighton & Hove Safeguarding Adults Board

The Safeguarding Adults Board (SAB) oversee and seek assurance around the safeguarding arrangements for vulnerable adults in Brighton and Hove in line with the Care Act 2014.

The SAB provided information in a timely and supportive way to help the BHSCP progress Learning Reviews and other pieces of work.

Through regular liaison with the BHSCP the SAB sought to ensure that there is consistency in communications. This also supports a Pan-Sussex approach and is in line with our statutory partners. The SAB are keen to continue working with the BHSCP and further develop our relationship.

There are safeguarding themes and challenges that span both children's and adults' services (such as transitions and exploitation) that will benefit from a joined-up approach and improve collective knowledge and understanding.

## Brighton and Sussex University Hospitals (BSUH)

BSUH is an acute teaching hospital working across two main sites The Royal Sussex County Hospital in Brighton and the Princess Royal hospital in Haywards Heath. The Brighton site includes the Royal Alexandra Children's hospital (Alex). The Sussex Eye Hospital is the major trauma centre for the region. The Alex cares for 45,000 children every year and the Care Quality Commission rated it as 'outstanding' last summer. As an acute hospital the team assess children and young people who attend hospital and liaise with key professionals involved with the family.

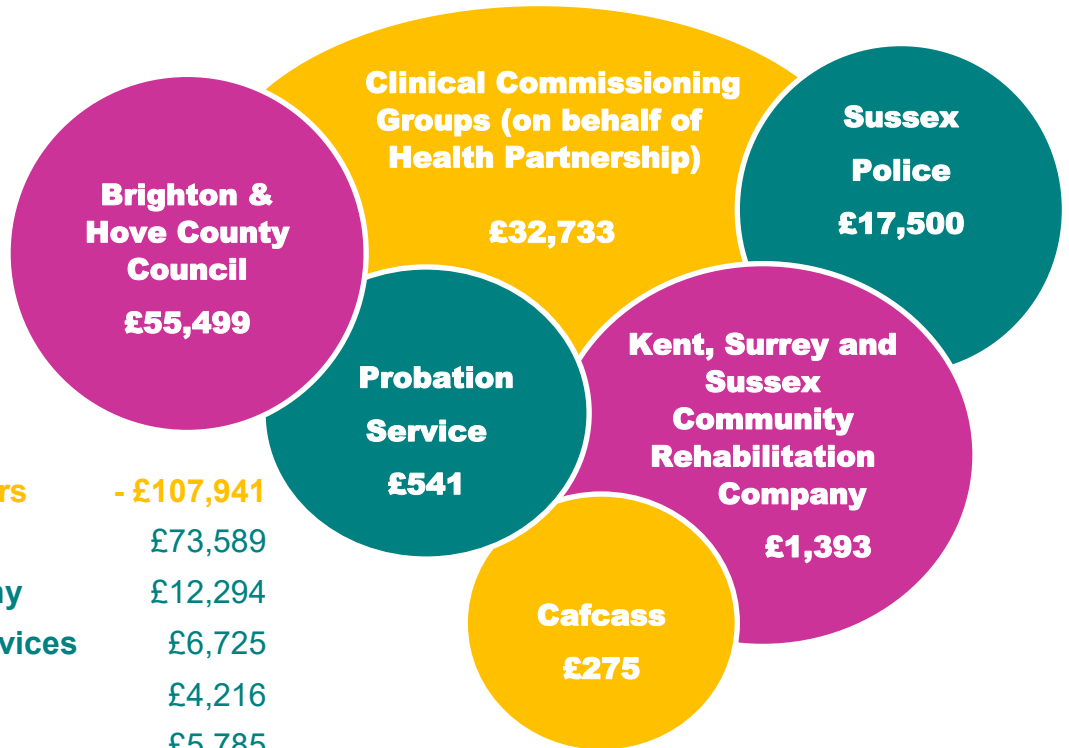
Achievements during this period include:

- ◆ BSUH contributed to the streamlining of the safeguarding birth plan template which is being introduced across Sussex, providing a consistent approach across this area.
- ◆ Work has been undertaken to improve BSUH's response to Children who are looked after by the local authority. The individual's details are now flagged on the BSUH IT system, which helps staff to undertake comprehensive risk assessments and supports effective decision making.
- ◆ The sexual health team are involved with supporting vulnerable and at risk adolescents via multi-agency meetings.
- ◆ Victims of domestic abuse are flagged on BSUH IT systems to help alert staff so they can make informed decisions around risk management.
- ◆ BSUH have started to embed ICON into both maternity and paediatric services, two critical touchpoints for the ICON message.



# Budget October 2019 - March 2020

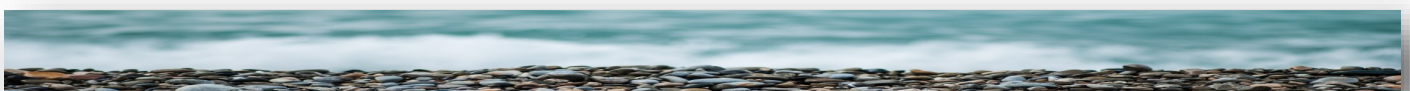
The BHSCP partners contributed the equivalent funding for half a business year. Funds were vired across from the legacy Brighton and Hove Safeguarding Children's Board budget with partners' agreement. The figures below represent the budget contributions by partners and key expenses between October 2019 and March 2020.



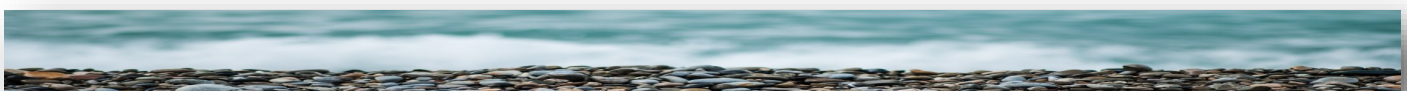
<b>Income from partners</b>	<b>- £107,941</b>
<b>Staffing</b>	<b>£73,589</b>
<b>Independent scrutiny</b>	<b>£12,294</b>
<b>IT, supplies and services</b>	<b>£6,725</b>
<b>Learning reviews</b>	<b>£4,216</b>
<b>Website upgrade</b>	<b>£5,785</b>
<b>Expenditure</b>	<b>£102,609</b>



The Steering Group agreed to carry forward funds up to a maximum of £40,000 from one business year to the next. This approach recognises that budget flexibility is needed e.g. to fund local learning reviews which may span two financial years.



# BHSCP groups and strategic partners



# Acknowledgements

Debi Fillery	Brighton and Sussex University Hospitals NHS Trust
Martin McAngus	Sussex Partnership Foundation NHS Trust
Daryl Perilli	Brighton & Hove County Council Performance and Safeguarding Service
Tina James	Brighton & Hove County Council Performance and Safeguarding Service
Guy Jackson	Brighton & Hove Safeguarding Adults Board
Sarah Colombo	Brighton & Hove County Council Public Health
Matt Vince	The Lioncare Group
Yvette Queffurus	Sussex Community Foundation Trust
Kit Francis	Sussex Community Foundation Trust
Laura Williamson	Community Works on behalf of the Voluntary and Community Sector
David Kemp	East Sussex Fire & Rescue Service
David Satchell	National Probation Service
Jo-Anne Welsh	Oasis Project
Daisy Piatt	Co-ordinator, Brighton & Hove Safeguarding Children Partnership Business Team
Dave Hunt	Training Officer, Brighton & Hove Safeguarding Children Partnership Business Team





# Brighton & Hove Safeguarding Children Partnership: Our Partners



**Safeguarding is Everyone's Responsibility**



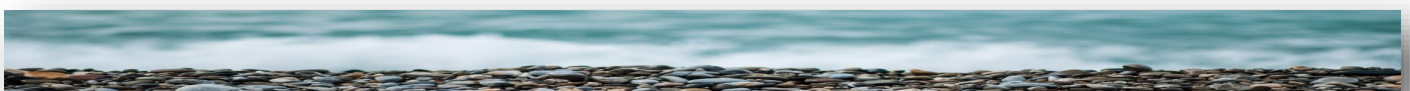
**East Sussex Fire & Rescue Service**



**Brighton & Hove Community Safety Partnership**



**NHS Sussex Partnership NHS Foundation Trust**







*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.*

Title: "A good end-off", End of Life Care Report

Date of Meeting:

Report of: Health watch Brighton

Contact: David Liley, Chief Officer,  
Healthwatch Brighton and Hove

Tel:  
07931755343

Email:  
david@healthwatchbrightonandhove.co.uk

Wards Affected: All

### **FOR GENERAL RELEASE**

#### **Executive Summary**

*"A good send-off" is presented to advise Board members about experiences of 15 people with an end of life prognosis discharged from the Oncology Ward of the Royal Sussex County Hospital between November 2019 and January 2020. At the request of Healthwatch England and the NHS this report was withheld from public release by local Healthwatch over the period of the initial response to COVID-19. The people in this report were not affected by COVID-19 at the time the case studies were gathered. They have now all passed away but are survived by their families and friends who were also impacted by the end of life care process.*

*The report aims to:*

- 1. Inform the Health and Wellbeing Strategy, "Dying Well" and "Aging Well"*
- 2. Advise service providers across the health and care system about ways in which the patient experience might be improved in hospital discharge and end of life care*



3. *Provide a basis for a City wide and system wide action plan to improve people's experience of end of life care*

*The report's recommendations most affect people undergoing end of life care, their families, and friends.*

### **Glossary of Terms**

BSUH = Brighton and Sussex University Hospitals Trust

RSCH = Royal Sussex County Hospital

CCG = NHS Clinical Commissioning Group, Brighton and Hove

EoLC = End of Life Care

## **1. Decisions, recommendations and any options**

- 1.1 That the Board request that the recommendations of the report are delivered through the Brighton and Hove Joint Health and Wellbeing Strategy, by all the relevant partners to the strategy. Particularly Dying Well and Ageing Well.
- 1.2 That the Board request partners to the JHWS to devise and implement an action plan to address the recommendations of the report. That action plan should include service users and their families as equal partners in service re-design and co-production of improved end of life care services.
- 1.3 That the Board refer this report to the Health Overview and Scrutiny Committee with a request that they monitor the progress of implementation of the report's recommendations and report back to the HWB on progress in 12 months time

## **2. Relevant information**

Healthwatch 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 it was a small sample of patients, many issues emerged.

### **1. Patients had been 'stranded' in hospital and regularly readmitted.**

All the people we spoke to had been in hospital longer than one week ('stranded') or longer than 3 weeks ('super stranded') and all had been in hospital numerous times before, with most being readmitted through the Emergency Department (ED). Discharge planning was usually complex because of volatile clinical conditions and variable care in the community and family support at home. This report suggests that focusing resources to support oncology patients around the hospital discharge process would both improve their end of life experiences and assist the hospital to improve key performance targets. (BSUH data for 2018 shows that out of 1662 deaths, one third had been

in hospital 1- 5 times in the previous year. Over 400 people had had 6+ admissions. Presentation at Brighton and Hove Dying Well Conference Nov 2019)

**2. Patients fared better when they had support from specialist services for their End of Life Care such as the Hospital Discharge Team, the hospital Palliative Care Team and Martlets Hospice.**

Complex discharge plans led by specialist discharge staff were largely successful. Routine ward-based discharge planning, not involving specialist support, was more likely to flounder or fail. Families repeatedly said they had not been involved early in planning for discharge as outlined in the hospital's 'Let's Get You Home' policy. Proper application of this policy could improve patients' experiences and assist families.

**3. Consideration needs to be made around the appropriateness of terminally ill patients having the same pathway as other patients in ED.**

Extremely ill patients experienced multiple changes in their care in the week after their discharge, often with readmissions to hospital through the Emergency Department. This was a poor experience for patients and their families, with patients waiting many hours in ED. (Frail older people in ED for 10 hours have a 40% increased chance of dying in 10 days. Brighton and Hove Clinical Commissioning Group, CCG, A&E Delivery Board data.)

**4. Questions were raised around how NHS staff, patients and families understand the role of a hospice.**

Three people who were considered for a home discharge were eventually admitted to a hospice, two very shortly after going home.

**5. There was confusion for families about what services were available in the community and how they could be accessed.**

There was little coordination, and uncertainty for families about what they could expect from the NHS. No one had any contact from their GP in the week after their discharge. If GPs are unable to do home visits, then patients and families need other arrangements such as a peripatetic GP or clinician to be appointed.

**6. Interviews with families and patients demonstrated the need for improvement in how they are informed and involved in treatment choices and care at end of their life.**

When people were not supported by a specialist team there was no evidence of Advanced Care Planning (NHS, 2018). Patients and families did not know about the ReSPECT policy and there was confusion about Do Not Resuscitate (DNR) consent (EOL Care Lead, 2018-2020).

**7. More routine information is needed to access the support that is available.**

Support for patients and families thinking about options and preparing for end of life is available: the Chaplaincies (NHS Brighton and Sussex University Hospital, 2020), MacMillan (Macmillan, 2020), Martlets Hospice (Martlets, 2020), Doula (Mills, 2020), Death Cafes (Ketuhridaya, 2019). Most people, however, do not

seem to be geared into or signposted to this support unless they are managed by the specialist teams.

**8. Quality standards and agreed policies and practices need to be in place to support ‘a good death’.**

All those involved in End of Life Care need to establish a shared understanding of what ‘a good death’ looks like, including actively involving patients and families, by engaging with them. There are pockets of excellent care which can inform this. This report was written immediately prior to the Covid-19 outbreak therefore systems have changed and some policies and practices, essential in the emergency, may address issues raised in this report. The pandemic has highlighted the need to improve discussions and practice around End of Life Care. A debate was planned for the Brighton and Hove ‘Dying Matters’ week in May 2020 but this was cancelled due to Covid. An opportunity should be found to reinstate this later in 2020/21.

**Recommendations from Healthwatch**

- 1. Greater focus on patients at the end of their life to improve their experience and hospital performance.**
- 2. Increased or improved use of specialist support teams both on End of Life Care and Discharge Planning and a recognition that most discharges of people with terminal care are complex *for the patient and family*.**
- 3. Better information and active early involvement of patients in planning their care and routine inclusion of their families.**

**Implementation of the ‘Let’s Get You Home Policy’ and practice.**

- 4. Reconsideration of the quality of care that can be given in the Discharge Lounge for patients who are terminally ill and will not be discharged in a short time.**
- 5. A review of the practice of readmitting patients through ED within days of hospital discharge and a consideration of a patient fast track continuity plan (rather than the admission being regarded as a new episode of care) to avoid this if their condition deteriorates.**
- 6. Involving patients and families in training programs on End of Life.**
- 7. Open and sensitive discussion of End of Life Care planning and a consideration of revisiting the agenda that would have been addressed in Dying Matters week which was postponed because of Covid.**

8. Proactive involvement of GPs, and other primary care and community health services and a review of the communications systems between hospital and general practice.

9. Improved coordination of the services that already exist including those in the voluntary and charitable sectors and chaplaincies.

10. Rapid provision of resources and care where there are gaps to assure 'A Good Send-off'.

Healthwatch would like to thank the hospital staff for being supportive and other staff in the BSUH and members of other organisations who have helped us in this study.

### 3. Important considerations and implications

3.1 Financial implications: The report suggests that most of its recommendations can be implemented by care providers implementing existing policies and procedures. It is likely therefore that changes to improve care should be achieved within existing resources.

3.2 Equalities considerations: People with protected characteristics and suffering social disadvantage are likely to require and benefit from personalised, enhanced or specialist end of life care. Implementing existing policies and best practice for end of life care and ensuring personalised care will contribute to tackling health inequalities in Brighton and Hove.

3.3 Health and social care implications: The report suggests that for some people, experiencing end of life care, the health and care system does not operate in the co-ordinated and integrated way that might be expected – hospital discharge as '.....an event not a process'. Devising and implementing a joint action plan to address the findings and recommendations of this report will require health and care commissioners and providers to work jointly and in collaboration with service users and their families.

#### Legal:

There are no legal implications arising from this report

Lawyer consulted: Elizabeth Culbert

Date:29/10/2020

#### Finance:

Please refer to Paragraph 3.1 above. If it is envisaged there may be any financial implications for BHCC and/or providers BHCC Commission these will be referred to at the meeting.

Finance Officer consulted: David Ellis

Date:30/10/2020

**Equalities:**

Please refer to Paragraph 3.2 above

**Sustainability:**

Please refer to Paragraph 3.2 above.

**Health, social care, children's services and public health:**

Please refer to Paragraph 3.3 above

**Supporting documents and information**

Appendix1: Full copy of the 'A good send-off' report see:  
<https://www.healthwatchbrightonandhove.co.uk/report/2020-09-28/%E2%80%9C-good-send-%E2%80%9D-patients%E2%80%99-and-families%E2%80%99-experiences-end-life-care>

And....: <https://www.healthwatchbrightonandhove.co.uk/sites/healthwatchbrightonandhove.co.uk/files/A%20good%20send%20off%20-%20end%20of%20life%20care%20FINAL%20%281%29.pdf>

Appendix 2:

Appendix 3: