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 23 March 2021 starting at 4.00pm. It will last about two and a half hours.

What is being discussed?

There are 5 main items on the agenda

- Presentation – Covid Recovery Plan, Strategy and Update on Outbreak Control Plan
- Presentation – Children and Learning, Update on Implementation of the City's Health and Wellbeing Strategy
- Health and Wellbeing Board – Proposals for Agreement
- Responding to the Child Safeguarding Review Panel – "Out of Routine" Report on Sudden Unexpected Deaths in Infancy
- "A Good Send off?" – Patients and Families Experiences of End of Life Care" – Report Response

Health & Wellbeing Board
23 March 2021
4.00pm
Virtual Via Microsoft Teams

Who is invited:

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

CCG Members: Dr Andrew Hodson (Co-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**
Secretary to the Board
Democratic Services Officer01273 291065
penny.jennings@brighton-hove.gov.uk

Date of Publication - Monday, 15 March 2021

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

Page

48 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.

49 MINUTES **9 - 22**

Minutes of the meeting held on 26 January 2021 (copy attached)

50 CHAIR'S COMMUNICATIONS

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

51 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

(a) Petitions – to consider any petitions received by noon on 17 March 2021;

(b) Written Questions – to consider any written questions received by noon on 17 March 2021;

(c) Deputations – to consider any Deputations received.

52 FORMAL MEMBER INVOLVEMENT

To consider any of the following:

(a) Petitions;

Health & Wellbeing

(b) Written Questions;

(c) Letters;

(d) Notices of Motion

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

This will be a joint presentation at the actual public Board meeting by the Director of Public Health, Executive Director, Adult Health and Social Care and the CCG updating on the information provided to previous meetings and on the current situation in the city.

54 PRESENTATION - CHILDREN AND LEARNING- UPDATE ON IMPLEMENTATION OF THE CITY'S HEALTH AND WELLBEING STRATEGY

The Executive Director, Families and Learning will give a presentation at the public Board meeting which will provide a summary overview of the work and progress made within Children, Families and Learning to support the Health and Wellbeing Strategy

55 HEALTH & WELLBEING BOARD REVIEW: PROPOSALS FOR AGREEMENT **23 - 44**

Report of the Executive Director, Health and Adult Social Care (copy attached)

Contact: *Michelle Jenkins* *Tel: 01273 296271*
Ward Affected: *All Wards*

56 RESPONDING TO THE CHILD SAFEGUARDING REVIEW PANEL "OUT OF ROUTINE" REPORT ON SUDDEN UNEXPECTED DEATHS IN INFANCY **45 - 50**

Report of the Director of Public Health (copy attached)

Contact: *Sarah Colombo* *Tel: 01273 294218*
Ward Affected: *All Wards*

57 A GOOD SEND-OFF'? PATIENTS' AND FAMILIES' EXPERIENCES OF END OF LIFE CARE REPORT RESPONSE, MARCH 2021 **51 - 56**

Joint report of the Head of Integration, Clinical Lead, Brighton and Hove CCG and Manager, Community Services, Brighton and Hove CCG (copy attached)

Contact: *Sarah Pearce (CCG)*
Ward Affected: *All Wards*

Health & Wellbeing

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If you wish to attend and have a mobility impairment or medical condition or medical condition that may require you to receive assisted escape in the event of a fire or other emergency, please contact the Democratic Services Team (Tel: 01273 291066) in advance of the meeting. Measures may then be put into place to enable your attendance and to ensure your safe evacuation from the building.

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An infrared system operates to enhance sound for anyone wearing using a receiver which are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

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Health & Wellbeing

Do not re-enter the building until told that it is safe to do so**.**

1. Procedural Business

(a) Declaration of Substitutes: Where Members of the Board are unable to attend a meeting, a designated substitute for that Member may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

(a) Disclosable pecuniary interests
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members of the Board should seek advice from the Lawyer or Secretary preferably before the meeting.

(c) Exclusion of Press and Public: The Board will consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, that the press and public should be excluded from the meeting when any of the items are under consideration.

NOTE: Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available from the Secretary to the Board.

HEALTH & WELLBEING BOARD	Agenda Item 49 Brighton and Hove City Council

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 26 JANUARY 2021

VIRTUAL VIA MICROSOFT TEAMS

MINUTES

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

Brighton and Hove CCG: Dr Andrew Hodson (Co-Deputy Chair), Lola Banjoko 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; Graham Bartlett, Safeguarding Adults Board and David Liley, Healthwatch

PART ONE

36 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

36(a) Apologies

36.1 Apologies were received from Dr Andrew Hodson, of the CCG, Deputy Co-Chair and Andrew Taylor, CCG.

36(b) Declarations of Substitutes, Interests and Exclusions

36.2 There were none.

36(c) Exclusion of Press and Public

36.3 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.

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

37 MINUTES

37.1 **RESOLVED –** That the Chair be authorised to sign the minutes of the meeting held on 10 November 2010 as a correct record.

38 CHAIR'S COMMUNICATIONS

38a Chair's Communications

HIV Awareness Week

38.1 The Chair, Councillor Shanks explained that (1-8 Feb) was HIV Awareness Week and that it provided an opportunity to raise awareness of how important and easy it was for anyone at risk to get an HIV test. The number of people diagnosed with HIV was falling, but there was still work to do. 1 in 16 people with HIV were unaware they had it and spent an average of three to five years not knowing, increasing the risk of passing HIV on to sexual partners. It was free to order a self-testing kit from freetesting.hiv and only took five minutes to take a finger prick test and send if off.

38b Callover

38.2 All items appearing on the agenda were called for discussion.

39 FORMAL PUBLIC INVOLVEMENT

39a Petition(s)

Protect CGL Fact Families and Carers Group

39.1 It was noted that one petition signed by 8 people had been referred from the meeting of Full Council held on 17 December 2020. The petition called upon the council to review the decision to cut funding to the Change Grow & Live (FACT) Support Group.

39.2 It was noted that the petition and accompanying justification were set out at pages 23-26 of the circulated agenda. It is also reproduced below:

"We the undersigned petition Brighton and Hove Council to look at and reverse the cuts to the Change Grow & Live (FACT) Support Group that was previously delivered at 9 The Drive in Hove. This is in the spirit of safeguarding social services for families of substance users who often have no other support systems. Ring fence employment for the experienced staff members (Support Workers) that have built up a wealth of experience and provided constructive solutions for families and individuals."

39.3 Notwithstanding that he had spoken in support of his petition at Full Council at her discretion the Chair permitted the Lead Petitioner, Mr Tonderayi Madzima, to speak for 3 minutes in support of his petition and then responded in the following terms:

"CGL have recruited a new part-time Family and Carers Lead who is about to start in post. The role will focus on setting up peer support groups for family and carers, and a number of volunteers have already been identified who are keen to lead and support these groups. In light of the current circumstances with Covid-19, the groups will be facilitated on-line to begin with. At such time that it is possible to reinstate face-to-face meetings and groups, CGL will prioritise the need to offer a FACT group in the Hove area. A budget for room hire is available and initial discussions have been had with potential venues. The new Family and Carers Lead will be taking this work forward."

39.4 **RESOLVED –** That the contents of the petition and the Chair's

39b Written Questions

39.5 It was noted that three public questions had been received.

(1) Question from Adrian Hill — Arrangements for Asthmatic Sufferers, St Peter's Medical Centre, London Road, Brighton

39.6 Mr Hill put the following question:

"PHE's COMEAP 2018 report on NO2 says, when NO2 is over 188ug/m3 'one quarter of people with asthma would experience a 'clinically relevant' increase in airway responsiveness'. The expanding St Peters Medical Centre is in a location of high pollution. The bus stops on London Road that serve patients are expected to exceed 188 during busy rush hours. Therefore, at these times one quarter of asthmatics who have visited the surgery and wait for a bus home will suffer an asthma attack as a direct result of their visit to the surgery. How is this being addressed?'

39.7 The Chair responded in the following terms:

"Thank you for your question. We are very aware of the national research and statistics available about air quality and health. London Road is a busy street where people spend time, and as you have highlighted, the council's Local Air Quality Management Reports do indicate that it has relatively poor air quality. The reasons for this are the combination of the different types, ages and engines of vehicles and the more enclosed street environment due to the height of some buildings.

The St Peter's Medical Centre does serve local people and the public transport and sustainable transport links are quite good in this area. The choice and frequency of many bus services mean that most passengers will generally only need to wait a few minutes for their bus and should not be unduly affected by concentrations of emissions. Some people will also use taxis or their own car if they are not very mobile.

We do know that during the 2020 lockdown the levels of traffic, and therefore emissions, have been different because of the effects of the pandemic. This has led to a temporary 50% reduction in some instances, but London Road remains a priority for monitoring, emission reduction and air quality improvement. We need to continue to act to tackle air quality and its effects on our lives and at the Environment, Transport & Sustainability Committee last week, the council has also agreed to develop some exciting options for a new, expanded Ultra Low Emission Zone and the creation of a Liveable City Centre with fewer vehicles and more active travel and public transport use.

We will continue to work with partners such as bus companies to make vehicles cleaner and to deliver more infrastructure that makes walking and cycling more convenient for people; and we want to tackle congestion by providing those alternatives to help reduce vehicle traffic All of these will help reduce pollution levels in the London Road area and we will be developing a new Air Quality Action Plan for the city and consulting people on it. I hope you will be able to participate in that process later in the year and give your views and suggestions."

(2) Question from John Kapp – Arrangements - Addiction and Rough Sleeping

39.8 Mr Kapp put the following question:

"In the effort to end rough sleeping, will the Health and Wellbeing Board (HWB) suggest to the Clinical Commissioning Group (CCG) that they refer beggars and homeless people to SECTCo's drop-in family constellation groups to overcome their addictions?"

39.9 The Chair responded in the following terms

"Thank you for your question. Brighton & Hove commissions services to meet the needs of people who are homeless and have substance misuse and we have recently been successful in a significant bid to central government specifically to address the needs of people with an experience of homeless and substance misuse. This funding will allow us and our commissioned providers to build on current service provision. This will help us to better support people who are homeless and have substance misuse needs by supporting access, engagement and sustainment in treatment. This will support people to recover from both homelessness and substance misuse.

We are aware of many excellent voluntary and community services in Brighton & Hove and we welcome the wide choice this gives people recovering from substance misuse and note your part in this provision."

(3) Question from Ken Kirk –

39.9 Mr Kirk put the following question:

"The LGA says ICSs are "not intended to be a partnership of equals and there is a risk that ICSs will bypass or replace … existing partnerships for health and well-being". ICSs will supplant existing NHS public bodies. There is no commitment to meet in public, publish minutes, be subject to FOIs, or to have democratic participation from their communities. You will find references in NHSE documents to partnership with LAs and responsiveness to patients, in practice there's very little LA or community involvement in

the development of ICSs. Their board is accountable only upwards, to a Regional Directorate, not downwards to local people - another body set by NHSE with no public scrutiny. This absence of accountability is a shocking indictment, suggesting the intention to pave the way for ICSs to be run by private interests."

39.10 The Chair responded in the following terms:

'Sussex Health and Care Partnership became an Integrated Care System (ICS) in April 2020. The build up to the successful application was a partnership across health and care organisations including the three upper tier local authorities and the local voluntary and community sector. There were co-design workshops in January and February of 2020 which were attended by statutory partners that set the foundation of our ICS which is rooted in the needs of the populations we serve. This followed extensive wider public engagement examining the future strategy of the health and care system. The Sussex Health and Care Partnership looks to recognise individual needs and acknowledges the persistent and in some cases widening health inequalities that have remained resolute across our communities.

We have seen a real benefit in our collaborative approach in our response to the Covid-19 pandemic and our ability to mobilise the vaccination programme at speed. This is also reflected in the joint work on discharging patients from our local hospital, care providers and the Homeless Care and Protect services. We are now working across our system in a more effective and efficient way.

This has already brought real benefits to the way we plan and deliver services for our populations, both strategically across Sussex and locally in Brighton and Hove and in communities. Our GP practices have started working more closely with their neighbouring practices to share expertise and workforce and NHS organisations, local authorities and partners are now working closer than they have ever done before to give people more joined-up health and care.

Reaching this point has involved a lot of hard work from our partners and has been achieved through the increasing collaboration and partnership working across our health and care organisations. As a system, we recognise that working together gives us the best opportunity to work effectively and address the challenges we faced prior to the global Covid-19 pandemic and the increased need to work more closely for the benefit of our populations and workforce as we emerge from the current challenges.

It is important to note that our current partnership arrangements for the Integrated Care System do not replace the statutory authority of the organisations that make up the partnership. Therefore our commitment to transparent and accountable decision making through our statutory organisations remains.'

39.11 **RESOLVED –** That the questions set out above and responses given to them be received and noted.

39c Deputations

39.12 There were none.

40 FORMAL MEMBER INVOLVEMENT

40a Petitions

40.1 There were none.

40b Written Questions

40.2 There were none.

40c Letters

40.3 There were none.

40d Notices of Motion

40.4 There were none.

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

41.1 The Director of Public Health, Alistair Hill, gave a presentation (copy uploaded to the agenda pack on the council website) detailing the arrangements being put into place going forward both to seek to continue to contain the number of cases across the city and importantly to foster and sustain recovery and to build resilience in the event of any future spikes in infection rates. Although the mortality rate in the city remained relatively low compared to other parts of the country all partners were continuing to work to ensure that there was sufficient to respond effectively to any changes which took place. 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 and council website. Data provided related to the period up to 20 January 2021.

41.2 A summary was provided in respect of health and care settings and in relation to the ratio of service users to staff testing positive. The challenge was in finding the balance between enabling visits and protecting residents and staff. Whilst in recent weeks there had been fewer cases across the city it was too early to conclude that this represented a sustained downward trend as that decline was almost entirely attributable to fewer cases in young adults, explainable in part to fewer cases in students. Currently, the case rate was stable in working age and older adults, with cases associated with a wide range f settings and places with older people having being at higher risk of complications and hospital admissions. Therefore, the impact on the health and care system was significant. Lockdown presented an opportunity to drive down the R rate and to reduce and prevent pressure on health services and to maintain manageable infection levels.

41.3 Details of the confirmed case rate, people receiving the PCR test, positivity case rates and comparisons with national case rates by age group were given. Whilst case rates had fallen rapidly, they still remained at a high level and the decline in cases was slower in the 60 plus age group. Pressures on health and care services remained at a high level and the reported number of death s was still increasing. Vaccination would be rolling out imminently but it was important that guidance continued to be followed rigorously to ensure infection prevention and control. Further work was continuing on the responses to be used in different settings, also test, trace and isolate, linking with NHS Test and Trace and local testing partnership arrangements. There was a focus on Covid 19 vaccination, non-pharmaceutical interventions and guidance around the regulations including social distancing and use of face coverings.

41.4 **RESOLVED –** That the contents of the presentation be noted and received.

42 PRESENTATION, JOINT HEALTH AND WELLBEING STRATEGY

42.1 The Executive Director Health and Adult Social Care Wellbeing, Rob Persey gave a presentation reminding Members of the content of the Joint Health and Wellbeing Strategy setting out the vision for improving health inequalities for the health and wellbeing of those living in the city by reducing health inequalities to enable everyone to live a healthy, happy and fulfilling life One of its main aims was to close the gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city. It was noted that the presentation had been uploaded to the council website and was included with the on-line agenda pack.

42.2 The Director, outlined the 4 Wells, Starting Well, Well, Ageing Well and Dying Well and the principles encompassed within them. Starting Well focused on early years, promoting healthy lifestyles and building in resilience and a basis for good emotional health and wellbeing including early support to prevent problems from escalating.

42.3 The Living Well Strategy focused on how the wellbeing and mental health of working age adults could be improved by promoting eating well, moving more, drinking less, stopping smoking, better sexual health, workplace and support into work for disabled people or those with long term health conditions and the long term unemployed.

42.4 The third well focused on supporting people in ageing well. The contribution of people of all ages would be nurtured and celebrated. The aim was to be both age and dementia friendly. This was to be fostered by design of the physical environment and in planning housing developments, reducing loneliness and social isolation, reducing the risk of falls and helping people to live independently by accessing services which connected them with their communities.

42.5 The final well related to dying well by adopting a citywide approach to improving health and wellbeing to the end of life and in helping communities to develop their own approaches to death, dying, loss and caring I order to help more people to die at home or in a place of their choosing. This also encompassed support for families, carers and the bereaved was to be enhanced.

42.6 **RESOLVED –** That the contents of the presentation be noted and received.

43 PRESENTATION - HOUSING, NEIGHBOURHOODS AND COMMUNITIES, WORK TO IMPLEMENT THE JOINT HEALTH AND WELLBEING STRATEGY

43.1 The Interim Director, Housing, Neighbourhoods and Communities, Rachael Sharpe, gave a presentation detailing her the work being carried out by her department to implement the City Health and Wellbeing Strategy.

43.2 The Interim Director explained that her department had a broad remit covering housing which included council housing, housing strategy, housing supply, private sector housing temporary accommodation, homelessness and travellers. Also, the Libraries and Information Service, Safer Communities, which included Environmental Health, Licensing, Trading Standards, Emergency Planning, Prevent, the ASB and Casework Team, Domestic Violence Services and Field Officers. The Communities, Equalities and Third Sector Team led on community engagement and collaboration and led on the council's equality duties, community and voluntary sector commissioning and support. The importance of libraries in providing a conduit for community engagement was emphasised as was the role of the Community Safety Team in seeking to monitor and

provide support and advice in concert with other partners and agencies in order to combat domestic violence.

43.3 In answer to questions it was explained how the new homelessness strategy dovetailed with the overall housing strategy and that there was an emphasis on support strategies and early intervention. The council had plans in place to provide 700 new housing units and had measures in place in order to foster the private rented sector too.

43.4 In answer to questions by Councillors Bagaeen and Moonan the on-going work which was continuing notwithstanding the current pandemic and initiatives which would be refreshed and updated when the current situation lifted. The Director of Public Health explained how the departmental initiatives dovetailed with the council's overall strategy and with the 4 wells.

43.5 **RESOLVED –** That the contents of the presentation be noted and received.

44 THE NEW SPECIAL EDUCATIONAL NEEDS AND DISABILITY STRATEGY (SEND) 2021-2026

44.1 The Board considered the new Educational Needs and Disability (SEND) strategy which was due to be formally launched at the end of January 2021. The Strategy was being presented to the Board because of the significant health element embedded within the strategy and because there were a range of actions which were specific to adults who had learning disabilities.

44.2 It was noted that the city's current Special Educational Needs and Disability (SEND) strategy had expired at the end of 2019 and that over the previous five years the SEND landscape had changed dramatically. Those changes had included the introduction of new national legislation and a code of practice and a significant redesign of special education provision in the city following the SEND review which had taken place, it had been timely therefore to produce a new ambitious strategy for the city.

44.3 The purpose of the new strategy was to deliver on a city- wide agreed vision for the commissioning and delivery of SEND services, providing a framework against which provision could be measured and improved. The strategy had been co-produced between a range of local stakeholders and partners; the Local Authority, the Clinical Commissioning Group (CCG) and local parent organisations PaCC and Amaze who had led on producing the final draft of the document.

44.4 Katie Chipp was in attendance from the CCG and referred to the joint Sussex wide work which was being undertaken on an ongoing basis particularly with the BAME community.

44.5 It was explained in answer to questions that the level of exclusions across the city was very low and that robust measures were in place to support those who had learning difficulties. The Chair, Councillor Shanks, asked whether there had been an increase in non-attendance during the pandemic especially amongst vulnerable children. It was explained that in instances where children were perceived to be particularly vulnerable measures were in place to seek to address this. Regular meetings took place in order to seek to ensure that remote learning was available appropriate to children's needs. It

was understood that there was a reluctance by some parents of vulnerable children to send them to school.

44.6 **RESOLVED -** That the Board notes and endorses the new final SEND Strategy 2021-2026.

45 LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN PUBLIC INTEREST REPORT & RECOMMENDATIONS

45.1 The Board considered a report of the Executive Lead Officer, Strategy, Governance and Law detailing the public report published by the Local Government and Social Care Ombudsman (LGSCO) on 26 November 2020 relating to the way in which a residents' needs to remain in her care home had been assessed when she became eligible for council fundng. The Ombudsman considered that injustice had occurred for the individual concerned and had made a finding of fault against the council. The appropriate body/committee within the council was therefore required to consider that report.

45.2 The officer report to the Board explained the nature of the complaint, detailed the findings of the LGSCO and the actions that needed to be taken in order to remedy the faults in this case and to ensure improvements to future practice. The Board were asked to consider the report and to formally respond to the LGSC0 and to that end a statement had been prepared for approval.

45.3 The Chair, Councillor Shanks, welcomed the report which acknowledged the errors which had occurred and set out the measures to be put into place to seek to avoid any future repetition.

45.4 Councillor Moonan, stated that going forward it was important to ensure that there was the correct metric and that the right questions were asked with rigor. Councillor Moonan sought assurance that having considered the recommendations officers were confident that further tweaks were not needed. The Executive Director, Adult Health and Social Care, referred to the lessons which had been learned and staff training which had taken place. Whilst the circumstances of self- funders differed what had occurred in this instance was not indicative of a systemic problem but that it was important to work closely with homes, and care providers. Councillor Moonan noted the information provided, that appropriate remedy had been made to the family concerned and the measures were in place for the future.

45.5 **RESOLVED –** (1) That having formally considered the report notes and agrees the set out in section 2 of the report; and

(2) Approves the following formal written response to the LGSO:

"We have heard and considered the public report issued against Brighton and Hove City Council, reference number:19 000 201. We welcome the findings of the report and accept all the actions and recommendations therein - some of which have already been implemented within the agreed timeframe. We thank you for bringing this to our attention."

46 ADULT SOCIAL CARE FEES 2021-22

46.1 The Board considered a report of Executive Director, Health and Adult Social Care setting out the recommended fee levels and uplifts be paid to Adult Social Care providers from April 2021.

46.2 The services that were considered in this report were integral to the proper functioning of the wider health and care system, which included management of patient flow in and out of hospital. It was recognised that public finances were under increasing pressure but that this needed to manage and sustain the provider market to support the provider market to support the increasing complexity and demand and to complexity and demand and to comply with the duties placed on the council by the Care Act 2014 to meet the needs of those requiring care and support and to ensure provider sustainability and viability. The proposals set out in the report also recognised the challenges of the ongoing pandemic, the financial position of the Local Authority and Adult Social Care providers.

46.3 The Chair, Councillor Shanks, sought confirmation that staff were being paid the living wage. David Liley of Healthwatch asked whether any of the commissioning arrangements had been compromised in consequence of the Covid pandemic. It was explained that in view of the tight pre-lockdown timetable, services had not be re-contracted to the usual timeframe. The Executive Director, Adult Health and Social Care explained that the current timeline would impact on the breadth of supported accommodation and it was important to ensure that these strands were picked up in terms of future delivery. Recruitment had been undertaken during the past year, take up had been good.

46.4 Councillor Childs had concerns that it was problematic to continue to pay privately for those who were vulnerable, in his view in the longer term thought needed to be given to bringing services back in house. Councillor Childs considered that providers needed to audited rigorously and a granular level of detail provided to ascertain the level of profit made by them year on year and to have absolute assurance that standards were met andmaintained.

46.5 **RESOLVED –** That the Board agrees to the recommended fee increases as set out in the table in Appendix 1 to the report. The underpinning background to the fee charges are contained in the main body of the report.

47 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2021

47.1 The Board considered a report of the Executive Director of Health and Adult Social Care detailing the annual review of Adult Social Care Charging Policy which had been undertaken and seeking approval for the Council's charging policy which was compliant with the Care Act 2014.

47.2 It was explained that people eligible for adult social care services were means tested to establish whether they must contribute towards the cost. There were around 2350 service users with non-residential care and approximately 1150 in residential care homes. This included older people. Working age adults with physical disabilities, mental health difficulties and learning disabilities. The Care Act 2014 provided a power to

charge for eligible care and support services and was subject to government regulations and limitations. This report sought approval for the council's charging policy which was compliant with the Care Act.

43.3 Also, that most care services, funded by the council were provided by private organisations and the maximum charge depended on the fees charged by them. There were very few chargeable in-house services but where these services were provided by the council there were maximum charges and these were reviewed in April every year. Most charges were subject to a financial assessment to determine affordability but the charging policy also included several, low cost, fixed rate charges and several additional one-off fees. The report recommended uprating these charges by 2% (rounded to the nearest pound or 10p if below £5) with effect from 12 April 2021.

43.4 It was noted a proposed Labour Group amendment had been received requesting the following:

"to replace existing paragraph 1.2 with the following:-
1.2 To recommend to Policy & Resources Committee a maximum CPIH inflationary0.6% increase on all adult social care charges with effect of **12th April 2021** and to recommend that the costings set out in paragraphs 1.2, 1.3 and 1,4 in the report are amended so that no increase to charges from 12th April exceed the current rate of CPIH at 0.6%'.Delete paragraphs 1.3 and 1.4

47.5 The amendment was proposed by Councillor Childs and seconded by Councillor Moonan

47.6 If agreed, the amended report recommendations would read:-

Decisions, recommendations and any options (with effect from 12th April 2021)

1.1 To agree that the council continues with the current charging policy for care and support services which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014. The charging policy
is attached at Appendix 1.

1.2 To recommend to Policy & Resources Committee a maximum CPIH inflationary 0.6% increase on all adult social care charges with effect of **12th April 2021** and to recommend that the costings in the report are amended so that no increase to charges from 12th April exceed the current rate of CPIH at 0.6%

1.3 To continue with the existing policy not to charge carers for any direct provision of services.

47.7 The Chair explained that the original amendment had been re-worded as a recommendation to the Policy and Resources Committee because as set out in the financial implications section of the report, any amendments which might impact on the Service budget at this stage in the budget setting process needed to be agreed by that Committee.

47.8 The Chair invited Councillor Childs to speak to his amendment and for Councillor Moonan to speak in support as the seconder. Childs stated that he had grave concerns regarding the potential impact of about these increases at this very difficult time, he did not consider that it would be appropriate therefore to exceed the current rate. Councillor Moonan concurred in that view.

48.9 Councillor Bagaeen sought clarification regarding whether how, the impact of Councillor Childs proposed amendment could be met from within existing budgets currently. It was confirmed that they would have an impact if agreed and that a further assessment of that would need to be made and that if Members were minded to do that those changes would need to be referred to the Policy and Resources Committee in the manner identified. Councillor Bagaeen stated that on the basis of the information given he was unable to support the proposed amendment. The Chair, Councillor Shanks and Councillor Nield concurred in that view.

48.10 The Assistant Director, Angie , referred to the considerations set out in the report which were considered when assessments were made, what was taken into account and what was excluded and the underpinning background to the fee changes proposed. Despite the considerable financial pressures on the local authority and the support measures put into place to assist the provider market it was recognised that providers continued to experience ongoing rising costs.

47.-- There was no further discussion and recorderd vote was then taken in respect of the proposed amendment. Councillors Childs and Moonan voted that the amendment be agreed. Councillors Bagaeen, Nield and Shanks, the Chair,voted against. Dr Andrew Hodson, Lola Banjoko and Ashley Scarf of the CCG abstained. The amendment was therefore lost on a vote of 2 to 3 with 3 abstentions. The Chair then took a vote on the substantive recommendations as set out in the officer report and these were agreed.

47.11 **RESOLVED –** (1) To agree that the council continues with the current charging policy for care and support services which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014. The charging policy is attached at Appendix 1;

(2) To agree to a 2% increase on current charges or to agree to a higher increase as shown in tables of charges with effect from **12th April 2021**

Maximum Charges		2020-2021	2021-2022
Means Tested Charges		Current maximum	New Maximum
In-house home care/support		£26 per hour	£27
In–house day care		£40 per day	£41
In-House Residential Care		£126 per night	£129
Fixed Rate Charges			
Fixed Rate Transport		£4.10 per return	£4.20
Fixed Meal Charge /Day Care		£4.90 per meal	£5.00

(3) To agree an increase to Carelink charges as follows:

		2020-21	2021-22
Standard Carelink Plus service		£19.30 per month	£19.70 pm
Enhanced Carelink Service		£23.15 per month	£23.60 pm
Exclusive Mobile Phone Service		£25.00 per month	£25.50 pm

(4) To agree an increase to miscellaneous fees as follows:

		2020-21 – 2021 – 2021-22	
Deferred Payment set up fee (see 2.13)		£533 one-off	£544
Initial fee for contracting non-residential care for self- funders		£281 one-off	£287
Ongoing fee for contracting for non-residential care for self- funders		£87 per year	£89 per year

(5) To continue with the existing policy not to charge carers for any direct provision of support to carers.

The meeting concluded at 7.30pm

Signed Chair

Dated this day of

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: Health & Wellbeing Board Review: Proposals for Agreement

Date of Meeting: 23 March 2021

Report of: Executive Director, Health & Adult Social Care

Contact: Giles Rossington/Michelle Jenkins Tel: 01273 295514

Email: giles.rossington@brighton-hove.gov.uk / michelle.jenkins@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

This report presents proposals to improve the effectiveness of the Health & Wellbeing Board (HWB). These proposals have been developed by BHCC officers in partnership with HWB member organisations and stakeholders across the city. The review process has been supported by the Local Government Association (LGA). The review proposals have also been influenced by an online public consultation which ran in November/December 2020.

If approved by the Board, the proposed changes to the HWB membership and

Terms of Reference will require amendment of the Council's Constitution, so will need to be considered by Full Council. Insofar as the proposed changes impact on partner organisations, they may also need to go through those organisations' governance processes.

1. Decisions, recommendations and any options

That the Board agrees to recommend to full Council:

1.1 The revised Terms of Reference for the Health & Wellbeing Board (**Appendix 1**)

1.2 The creation of an Adult Social Care and Public Health Sub-Committee of the Health & Wellbeing Board (**Appendix 2**);

That the Board agrees

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

That Full Council:

1.4 Agrees the revised Terms of Reference for the Health & Wellbeing Board (**Appendix 1**)

1.5 Agrees the creation of an Adult Social Care and Public Health Sub-Committee of the Health & Wellbeing Board (**Appendix 2**)

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

1.7 That the proposed changes come into force immediately following their approval by Full Council.

2. Relevant information

Background

2.1 The Health & Social Care Act (2012) required all local authorities with social care responsibilities to establish Health & Wellbeing Boards (HWB). The 2012 Act (and subsequent Regulations) set out a legal framework for HWBs, including a minimum membership and statutory duties. However, local authorities were given considerable freedom to develop locally appropriate HWB models with additional membership and duties. In consequence, a number of different HWB models evolved. Over time it has become apparent that some HWB models have been more effective than others; since 2019 the Brighton & Hove HWB has been working with the Local Government Association (LGA) to better understand good practice with regard to HWBs. It is clear from this work that aspects of the Brighton & Hove HWB model need to be changed.

2.2 The context in which HWBs operate has also changed over time, particularly in terms of the NHS moving from an internal market model with a clear commissioner/provider split to the current model of increasingly strong partnership working between NHS commissioners, NHS providers, local authorities and the Community & Voluntary sector (CVS). This significant shift in focus provides another reason to review the Brighton & Hove HWB.

2.3 In 2019, the Local Government Association (LGA) agreed to facilitate a review of the Brighton & Hove HWB. Initial work on this, involving all HWB partners and a wide range of stakeholders, took place in autumn 2019. Building on this work, and on subsequent dialogue with elected members and with the CCG, review proposals were developed by council officers and presented to the HWB at its September 2020 meeting. The HWB agreed to put these proposals out to online public consultation, which took place over November/December 2020. More details on the consultation are provided below.

Role and Responsibilities of the HWB

2.4 The role of the HWB is currently defined in the BHCC Constitution:

The purpose of the Board is to provide system leadership to the health and local authority functions relating to health & wellbeing in Brighton & Hove. It promotes the health and wellbeing of the people in its area through the development of improved and integrated health and social care services. The Health and Wellbeing Board is responsible for the co-ordinated delivery of services across adult social care, children's services and public health. This includes decision making in relation to Adult Services, Children's Services, and decisions relating to the joint commissioning of children's and adult social care and health services.

HWBs have a set of statutory responsibilities. These are detailed in the BHCC Constitution, but in brief they include:

- Agreeing and overseeing the implementation of a local Joint Health & Wellbeing Strategy (JHWS) – and ensuring that CCG commissioning plans support the JHWS goals.
- Agreeing the local Joint Strategic Needs Assessment (JSNA) – and ensuring that organisational commissioning decisions reflect the JSNA evidence base.
- Agreeing the local Pharmaceutical Needs Assessment.
- Receiving annual Safeguarding Adult and Children Board reports.
- Agreeing the local Better Care Fund (BCF) plan.

2.5 The current HWB Terms of Reference need to be updated to reflect recent major recent developments in health and care. It is proposed that Board's scope is expanded to include:

- **Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities;**
- **Developing a shared focus on the most vulnerable local residents, including Black and Minority Ethnic communities, people with disabilities, LBGTQ communities and older people;**
- **Providing system leadership to secure collaboration to meet these needs more effectively;**
- **Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate;**
- **Recognising the impact of the wider determinants of health on health and wellbeing;**
- **Involving patient and service user representatives and Councillors in commissioning decisions.**

2.6 To make the Board more effective, and to better align it with best practice across England, two other proposed changes to the Terms of Reference have been identified:

(i) to broaden the currently rather narrow (and commissioner-heavy) membership; and
(ii) to address the issue of much of the Board's time being taken up with relatively operational commissioning decisions. Most high-functioning HWBs have a broad membership, including health providers and the community and voluntary sector; and few HWBs undertake routine commissioning decisions.

The issues of membership and commissioning are addressed in more detail below.

Membership

2.7 The current membership of the HWB is:

- BHCC elected members (including HWB Chair): 5 (voting, with the Chair having a casting vote in the event of a tied vote)
- CCG representatives: 5 (voting)
- BHCC Executive Director of Children's Services (non-voting)
- BHCC Executive Director of Health & Adult Social Care (non-voting)
- Brighton & Hove Director of Public Health (non-voting)
- NHS England representative (non-voting)
- Healthwatch Brighton & Hove representative (non-voting)

(The above are all required by statute, although the minimum legal requirement is for at least one elected member and at least one member of any CCG operating within the local authority area.)

- Chair of the local Safeguarding Adults Board (SAB) (non-voting)
- Representative of the Brighton & Hove Safeguarding Children's Partnership (non-voting)

(These are not required in statute.)

2.8 The proposed new HWB membership is (changes in bold):

- BHCC elected members (including HWB Chair): 5 (voting, with the Chair having a casting vote in the event of a tied vote)
- CCG representatives: **2** (voting)
- **Chief Executive of Brighton & Sussex University Hospitals Trust (BSUH), or its successor organisation (voting)**
- **Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT) (voting)**
- **Chief Executive of Sussex Community NHS Foundation Trust (SCFT) (voting)**
- **Two Community Voluntary Sector (CVS) representatives (non-voting)**
- BHCC Executive Director of Children's Services (non-voting)
- BHCC Executive Director of Health & Adult Social Care (non-voting)
- Brighton & Hove Director of Public Health (non-voting)
- NHS England representative (non-voting)
- Healthwatch Brighton & Hove representative (non-voting)
- Chair of the local Safeguarding Adults Board (SAB) (non-voting)
- Representative of the Brighton & Hove Safeguarding Children's Partnership (non-voting)

2.9 The proposal to offer seats to NHS Trusts operating in the city will ensure that the HWB represents the whole of the local health & care system rather than solely commissioners. This will better reflect the increasing trend for partnership working between health and care commissioners and providers across the local system. The CCG has offered to pass three of its voting seats on the Board to local NHS Trusts. This means that the membership and voting

balance between the city council and the NHS on the Board is maintained despite the addition of NHS providers. It is recognised that even with this widening of membership, the whole health & care system is not directly presented: e.g. social care providers, pharmacists, dentists, opticians etc. The HWB will engage with these and other sectors when undertaking specific pieces of work.

2.10 The proposal to offer two seats to CVS reflects the importance of the sector locally, both as providers of health and care services and as champions for particular groups, including disadvantaged communities. Community Works will be asked to nominate the CVS representatives. These will be non-voting seat as having it as voting would impact the voting balance of the Board. However, it is anticipated that the Board will make all or the great majority of decisions by consensus, with the full participation of all members, rather than by voting.

2.11 The above proposals will considerably widen the membership of the Board, but with only a minimal increase in members (two). Consideration was given to further widening Board membership (e.g. to include invites to Fire & Rescue and/or the Police/Police & Crime Commissioner). However, the benefits of having different perspectives reflected on the Board need to be balanced against the risks of having too large a membership for effective meetings. The Board will seek to engage with a wider range of stakeholders on specific work-streams.

Sub-Committee

2.12 The HWB currently discharges its statutory functions, but also takes decisions on jointly commissioned (BHCC/CCG) services and on BHCC social care and public health matters. This inevitably means that much of the HWB's activity is focused on relatively operational commissioning matters rather than strategic issues. There is also an argument that this arrangement means that BHCC elected member oversight of council social care services is weaker than oversight of other council services undertaken by BHCC Policy Committees.

2.13 **It is consequently proposed to establish a BHCC-only adult social care and public health sub-committee that will take all Council decisions relating to adult social care and public health that were previously taken by the HWB** (some decisions are reserved for Policy & Resources committee due to corporate policy or budgetary considerations). Although the HWB is legally constituted as a Council committee, it, and any sub-committees it has, are not subject to proportionality rules. It is nonetheless proposed that seats on the sub-committee do reflect the composition of the Council. It is proposed that membership of the sub-committee should consist of the elected members who sit on the HWB, with the Lead Member for Adult Social Care chairing.

2.14 It is proposed that decisions relating to services jointly commissioned by the city council and the CCG should in future also be taken by the Adult Social Care and Public Health Sub-Committee (for BHCC elements of a decision);

and by the relevant CCG governance bodies for the CCG element (as is currently the case). Although the HWB will not itself make commissioning decisions, it will be expected to discuss and agree commissioning priorities at a strategic level, reflecting Joint Health & Wellbeing Strategy priorities.

Children's Services and Corporate Parenting Board

2.15 The HWB currently has concurrent responsibility for BHCC children's care decisions with the Children, Young People & Skills Committee (CYPS). The HWB also currently has the function of discharging the Council's responsibilities as Corporate Parent. It is proposed to clarify that these decisions will be taken by CYPS Committee by amending the HWB Terms of Reference accordingly. However, the HWB and its sub-committees will retain responsibility for all public health decision-making, including for children & young people public health services.

Frequency of Meetings

2.16 There are currently six HWB meetings per annum. It is proposed that we move to three HWB meetings plus three meetings of the Adult Social Care & Public Health Sub-Committee. Thus, there will be no increase in terms of the burden of meetings, but also no reduction in the number of opportunities for public or member involvement. In addition, we will schedule informal development HWB sessions as required – e.g. to develop strategies.

HWB Development Workshop

2.17 The LGA facilitated a HWB Development Workshop on 29 January 2021, with attendees from the Board and from partner and stakeholder organisations. Developmental priorities identified at the workshop included:

- The need to clarify the purpose of a refreshed HWB
- The need to develop a Communications/Engagement plan for the HWB
- The need to plan further developmental sessions
- Greater clarity regarding the respective roles of the HWB and the Council's Health Overview & Scrutiny Committee (HOSC), including closer alignment on work planning
- Moving to a co-production model for developing the HWB work plan, with greater input from the CCG and other organisations on the Board.

Public Consultation

2.18 The council ran an online public consultation on HWB review proposals in November/December. Just under 50 responses were received.

71% of people agreed with plans to broaden the remit of the HWB (16% disagreed). A number of respondents suggested particular areas of focus, including mental health, disease prevention, wellbeing, housing, end of life

care, primary care, exercise, challenging the privatisation of health services, making NHS bodies more democratically accountable, better integration of services, and support for the community & voluntary sector.

78% of people agreed with plans to broaden the HWB membership (18% disagreed). Respondents suggested including CVS representatives (reflecting expertise in autism, domestic violence, environmental issues, poverty, sports). There were also suggestions that service-users should be directly represented.

69% of people agreed with plans to introduce commissioning sub-committees (18% disagreed).

A number of people suggested ideas for improving public engagement. These included:

- More reliance on service-user feedback
- More public engagement at meetings
- Using direct mail
- Live-streaming meetings
- Using the citizen assembly model to explore issues
- Inviting CVS groups to meetings
- More use of social media
- Developing a dedicated HWB website/making HWB pages more prominent on the council website
- Outreach into schools and colleges
- Linking with patient groups
- Newsletters
- An annual consultation day
- Using a range of non-digital engagement methods
- Making the HWB a more visible presence in the city

While the number of responses was relatively small, the consultation produced some valuable feedback:

- There was broad support for the HWB review proposals.
- It is clear that the HWB needs to do more to communicate to and engage with residents.
- There is wide support for developing closer links with CVS groups
- There is wide support for the HWB focusing on public health in its broadest sense.

2.19 It is proposed that the HWB establishes a task & finish officer group, including NHS and CVS representation, to report back to the Board. The group should develop proposals around:

- A Communication/Engagement plan for the HWB

- Developing greater clarity on the respective roles of the HWB and the HOSC, including a more aligned work programme
- How to position the HWB as a key city Strategic Partnership for health and care
- How to make the most of the input of all HWB member organisations, particularly in terms of developing shared work plans.

2.20 These proposals have been presented to the Council's Constitution Working Group.

3. Important considerations and implications

Legal:

3.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the Regulations) set out the ability of the Health and Wellbeing Board to discharge any of its functions by a sub-committee of the Board. The Regulations (Regulation 7) also disapply the political proportionality rules set out in Section 15 and 16 of the Local Government and Housing Act 1989 to the Board and any of its sub-committees.

Lawyer consulted: Elizabeth Culbert Date:150221

Finance:

3.2 There are no direct implications arising from this report. Any costs such as officer time required to implement the operational changes will be met within existing resources.

Finance Officer consulted: Sophie Warburton Date: 11/02/2021

Equalities:

3.3 Proposals to broaden HWB membership to include Community & Voluntary Sector representatives (in addition to continuing input from Healthwatch Brighton & Hove) will offer more opportunities for the HWB to understand the needs and views of a range of local communities, including communities with protected characteristics.

Sustainability:

3.4 There are no direct sustainability implications with regard to the recommendations to amend the HWB ToR and to introduce an adult social care & public health sub-committee. However, the proposed changes are intended to make the Board more effective, and in particular to allow more

focus on the core strategic aim of implementing the city Joint Health & Wellbeing Strategy (JHWS). Environmental and Sustainability issues, including air quality and the promotion of active travel, are key to the delivery of the JHWS.

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

3.5 These are detailed in the body of the report.

Supporting documents and information

Appendix1: Proposed new Terms of Reference for the HWB
Appendix 2: Proposed Terms of Reference for the Adult Social Care & Public Health Sub-Committee

HEALTH & WELLBEING BOARD TERMS OF REFERENCE

Explanatory Note

The Health & Wellbeing Board (HWB) is established as a Committee of the Council pursuant to Section 194 of the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.

Purpose:

The Brighton & Hove Health and Wellbeing Board brings together key local leaders to improve the health and wellbeing of the population of Brighton & Hove and reduce health inequalities through:

- Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities;
- Developing a shared focus on the most vulnerable local residents, including Black and minority ethnic communities, people with disabilities, LBGTQ communities and older people;
- Providing system leadership to secure collaboration to meet these needs more effectively;
- Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate;
- Recognising the impact of the wider determinants of health on health and wellbeing;
- Involving patient and service user representatives and councillors in commissioning decisions.

The HWB is responsible for the co-ordinated delivery of services across adult social care and public health. This includes decision making in relation to adult social care and health services.

Composition

<u>Voting members</u>

5 elected Members
2 CCG representatives
One representative of Brighton & Sussex University Hospitals NHS Trust (or its successor organisation)
One representative of Sussex Partnership NHS Foundation Trust
One representative of Sussex Community NHS Foundation Trust

<u>Non-voting members</u>
Representative from HealthWatch Brighton & Hove
Representative from NHS England

Executive Director Families, Children and Learning
Executive Director Health and Adult Social Care
Director of Public Health
Chief Executive, Brighton & Hove City Council
One representative from Children's Local Safeguarding Partnership
Two representatives from the Community & Voluntary Sector
Chair of Safeguarding Adults Board

Quorum

At each meeting, the quorum requirement is at least two voting members from the NHS and two voting members from the Council.

Chair and Deputy Chairs and Substitutes

The Board will be chaired by a member of the Council. One Deputy Chair will be appointed by the CCG and one by the Council.

Council Procedure Rule 18 in relation to the appointment of substitutes will apply to the voting Council members of the Board. For non Council members of the Board, each Board member can nominate up to 3 substitutes and any one of those named substitutes can attend a Board meeting in their place. Substitutes must be from the same organisation/ sector as the Board member and be of sufficient seniority and empowered by the relevant organisation/sector to represent its views; to contribute to decision making in line with the Board's Terms of Reference and to commit resources to the Board's business.

Voting arrangements

It is expected that most decisions will be agreed by consensus but, where this is not the case, then only those members listed as voting members may vote.

The Chair of the Board shall have a second or casting vote.

Delegated Functions

General

1. To provide system leadership relating to the health and wellbeing of the people who live, work and visit Brighton & Hove;

2. To promote integration and joint working in health and social care services across the City in order to improve the health and wellbeing of the people of Brighton & Hove;

3. To lead the health & care recovery responses to the Covid 19 emergency.

4. To oversee local Covid Outbreak Control Planning, including acting as the Local Engagement Group for local outbreak communications.

5. To work in partnership with the Sussex Integrated Care System and the Brighton & Hove Integrated Care Partnership to deliver the NHS Long Term Plan via the Sussex and Brighton & Hove Health & Care Plans.

6. To approve and publish the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment for the City;

7. To approve and publish a Joint Health & Wellbeing Strategy (JHWS) for the City, monitoring the outcomes goals set out in the JHWS and using its authority to develop Health and Wellbeing Board joint commissioning priorities which support the delivery of the Health and Wellbeing Strategy.

8. To consider the Clinical Commissioning Group's draft annual commissioning plan and to respond with its opinion as to whether the draft commissioning plan takes proper account of the relevant Joint Health and Wellbeing Strategy;

9. Where considered appropriate by the HWB, to refer its opinion on the CCG annual commissioning plan to the National Health Service Commissioning Board and to provide the CCG with a copy of this referral;

10. To monitor the CCG's Commissioning Plan and any HWB joint commissioning priorities;

11. To oversee and performance manage the planning and delivery of the Better Care Fund.

12. To receive the Local Safeguarding Children's Board's Annual Report for comment; and also the Adults Annual Safeguarding Report;

13. To involve stakeholders, users and the public in quality of life issues and health and wellbeing choices, by

    - communicating and explaining the JHW Strategy;
    - developing and implementing a Communications and Engagement Strategy;

14. To represent Brighton & Hove on health and wellbeing issues at all levels, influencing and negotiating on behalf of the members of the Board and working closely with the local HealthWatch;

15. To appoint members to the Board in compliance with relevant legislation and guidance;

16. To operate in accordance with the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013;

17. To receive and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Health and Wellbeing Board.

18. To establish one or more sub-committees to carry out any functions delegated to it by the Board

19. To Establish one or more time limited task and finish groups to carry out work on behalf of the Board.

20. Better Care Fund

To discharge all functions relating to the better care fund that are required or permitted by law to be exercised by the Health and Wellbeing Board, including

(a) to agree the strategic planning;

(b) manage the pooled budget;

(c) oversee and performance manage the planning as well as the practical and financial implementation of the fund.

21. Adult Social Services

(a) To exercise the social services and health functions of the Council in respect of adults;

(b) To exercise all of the powers of the Council in relation to the issue of certificates to blind people and the grant of assistance to voluntary organisations exercising functions within its area of delegation;

(c) To exercise the functions of the Council in relation to the removal to suitable premises of persons in need of care and attention.

22. Public Health

To exercise the Council's functions in respect of public health, including but not limited to:

- sexual health;
- physical activity, obesity, and tobacco control programmes;
- prevention and early detection;
- immunisation;
- mental health;
- NHS Healthcheck and workplace health programmes;
- dental public health;

- social exclusion;
- seasonal mortality.

To exercise any other functions which transferred to the Council under the Health and Social Care Act 2012.

23. **Partnership with the Health Service**

(a) To exercise the Council's functions under or in connection with the adult services partnership arrangements made with health bodies pursuant to section 75 of the National Health Service Act 2006 ("the section 75 Agreements").

(b) To exercise the Council's functions under or in connection with the children and young people's partnership arrangements made with health bodies pursuant to section 75 of the National Health Service Act 2006 and section 10 of the Children Act 2004 ("the section 75 Agreements") to the extent they are in force;

24. **Learning Disabilities**

To discharge the Council's functions regarding learning disabilities.

Referred functions

25. The Board shall have referred functions relating to any matter that has implications for the health and wellbeing of the City.

Reserved matters

26. The following matters will be reserved from the delegations to the Board or its Sub-Committees:

- Final decisions on any matters that are reserved to full council or the CCG by law and cannot be delegated;
- Final decisions on matters reserved to full Council under the Council's Budget and Policy framework
- Matters that have corporate budgetary or policy implications that go beyond health and wellbeing
- The externalisation (outsourcing) or bringing in-house of any Council services (which shall be referred to the Policy & Resources Committee for final decision.)

Meeting arrangements

It is expected that the Board will meet up to 3 times per annum. The Chair of the Board, following consultation with the Deputy Chairs, can convene special meetings of the Board as appropriate.

All business of the Board shall be conducted in public in accordance with Section 100A of the Local Government Act 1972 (as amended). When the Board considers exempt information and/or confidential information is provided to Board members in their capacity as members of the Board all Board members agree to respect the confidentiality of the information received and not disclose it to third parties unless required to do so by law or where there is a clear and over-riding public interest in doing so.

To the extent that these Terms of Reference conflict with or differ from Council Procedure Rules, theses Terms of Reference set out above shall apply.

HEALTH AND WELLBEING BOARD
BRIGHTON & HOVE COUNCIL ADULT SOCIAL CARE AND PUBLIC HEALTH SUB-COMMITTEE

TERMS OF REFERENCE

Explanatory Note

The Brighton & Hove Council Adult Social Care and Public Health Sub-Committee is established as a sub-committee of the Brighton & Hove Health & Wellbeing Board pursuant to s102 4B of the Local Government Act 1972 (as modified by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013).

Purpose

The purpose of the Brighton & Hove Council Adult Social Care and Public Health Sub-Committee is to discharge the functions of Brighton & Hove City Council in relation to adult social care, learning disabilities and public health.

Composition

The sub committee will consist of 5 Members (who it is expected will be the BHCC 5 elected members of the Health and Wellbeing Board)

Delegated Functions

1. Adult Social Services

(a) To exercise the social services and health functions of the Council in respect of adults;

(b) To exercise all of the powers of the Council in relation to the issue of certificates to blind people and the grant of assistance to voluntary organisations exercising functions within its area of delegation;

(c) To exercise the functions of the Council in relation to the removal to suitable premises of persons in need of care and attention.

2. Public Health

To exercise the Council's functions in respect of public health, including but not limited to:

- sexual health
- physical activity, obesity, and tobacco control programmes
- prevention and early detection
- immunisation
- mental health
- NHS Healthcheck and workplace health programmes

- dental public health
- social exclusion
- seasonal mortality.

To receive reports from relevant programme boards and related multi-sector committees with a remit for public health in order to inform the Health and Wellbeing Strategy including: the Alcohol Programme Board, the Substance Misuse Programme Board, the Healthy Weight Programme Board and the Sexual Health Programme Board.

3. Partnership with the Health Service

To exercise the Council's functions under or in connection with the partnership arrangements made with health bodies pursuant to Section 75 of the National Health Service Act 2006 and section 10 of the Children Act 2004 to the extent they are in force.

To take funding decisions relating to the Council's contribution to the pooled fund established by the Better Care Fund Section 75 Agreement;

4. Learning Disabilities

To discharge the Council's functions regarding Learning Disability.

5. General

To exercise any other functions which transferred to the Council under the Health and Social Care Act 2012.

Minutes of Sub-Committee meetings

The Health and Wellbeing Board will be informed of the Sub-Committee's decision by the inclusion on its agenda of the minutes of the Sub-Committee's meetings.

Meetings

It is expected that the Adult Social Care and Public Health Sub-Committee will meet up to three times per annum. Special meetings of the Brighton & Hove Council Health and Wellbeing Sub-Committee may be called by the Chair, following consultation with the Deputy Chair, if a decision is required urgently.

It is expected that the Chair will be the Lead Member for Adult Social Care and Health and Deputy Chair will be the Chair of the Health and Wellbeing Board.

The chair of the meeting will have a second or casting vote.

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:	Responding to the National Child Safeguarding Review Panel 'Out of Routine report' on Sudden Unexpected Death in Infancy	
Date of Meeting:	24 March 2020	
Report of:	Director Public Health	
Contact:	Sarah Colombo	Tel: 07827233577
Email:	Sarah.colombo@brighton-hove.gov.uk	
Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

This paper describes the national report and local response to sudden unexpected death in infants. There is a strong body of evidence around the importance of addressing the factors that can contribute to sudden unexpected death in infants and this paper outlines a Sussex-wide response that encompasses a universal offer and targeted work with vulnerable families. This paper also outlines the work to date across Sussex on the ICON programme which focuses on infant crying and coping strategies for parents and carers. Dr Jamie Carter Designated Doctor for Safeguarding Children for Brighton and Hove will deliver a presentation at the Board detailing aspects of this paper.

1. Decisions, recommendations, and any options

1.1 That the Board note the report.
1.2 That the Board agrees this is a key message for all frontline practitioners working with parents, carers and families and should be 'Everybody's Business'.

2. Relevant information

2.1 Background

2.1.1 The National Child Safeguarding Practice Review Panel's report 'Out of Routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm' published in July 2020 details the factors involved in these tragic deaths.

2.1.2 The report's executive summary outlines the reason for the review,

> 'Infants dying suddenly and unexpectedly represent one of the largest groups of cases notified to the Panel, with 40 notifications between June 2018 and August 2019. While these represent only a proportion of all SUDI, they occur in families who are particularly vulnerable and each one is a devastating loss for the family. Almost all of these tragic incidents involve parents co-sleeping in unsafe sleep environments with infants, often when the parents had consumed alcohol or drugs. In addition, there were wider safeguarding concerns – often involving cumulative neglect, domestic violence, parental mental health concerns and substance misuse'

2.1.3 The report has three recommendations two of which concern actions at a national level around improving data analysis and the development of shared tools and processes for frontline practitioners. Recommendation 2 focuses on the importance of embedding knowledge and expertise around safer sleeping practices in a range of frontline services working with parents, carers, and families. In effect to develop the understanding that safer sleeping is 'Everybody's business'.

2.2 Recommendation 2 of the SUDI report

2.2.1Recommendation two focuses on the role of health visiting services and the importance of all frontline practitioners that work with families having a clear understanding of the issue,

> 'We recommend that, as part of its refresh of the high impact areas in the Healthy Child Programme and the specification for health visiting, Public Health England considers how the learning from this review could be embedded within the transition to parenthood and early weeks. In particular, to consider how targeted multi-modal interventions that provide a safe infant sleep space with comprehensive face-to-face safe sleep education can be

embedded in wider whole family initiatives to promote infant safety, health and wellbeing; and to consider how the implementation of these elements of the Healthy Child Programme can be expanded to involve practitioners from all agencies working with families with children at risk.'

2.3 The Impact of COVID on young children

2.3.1 The Child Safeguarding Practice Review Panel's December 2020 practice review, 'Supporting Vulnerable Children and Families during COVID-19' identified parental and family stressors as,

> 'major factors across the full range of cases involving COVID-19. Increasing domestic violence and mental health concerns were key features across the Rapid Reviews. The lack of contact with extended family members during lockdown meant the loss of a key protective factor in some cases.'

and the report went on to note,

> 'Harm to babies under 12 months old
> Babies under 12 months old continue to be the most prevalent group notified, and there were a high proportion of cases involving non-accidental injury and sudden unexpected infant death. In these cases, parental and family stressors were the most significant factor in escalating risk.'

The Child Safeguarding Practice Review Panel, 'Supporting Vulnerable Children and Families during COVID-19 Practice Review' Dec 2020

2.3.2 Additional COVID-19 pressures on families;

- Support networks not accessible
- Self-isolation with children and potentially at risk adults
- Concerns increased around young babies and parents in lockdown
- Children not presenting at health settings
- Families not accessing group and professional contacts
- Loss of income
- Social distancing restrictions on activities which might lessen stress (e.g. sports, social engagement and entertainment, celebrations)

2.4 A Sussex wide response

2.4.1 A multi-agency Sussex wide Community of Practice group was initiated in November 2020 and has met three times to discuss the findings of the report within the context of Health Visiting services in Sussex and the wider multi-agency landscape of services working with vulnerable families where children are identified as at risk.

2.4.2 This Sussex wide approach, supported and promoted by the three Sussex Safeguarding Children Partnerships will build upon the very successful ICON programme aiming to create;

- A tiered response that aims to create a coherent pathway from universal to targeted/specialist services with a strong consistent message and an approach that invites all services involved with families to see safer sleeping as 'Everybody's business'.

- A response that aligns the Safer Sleeping with the messaging and training already in place across Sussex around ICON (safer strategies for parents dealing with crying babies) and a broader objective of developing more effective methods for engaging fathers and partners in accessing information and support.

- An online survey has been delivered across Sussex following a review of research and best practice in engaging with fathers and non-birthing partners around parenting information and support. Two thirds of fathers and non-birthing parents who completed the survey said they look to their partner for information but that they would use an online app designed for fathers and non-birthing parents if it were available.

2.5 The aim

2.5.1.Universal and Early Help
Review the current information and materials around safer sleeping practices across all three areas with the aim to agree a consistent set of messaging and information for parents and practitioners across Sussex.

2.5.2 Delivery of a set of short webinar workshops to a range of frontline professionals aimed at improving knowledge of safer sleeping and developing consistency of approach to the issue across services such as Children's Centres, Early Years provision, Voluntary and Community Sector organisations working with families, Health Services, Fire & Rescue Services, the Police.

2.5.3 Multi-agency work with vulnerable families where children are at greater risk. Deliver workshop webinars to engage managers and frontline practitioners working in services that engage and support vulnerable families such as Children's Social Work, Primary Care, Housing, Children's Centres, Health Visiting, specialist drug and alcohol services and those working with families where domestic abuse and violence is taking place. The aim of these workshops will be:

- to ensure there is a consistent message and understanding of the additional risks to children of unsafe sleeping practices in families where the landscape of family life includes one or more of the risk factors outlined above.

- to provide additional information and practical ideas to improve identification of safe sleeping issues and the practitioner response including working with fathers and partners.

2.6 The ICON Programme in Sussex

2.6.1 The ICON Programme is a preventative programme, based around helping parents cope with a crying baby. Conceived by Dr Suzanne Smith PhD who undertook research in USA and Canada in 2016 into the study of effective interventions and research into the prevention of Abusive Head Trauma (AHT/ Shaken baby).
ICON is an evidence based programme consisting of a series of brief 'touchpoint' interventions that reinforce the simple message making up the ICON acronym. It also incorporates a 'safe sleep' message. Hampshire Safeguarding Children Partnership worked with Sue Smith to develop a programme for ICON in the UK.

2.6.2 The goal for ICON is to communicate to parents/carers that;
- They can expect and understand crying
- They can prepare for crying
- They have some strategies to cope with crying

2.6.3 ICON Programme achievements in Sussex

- Each area has a multi-agency ICON steering group driving embedding messages and operational engagement with the ICON materials and support
- Pan-Sussex awareness via Safeguarding Children Partnerships & health safeguarding routes
- Maternity services adoption
- Children's Social Care & Community & Voluntary Sector in Brighton & Hove
- ICON training to primary care and providers
- In Brighton & Hove strong link from ICON to the Reducing Parental Conflict Programme
- Community of Practice Sussex wide group established to develop approaches to working with fathers and non-birthing partners

3. Important considerations and implications

Legal: The report demonstrates how the local authority in conjunction with its' partners will work together on a multi-agency basis to meet its' statutory duties and powers to support vulnerable families and safeguard babies in the locality who require protection from the risks of SUDI.

Lawyer consulted: Date:12/03/21
Hilary Priestley Senior Lawyer

Finance:
There are no additional costs arising from the proposals contained within this report. The recommendations are around improving practice, awareness and training with staff already in funded roles to undertake this work.

Finance Officer consulted: Date: 12/03/21
Louise Hoten Head of Health, Adults, Families, Children and Learning Finance

Supporting documents and information

Appendix1:

National Child Safeguarding Practice Review Panel report 'Out of Routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm'. July 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf

ICON National website
ICON - Babies cry you can cope - Advice and Support | ICON (iconcope.org)

Brighton & Hove Safeguarding Children Partnership – ICON webpages
ICON - Share the message - BHSCP

National Child Safeguarding Practice Review Panel report: Supporting vulnerable children and families during COVID-19 (mcusercontent.com)
Practice briefing. December 2020

Item 57

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 Send-off'? Patients' and families' Experiences of End of Life Care* Report Response, March 2021
Date of Meeting:	23 March 2021
Report of:	Sarah Pearce, Head of Integration / Alex Mancey-Barratt, Clinical Lead, Brighton and Hove CCG / Laura Fernandez-Kayne, Manager, Community Services, Brighton and Hove CCG
Contact:	Sarah Peace
Email:	Sarah.Peace12@nhs.net
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

In September 2020 Healthwatch Brighton and Hove published the 'A Good Send-off?' report on experiences of people receiving End of Life care. 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 relatively small sample of patients, many issues emerged.

The report suggested that End of Life care was not found to be a dignified and well-arranged experience for many, and the sensitivity and dignity of individual care planning that was expected was not always provided. Healthwatch's recommendations were accepted in full by the NHS with a pledge to improve the care pathway and correct elements of personal insensitivity and absence of coordinated planning that were found.

Following the initial report Brighton and Hove CCG reviewed the recommendations in conjunction with Brighton and Sussex Hospital Trust (BSUH), Brighton and Hove City Council (BHCC), and Healthwatch and developed a response plan.

Since the publication of the 'A Good Send-off?' report, the Brighton and Hove healthcare system has actively developed support around end of life patients, with a focus on improving personalised care planning and keeping people out of hospital. The impact of the Covid 19 pandemic both in terms of the immediate impact and potential longer-term implications and learning have been central to this ongoing development. These actions also help inform the 'dying well' element of Brighton & Hove Joint Health and Well-being strategy, with further engagement supporting the need to develop End of Life care.

An update on the response to these recommendations is now being presented to the Brighton and Hove Health and Well-being Board at their request.

There has been input into both this paper and the review of actions in response to the Healthwatch report from Brighton and Hove City Council and Brighton and Sussex Hospital Trust as well as Brighton and Hove CCG.

1. Decisions, recommendations and any options

1.1 That the Board notes the update from Brighton and Hove CCG on responding to the Healthwatch report 'A Good Send-off?'

2. Relevant information

2.1 Background

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. The 'A Good Send-off?' report then outlined ten recommendations to the NHS around improving local End of Life care. These recommendations were:

- Greater focus on patients at the end of their life to improve their experience and hospital performance.
- 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.
- Better information and active early involvement of patients in planning their care and routine inclusion of their families. Implementation of the NHS 'Let's Get You Home Policy' and practice.
- Reconsideration of the quality of care that can be given in the Discharge Lounge for patients who are terminally ill and will not be dis-charged in a short time.
- A review of the practice of readmitting patients through the Emergency Department 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.
- Involving patients and families in training programs on End of Life.
- 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-19.
- Proactive involvement of GPs, and other primary care and community health services and a review of the communications systems between hospital and general practice.
- Improved coordination of the services that already exist including those in the voluntary and charitable sectors and chaplaincies.
- Rapid provision of resources and care where there are gaps to assure 'A Good Send-off'.

Brighton and Hove CCG are committed to ensuring the needs of people of all ages who are at the end of their lives, and those who are bereaved, are recognised, and that there are robust and appropriate systems are in place to take into account people's priorities, preferences and wishes.

Since the publication of the 'A Good Send-off?' report, the Brighton and Hove healthcare system has actively developed support around end of life patients, with a focus on improving personalised care planning and keeping people out of hospital, particularly via the use of the Recommended Summary Plan for Emergency Care and Treatment..

This updated actions has been reviewed by the CCG, in conjunction with BSUH, BHCC, and Healthwatch. We have also consulted with colleagues at the Martlets Hospice and with SCFT (Sussex Community Foundation Trust).

As part of wider Sussex CCG collaboration there are in place monthly meetings with CCG leads for EOL, clinical leads and providers, including both BSUH and local hospices. The impact of the Covid 19 pandemic both in terms of the immediate impact and potential longer term implications and learning have been, and will continue to be, central to these ongoing discussions. Opportunities for joint working and developments are being actively worked on together.

2.2 Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)
A major improvement in local End of Life care has been the development and implementation of ReSPECT. This is a summary of personalised recommendations for a person's clinical care in a future emergency should they not have capacity to make or express choices. It is intended to respect both patient preferences and clinical judgement. Benefits of ReSPECT include putting patients at the centre of their care, ensuring that treatment plans are recorded and available at all times, preventing patients from dying in hospital when they would rather be at home, identifying ceilings of treatment including wishes around resuscitation and goals of care, and ensuring clear and co-ordinated communication of treatment plans to all services. It is, however, noted that ReSPECT does not replace existing care plans, rather complements and provides a summary and a focus on personalised care and admission avoidance.

ReSPECT is now embedded across Brighton and Hove, and information is shared electronically with primary care, ambulance services, and hospices. Centrally the patient retains a hard copy of the most up to date version of the plan so this is available when needed and can be taken with the patient into hospital, clinics etc. as appropriate. The aim of this includes; increased shared decision-making for end of life patients, enabling more people to die at home if that is their preference, and reducing unwanted / unwarranted conveyance from care homes to hospital. Next steps is to develop an electronic interface between primary and secondary care and including any revisions to the ReSPECT process plan as part of discharge planning.

Frailty and End of Life locally commissioned services are also now in place, which support the implementation of personalised care plans for all frailer people and encourages discussion around ReSPECT at an earlier stage.

There have been a variety of educational and training events around ReSPECT, with webinars undertaken in April 2020 and December 2020 and another planned for April 2021. There is now a ReSPECT page on the CCG website, which is accessible to patients and to system partners/providers. This contains information about the ReSPECT process and how it supports patient care. Further Communications packs are being developed including videos and the ReSPECT information leaflets will be available in various languages. The aim of these will be to support the involvement of patients, carers and families and system partners in the use of ReSPECT in practice and in training and education around ReSPECT and its place in End of Life care.

2.3 A&E
There is a focus on admission avoidance for end of life patients, and palliative care consultants are working with primary care to encourage GPs to have conversations directly with staff at the hospital, the benefits of this are better information sharing and understanding of care needs. Part of this work is also to reassure GPs that they are able to give good End of Life care in the hospital if this is what the patient needs.

The CCG have also commissioned step-up beds as part of winter planning and to support admission avoidance. Other Brighton and Hove out-of-hospital services supporting admission avoidance have also seen an increase in end of life patients being referred to their service, enabling more personalised care and a more positive experience for patients.

In addition, the CCG working across Sussex has set-up a mutual aid pathway across Sussex hospices, where in instances of reduced capacity in a local hospice, patients can be conveyed to an out of area hospice rather than hospital. This has increased admission avoidance and the further focus on personalised care for end of life patients.

2.4 Fast-track domiciliary care
The CCG's Continuing Healthcare Team are working to review the way that fast-track domiciliary care packages are provided. This will reduce waiting for care packages in the community and ensure consistency and quality of care delivered.

2.5 Dying Matters Week
In 2020, a Dying Matters week of events and education was planned but had to be cancelled due to Covid-19 restrictions. Similar events are being planned for April 2021, to take place on-line, and will reference the recommendations made in the 'A Good Send-off?' report. This will encourage the sharing of information and learning across the health and social care system as well as with patients, families and carers. This year's Dying Matters focus will be '**a good place to die'.** It is noted that BHCC are involved in arranging local events within Dying Matters week.

2.6 Future Commissioning Intensions
One of the areas that Brighton and Hove CCG would explore the implementation of a centralised End of Life Care coordination Hub (ECHO), which has been successfully piloted in part of West Sussex. This service coordinates End of Life care across all local services and acts as a single point of access for help and advice for patients and families. This aspiration is also a priority for other areas of Sussex and is currently being explored at Sussex ICS level.

Another positive step is that BSUH palliative care teams have developed a case for the extension of specialist palliative care cover to seven days a week in the hospital. This also aligns with work carried out in West Sussex with Western Sussex Hospitals Foundation Trust, and will enable further support and care to end of life patients in BSUH hospitals, particularly at weekends, ensuring a more positive experience of End of Life care and discharge.

Finally, NHSE have developed a regional Palliative and End of Life Network, which will provide an opportunity to bring together expertise and learning across areas. This is still at an early stage.

2.7 Conclusion and Next Steps
The CCG has welcomed this Healthwatch report, and has progressed with actions against the recommendations made, over the past six months. Although the need to

support the local Covid-19 response has taken a priority across the local health and social care partnership, this has led to a further highlighting of the need for more personalised and joined-up End of Life care.
The CCG will continue to regularly review this actions, and work together with BSUH and Healthwatch, with a further update to the Health and Well-being Board if requested.

3. Important considerations and implications

Legal: There are no legal implications to raise in relation to this report which is the Board to note.

Lawyer consulted: Elizabeth Culbert Date: 12 March 2021

Finance: The seven-day palliative care business case from BSUH would require funding decisions, and at present funding is expected to be contained within BSUH's Aligned Incentive Contract funding allocation. Discussions have taken place with the CCG's contracting team in respect of the governance around this proposed service.

Finance Officer consulted: N/A(Sophie Warburton) Date: 12 March 2021

Supporting documents and information

Appendix A: The *'A Good Send-off?'* Report can be found here.