



## 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 in the Council Chamber, Hove Town Hall on Tuesday 2 November 2021 at 4.00pm.



**Health & Wellbeing Board**  
**2 November 2021**  
**4.00pm**  
**Council Chamber, Hove Town Hall tbc**

Who is invited:

**B&HCC Members:** , Shanks (Joint Opposition Spokesperson), Nield (Deputy Chair), Fowler (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Appich

**NHS Members:** Dr Andrew Hodson (Deputy Chair), Lola Banjoko, Siobhan Melia (Sussex Partnership NHS Foundation Trust), Marianne Griffiths (University Hospitals Sussex NHS Partnership), Samantha Allen (Sussex Partnership NHS Foundation Trust)

**Non-Voting Co-optees:** Geoff Raw (CE - BHCC), Deb Austin (Statutory Director of Children's Services), Rob Persey (Statutory Director for Adult Social Services), Alistair Hill (Director of Public Health), Annie Callanan (Safeguarding Adults Board), David Liley (Healthwatch), Joanna Martindale and Tom Lambert (Community Voluntary Sector)

Contact: **Penny Jennings**  
Secretary to the Board  
Democratic Services Officer 01273 291065  
[penny.jennings@brighton-hove.gov.uk](mailto:penny.jennings@brighton-hove.gov.uk)

Date of Publication - Monday, 25 October 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

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#### **14 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.

#### **15 MINUTES 9 - 18**

To consider the minutes of the meeting held on 27 July 2021 (copy attached)

#### **16 MINUTES OF SPECIAL MEETING, ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE, 27 JULY 2021 19 - 22**

Minutes of the Special Meeting of Adult Social Care and Health Sub Committee, 27 July 2021 (copy attached) (for note)

#### **17 MINUTES OF MEETING, ADULT SOCIAL CARE AND PUBLIC HEALTH SUB COMMITTEE, & SEPTEMBER 2021 23 - 30**

Minutes of the Meeting of Adult Social Care and Public Health Sub Committee, 7 September 2021 (copy attached) (for note)

#### **18 CHAIR'S COMMUNICATIONS**

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

#### **19 FORMAL PUBLIC INVOLVEMENT**

To consider the following:

(a) Petitions – to consider any petitions received by noon on 27 October 2021;

(b) Written Questions – to consider any written questions received by noon on 27 October 2021;



(c). Deputations – to consider any Deputations received including any received from full council.

**20 FORMAL MEMBER INVOLVEMENT**

**31 - 32**

To consider the following:

- (a) Petitions;
- (b) Written Questions (copy of questions advised to date attached);
- (c). Letters;
- (d) Notices of Motion

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

There will be a joint presentation by the Director of Public Health, The Executive Director of Adult Health and Social Care and the CCG updating on information provided at previous meetings and on the current situation in the city.

**22 PRESENTATION - AIR QUALITY CONTROL IN THE CITY**

**33 - 54**

This will be a joint presentation by officers on behalf of the Executive Director, Economy, Environment and Culture (copy of slide presentation attached)

The presentation will focus on headline points following which there will be the opportunity for those present to ask questions.

**23 PRESENTATION - SOCIAL PRESCRIBING**

Presentation, Brighton and Hove CCG on Social Prescribing.

**24 PRESENTATION BRIGHTON AND HOVE PLACE BASED PLAN**

**55 - 64**

Joint presentation of CCG and Executive Director, Health and Adult Social Care Joint Health and Care Partnership Plan 2021/22 which will form the basis of the presentation (copy attached)

**25 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020**

**65 - 102**

Report of the Brighton and Hove Safeguarding Adults Board (copy attached)





**Note:** The previous Independent Chair of the Brighton and Hove Safeguarding Adults Board, Graham Bartlett has been invited to attend the Board in order to present his last Annual Report.

*Ward Affected:* All Wards

**26 HEALTHWATCH BRIGHTON & HOVE ANNUAL REPORT 200/21 103 - 146**

Report of Executive, Brighton and Hove Healthwatch (copy attached)

*Ward Affected :* All Wards

**27 SUSSEX-WIDE WINTER PLAN AND BRIGHTON & HOVE COLD WEATHER PLAN 147 - 200**

Joint report of the Managing Director, Brighton and Hove Clinical Commissioning Group and the Executive Director, Health and Adult Social Care (copy attached)

*Ward Affected:* All Wards

**28 HEALTH & WELLBEING BOARD DEVELOPMENT TASK & FINISH GROUP: PROPOSALS FOR FURTHER HWB DEVELOPMENT 201 - 206**

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

*Contact:* Giles Rossington

*Tel:* 01273 295514

*Ward Affected:* All Wards

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For further details and general enquiries about this meeting contact Democratic Services, 01273 2910656 or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)



## **Public Involvement**

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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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- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

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.



**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 27 JULY 2021**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Shanks (Chair), Nield (Deputy Chair) Grimshaw and Appich

**CCG Members Present:** Dr Andrew Hodson, Lola Banjoko, Samantha Allen nns and Ben Stevens

**Non-Voting Co-optees :** Rob Persey, Executive Director, Adult Social Care and Health, Deb Austin, Acting Statutory Director of Children's Services, Alistair Hill, Director of Public Health, Graham Bartlett, Safeguarding Adults Board, David Liley, Healthwatch and Jess Sumner, CVS

**PART ONE**

**1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

On commencing the meeting and welcoming all present the Chair explained that in line with current government guidance this would be a hybrid meeting. The debate and decision making would rest solely with the members in attendance in the Chamber. Apart from the officers present in the Chamber others would be joining the meeting via Microsoft teams.

**1(a) Declaration of Substitutes**

1.1 There were none. It was noted that Councillors Bagaeen and Fowler and Ashley Scarff, CCG had sent their apologies. Councillor Grimshaw was present was in attendance in substitution for Councillor Fowler.

**1(b) Declarations of Interests**

1.2 There were none.

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

- 1.3 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.

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

## **2 MINUTES**

- 2.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 23 March 2021 as a correct record.

## **3 MINUTES OF ADULT SOCIAL CARE AND PUBLIC HEALTH SUB COMMITTEE**

- 3.1 **RESOLVED** – That the contents of the minutes of the meeting of the Adult Social Care and Public Health Sub Committee of 8 June 2021.

## **4 CHAIR'S COMMUNICATIONS**

- 4.1 The Chair stated that as this was the first meeting of the newly formed Board she wished to place on record her thanks to outgoing Members and to welcome new ones and invite partners to introduce themselves. Also that although a Covid update would be provided elsewhere, she just wanted to highlight:

### **Walk in Vaccine Sessions**

- 4.2 That if anyone watching or anyone they knew had not had their first dose of the vaccine or were due to have their second dose, they were urged to get them as soon as possible. Walk-in vaccine sessions were now available every day in the city. There was no need to book, individuals could just turn up and get their jab. To find out where the sessions were and which vaccines were available information was available on the Sussex Health and Care Partnership website.

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

## **5 FORMAL PUBLIC INVOLVEMENT**

### **5a Petitions**

- 5.1 There were none.

### **5b Written Questions**

- 5.2 There were none.

### **5c Deputations**

- 5.3 It was noted that there was one Deputation which had been referred directly from the meeting of Council held on 15 July 2021. Notwithstanding that the Deputation had been responded to directly at the meeting of Council Mr Kirk was invited to present his Deputation as set out in the circulated papers for the meeting and below:

### **Deputation concerning Integrated Care Systems: What we can Discern so far**

Spokesperson Ken Kirk

References to the D of H&SC recent White Paper are identified thus *5.6, in italics*.

1. The end of a health service driven by patient demand. Under ICS, health services will be to limited by allocated financial totals.
2. The clear purpose is to bear down on cost. Control of funding is central to the idea of an ICS, see Supporting Note A.
3. Deficits currently accrued by hospital trusts owing to recent underfunding won't be possible; hospitals will be forced to limit its work to allocated funding.
4. ICSs are based on US Accountable Care. Despite claiming to 'integrate' health and social care services for the benefit of patients there is little explanation of integration or how it's to be achieved in the White Paper.
5. White Paper news headlines claimed an end to privatisation (see Supporting Note C). On the contrary, the Health Services Support Framework allows ICSs to contract without tender with hundreds of private firms (see Supporting Note B). 5
6. Commissioning will be removed from the scope of Public Contracts Regulations 2015. This law ensures the inclusion of social, ethical and environmental aspects, implying the move from a regulated to an unregulated market. *5.46 – 7.*
7. There will be a Sussex-wide ICS NHS body and a separate ICS Health and Care Partnership. With CCGs will be abolished the ICS NHS body will be the sole commissioner. Its board will comprise a chair, a CEO, representatives from trusts and General Practice and local authorities. The board can appoint others, for example management consultants and executives from private firms but not members of the public it serves. *5.6 – 5.8 and 618 – 6.22.*
8. Local authorities will lose the power to refer health issues to "avoid creating conflicts of interest" *5.84.*
9. Exact local authority representation on the ICS NHS body isn't specified in the White Paper.
10. The ICS Health and Care Partnership with promote planning for health and social care needs, members drawn from local H&WB Boards etc. *6.20.*
11. There's no patient involvement in the provision of health services. The ICS NHS body will operate in secret, will be under no obligation to hold meetings in public, or to publish minutes.
12. The ICS will be to seek opportunities to bear down on costs, likely achieved by –
  - a. Limitation to the range of health services under the NHS. Already certain procedures are now denied under the NHS. (see Supporting note D). This is likely to be extended. Denial of care will become commonplace.
  - b. Rationing of care, when an allocated budget for a procedure is exhausted.
  - c. Diverting patients into cheaper procedures. (see Supporting Note E)
  - d. Extending care at home as an alternative to hospital care.
  - e. Using technology as an alternative to face-to-face consultations and widespread use of lower level of medical qualified clinician (see Supporting Note F).

13. An ICS will be allowed to “negotiate” local terms and conditions of their workers’ employment, the Agenda for Change is likely to be under threat.

14. Professional regulation is certain to be under attack. The Secretary of State will have the power to “remove a profession from regulation” (5.154) and will be able to “abolish a regulator by secondary legislation” (5.155). 6

Supporting Information:

A. The annual NHS budget is a large spend at around £130 billion. However UK spent the least per capita on healthcare in 2017 when compared with Australia, Canada, Denmark, France, Germany, the Netherlands, Sweden, Switzerland, and the US. The taxation burden is lower too.

<https://www.bmj.com/content/367/bmj.l6326>

The Health Services Support Framework is a list of accredited mainly private companies that an ICS can contract with, under specified purposes. Click on each Lot in

<https://www.england.nhs.uk/hssf/use-framework/> to see each list, many US based.

B. Section 75 of the Health and Social Care Act 2012 is to be abolished, commissioners will no longer have to offer contracts to tender. However, under new legislation ICSs can contract without open tender to private firms listed in the HSSF, see Note B above.

C. The medical services recently excluded can be found by searching for “Sussex CCG Clinically Effective Commissioning Programme”.

D. Just as currently GP referrals to hospitals are interrupted into less-costly alternatives, e.g. physiotherapy, so an ICS will extend alternative referral pathways in pursuit of cost cutting.

E. The necessity of pandemic social distancing has introduced widespread use of phone consultations in both primary and secondary care, also introduced has been the electronic transfer of photos to clinicians to assist diagnosis. An ICS is certain to extend technological innovation, particularly where it cut costs, irrespective of whether it serves its public better.”

- 5.3 Having heard Mr Kirk’s submission the Chair referred to the response which she had provided at the meeting of Council and invited CCG colleagues who were present at the meeting to contribute.

“The last major piece of NHS legislation was the Health & Social Care Act (2012), and there has been very little NHS primary legislation since then. In February the Government published a white paper: *Integration and Innovation: Working Together to Improve Health & Social Care*. The white paper outlined significant change plans for NHS, social care and public health services to be included in a new Health & Social Care Bill. The NHS Bill was published last Tuesday July 7th. This deputation will be referred to the Health & Wellbeing Board on July 27th at which meeting there will be a joint presentation on the NHS Bill.

The Bill emphasises the importance of place and we will be working closely across system partners to develop and embed local models of care that meet the needs of our population.”

- 5.4 **RESOLVED** – That the contents of the Deputation and the response to it be noted and received.

## 6 FORMAL MEMBER INVOLVEMENT

- 6.1 There were no items.



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

7.1 The Director of Public Health, Alistair Hill, gave a presentation (copy uploaded to the agenda pack on the council website) detailing the arrangements in place too seek to continue to contain the number of cases across the city and to support and sustain recovery. The figures provided related to the period to 26 July 2021.

7.2 The following priorities had been identified:

Promotion of vaccination, including two doses (+ prepare for booster dose programme);

Comms, comms, comms. Clear public messaging reflecting high level of community transmission including benefits of vaccination,

Hands/face/space/fresh air, testing, self-isolation, available support etc. Targeting specific demographic groups, including visitors to city, geo locations etc;

Support for local businesses and settings, reflecting Roadmap Step 4, including hospitality, night-time economy and events;

Test, trace, isolate, support; including

- Promotion of asymptomatic testing
- Symptomatic testing capacity – additional temporary testing site at Falmer
- Expansion of local contact tracing service
- Local pilot of additional financial support to people self isolating;

Brighton & Hove has been designated by the Govt as an Enhanced Response Area, which provides time limited support from national Govt inc. additional asymptomatic testing, on the ground engagement and comms. The opportunity to prepare for Autumn including return of education settings;

Maintain 'business as usual' – challenging due to high case numbers;

Data and surveillance to enable rapid response to fast changing situation;

Infection Prevention & Control including outbreak prevention, detection and management inc. high risk settings e.g. health and care, education, hospitality

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

## **8 PRESENTATION -BRIEFING ON NHS WHITE PAPER**

8.1 The Executive Director, Adult Health and Social Care gave a presentation detailing and updating in respect of the NHS White Paper Feb 2021 Health and Care Bill the intention of which was for partners to work together by integration and innovation to improve health and social care. The rationale behind the legislation was explained which was to embed place based working and continually evolving partnership working. It was noted that Government intended to move quickly on this Bill – i.e. two readings of Bill over the

summer, shadow structures in place by Oct 2021, and full implementation from Spring 2022. The white paper acknowledged the need for social care reform to support its ambitions

- 8.2 The legislation would give **Integrated Care Systems (ICSs)** a statutory footing. The statutory ICS arrangements will be made up of two core elements working across Sussex:
- **The Integrated Care Partnership (ICP)** made up of the NHS, Local Government, community and voluntary sector, Healthwatch and other partners;
  - **The Integrated Care Board (ICB)** will be the statutory body that brings the NHS together locally, working alongside local authorities to improve population health and care.
- 8.3 Under the new structural framework CCGs would be abolished and their commissioning functions would transfer to the ICB, as potentially would NHS England commissioning functions, including around Public Health. The NHSE would set finance allocations to each ICB, including a duty to deliver annual financial balance. Every ICB had statutory duties, including to secure continuous improvement in the quality of services and in patient outcomes, and to reduce health inequalities (in terms of access and of outcomes). Each ICB needed to develop an ICB 5 year forward plan (refreshed annually) for primary, community and acute healthcare services. ICB 'forward plans' needed to be shared with local Health & Wellbeing Boards, and also needed to take account of local Joint Health & Wellbeing Strategies (JHWS).
- 8.4 It was explained that the ICB would be a senior decision making structure for the local NHS, providing strategic leadership across the ICS. Every ICB would have a duty to:
- Promote the NHS Constitution
  - Be efficient, effective and economical
  - Secure continuous improvement in the quality of services and in patient outcomes
  - Reduce health inequalities (in terms of access and of outcomes)
  - Promote patient involvement
  - Promote patient choice
  - Obtain appropriate expert advice
  - Promote innovation
  - Promote research
  - Promote education & training
  - Promote integration (within the NHS and between the NHS and LA social care)
- 8.5 In answer to Member questions it was explained that the precise mechanisms to effect these changes and precisely how they would operate in practice had yet to be advised and determined. Further updates would be provided to the Board and Member Briefings arranged as/when appropriate.
- 8.6 Dr Hodson explained in answer to questions that in respect of the ICS and there would be various degrees of control which could be used in a more focused local way which would build on ways of working which had already been put into place in established in response the current pandemic. There remained bigger questions to be answered as further information was made available from central government but it was understood

that social care provision and means by which it could be made more sustainable went hand in hand with other care provision. It was recognised that delivery of dentistry had been problematic in consequence of the pandemic and NHS England were aware that waiting lists for treatment had been longer as a result. Measures were being put into place to seek to increase capacity.

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

## 9 **HEALTH & WELLBEING BOARD: NEW TERMS OF REFERENCE**

- 9.1 The Board considered a report of the Executive Director, Health and Adult Social Care detailing the review of the Health and Wellbeing and setting out the new Board Terms of Reference, agreed at the meeting of the Board held in March 2021 and at the subsequent meeting of Full Council. The new Terms of Reference were appended to the report.
- 9.2 The Chair stated that the new arrangements to which had taken to formulate properly were welcomed and paid tribute to Councillor Moonan, the previous Chair for all her hard work in moving this matter forward. The changes were intended to make the Board more inclusive and to receive input from other partners. Members were happy to note the new arrangements without further question/discussion.
- 9.3 **RESOLVED** - That the Board notes the new Health and Wellbeing Board Terms of Reference set out in Appendix 1 to the report on pages 37 – 45 of the circulated agenda

## 10 **ADULT LEARNING DISABILITY STRATEGY 2021-2026**

- 10.1 The Board considered a report of the Assistant Director, Health, SEN and Disability. The city's Adult Learning Disability strategy had expired at the end of 2019, consequently and new strategy had been worked on.
- 10.2 The purpose of the strategy was to deliver a city-wide agreed vision for the commissioning and delivery of Adult Learning Disability services and to provide a framework against which provision could be measured and improved. The strategy had been co-produced across a range of local partners and stakeholders, including Adults with Learning Disabilities and their families, Local Authority colleagues, Social Care Providers, the Clinical Commissioning Group (CCG) Sussex Partnership Foundation (SPFT), Speak Out, The Carers Centre, Pacc and Amaze. The strategy was being presented to the Board for approval because of the significant health elements embedded with the strategy that affected adults who had learning disabilities.
- 10.3
- 10.-- **RESOLVED** – That the Health and Wellbeing Board approves the Adult Learning Disability Strategy 2021 - 2026

## 11 **LEARNING DISABILITIES MORTALITY REVIEW (LEDER) SUSSEX CCGS REPORT 2021**

- 11.1 The Board considered a report of Sussex CCGs, Executive Director of Nursing, Quality and Safeguarding, Allison Cannon. The annual report detailed the progress of the LeDer program in Sussex between 1 April 2020 and 31 March 2021. It evidenced the continued efforts being made in mobilising engagement with LeDeR, to reduce the health inequalities experienced by people with learning disabilities in Sussex and demonstrating the improvements that the system had made to date and was committed to making going forward and provided a breakdown of deaths by ethnicity, age and gender, details themes in causes of deaths and recommendations made.
- 11.2 It was noted that during this reporting period, COVID 19 was the most common cause of death for those with learning disabilities. The report contained information on what was done to minimise risks from COVID 19 before it had been nationally identified that people with learning disabilities in LeDeR, such as, that those with learning disabilities were increased risk of dying from chest infections. The “learning into action” section of the report set out the priorities for quality improvement plans over the next year based on what had been learned to date and aligned to the Sussex LDA Strategy and 3 year plan.
- 11.3 In answer to questions by Councillor Nield it was explained that the mortality rate amongst individuals was disproportionately high as they could be prone to chest infections and experience difficulties swallowing. There was a balance to struck and a need to take steps which were appropriate, proportionate and avoided the dangers of overmedicating.
- 11.4 Graham Bartlett, Chair of the Safeguarding Adults Board stated that there was awareness of these issues and that discussions were on-going to address them as part of safeguarding review discussions.
- 11.5 In answer to questions by Councillor Appich it was confirmed that there was a strong emphasis on take up of the vaccine, annual health checks and regular monitoring of general health.

11.7 **RESOLVED** – That the Board notes the contents of the report.

## **12 JOINT STRATEGIC NEEDS ASSESSMENT PROGRAMME UPDATE**

- 12.1 The Board considered a report of the Director of Public Health providing a programme update on the Joint Strategic Needs Assessment (JSNA). Since April 2013, local authorities and CCGs had had an equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provided a comprehensive analysis of current and future needs of local people and was used to inform commissioning of services that would improve outcomes and reduce inequalities. This duty was discharged by the Health and Wellbeing Board and was overseen by the City Needs Assessment Steering Group. This paper provided an update on the JSNA programme and items for discussion on needs assessments to commence in 2021/22.
- 12.2 In answer to questions it was confirmed that the Public Health Team would be recruiting a JSNA lead for one year to support the programme, give the continued demands around Covid – 19 and had identified a limited budget to commission elements of the assessments where required.

12.3 The Chair and Members welcomed this approach especially in recognition of the impact that Covid had had on mental health.

12.4 **RESOLVED** – (1) That the Board notes the updated JSNA summary; and

(2) That the Board approves the programme of JSNAs to commence in 2021/22 as set out in sections 4.7 to 4.9 of the report.

### 13 JOINT HEALTH AND WELLBEING STRATEGY OUTCOMES MEASURES

13.1 The Board considered a report of the Head of Public Health detailing the Joint Health and Wellbeing Strategy – Outcomes Measures.

13.2 It was noted that Health and Wellbeing Boards had a duty to prepare a Joint Health and Wellbeing Strategy for meeting needs identified in the Joint Strategic Needs Assessment (JSNA). The Brighton and Health and Wellbeing Strategy 2019-30 had been approved by the Board in March 2019. It set out the vision that everyone in Brighton and Hove would have the best opportunity to live a healthy, happy and fulfilling life. The paper presented a high-level outcomes measures for the strategy, which had been amended in 2021 to reflect the wider impacts of Covid.

13.3 In answer to questions it was explained that it was recognised as being important to analyse how well Brighton and Hove were performing against the outcome measures and that this would be informed by engagement and measuring it against the 4 “wells”. In terms of “Dying Well”, there were very different levels of individual risk and work and plans were in place to develop work on that area over the next 12 months.

13.4 In answer to questions by Councillor Grimshaw it was explained that as a result of Covid 19 there would inevitably have been a deterioration of the base line over the last year and this needed to be taken account of.

13.5 **RESOLVED** – (1) That the Board approves the outcome measures for the Joint Health and Wellbeing Strategy; and

(2) That the Board agrees the frequency of update on progress against the outcomes measures, suggested six monthly.

The meeting concluded at 6.45pm

Signed

Chair

Dated this

day of

**BRIGHTON & HOVE CITY COUNCIL**

**ADULT SOCIAL CARE & PUBLIC HEALTH SUB-COMMITTEE**

**3.00pm 27 JULY 2021**

**HOVE TOWN HALL - COUNCIL CHAMBER**

**MINUTES**

**Present:** Councillors Nield (Chair), Barnett and Grimshaw

**PART ONE**

**13 PROCEDURAL BUSINESS**

**Arrangements for This Meeting**

Before proceeding to the formal business of the meeting, the Chair, Councillor Nield, explained that in line with current Government guidance this would be a hybrid meeting. The debate and decision making would rest with the 3 Members who were in attendance in the Chamber.

**13(a) Declaration of Substitutes**

- 13.1 It was noted that Councillor Grimshaw was present in substitution for Councillor Fowler  
Councillor Barnett was present in substitution for Councillor Mears.

**13(b) Declarations of Interests**

- 13.2 There were none.

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

- 13.3 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.

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

#### 14 PUBLIC INVOLVEMENT

- 14.1 There were no items.

#### 15 MEMBER INVOLVEMENT

- 15.1 There were no items.

#### 16 SEXUAL HEALTH PROMOTION, HIV PREVENTION LIVING WELL SERVICES

- 16.1 The Sub Committee considered a report of the Director of Adult Health and Social Care the purpose of which was to outline plans for the re-commissioning of the sexual health promotion, HIV prevention and living well service from April 2022. This service supported residents of the City with particular focus on those groups at higher risk of HIV and sexual ill-health.

- 16.2 It was explained that current service delivery was very good with performance generally exceeding the requirements of key performance indicators and that the current contract for the provision of these services expired on March 31<sup>st</sup>, 2022. It was proposed that a prior information notice (PIN) was posted as a call for competition in the first instance. If the PIN resulted in expressions of interest from other parties a procurement by tender would be undertaken. If no expressions of interest were received it is proposed that a new contract was negotiated with the current provider, Terrence Higgins Trust.

- 16.3 In answer to questions by Councillor Grimshaw it was explained that although this work complemented and dovetailed with the Social Care Strategy it was not directly linked into it. Currently the focus of the departments work continued to be on the Covid response. Plans were in place for a refresh of existing plans to be undertaken and it was intended to bring a report to the next scheduled meeting of the Sub Committee to provide an update on this work.

- 16.4 **RESOLVED** - That the Adult Social Care and Public Health Sub Committee grants delegated authority to the Executive Director of Health and Adult Social Care to conduct a procurement process as outlined by this report for the provision of *sexual health, HIV prevention and social care services* and to enter into the subsequent 3 +2 year contract.

#### 17 ITEMS REFERRED FOR COUNCIL

- 17.1 There were none.

The meeting concluded at 3.10pm



Signed

Chair

Dated this

day of



**BRIGHTON & HOVE CITY COUNCIL**

**ADULT SOCIAL CARE & PUBLIC HEALTH SUB-COMMITTEE**

**4.00pm 7 SEPTEMBER 2021**

**HOVE TOWN HALL - COUNCIL CHAMBER**

**MINUTES**

**Present:** Councillor Nield (Chair) Shanks, Fowler (Opposition Spokesperson), Mears (Group Spokesperson) and Appich

**PART ONE**

**18 PROCEDURAL BUSINESS**

**18 PROCEDURAL BUSINESS**

**Arrangements for This Meeting**

Before proceeding to the formal business of the meeting, the Chair, Councillor Nield, explained, that in line with current Government guidance this would be a hybrid meeting. The debate and decision making would rest with the Members of the Committee who were in attendance in the Chamber accompanied by key officers. Other presenting officers would be involved in the meeting via Microsoft Teams.

**18(a) Declaration of Substitutes**

18.2 There were none.

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

18.3 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.

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

## 19 MINUTES

- 19.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 8 June 2021 as a correct record.

## 20 MINUTES OF SPECIAL MEETING, 27 JULY 2021

- 20.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the special meeting held on 27 July 2021 as a correct record.

## 21 CHAIR'S COMMUNICATIONS

### Vaccination Arrangements

- 21.1 The Chair stated that people might wish to note that those working in care homes needed to receive both doses of the vaccine by 11 Nov and therefore needed to receive their first dose by 16 Sept. The walk-in vaccination centre had now moved to Churchill Square and walk in sessions are available for anyone over 16.

### World Prevention of Suicide Day

- 21.2 Friday, 10 September was World Suicide Prevention Day. This year's theme of "Creating Hope Through Action" was intended to show that no matter how big or small, our actions could provide hope to those who were struggling. We could all be there for people who were experiencing a suicidal crisis or had lost a loved one to suicide. "Grassroots" offered great support and advice locally, for both those that needed help and for those who wanted to better understand how to help someone else.
- 21.3 **RESOLVED** – That the contents of the Chair's Communications be received and noted.

## 22 CALL-OVER

- 22.1 All items appearing on the agenda were called for discussion.

## 23 ITEMS REFERRED FROM COUNCIL

- 23.1 There were none.

## 24 PUBLIC INVOLVEMENT

### 24(a) Petitions

- 24.1 There were none.

**24(b) Written Questions**

24.2 There were none.

**24(c) Deputations**

24.3 There were none.

**25 MEMBER INVOLVEMENT****25(a) Petitions**

25.1 There were none.

**25(b) Written Questions**

25.2 There were none.

**25(c) Letters**

25.3 There were none.

**25(d) Notices of Motion**

25.4 There were none.

**26 PUBLIC HEALTH COMMUNITY NURSING CONTRACT**

26.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care asking for agreement to extend the current Public Health Community Nursing (PHCN) contract for up to a two year period from April 2022.

26.2 It was explained that the PHCN contract delivered the city's health visiting and school nursing services. The report detailed the rationale for an extension of the current contract in order to provide continuity of service in the context of the pandemic and at a time of national change to the commissioning and delivery of health services, each of the. The various options were explained including the thought process which had led to the report recommendations.

26.3 Councillor Mears asked for confirmation regarding how this contract had carried forward since 2014, when and by what means it had been awarded/signed off. Councillor Mears stated that whilst she understood the reasoning given, did not feel able to support the report recommendations as she did not consider that she had been provided with sufficient information in relation to the chronology of the current contract or sufficient financial information on which to base her decision. In answer to further questions by Councillor Mears it was explained that a five-year extension had been awarded to the existing contract in 2017.

- 26.4 The Executive Director, Health and Adult Social Care, Rob Persey, explained the existing extension had been awarded by the Health and Wellbeing Board, following the recent re-alignment of the Board's responsibilities award of this contract now lay more appropriately with this Sub Committee. The recommended approach also linked into a wider approach anticipated post 2024 which sought to align a package of services in concert with other local providers, e.g., with East and West Sussex. The recommended approach was consistent with that anticipated in the White Paper currently progressing through Parliament which supported a partnership approach.
- 26.5 Councillor Shanks noted that approach recommended had been looked at and would be reviewed in the context of the new Bill referred to, clearly, the local trust had been providing well to date. She was mindful however that all service delivery was just beginning to emerge from Covid and that the level of funding envisaged was the same as that for delivery currently, querying whether that would be sufficient.
- 26.6 Councillor Appich welcomed the report and accompanying presentation and was pleased to note the emphasis on performance which would be beneficial in procuring contracts going forward. It was important to identify whether the procurement strategy was sufficiently robust in order to provide a benchmark against which performance could be measured. It would be helpful to receive an update in the context of Covid to a future Sub Committee meeting. The Executive Director, explained that a "refresh" of the existing strategy submitted to the Health and Wellbeing Board in 2019 was under preparation with a focus on measures to combat any increase in need during the winter months. This would go forward in detail to the Board, however he could provide a general update to the next scheduled meeting of the Sub Committee. Councillor Appich welcomed this suggestion considering that it was important for Members to be able to be aware of whether/where any slippage had occurred. The Chair, Councillor Nield concurred in that view.
- 22.7 A vote was taken and on a vote of 4 with 1 abstention the report recommendations were agreed as set out below.
- 26.8 **RESOLVED** – (1) That the Sub-committee agrees to extend the existing Public Health Community Nursing (PHCN) contract;
- (2) That the Sub-committee agrees to extend the contract for one year, with the option of a further one-year extension;
- (3) That the Sub-committee grants delegated authority to the Executive Director of Health and Adult Social Care to further extend the contract for a further one year subject to satisfactory performance.

## 27 INTEGRATED SEXUAL HEALTH SERVICES CONTRACT

- 27.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care seeking agreement for the direct award of a new contract for Integrated Sexual Health Services to the current provider: University Hospitals Sussex NHS Foundation Trust for one year with the option of a 1 year extension.

- 27.2 The report set out the rationale for the direct award of a new contract to provide continuity of service in the context of the national pandemic, in line with the national commissioning direction for health services, and to support some critical business interdependencies. The approach suggested was also in line with the collaborative approach supported by the White Paper.
- 27.3 Councillor Mears stated that it was her recollection that approval by the Procurement Advisory Board had not been unanimous, seeking clarification of the point at which the decision to extend existing arrangements had been taken. She considered that in view of the amount of money involved she would have preferred more detailed information to have been provided and did not feel that she had sufficient information to support the report recommendations.
- 27.4 The Chair, Councillor Nield, referred to the supplementary information circulated to Members at her request which detailed current performance and selected key performance indicators for Quarter 4, 2021/22.
- 27.5 Councillor Shanks stated that the current arrangements provided a good service and that she was therefore happy to support the report recommendations. In response to questions by Councillor Shanks regarding her understanding that the White Paper would remove the obligation for competitive tendering to take place under certain circumstances it was confirmed that it remained the intention for this to remain an option in relation to local delivery. Reference was made to anticipated changes in procurement law which could impact on future contracts and the Executive Director, Health and Adult Social Care agreed to provide a covering note providing an update on the current position to the next scheduled meeting of the Sub Committee.
- 27.6 The Head of Law, Elizabeth Culbert, confirmed that the report recommendations fell wholly within the Sub Committees' terms of reference and responsibilities.
- 27.7 A vote was taken and on a vote of 4 with 1 abstention the report recommendations were agreed as set out below.
- 27.8 **RESOLVED** – (1) That the Sub-Committee agrees the direct award of a new contract for Integrated Sexual Health Services to the current provider for one year with the option of a further 1-year extension;
- (2) That the Sub-Committee grants delegated authority to the Executive Director of Health and Adult Social Care to extend the above contract in accordance its terms subject to satisfactory performance

## **28 DISCHARGE TO ASSESS FOR PEOPLE EXPERIENCING MENTAL ILL HEALTH**

- 28.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care advising that following approval at the Procurement Advisory Board on 26 July 2021 this paper was intended to provide an overview of the proposed Discharge to Assess for People with Mental Ill Health procurement and sought approval to proceed with a joint Brighton & Hove City Council (BHCC) and Clinical Commissioning Group (CCG) procurement process.

- 28.2 Councillor Mears stated that she was aware that contracts which involved Section 75 arrangements had on occasion been contentious in the past and sought confirmation that no Section 75 monies were still due to the council. Councillor Mears also sought clarification as to whether/what responsibilities lay with Housing. The Executive Director, Health and Adult Social Care, Rob Persey, explained that responsibility for this provision lay with Adult Social Care, however there was very close liaison with the Housing, Neighbourhoods and Communities Executive in order ensure that provision under the Care Act was fit for purpose. Existing documents were in the process of being refreshed and being re-written.
- 28.3 In answer to questions it was explained that a further update could be provided outside the Sub Committee meeting. Councillor Mears stated whilst she understood the merits of Pan-Sussex provision she just wanted to be sure that this council had a fair influence over this £64m programme. Whilst welcoming the information provided Councillor Mears stated that it would have been beneficial to receive this information in advance of the meeting. Whilst supporting the principle of what was being proposed she did not feel that she had been provided with sufficient contextual information to enable her to support the report recommendations.
- 28.4 Councillor Shanks considered it disappointing that the council was unable to set its own rates for Housing Benefits. It was explained that discussions on this issue had taken place at national level a few years previously but had not progressed.
- 28.5 Councillor Appich considered it would be beneficial and timely if that debate could be revisited. In answer to further questions by Councillor Appich it was explained that the proposed arrangements would not progress further until the CCG had received confirmation regarding the level of funding. What was proposed would be fully supported by the CCG.
- 28.6 A vote was taken and on a vote of 4 with 1 abstention the report recommendations were agreed as set out below.
- 28.7 **RESOLVED** – (1) That the Adult Social Care & Public Health Sub Committee grants delegated authority to the Executive Director of Health & Adult Social Care (HASC) to take all necessary steps to;
- (i) procure and award a co-commissioned contract for a discharge to assess service (D2A) for people experiencing mental ill health at a value of £374,681 per annum for five years where the Clinical Commissioning Group will contribute £281,003 per annum and Brighton & Hove City Council will contribute £93,678 per annum. The CCG have yet to confirm funding and procurement will only take place if the funding is confirmed;
  - (ii) to grant an extension to the contract referred to in 2.1.1 for a period or periods of up to two years in total if it is deemed appropriate and subject to available budget.

## 29 ITEMS REFERRED FOR COUNCIL

- 29.1 There were none.



The meeting concluded at 4.51pm

Signed

Chair

Dated this

day of



- 1.1 To consider any Member Questions received. The date the following questions have been received from Councillor Bagaeen:
1. Under pandemic guidance, GP surgeries had been advised to offer telephone triage first, and then face-to-face appointments if deemed 'clinically necessary'. What constitutes 'necessary' remains open to interpretation. While many GPs have been willing to offer patients either telephone or in-person appointments, depending on what they prefer, others appear to have moved almost entirely to virtual ones. That's certainly the case of my GP. The advice from the NHS is for GP practices now is to reverse the triage model and see patients face to face without an a screening call. What advice or guidance has the CCG given to GP practices in the city?
  2. It's been argued that the shift to telephone appointments is actually good for the NHS. It's more efficient. Yet the data doesn't support this. Even with the move to phone consultations, it appears that the proportion of same-day appointments taking place has barely changed. Can colleagues share the data for same-day appointments (telephone and face to face) for individual GP practices across the city?



- 1.1 To receive a presentation from Officer's in respect of Airt Quality Control in the City.
- 1.2 This information has been requested by Board Members. Air Quality is one of the priority areas of work to improve health and wellbeing in the Joint Health and Wellbeing Strategy and as such is therefore a core concern of the Board.
- 1.3 Copies of the officer slide presentation are attached and following their presentation which will highlight key pointers, there will be the opportunity for Board Members to ask questions.





35

# Air Pollution and Health

## Working Towards Cleaner Air 2021+

Katie Cuming, Consultant in Public Health  
Sam Rouse, Air Quality Science



# Air pollution

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- The contamination of the air we breathe, by any chemical, physical or biological agent that is potentially threatening to human and ecosystem health (WHO 2021)
- Indoor environment is influenced by outdoor air quality
- Particulate Matter (PMs), Nitrogen Dioxide (NO<sub>2</sub>), Ozone (O<sub>3</sub>), Carbon Monoxide (CO), Sulphur Dioxide (SO<sub>2</sub>), Benzene (C<sub>6</sub>H<sub>6</sub>), Lead (Pb), Iron (Fe), Copper (Cu), Zinc (Zn) Antimony (Sb)
- Very fine airborne PMs when inhaled are very harmful and can penetrate deep into the respiratory tract and enter the blood stream
- IARC – carcinogenic.....airborne pollution referred to as the invisible killer
- Where does it come from – transport, energy, heating, construction, events, intensive agriculture, industry, waste, cooking and more.....



# Overview

- WHO: seven million premature deaths globally, 50,000 UK, 175 BHCC
- Increases morbidity and mortality from cardiovascular and respiratory disease (non communicable disease) including IHD, stroke and cancer
- Increases morbidity from lower respiratory tract infection, preterm birth and childhood illness – toxic intake associated with learning difficulties
- Higher risks for those in low and middle income regions worldwide and for those living in deprivation and in urban environments
- Cumulative impacts with underlying health conditions, deep coughs, Covid, smoking, poor diet & housing, sedentary lifestyles
- Latest global guidance includes lower recommended levels of pollutants for health
- Need all sectors to be involved with reducing pollutant levels
- No silver bullet - Air Quality Action Plan comprehensive & multidisciplinary

# A Regular Media Feature

Pollutants prejudicial to health are distinguishable from greenhouse gases that allow incoming sunlight and absorb outgoing longwave radiation heating the lower atmosphere.

Climate Change has implications for air quality.

## Cabbies want cash to scrap diesels

Graeme Paton Transport Correspondent

The chancellor is under mounting pressure to introduce a diesel scrappage scheme to tackle dangerous levels of pollution in big cities.

diesel emissions, with a scrappage scheme seen as the most likely outcome. Alternatives such as an increase in fuel duty or a reform to road tax are said to be unlikely.

The government is already

should be offered to poor families to scrap diesel cars and payments of 11,000 should be made to scrap polluting taxis.

Yesterday's letter to the chancellor backed these suggestions, saying that it

reduce duty and to discourage the purchase of high-polluting vehicles. It was reported last month that officials at the Department for Transport were working on a diesel scrappage scheme as part of a series of measures

## Short drives around town are the dirtiest

Ben Webster Environment Editor

Drivers who make short car journeys

a day are made in cars in which pollution controls are not working properly for the entire journey.

petrol cars, with NOx emissions 422 per cent higher after one minute than when the engine was fully warm. However,

## Pollution on busy roads as bad as passively smoking ten a day

Chris Beckett Health Editor

Living next to a busy road is as bad for your health as being exposed to the equivalent of 10 cigarettes a day.

Short car journeys are the dirtiest because engines are cold and emit more pollutants. A 10-minute drive produces as much pollution as a 10-minute cigarette break.

In a study, short car journeys produced 10 times as much pollution as a 10-minute cigarette break.

Short car journeys are the dirtiest because engines are cold and emit more pollutants. A 10-minute drive produces as much pollution as a 10-minute cigarette break.

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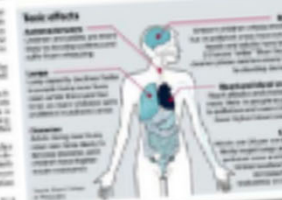
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Photo: iStockphoto.com/people a person who lives polluted air pollution, stock photo



## Air pollution deprives you of a decent night's sleep

Graeme Paton Transport Correspondent

High levels of air pollution can

## Cash-strapped councils hide pollution level

Nadeem Badshah

Councils are breaking the law by failing to meet levels of air pollution

## French plan to abandon petrol and diesel cars

Continued from page 1  
change in policy needs to come with a reasonable lead time so motorists aren't suddenly left with vehicles that cannot

## Bigger diesels have thrown away last green credential

Ben Webster Environment Editor

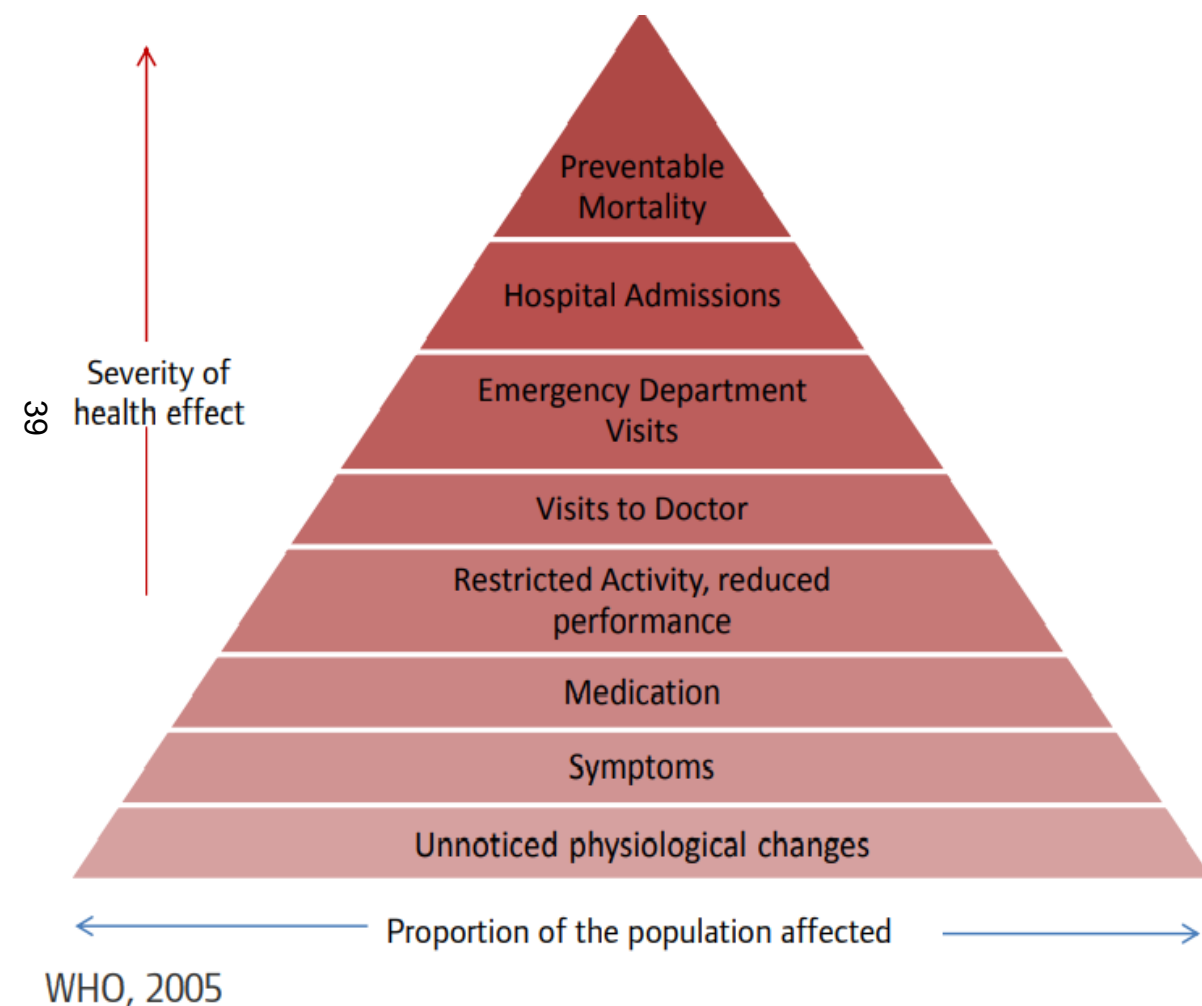
The single green advantage of diesel has disappeared, according to research showing that the average new car consumes almost as much fuel as the average petrol model.

Previous governments used tax in-

Risk with every breath

Five public health experts would be said to use the back of the internal combustion engine. The medical costs of exhaust fumes, especially from diesel, grow every month.

# Impact of Air Pollution on Health



- Airborne Pollution is the largest environmental risk to public health
- Long term exposure to 'everyday' air pollutants over years contributes to CVD, lung cancer, respiratory vulnerability
- Short term impacts from day to day acute changes in pollutants
- Disproportionate impact on vulnerable – children, older people and social deprivation
- In recent years new evidence on health impacts of NO<sub>2</sub> as a toxic gas concentration, dose and exposure important

# Source-Pathway-Receptor

- Gas or particles emitted from chimneys, vehicle tailpipes, brakes, tyre wear and fires
- Inhalation dose depends on emission, space and dispersion

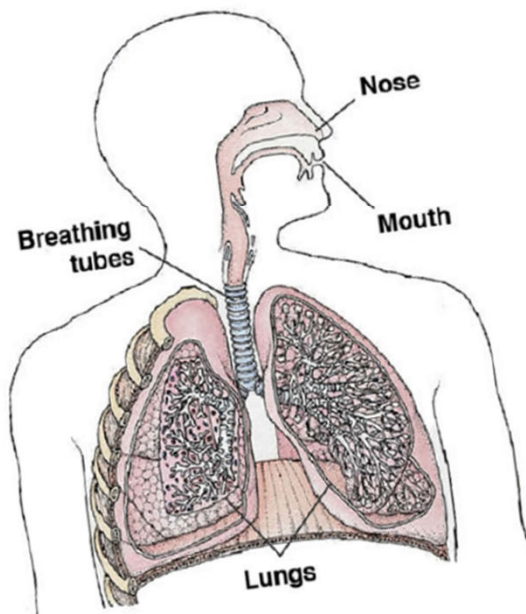
Emissions



Dispersion

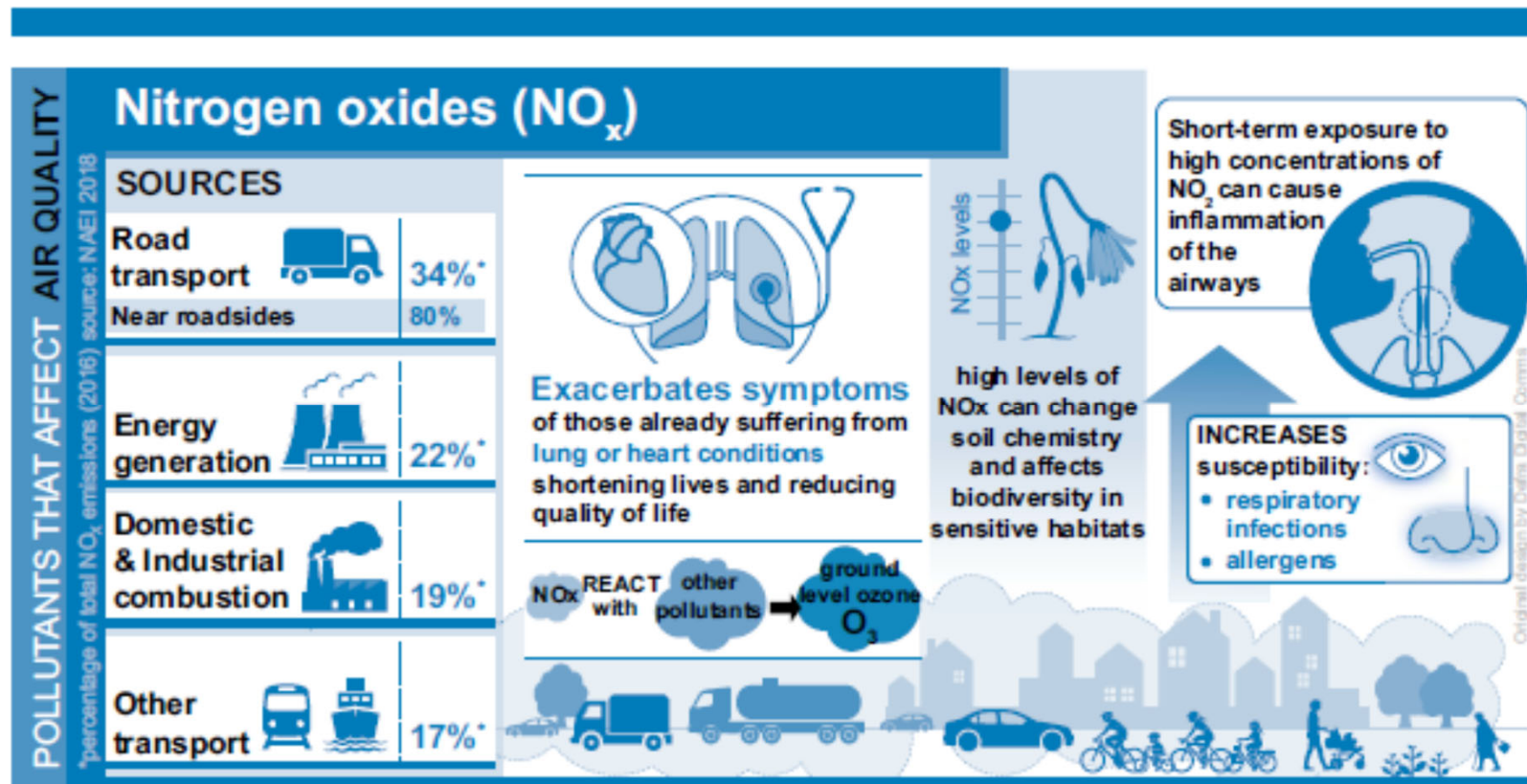


Inhalation

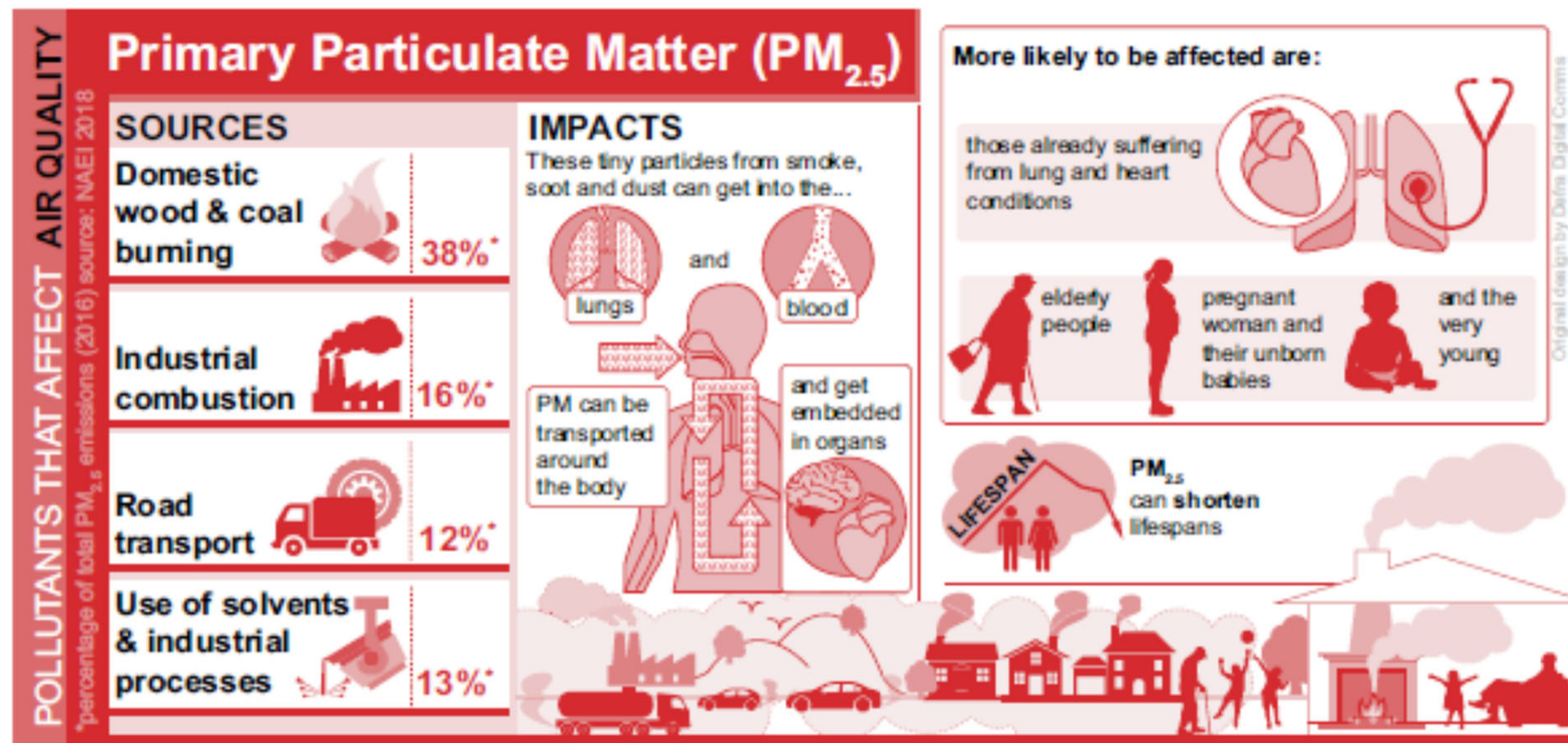




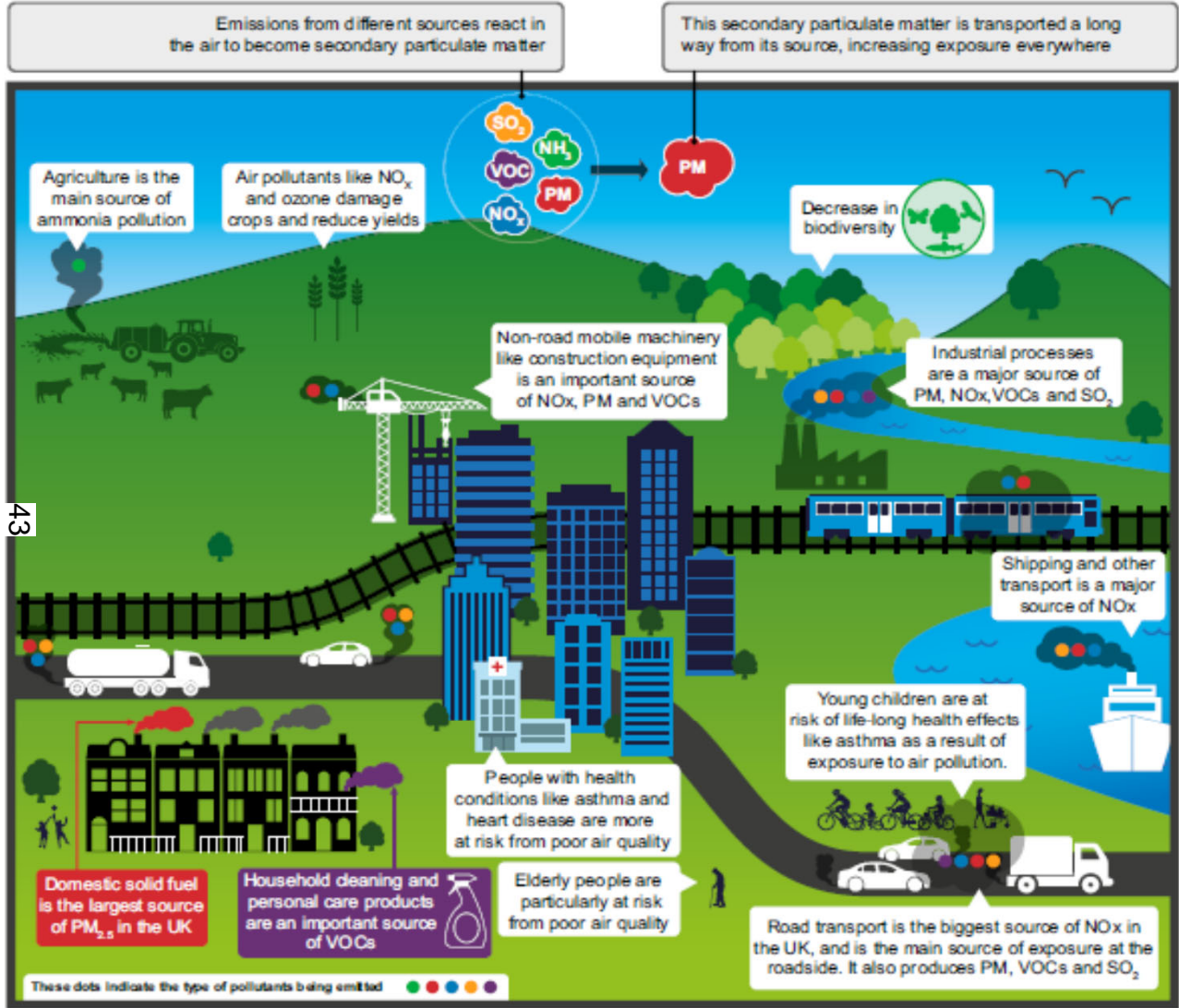
Adjacent to urban roads (1-10 metres) ~90% of ambient NO<sub>2</sub> is due to emissions from road transport: Lorry, bus, motorcycle, van and car.



Wood + Coal burning is a source of primary particles across the UK. Smokey chimneys are most common November to February and tend to be associated with stay at home weekend evenings. Oxide of nitrogen gas emissions from road traffic, shipping and agriculture contribute to nitrate particulate episodes across the Channel, Sussex and London.



The sources of air pollutants and their effects



Sulphur dioxide sources diminished

In Brighton & Hove road traffic emissions are the dominant pollutant.

More concentrated in confined spaces

Oxides of nitrogen emissions from diesel vehicles registered before 2015 an issue.

Particles arise from wood and coal burning, brake and tyre wear, older diesels and nitrous emissions from transport.



# Environment Act 1995

CHAPTER 25

LONDON: HMSO

£25.90 net

**Part IV** Local Authorities have a statutory duty to investigate air quality in their areas.

Protection for the most vulnerable not average sensitivity.

If outdoor air does not meet national standards statutory duty to declare an Air Quality Management Area (AQMA).

BHHC new Air Quality Action Plan will be for public consultation – the health and care sector is invited to provide feedback.

Action plan aims to accelerate improvement and surpass compliance with AQ standards.

Other applicable legislation Statutory Nuisance and the Clean Air Act.





# EMIT

Atmospheric Emissions  
Inventory Toolkit

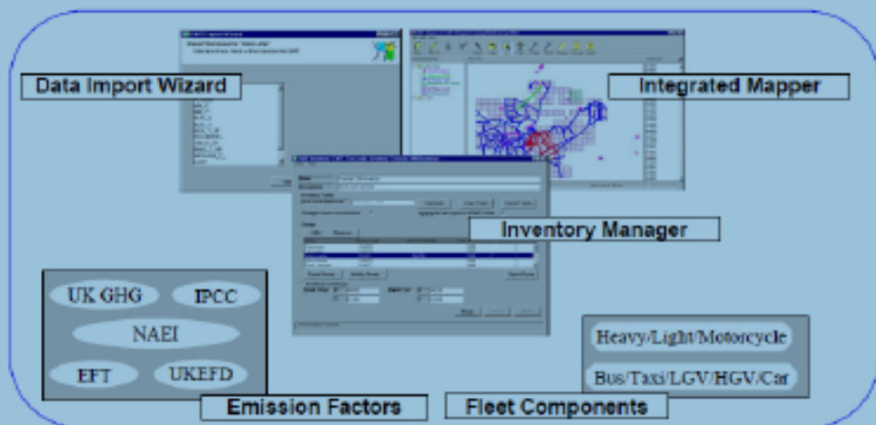
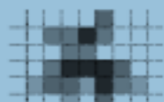
Transport  
Emissions



Industrial  
Emissions



Commercial and Domestic  
Emissions



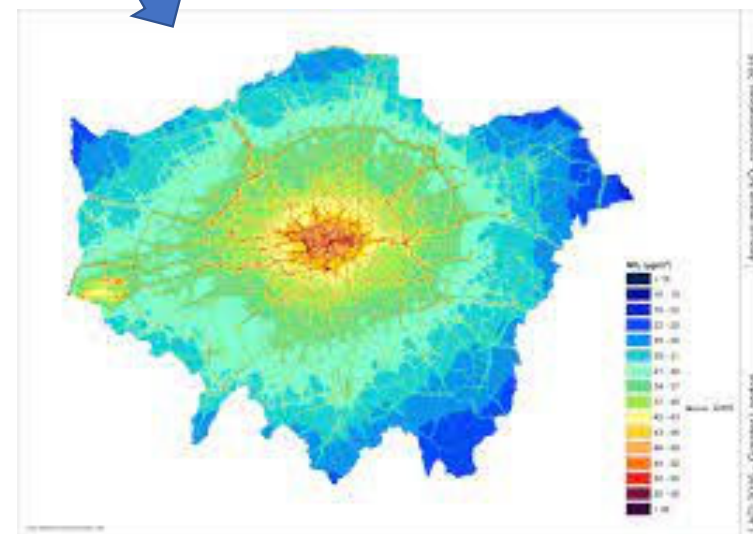
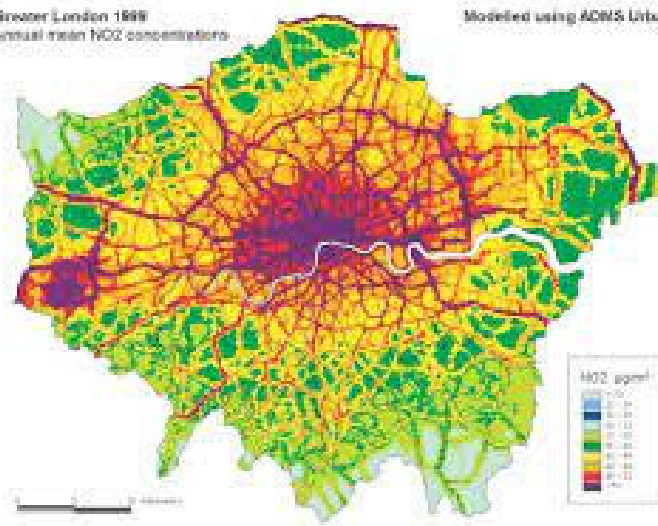
Greenhouse  
Gas  
Inventories

Source  
Apportionment

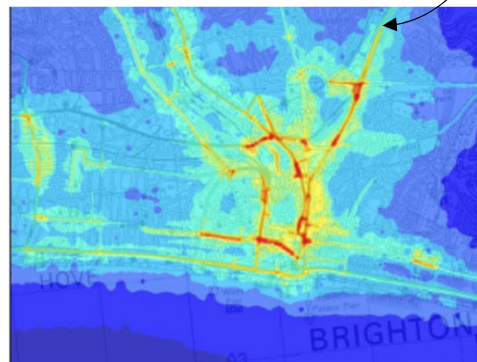
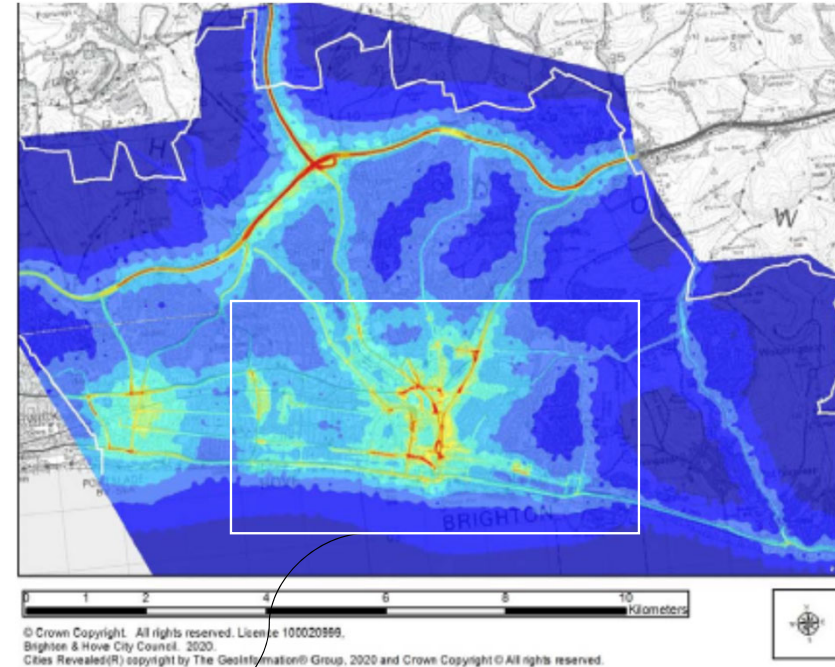
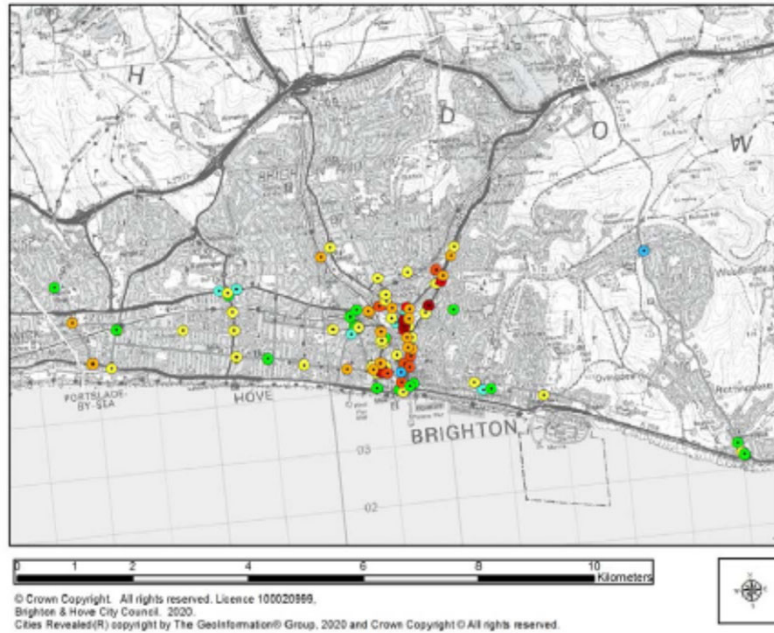
Advanced Air  
Quality  
Studies

Low  
Emission  
Zones

Greater London 1999  
Annual mean NO<sub>2</sub> concentrations



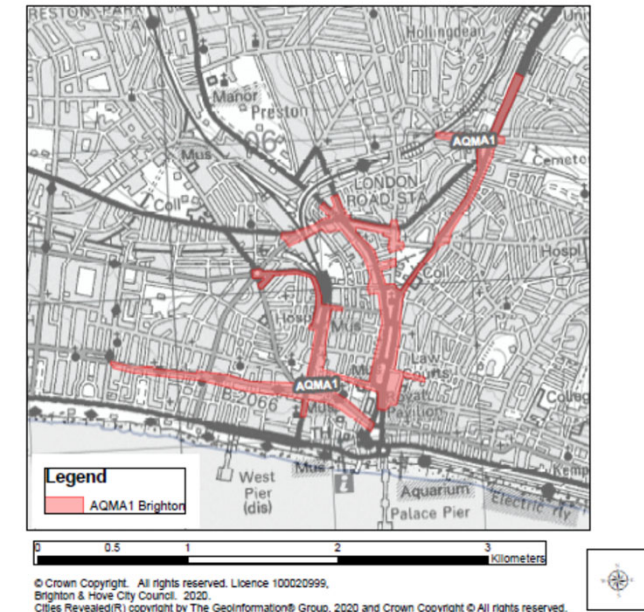
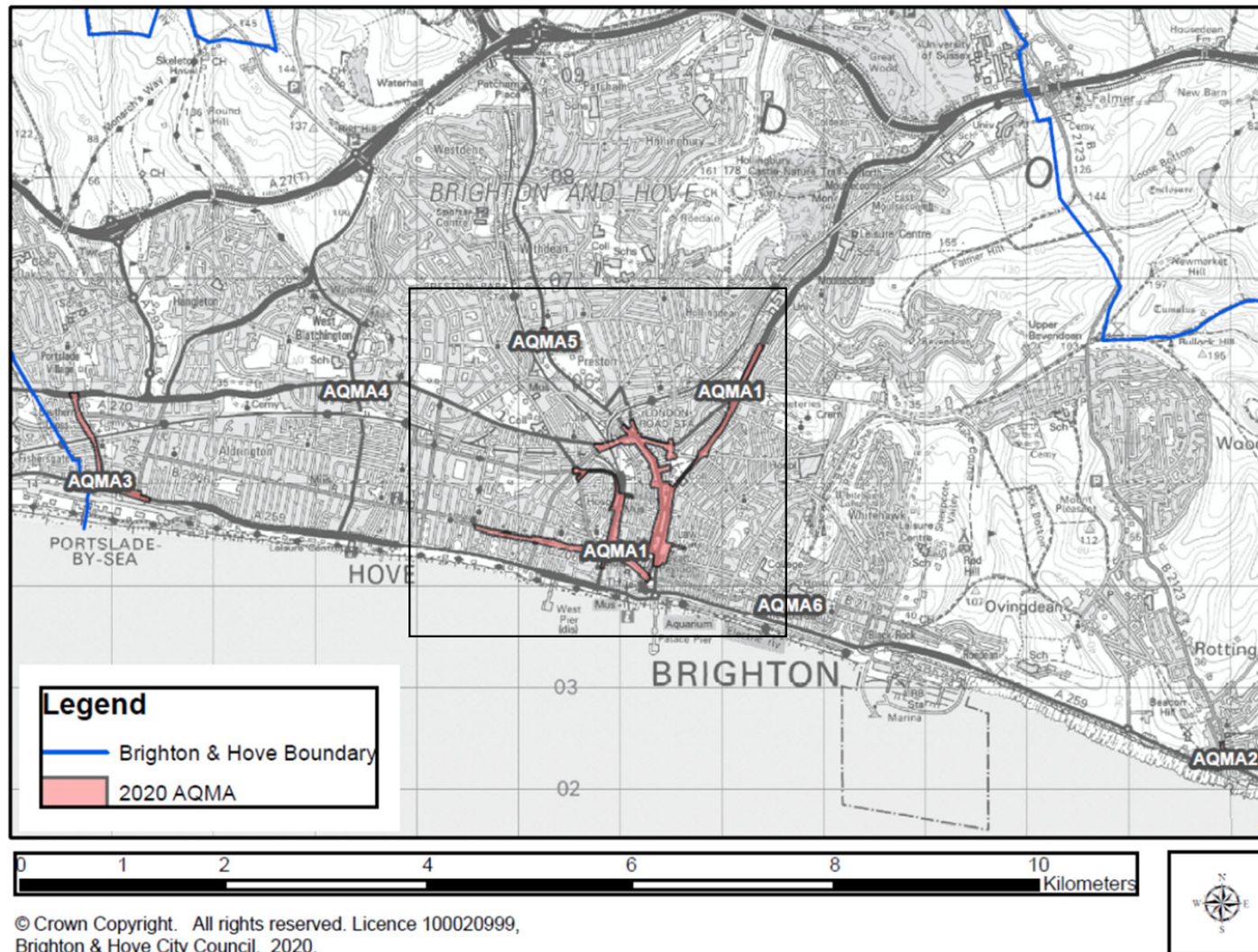
# Monitoring and Computer Based Model



Capital and Revenue  
Funding Required to  
Sustain Statutory  
Duties



# 2020 Air Quality Management Areas (AQMAs)





# AQMA Settings and Planning



# More walking a century ago

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# Policy Hooks: National and Regional Guidance



Parliamentary Time is required to deliver the Environment Bill.

Potential for updates to UK legislation and guidance for example the Clean Air Act.

Binding UK target for PM<sub>2.5</sub> scheduled for Autumn 2022.

# WHO Guidelines Sept 2021

- More stringent guidelines for nitrogen dioxide and particulate matter in breathable air
- Up to governments and devolved administrations to adopt into legislation or local objectives
- Race to see which City has the cleanest greenest credentials to attract investment
- Compact Clean Cities are in a good position to attract 21<sup>st</sup> Century business that helps avoid family aspiration to move elsewhere
- What are Best Available Techniques
- Beware of the word “Efficient” referring to hotter combustion - less smoke and carbon monoxide, that has potential to increase thermal NO<sub>x</sub>

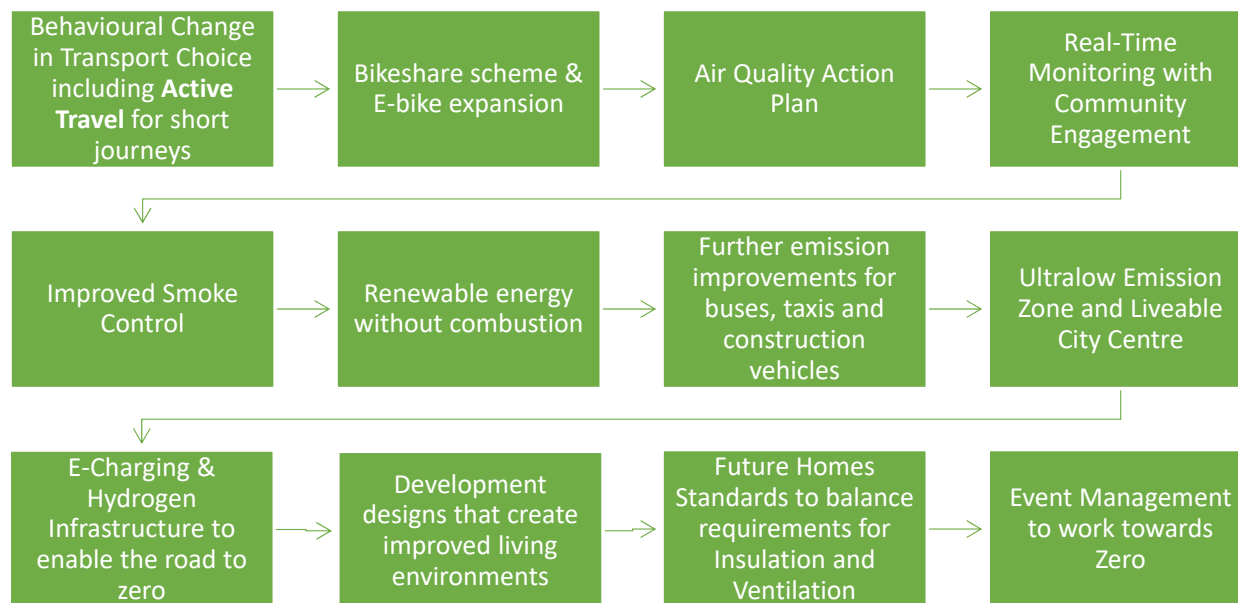


FOR AN AIR FOR HEALTH

#AirPollution



# Local Actions



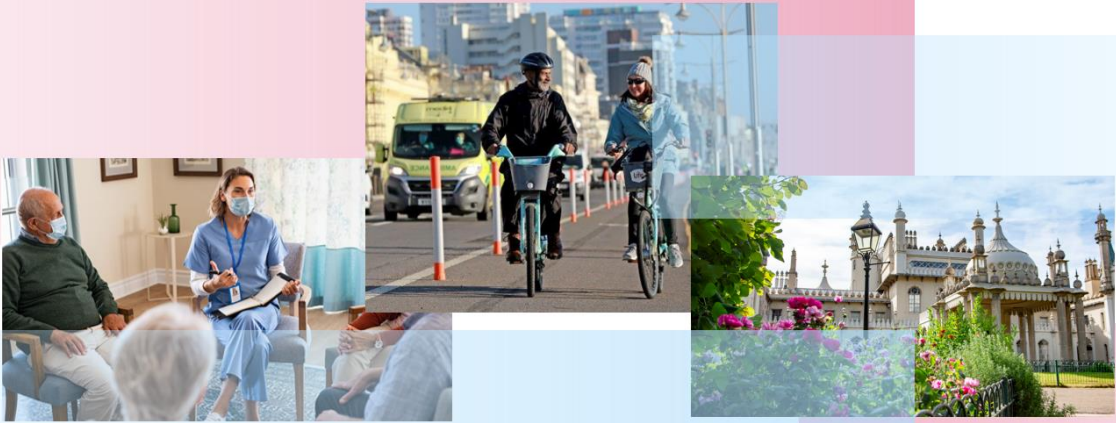


# References

- [New WHO Global Air Quality Guidelines aim to save millions of lives from air pollution](#)
- [How we manage air quality in the city \(brighton-hove.gov.uk\)](#)
- [Brighton and Hove News » Government and council put £250k towards refit for cleaner buses](#)
- [More ultra-low emission buses for Brighton & Hove - What's On In Brighton & Hove \(whatsoninbrightonandhove.com\)](#)
- [Brighton & Hove electric taxi network funding \(brighton-hove.gov.uk\)](#)
- [eCargo Bike Accelerator project \(brighton-hove.gov.uk\)](#)
- [Fires and wood burning stoves – please consider your neighbours \(brighton-hove.gov.uk\)](#)
- [Smoke control areas: the rules - GOV.UK \(www.gov.uk\)](#)
- [Sussex-air :: Promoting better Air Quality in Sussex :: sussex-air.net :: Home](#)
- [Exploring the link between air pollution and inequality – AirQualityNews](#)
- [Estimates of premature deaths caused by pollution and other causes and... | Download Scientific Diagram \(researchgate.net\)](#)
- [Air pollution causes 800,000 extra deaths a y | EurekAlert!](#)
- [COMEAP: reports and statements - GOV.UK \(www.gov.uk\)](#)

# Comments

- Improving air quality is a priority in our Health and Wellbeing Strategy
- Cleaner Air is primarily considered within ETS committee also for HWB due to its impact as a wider determinant on health
- Raise profile of the issue for Board members ahead of consultation on the plan
- Local importance of buses, taxis and deliveries
- Progress made since 2015 AQAP



# Brighton and Hove Health and Care Partnership Plan 2021/22 Summary

## Our vision and goals

Our ambition is to ensure everyone in Brighton and Hove has the best opportunity to live a healthy, happy and fulfilling life. We want people to be better supported with their health and wellbeing throughout their lives by ensuring the population health and care needs are met, health inequalities are reduced and we have a health and care system that is sustainable for the future.

Our Place Based Plan sets out our ambitions for the Brighton and Hove population, providing the framework to develop joint health and care priorities year-on-year that will have the greatest impact on our population. The plan aims to set out a clear and concise vision, outcomes, priorities and measures, linking together the multiple health and care organisational plans and workstreams across Brighton and Hove and the wider Sussex system. Our plans have been developed jointly with our health and population experts, clinicians, provider partners and our population, as well as being based upon detailed population analysis.

This summary provides an overview of the full detailed plan, which has been published in the public domain.

## Working together for our population

The Brighton and Hove Health and Care Partnership was established in January 2020 as an alliance of organisations responsible for integrating care around our local population, improving health and care outcomes and addressing health inequalities. Our Partnership Executive is an informal place-based partnership arrangement, bringing together Brighton & Hove Clinical Commissioning Group, University Hospitals Sussex NHS Trust, Brighton & Hove City Council, Sussex Community Foundation Trust, and Sussex Partnership Foundation NHS Trust, Community Works (Representing the Voluntary and Community Sector), Primary Care Networks (PCNs) - General Practice, patients and the public.

The Partnership will drive the way we work collectively to transform services from a strategic level down to front line operational services. The focus of the ICP is not just limited to the transformation programmes but also includes how we best deliver business as usual. Through a population health management approach we will develop thinking beyond the integration of health and social care towards a shared understanding of our combined resources and assets, and use this as the basis for joint action.

## Working across the wider system

We work as part of the Sussex Health and Care Partnership Integrated Care System (ICS) which is a partnership of health and care organisations working together across Sussex. Working as part of the ICS, allows health and care services to be planned and co-ordinated at a larger 'system' level at scale, while our Partnership allows us to work at a more local 'Place' level to ensure there is focus on the needs of our population.

The Sussex Health and Care Partnership has made huge strides to improve and transform health and care over the last few years, with a significant amount of work taking place behind the day-to-day frontline delivery of services to focus on how we can develop a system that enables our organisations to work in a more joined-up and collaborative way for the benefit of our populations.

We have agreed a vision for Sussex that sets out where we want to be as a health and care system in the future. It is a vision where people live for longer in good health; where the gap in

healthy life expectancy between people living in the most and least disadvantaged communities will be reduced; where people's experiences of using services will be better and where staff feel supported and work in a way that makes the most of their dedication, skills and professionalism. It is a vision where the cost of health and care will be affordable and sustainable in the long term.

This vision will enable every individual living in Sussex to have access to the best health and care from the moment they are born and throughout their lives. Our place-based plan supports and enables this vision to become a reality for our local population.

## Our population

Brighton and Hove is a very diverse community with a population that has significant diversity. A snapshot of our population highlights:

- **Sexuality** – High Lesbian, Gay, Bisexual, and Transgender (LGBT) population, estimated that 11-15% of the population aged 16+ in 2019
- **Deprivation** – The majority of the areas of the city are within the deprivation quintile with some amongst the most deprived in England. We also have a higher proportion of older people living alone and who are income deprived.
- **Ethnicity** - One in five people were from a Black, Asian, and Minority Ethnic (BAME) group according the 2011 Census and around 53,000 residents were born outside of the UK in 2019.
- **Homelessness, including rough sleeping** - Around 400 people have been supported with accommodation including those who might otherwise be in hostels with shared facilities, those who might need to resort to sleeping rough and homeless people continuing to arrive in the city
- **Younger Population** - Brighton and Hove has a younger population compared with neighbouring local authorities, the South East and England, with 83% of the population aged under 60 years, compared with 76% in England.
- **Children** - The number of children in need of help and protection is rising locally and nationally, linked to the increase in families experiencing financial difficulties, and there is a growth in the numbers of children with statements of Special Educational Needs and Disability (SEND) or Education Health and Care Plans, some of whom will have complex medical and care needs.

Whilst the health inequalities that our population experience are not new, Covid-19 has significantly exacerbated inequality and impacted population, communities and individuals' physical and mental health. Failure to address this will lead to greater inequality, therefore, addressing health inequalities is critical and central to our work.

We have committed to transforming the way we work to promote wider integrated working in our communities between the health and social care system and the full range of services that impact on the broader determinants of health and reduce health inequalities, including housing, employment, welfare, transport, environment and leisure and voluntary, community and social enterprise sector (VCSE) services and support.

# Our challenges

## Impact of COVID-19

COVID-19 is the greatest challenge the health and care system has faced in living memory, which has made significant impacts on demand, capacity and the performance of services. In addition, the pandemic has contributed to increased disparities and health inequalities, with large sections of the community facing increased deprivation and challenges due to various personal and economic circumstances. Our partnership working has been stress tested significantly by COVID-19 and proved crucial as the system collectively came together to respond to the unprecedented challenge.

Thanks to the vaccination rollout, we are moving to restore services while remaining prepared for any future waves of the virus. We aim to build on what we learned to bring about positive change and renewal so that we can deliver improvements in health and wellbeing for our population.

## NHS performance

The NHS is required to meet a number of constitutional standards on the performance of services. Despite an extremely difficult year due to the pandemic, locally we delivered a number of the required targets over 2020/21. However, there are a number of standards we have not been able to meet due to the increased and rising demand on pressure on services we are working collectively across the system to manage and improve performance.

# Our Place Based Priorities

We have identified five shared priorities which are a focus for collective action during 2021-22:

## Mental health in adults and children

We know that in Brighton and Hove people experience poorer than average outcomes, their mental health is underpinning other physical health outcomes and is strongly associated with key issues including smoking, alcohol, substance misuse and homelessness.

## Multiple long-term conditions (MLTCs)

We know that adults with MLTCs are increasing and a lot of health care services respond to single long-term conditions rather than taking multi-morbidity approach. The interaction of mental and physical health conditions is an important factor to improve outcomes. Prevalence of MLTCs correlates with deprivation and for our population MLTCs themselves are the norm in older adults and a significant driver of cost.

## Multi-complex needs

We know that adverse child and adult experiences contribute to developing MCNs. Uncoordinated services and silo working are difficult to navigate. Adults with MCN aren't viewed holistically and subsequently don't meet eligibility criteria for some services

## Cancer

We know that higher than expected mortality (including premature mortality) is significantly driven by preventable risk factors i.e. people not being diagnosed early enough

## Children and Young People

We know that In order to take action on health inequalities, a focus on prevention across the system with children and young people is required

The areas of focus in 2021/22 to address these issues include:

- Developing an integrated homelessness strategy to take forward our ambition of creating an Integrated Homeless Hub with holistic, flexible, integrated and co-located, multi-disciplinary model for the population.
- Delivering a consolidated Out of Hospital Community Healthcare Bedded Model for Brighton and Hove patients to provide resilience.
- Develop and agree a shared outcomes framework and integrated delivery model for Adults with Multiple and Complex Needs.
- Reframing local priorities to incorporate the impact of Covid-19, lessons learnt including from the Covid vaccine roll out and introduce a transformational approach that will reach all members of the community, for example Homeless, Learning Disability, LGBTQ and the BAME communities.
- Partners working together to develop a robust communication and engagement approach that is appropriate and culturally sensitive and competent; using updated modern tools co-developed with communities to support improved access, experience and outcomes.
- Undertaking work to address specific recommendations and actions arising from the Brighton and Hove Equalities and Access Work stream (EAW) in relation to health inequalities.
- Ensuring overarching goals to address health inequalities are embedded; for example, preventing people from dying prematurely, enhancing quality of life for people with long-term conditions and helping people recover from episodes of ill health or following injury.
- Enhancing the Speak Up Against Cancer programme. The programme raises awareness of cancer, giving people the confidence and tools they need to attend screening appointments, recognise the signs and symptoms of cancer and to overcome barriers to getting help when it is needed.
- Taking forward the outcomes and recommendations from the Place and Primary Care Network Population Health Management (PHM) Development Programme.

## Our Delivery Plan

As well as our Place-based priorities, we have a number of national and system-wide priorities and pieces of work that we are delivering locally across Brighton and Hove. A summary of our delivery plans are below, which are aligned to the delivery of the Health and Wellbeing Strategy.

### • Population Health Management

At Place we are committed to delivering change through a whole-area approach with a clear focus on outcomes to improving population health and ensure partners sign up to common goals. We will use data drawn from across partners to identify people with deteriorating health to influence behaviours and lifestyles which lead to poor health.



- **Addressing Health Inequalities**

In spite of overall increases in life expectancy, the variations in health outcomes between the most and least deprived communities is still growing. We will aim to address this by providing care closer to home, providing support to people to manage their own health and care, providing more joined-up care, encouraging the voluntary sector to support our populations, providing integrated physical and mental health care, and conducting robust Equality Impact Assessments.

The areas we will be looking at include:

- Primary care developments and Primary Care Network delivery, for example supporting the growth of Population Health Management capability, anticipatory care, multi-disciplinary team working and care coordination. This will include engagement of personalised care roles within PCNs - social prescribing link workers, health and wellbeing coaches, and care coordinators - to ensure that personalised, quality, care approaches are taken forward.
- Further developing the Brighton and Hove social prescribing model.
- Implementing the recommendations and outcomes of the Needs Assessment
- All local plans having a focus of health inequalities and will have specific health inequalities priorities developed as part of this that are integral to our objectives.

- **Multiple Complex Needs**

We have an increasing number of people with Multiple Complex Needs (MCN). One in every 50 working aged adult is estimated to have one or more needs around homelessness, substance misuse or offending; of these 40% will have two or more of these needs with 52% estimated to having a mental health problem.

The key priority for 2021-22 for multiple complex needs is to work collaboratively with partners and the wider voluntary and community sector and experts by experience to develop an agreed shared outcomes framework and integrated delivery model for service delivery.

We approved the following recommendations from our April 2021 needs assessment for adults with multiple complex needs;

- Information sharing, across all organisations.
- Ensure that people with lived experience are engaged in a broad range of roles related to service design and delivery.
- Identified lead professional/practitioner (care-coordinator or keyworker equivalent) coordinates the multicomponent interventions being provided.
- A more inclusive approach to supporting people with multiple complex needs with all levels of combined mental illness and substance misuse.
- Services practice a trauma informed approach.
- Services are gender informed and culturally sensitive.
- The physical health needs addressed alongside their mental health and substance misuse needs.

- **Integrated Homelessness**

Brighton and Hove has the fifth highest level of homeless in the country, with 876 people found rough sleeping in the city in the last two years and of these 43% have been found once. However, rough sleeping represents only a fraction of the people who are without secure accommodation,



there are approximately 400 in hostels and as many as 4000 in emergency and temporary housing.

The key priority for 2021-22 for Integrated Homelessness is to design a new model of delivery to increase access to and engagement with health and care at a primary and community level and to deliver quick and responsive interventions to manage health and care needs.

- **Out of Hospital Transformation**

The current out of hospital model for Brighton and Hove is too complex and requires transformation at all levels to ensure that there is greater emphasis on prevention and early intervention, targeted care and support that prevents unplanned hospital admission or A&E attendance, facilitates early supported discharge and enables people to live and stay well so that fewer people need to access hospital care.

The aims of the Out of Hospital transformation includes enabling enable people to take responsibility for managing their own health and wellbeing in the most appropriate setting for them; delivering a model of care that ensures people are at the centre of their care, enabling them to achieve the outcomes that are important to them and promotes a shift in focus from dependency and ill health to independence and wellbeing; and reducing health inequalities.

The key priority for 2021-22 for the Out of Hospital Strategy is to deliver a consolidated Out of Hospital Community Healthcare Bedded Model for Brighton and Hove patients to provide resilience; and to commence the development of a longer term strategy for community health beds.

- **Primary and Community Care**

Primary and Community care sit at the heart of our ambition to deliver integrated care, personalised care, reduce health inequalities and improve outcomes for those with long term conditions. We are taking a number of short and long term actions to ensure the population is fully vaccinated against Covid-19, have access to high quality services, primary care remains supported and resilient, and we are able to continue the development of Primary Care Networks. We are working together to improve timely access to services closer to home, increased proactive care and ensuring unnecessary hospital admissions are avoided.

- **Long Term Conditions**

During 2020/21, the Primary Care and Community Collaborative Network agreed to establish a Long Term Conditions programme which includes supporting those with multiple long term conditions and specific programmes relating to diabetes, respiratory, stroke, cardiac and CVD prevention.

The key priorities for 2021-22 for each of these areas are:

**Cardiovascular Disease (CVD):** As part of the Population Health Management Development Programme, shape a system-wide CVD Prevention strategy: from intelligence, to insight, to action, to measurement.

**Stroke:** Deliver the Sussex Health and Care Partnership Integrated Stroke Delivery Network Place work programme for 2021-22.

**Respiratory:** Deliver the SHCP respiratory network 2021-22 plans in partnership with local places.

**Cardiac:** Deliver the cardiac specific ambitions within the NHS Long Term Plan, in addition to those covered through the CVD prevention programme.

**Diabetes:** Reinstate a number of significant transformational diabetes projects that were paused during the pandemic and these are now priorities for 2021-22.

- **Urgent Care**

We have been working collaboratively across Sussex and with patient groups for a number of years to develop strategic solutions that deliver the nationally mandated outcomes required of an Integrated Urgent Care (IUC) system. We are focusing on four areas: NHS111-Clinical Assessment Service (CAS) including NHS 111 First; Sussex Home Visiting Service; Urgent Treatment Centres (UTCs) - co-located and stand-alone; and Place-based models of Integrated Care.

These four components work together alongside primary care, community pharmacy, ambulance and other community-based services, to provide locally accessible and convenient alternatives to A&E for patients who do not need to attend hospital. This also supports primary care and keeps people closer to home.

Our key priority for 2021-22 for Urgent Care is to provide urgent and emergency care close to home, and reducing risk of nosocomial infection; and ensuring that wherever a patient accesses care that the triage and streaming systems are consistent “Right Place, Right Service, First Time”.

- **Planned Care**

We are working in an integrated way to ensure backlogs of patients waiting for planned care are reduced, variation in services are reduced, outcomes are improved and patients are treated equitably and in the right order across the system.

Our key priority for 2021-22 for planned care is to deliver the planned care restoration and recovery programme for this year. This will need to be done in a radically different way to respond to the challenges we face and ensure we have sustainable services in the future. Our plan builds on the learning and transformation born out of necessity during 2020-21 such as the use of digital, learning from the Pandemic, but also the following specific requirements set out in national guidance.

- **Cancer**

We will continue to work within the wider cancer programme to transform and restore our services across the county to improve patient experience and outcomes. In the long term, we are developing approaches to increase uptake and access to services that will reduce emergency presentations and ensuring better outcomes. We are taking short-term actions, including focusing on health inequalities and personalisation of cancer; restoring services to ‘near normal’ levels; supporting community diagnostic hubs; and maximising capacity.

- **Mental Health**

We will continue to work towards our system-wide mental health plan, which is backed by significant new investment. This aims to transform mental health provision, improve patient outcomes, experience and quality of care, and reduce variation across Sussex. Our long-term

transformation priorities are to increase physical health checks for people living with serious mental illness, and develop community integrated services. Our short-term actions for 2021-22 focus on the following areas: Perinatal mental health services; children and young people mental health; children and young people eating disorders; improving Access to Psychological Therapies (IAPT); adult urgent care; adult community; PCN mental health roles; acute mental health care; dementia; suicide reduction and bereavement support; the staff wellbeing hub; housing; and personalised care.

- **Learning disabilities and autism**

We will continue to implement the ambition set out in the Sussex Learning Disability and Autism Programme with the aim of reducing health inequalities for individuals with a learning disability, autism or both, reducing reliance on inpatient care, and improving the quality of services through reduced waiting times, reduced admissions, and reduced 'hand offs between services.

We will be delivering new community based services to enable people to be discharged following long stays in hospital, remodelling an integrated forensic service including for people with a learning disability or autism, and implementing and active monitoring the dynamic support register for children and young people and associated network meetings to support children to remain in the community. We will be improving physical health checks for people living with learning disabilities and designing a series of projects that will reduce waiting times and improve outcomes for children and families needing an assessment via the Neuro Developmental Pathway.

- **Children and Young People**

We are taking a collaborative and inclusive approach to ensure children, young people and their families are at the heart of all that we do. The key priority for 2021-22 is to include a stage process to develop a Sussex Children and Young People (CYP) physical health strategy that sits alongside and aligns to a Sussex CYP Mental Health and Emotional Well-being strategy and the Sussex CCGs Learning Disabilities and Autism strategy, as well as the continuation of the work programmes which underpin the delivery of NHS Long Term Plan and against statutory responsibilities for children.

- **Maternity**

We are working together to improve the support and experience of women, with improved capacity and choice, reduced interventions, reduced pre-term births and reduced risks of maternal and neonatal harm. Our key priority for 2021-22 is to deliver a revised maternity and neonatal transformation programme.

## **Our workforce**

We will continue to work with the Sussex Health and Care Partnership Workforce Programme which drives longer-term workforce planning, recruitment and training across Sussex. We also recognise there are opportunities to look at how the collective workforce for health and care across Brighton and Hove is deployed and developed in support of our integration and transformation plans. Opportunities at Brighton and Hove might include flexible deployment of staff across organisations and integration of teams and training to support multi-agency working. There will also be opportunities to help frontline staff to understand and connect with local communities, generating new ways of working that recognise and support the role people and communities can play in improving their own health.

# Our finances

It is essential that we deliver our health and care priorities in a way that gets best value from the collective resources available to us. This requires effective partnership working, with a collective approach to risk management to deliver our health and care priorities. It is therefore important that the system as a whole continues to work together to develop sustainable underpinning financial plans, which are also linked to our priorities for transformation, to enable service change and address any increases in activity in urgent and emergency care and recovery activity to sustain performance and quality overall.

To deliver our healthcare priorities, all partners across our ICS have agreed to work to the following principles:

- The ICS will deliver overall balance, with each organisation also in balance at the end of the period.
- As many resources as possible are distributed to providers within the ICS.
- There is a collective approach to risk management.
- All investments and any additional funding agreed as an ICS.
- Any contingency is held at an ICS (system) level.
- Budget setting should be a completely transparent process.
- The financial plan will deliver the baseline activity and any additional costs for any additional activity above the baseline will be funded from the Elective Recovery Fund.

Our Brighton and Hove Place finance leaders work together through our monthly Finance Leadership Group, to discuss how to monitor the financial performance locally, manage local financial risks, identify opportunities for productivity and efficiency gains and to identify how the local finance leadership can support the delivery of health and care.



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

Title: Brighton & Hove  
Safeguarding Adults  
Board (BHSAB)  
Annual Report  
2020/21

Date of Meeting: 02 November 2021

Report of: BHSAB  
Independent  
Chairperson

Contact: Guy  
Jackson, BHSAB  
Business Manager

Tel: 07919 483209

Email:  
[guy.jackson@brighton-hove.gov.uk](mailto:guy.jackson@brighton-hove.gov.uk)

Wards Affected: All

## **FOR GENERAL RELEASE**

### **Executive Summary**

The Brighton & Hove Safeguarding Adults Board (B&H SAB) comprises senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for safeguarding adults with care and support needs.

The Board co-ordinates local safeguarding activity. It ensures the effectiveness of local work by:

- Monitoring and scrutinising what is done by our partner agencies to safeguard



and promote the welfare of adults with care and support needs

- Undertaking Safeguarding Adult Reviews (SARs) and other multi-agency learning reviews, audits and qualitative reviews as well as sharing learning opportunities
- Collecting and analysing safeguarding data
- Drawing evidence from the testimony of adults with care and support needs and frontline professionals
- Publishing an annual report

This annual report outlines progress the B&H SAB has made over the last year in respect to safeguarding adults with care and support needs. It covers the period 1st April 2020 to 31st March 2021.

### **Glossary of Terms**

#### **ADASS – Association for Directors of Social Services**

CE –Criminal Exploitation

HASC – Health and Adult Social Care

NICE – National Institute for Health and Care Excellence

SAB –Safeguarding Adults Board

SAR – Safeguarding Adult Review

SARC –Sexual Abuse Referral Centre

SE- Sexual Exploitation

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

It is recommended that the Board:

- 1.1 Note the report and commends partner agencies for their contribution to safeguarding adults with care and support needs.
- 1.2 Note SAB achievements and challenges (in **Appendix 1**).

## **2. Relevant information**

- 2.1 It is a statutory requirement for the SAB to publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs in the local area.
- 2.2 The B&H SAB has continued to work in partnership with member agencies to safeguard adults with care and support needs, and to minimise any adverse consequences of abuse.
- 2.3 Details of the Safeguarding Board's work this year can be found in the Annual Report (**Appendix 1**).

### 3. Important considerations and implications

Legal:

- 3.1 Schedule 2 to The Care Act 2014 requires the SAB to publish an annual report and provide a copy of the same to the Health and Wellbeing Board.

Lawyer consulted: Nicole Mouton Date: 27/09/2021

Finance:

- 3.2 The Brighton and Hove Safeguarding Adults Board has an agreed budget with multi-agency funding and received the following contributions in financial year 2020/21; the Local Authority £0.086m, the Police and Crime Commissioner for Sussex £0.023m and Brighton and Hove Clinical Commissioning Group £0.027m. These contributions cover the running costs of the board and the expenditure is detailed in the annual report.

Finance Officer consulted: Sophie Warburton Date: 24/09/2021

Equalities:

- 3.3 The SAB, through the City Council and other partner agencies, will continue to work to ensure people with care and support needs and their carers have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons. The work of the Board contributes to improved community cohesion. Where reviews recommend ways to better meet needs of people sharing a protected characteristic, these are provided to the relevant organisations, implemented and monitored.

Sustainability:

- 3.4 The SAB is a statutory requirement. It needs to be appropriately resourced to fulfil its statutory obligations. All SAB multi agency meetings are currently being conducted virtually. This is being considered as an ongoing arrangement due to infection control requirements but also due to reducing travel across the county.

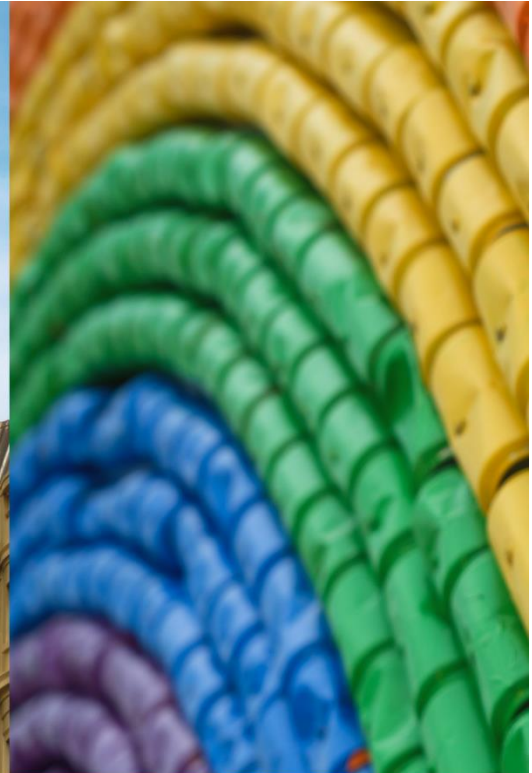
Health, social care, children's services and public health:

- 3.5 These are discussed in the annual report (**Appendix 1**).

## **Supporting documents and information**

Appendix1: B&H SAB Annual Report 2020/21





Brighton & Hove  
**SAB**  
Safeguarding  
Adults Board

# Brighton & Hove Safeguarding Adults Board Annual Report 2020-21



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## 2. Foreword from our Independent Chair



I have great pleasure in presenting this, my last Annual Report for the Brighton and Hove Safeguarding Adults Board. I am standing down to pursue other challenges but am delighted to hand the reins over to a hugely experienced chair, who I know will take the SAB from strength to strength.

To say this has been a challenging year would be a huge understatement. All of us have been affected by the Covid 19 pandemic and many people reading this will have contracted the virus, may have lost loved ones or had their lives changed forever. To those I extend my heartfelt sympathies and hope you can return to some form of normality soon.

To allow those working on the frontline the time and space, the SAB significantly reduced its work programme for most of the year especially those areas which would have drawn those the city relied upon from their critical roles. That said, we have made significant progress in developing our protocols, understanding the Safeguarding Adults Review (SAR) process and adopting new and innovative ways of working. These developments have all been made with the new challenges very much in mind and will help partners to work better together to safeguard those who rely on us.

The Safeguarding Adults Review we published this year, 'Christopher', cut across many safeguarding themes including multi-agency communication and collaboration, whether the policies and procedures in place were sufficient and appropriately followed as well as consideration of the challenges around supporting people with multiple complex needs. Whilst this review was referred late, some of the issues remain and it's the Board's responsibility to ensure the lessons are learned.

Learning from SARs is probably the best legacy we can provide to those who have died. That is why we should be very proud of the new Pan Sussex Adult Death Protocol which was developed this year following the completion of an East Sussex SAR in 2019 - 20. This will vastly improve how agencies respond to deaths where abuse or neglect are suspected. It is already making a difference and is being considered for adoption nationally.

I'd like to finish by thanking everyone who has made my tenure as SAB chair such a privilege. Their support and engagement has made all the difference, not only to me but crucially to those who rely on our shared safeguarding system. This is even more critical during the pandemic and, to those who have stepped up to the plate and made such a difference in these difficult times, a very special thank you.

A handwritten signature in black ink, appearing to read 'G. Bartlett'.

**Graham Bartlett**

Independent Chair, Brighton and Hove Safeguarding Adults Board

### 3. Foreword from Healthwatch

Healthwatch Brighton and Hove have worked closely with the B&H SAB over the last year. Dr Lester Coleman, our Evidence and Insight Manager is the Chair for the Safeguarding Adults Review (SAR) monthly meetings.

The core role of Healthwatch is to improve health and care services across our City. We have a particular focus on reaching out to vulnerable people and communities who do not have a strong voice. Last year we engaged with 1700 people with disabilities; 400 LGBTQ; and nearly 500 people from ethnic minority groups.

Hearing from vulnerable groups is also evident from a new service we have delivered since the Covid-19 pandemic – providing wellbeing checks for those people recently discharged from hospital. Our dedicated team of volunteers phone people usually within their first two weeks of discharge to offer support including signposting to other services. Having contacted 1700 people (up until March 31st, 2021), we do encounter people where a safeguarding concern is escalated to Adult Social Care. Safeguarding concerns may also be raised in our email information and signposting service (info@). Together with the Hospital Discharge project, we escalated 54 safeguarding concerns over the last year.

In Chairing the Safeguarding Adults Review, Healthwatch has witnessed several developments in the way reviews are assessed and undertaken. There is transparent guidance around whether a new case warrants a review; how learning can be shared from similar cases; useful summaries produced from the learning and recommendations from reviews; insights from across the region (primarily East Sussex, Kent and Surrey); and specific guidance provided to the independent reviewers. More recently, the SAR meetings have welcomed additional contributors to the meetings to discuss cases directly with the members of the Board.

The Brighton and Hove Safeguarding Adults Board continues to provide excellent leadership, coordination, and a focus for partnership to promote high standards of safety and quality in health and social care in our City



**David Liley**

CEO, Healthwatch Brighton & Hove

## 4. Our Purpose

The Brighton and Hove Safeguarding Adults Board (BHSAB) is a multi-agency statutory partnership which provides leadership and strategic oversight of adult safeguarding work across Brighton and Hove. The Board comprises organisations that have a role in adult safeguarding and the prevention of abuse and neglect within Brighton and Hove. This includes the three statutory partners: Brighton and Hove City Council, Sussex Police and the Sussex Clinical Commissioning Group, as well as a range of other community and voluntary agencies. The work of the BHSAB is underpinned by the Care Act 2014, which sets out that we are required to:

- **Develop and publish a Strategic Plan setting out how we will meet our objectives and how our partner agencies will contribute to this.**
- **Publish an annual report detailing how effective our work has been.**
- **Arrange for Safeguarding Adults Reviews (SARs) to be undertaken when the criteria under section 44 of the Care Act are considered to have been met.**

The Board's vision is that we will all work together to enable people in Brighton & Hove to live a life free from fear, harm and abuse and our three year strategic plan that was published in 2019, and updated annually since then, identified six priorities to support this vision becoming a reality.

The Board meets four times a year and is supported by four subgroups that take forward these six priorities through individual work plans that are regularly updated.

## 5. Our Strategic Priorities

### Priority Area 1: Accountability, Assurance & Leadership

Ensure the SAB provides strategic leadership to embed the principles of safeguarding across agencies and contribute to the prevention of abuse and neglect.

Desired outcome: Confidence in Multi-agency safeguarding responses, people are safeguarded from abuse and neglect.

### Priority Area 2: Policies, Strategies & Procedures

To be assured that multi-agency safeguarding strategies, policies and procedures are regularly reviewed to ensure currency, reflecting emerging legislation, policy and/or learning, and that these are easily accessible to frontline staff and used effectively

Desired outcome: Our partners work within a framework of policies and procedures that keep people safe.

### **Priority Area 3: Performance, Quality and Audit / Organisational Learning**

Assure learning from SAB activity is effectively embedded into practice to facilitate organisation change across agencies, refocus quality assurance mechanisms, and better use safeguarding data to define SAB priority areas of business.

Desired outcome: Confidence that services are learning and improving in their safeguarding practice and adult safeguarding risk is better understood by the SAB and appropriately assessed by partners.

### **Priority Area 4: Prevention & Early Intervention**

Ensure the SAB has a focus on prevention that clearly identifies how it will aim to reduce incidence of abuse and neglect (including self-neglect) in Brighton & Hove.

Desired outcome: Adults at risk are identified early and have their needs met promptly and effectively.

### **Priority Area 5: Engagement & Making Safeguarding Personal**

Adults, carers, the local community and professionals assisting to shape the work of the SAB and safeguarding responses and safeguarding practice is client centred.

Desired outcome: Public safeguarding awareness is improved. Clients and professionals feel empowered for their voices to be heard in safeguarding practice and policy development.

### **Priority Area 6: Integration / Training and Workforce Development**

Assure the workforce is equipped to support adults appropriately where abuse and neglect are suspected. This to include emerging local safeguarding challenges.

Desired outcome: Clients are supported by a skilled and competent workforce.

## **6. Board Membership and Structure**

Partnership working is at the heart of adult safeguarding and alongside our three statutory partners and the community and voluntary sector organisations the BHSAB has links with a number of other strategic partnerships; these include the Brighton and Hove Safeguarding Children Partnership, the Safer Communities Partnership and the Health and Wellbeing Board.

## Our Statutory Partners

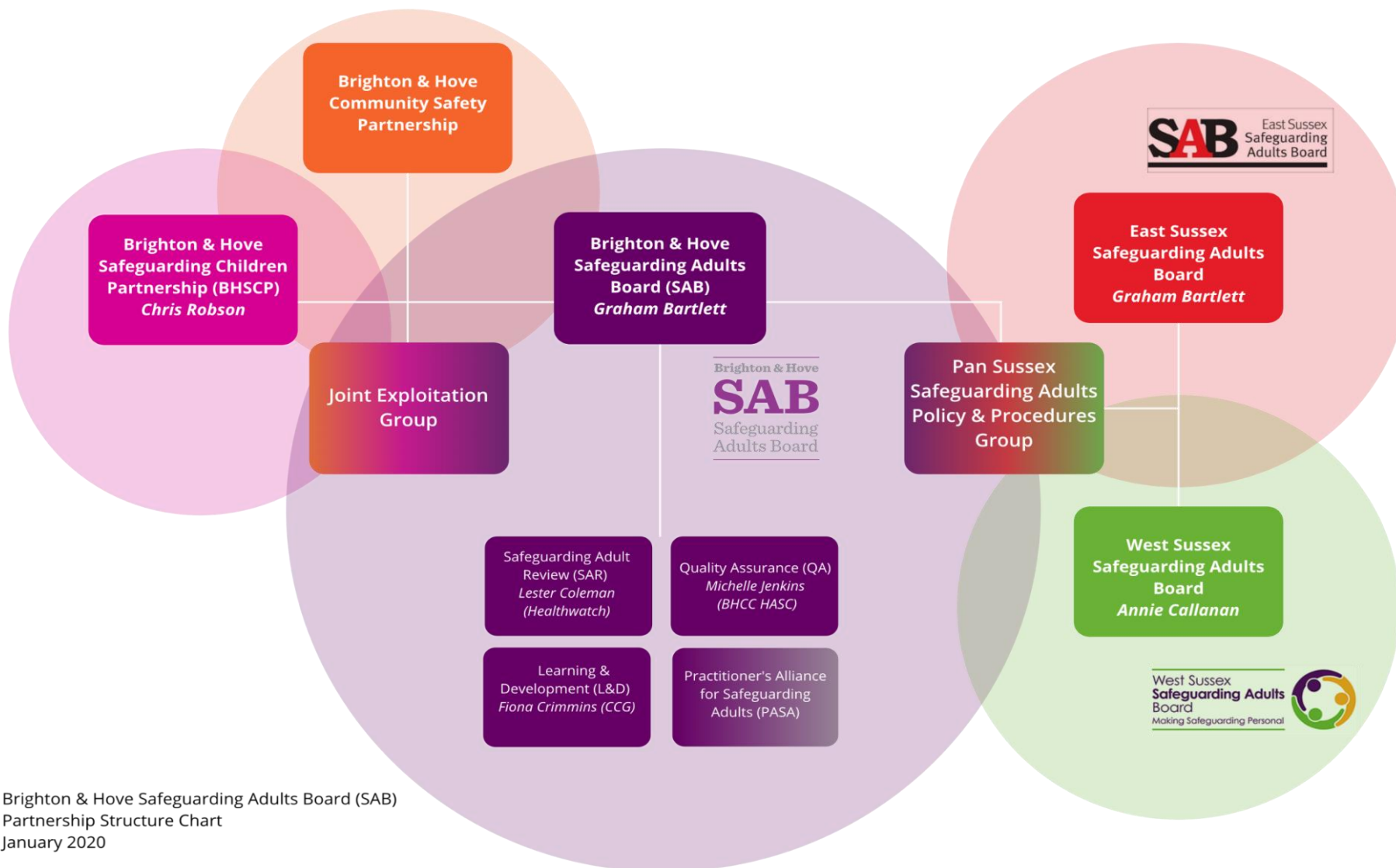
- **Brighton and Hove City Council**
- **Sussex Police**
- **Sussex Clinical Commissioning Group (CCG)**

The further partners of the Board are.

- **Brighton and Hove Safeguarding Children Partnership**
- **Brighton and Sussex University Hospitals (BSUH) Trust**
- **East Sussex Fire and Rescue Service (ESFRS)**
- **Brighton and Hove Healthwatch**
- **Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)**
- **National Probation Service (NPS)**  
(from June 2021 the KSS CRC and NPS will become one service known as The Probation Service: Kent, Surrey and Sussex Region)
- **South East Coast Ambulance Service NHS Foundation Trust (SECAmb)**
- **Sussex Community NHS Foundation Trust (SCFT)**
- **Sussex Partnership NHS Foundation Trust (SPFT)**
- **Voluntary and Community Sector representation (represented by PASA)**

In addition, the Board maintains links with the following:

- **East Sussex Safeguarding Adults Board**
- **West Sussex Safeguarding Adults Board**
- **The National Network of Chairs of Safeguarding Adult Boards**
- **The Safeguarding Adults Board Manager Network**
- **Safeguarding Adults National Network**
- **Brighton and Hove Community Safety Partnership**
- **South East Regional Safeguarding Adult Board Network**



Brighton & Hove Safeguarding Adults Board (SAB)  
Partnership Structure Chart  
January 2020



## 7. Our Budget

The SAB budget is pooled, and our partner agencies contribute to the running of the board, not only financially, but by chairing or vice-chairing meetings, providing use of their buildings and facilities, or hosting learning events.

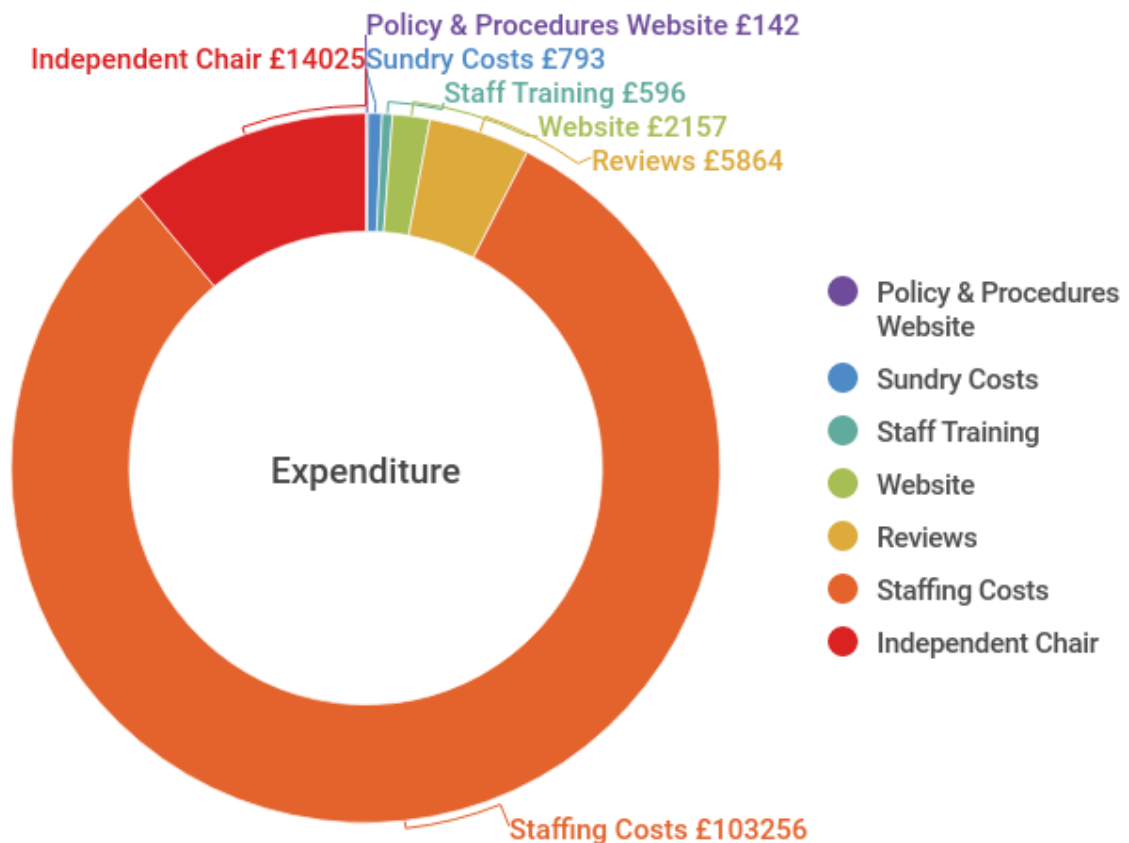
### Income for 2020/21

Brighton & Hove City Council	£83,829
Sussex Police	£22,610
Brighton & Hove Clinical Commissioning Group	£26,600
Total	£133,030

The board carried forward some of the Brighton & Hove City Council and third-party income from the 2019/2020 budget into 2020/21, and some has again been carried forward into 2021/22. Contributions from the statutory partners increased from previous years, in line with the agreement to fund a full-time Business Manager position for the SAB.

### Expenditure

Independent Chair	£14,025
Safeguarding Adult Reviews	£5,864
Staffing Total:	£103,256
Business Manager	£60,355
Administrator	£22,590
Quality Assurance	£19,916
Other	£395
B&H SAB Website	£2,157
Staff Training	£596
SAB Conference	£0
Sundry costs	£793
Sussex Safeguarding Adults Policy & Procedures Website, Annual Licence	£142
Recruitment Costs	£0
Total	£126,833



## 8. Coronavirus Response

The Coronavirus pandemic has led to unprecedented challenges for partner agencies and over the past year the SAB has regularly sought assurance in relation to the impact this has been having locally and to ensure services are supported to respond to emerging safeguarding themes.

Within Brighton and Hove, as in many other parts of the country, there were concerns regarding the increased difficulty in identifying safeguarding issues due to reduced face to face contact, particularly in relation to concerns about those experiencing domestic violence and abuse, self-neglect and the impact on those in caring roles. Additional key areas of concern have included:

- The challenges in carrying out safeguarding enquiries remotely.
- The implementation of DNARs (Do Not Attempt Resuscitation) without following the Mental Capacity Act process in full and ensuring appropriate consultation with the individuals and their families.

- A significant increase in calls to domestic abuse helplines including an increase in people experiencing suicidal ideation and mental health concerns.
- The ongoing impact of social isolation upon people's mental health and additionally the impact of the pandemic upon the wellbeing of the health and social care workforce.
- New and emerging risks for people with care and support needs, such as in relation to scams about Covid-19 testing and vaccines and Coronavirus fraud.

The Board took the decision to suspend the majority of SAB and subgroup meetings during the pandemic to enable frontline services to prioritise operational demands. The focus of Board work during these times was on meeting our statutory duties in relation to SAR activity, and our SAR subgroup continued to meet virtually on a monthly basis during which we saw a significant rise in the number of referrals received.

The pandemic has also brought opportunities for new ways of working. The first wave of the pandemic saw successful interventions and innovations, including the housing of those sleeping on the streets in Brighton and Hove and the development of an adult safeguarding hub by the local authority. Over the past year meetings and multi-agency training have been held remotely and we have seen an increase in engagement given the efficiencies that virtual meetings create. The SAB supported frontline operational services as well as contributing to the work of the Sussex Resilience Forum – a multi-agency partnership, which met weekly during the height of the first wave to identify gaps and issues within the support available for vulnerable people, and to coordinate responses locally and across Sussex. Another welcome development caused as a direct result of the pandemic was the increased participation of SAB managers in national networks, such as the National Board Managers Network and the NHS Safeguarding Adults National Network (SANN). These forums have supported more effective sharing of information about emerging safeguarding themes and learning from SARs as well as creating a platform to have a panel of speakers from a range of national leadership positions.

Over the course of the next year the SAB will continue to evaluate the ongoing impact of Covid-19 on safeguarding activity and monitor recovery measures to ensure that the learning is shared both in relation to the challenges and opportunities that this period has created and to consider the longer-term impact of the pandemic.

## 9. Our Achievements in 2020-21

### Accountability, Assurance and Leadership

- This has been an extremely challenging year for everyone and in recognising the impact of this the BHSAB paused non-essential work to enable partners to focus on these challenges. However, throughout this time the BHSAB continued to meet our statutory duties and progress our strategic priorities, holding monthly virtual SAR subgroup meetings and quarterly board meetings. This has enabled local and national safeguarding challenges and emerging themes to be discussed as well as providing a forum for regular updates to be provided by partners.
- During 2020/21 the BHSAB has undertaken a multi-agency audit on non-engagement, which identified some areas of exemplary practice as well as learning in areas such as creative and flexible approaches, the importance of both planning and information sharing around risk management with all those involved in supporting individuals. Assurance work has also been undertaken with partner agencies in relation to the Coronavirus pandemic, seeking to learn lessons from what has occurred so that this can be shared with all partners and utilised in the event of further waves during 2021/22 or in the future.
- In ensuring that robust mechanisms are in place for partners to be held to account for their safeguarding practice the BHSAB has been working closely with our colleagues in East and West Sussex to develop a pan-Sussex Self-Assessment Tool and Peer Challenge Event to be undertaken in 2021/22. In recognising the pressures partners have been under, and continue to experience, the overall length of the tool has been reduced but the scope has been broadened in order to further explore areas such as commissioning, training and emerging themes. It has also been designed to gather much more detailed information from partners to support rigorous peer challenge.
- The request from local organisations identified in the previous Self-Assessment and Peer Challenge Event in 2019 for increased knowledge and awareness around managing safeguarding allegations against staff have been taken forward through an article in the newly launched BHSAB quarterly newsletter as well as PIPOT guidance developed and published on the BHSAB website.

- Whilst there have been several Safeguarding Adults Reviews commissioned during 2020/21 budget activity continues to be carefully managed and discussed regularly with partners to ensure this is clear and transparent.

### **Policies, Strategies and Procedures**

- In being assured that multi-agency safeguarding strategies, policies and procedures are regularly reviewed to ensure currency, reflecting emerging legislation, policy and/or learning the BHSAB has worked with partners and colleagues both locally and nationally at different levels. With many partner agencies working across Sussex the BHSAB recognises the need for a pan-Sussex approach wherever possible in order to ensure consistency and we have worked with our SAB colleagues in East and West Sussex, and partners, to develop and publish a joint SAR Protocol, an Information-Sharing Guide and Protocol as well as an Adult Death Protocol. These respond to issues that have been identified locally, such as the lack of knowledge and understanding around the SAR eligibility criteria and processes, doubt in relation to when information around safeguarding should be shared and co-ordinating multi-agency responses.
- Through the pan-Sussex Policy and Procedure subgroup, and in addition to the protocols mentioned above, several priority updates for the Sussex Adult Safeguarding Procedures have been agreed across the three local authority areas and are being worked on. These include Domestic Abuse, Causing Others to Enquire, PIPOT and Prevent, as well as protocols on themes that include Hoarding.
- At a national level the BHSAB has engaged with the SAB Manager network, the Independent Chair network and Safeguarding Adults (SANN) network in relation to themes such as the National SAR Analysis, ADASS and NICE safeguarding guidance and updates to ensure we are sighted and able to respond to ongoing developments. On a local level the BHSAB has supported COVID-19 resilience work, developed and strengthened relationships with partners such as the Sussex Resilience Forum, Safeguarding Children Partnership, Community Safety Partnership and the voluntary and community sector. We have developed our own guidance for agencies in relation to areas such as Prevent and PIPOT (People In a Position of Trust) and are also working to share learning from other areas going forward as we seek to continue to strengthen adult safeguarding networks and frameworks.

## **Performance, Quality and Audit/Organisational Learning**

- This has been an extremely busy year for the BHSAB in respect of Safeguarding Adults Reviews (SARs), reflecting both increased pressures on agencies as well as an increased focus on raising knowledge and awareness of the SAR eligibility criteria and processes. There is a detailed section on Safeguarding Adults Reviews further on in this Annual Report but in summary these SARs have identified a number of areas of learning, which include the challenges of working with those who self-neglect, the need for increased knowledge and awareness of trauma-informed practice as well as the need for all services to be able to pro-actively respond to those who are homeless or transient. The BHSAB will be focusing on working with our partner organisations to develop action plans in order to take forward the recommendations made and to effectively disseminate the learning.
- There are three other Safeguarding Adults Reviews currently in progress, one of which was rapidly undertaken in a six-month period and has been signed off by board members and due to be published. A Thematic Learning Review and a desktop review are both also underway and we anticipate these being completed during the course of 2021/22. There has been a significant increase in the number of SAR referrals made to the BHSAB during 2020/21.
- Despite the pressures on agencies during the last twelve months the BHSAB has continued to gather multi-agency data on a quarterly basis to gain assurance around performance and to inform planning for future activities. The development of a HASC safeguarding data dashboard enables the BHSAB to receive up-to-date data supported data to be accessed regularly Learning briefings continue to be developed in response to audits and reviews that have been undertaken and we will also be continuing to do this going forward.

## **Prevention and Early Intervention**

- The raising of public safeguarding awareness, including awareness of local safeguarding challenges, has been another area in which the BHSAB has made progress this year. During the early stages of the pandemic we contributed to awareness campaigns, alongside the Safeguarding Children Partnership, and this year and we have sought to raise our public profile through an increased social media presence on Twitter.

- We have continued to develop the Brighton and Hove Safeguarding Adults Board website, making this easier to navigate and with updates and new pan-Sussex protocols added. A resources section has been created for professionals with guidance on adult safeguarding themes such as Prevent and PIPOT with links to national resources. There are also links to training that practitioners can access to develop their knowledge around Modern Slavery and continuing to develop resources and to link to those from elsewhere through the relationships established with other SABs and other partnerships is an area we will continue to focus on going forward in supporting prevention and early intervention.
- The BHSAB has continued to receive data from our partners in relation to safeguarding activity, as well as data specifically in relation to the impact of Coronavirus. We worked with the local authority to support the development of a data dashboard and have maintained strong relationships with our partners, meeting regularly in a range of settings in order to ensure we remain sited on adult safeguarding developments.

### **Engagement and Making Safeguarding Personal**

- Engagement and raising the profile of the BHSAB has been a key priority over the course of 2020/21 and this has been progressed through a number of means. In the first months of 2020/21 during the Coronavirus pandemic the BHSAB paused non-essential activities and undertook tasks directly to support partners, such as attending the local resilience forum and working with practitioners in health and social care services.
- Following on from this, engagement activities undertaken with statutory partners included presentations and meetings held with colleagues in Health and Adult Social Care (HASC) and Brighton and Sussex University Hospitals Trust (BSUH), the Brighton and Hove Safeguarding Children Partnership (BHSCP) and Community Safety Partnership (BHCSP). These joint working relationships were further progressed through the BHSAB joining the Exploitation subgroup and Modern Slavery steering group as well as on a pan-Sussex basis through the Policies and Procedures subgroup. Engagement has also taken place with the voluntary and community sector through the Practitioner Alliance for Safeguarding Adults (PASA) and developing relationships with a range of other professionals and agencies.

- Making Safeguarding Personal (MSP) is a priority of the BHSAB and has been taken forward through all of our activities over the last year. This has included seeking to involve others in all the reviews undertaken and where possible ensuring their views and outcomes are central to these processes. We have also ensured that evidencing MSP in practical terms, is a key feature of our audit activities and the learning that is disseminated.
- The BHSAB has launched a new quarterly newsletter and delivered two editions so far. These have included articles on the role of the SAB, news updates, Safeguarding Adults Reviews, the Safeguarding Conference and managing allegations against staff.

### **Integration/Training and Workforce Development**

- This priority is one that has been impacted by the pandemic as whilst the BHSAB continued to undertake key activities, that included learning briefings from audits, the Learning and Development subgroup was paused for the majority of 2020/21. However, with the increase in SAR activity over the course of the year taking forward the learning from these will be a key priority in 2021/22 and following the publication of SAR Christopher a learning briefing has been shared in order to highlight learning from this review.
- Whilst a virtual joint Safeguarding Conference hosted by the BHSAB and our colleagues at the East Sussex SAB was scheduled to take place in March 2021 the impact of the pandemic on agencies in the early months of the year meant that a decision was made to delay this until May 2021. This conference has been developed to focus on learning from reviews with workshops on several common themes; trauma-informed practice, professional curiosity as well as mental capacity and inherent jurisdiction. These are being presented by a range of colleagues from partner agencies and it is hoped that it will raise knowledge and awareness of these emerging areas of adult safeguarding across the spectrum of both statutory and non-statutory organisations.



## 10. Our Learning in 2020-21

Due to the challenges presented by the coronavirus pandemic, that have already been discussed, it has not been possible to progress all of the challenges identified in the 2019-20 Annual Report. However, there has been significant development in some areas.

An updated pan-Sussex Safeguarding Adults Review (SAR) Protocol was published during 2020-21 as well as two further pan-Sussex SAB Protocols: an Information Sharing Guide and Protocol as well as an Adult Death Protocol. Work has continued on a pan-Sussex Hoarding framework and we are exploring the development of a number of other pan-Sussex protocols. Updates to the pan-Sussex Safeguarding Adult Policy and Procedures are also in progress and the BHSAB will continue to take a pan-Sussex approach towards adult safeguarding wherever possible.

The focus on engagement over 2020-21 has included developing strong relationships and working in partnership with the Violence, Vulnerability and Exploitation Co-ordinator and the Safeguarding Children Partnership. This has led to the BHSAB participating in work on Exploitation and Modern Slavery, both with our statutory partners and more widely, and this multi-agency working will continue. There has not been the opportunity to progress working with the Brighton Crime Reduction Partnership to examine how we can engage local businesses, but this remains an aim going forward.

There has been some scoping in relation to proportionally high rate of suicides in the city and that collaborative work was taking place with Public Health to explore how the BHSAB can have sight of this serious issue.

### **Learning from Safeguarding Adults Reviews**

Under section 44 of the Care Act 2014 Safeguarding Adults Boards (SABs) have a statutory duty to commission a Safeguarding Adults Review (SAR) when an adult with care and support in its area dies; and the Board knows, or suspects the death was as a result of abuse or neglect and there is concern about how the SAB, its members or organisations worked together to safeguard and protect the adult.

A SAR is not undertaken to hold any organisation to account; is not a punitive process and is not to apportion blame. The purpose of a SAR is to promote effective learning and to prevent future deaths or serious harm occurring again. The aim is that it tackles barriers to good practice and lessons can be learned from the case, which can be applied in the future to prevent similar harm re-occurring.

Whilst approaches to undertaking a SAR may vary, bringing together the individual agencies and professionals involved in supporting the person, to understand and analyse their actions, is key to make recommendations for improving future practice where this is necessary.

The BHSAB uses the following decision-making criteria when assessing any SAR referral that is received.

- The concerns relate to a person with care and support needs – whether the person was in receipt of services at the time of death or injury, or not.
- The cause of death has been established.
- Any safeguarding enquiry or investigative process has either concluded or is largely complete.
- There is evidence of a link between the death or serious harm that has occurred and abuse, neglect or acts of omission.
- The harm caused, or death is considered at this stage to have potentially been preventable.
- There are concerns about the way partners may have worked together to try and safeguard the adult.
- The concerns appear to relate to more than one single agency.
- There appears to be the potential for learning to be identified that would improve local safeguarding arrangements, multi-agency practice and partnership working.

The past year has been an exceptionally busy one for the BHSAB in terms of Safeguarding Adults Reviews, which may in part reflect the increasing engagement work undertaken over the past twelve months.

Over the course of 2020/21 the Brighton and Hove SAB received nine new formal referrals for SARs, with one referral from the end of the 2019/20 carried forward for further consideration. One other case was brought by a partner agency for an informal discussion in the first instance.

The issues raised in these referrals were in relation to;

- **Homelessness and the provision of Housing**
- **Hospital Discharge**
- **Self-neglect**
- **Domestic abuse (with a focus on coercion and control)**
- **Substance and alcohol misuse**
- **Working with complex and multi-factorial care needs**
- **Acquired Brain Injury**
- **Learning Disabilities**
- **Exploitation (including cuckooing)**

From the nine referrals received, and the one that was carried forward from 2018/19, one was incorporated into a Thematic Learning Review being undertaken and two further SARs were separately commissioned and are in progress. One of these SARs has been completed within a six-month period and is due to be published early in 2021/22. A SAR that had previously been commissioned was also completed and published.

Further information is in the process of being requested from two of the most recent referrals received in order to determine whether the eligibility criteria for a SAR has been met.

Whilst the other referrals were not felt to meet the criteria for a Safeguarding Adults Review in their own right the SAB sought assurance from partner organisations where considered necessary and identified a number of learning points to be taken forward.

## **Christopher**

Christopher was a 39-year old white, British man with a history of chronic anxiety, a learning disability, substance misuse and homelessness who was supported by a range of professionals and agencies prior to sadly passing away.

A Safeguarding Adults Review was commissioned by the BHSAB to consider the care and support arrangements that were in place and whether more could have been done to protect Christopher. Areas of focus included multi-agency communication and collaboration, whether the policies and procedures in place were sufficient and appropriately followed as well as consideration of the challenges around supporting people with complex and multiple needs.

The review recognised the challenges of working with Christopher and identified that he received a considerable level of support from professionals and agencies, who worked hard and treated him with respect. However, the review has identified several improvement actions and made five recommendations. These include the SAB using audit processes to consider partners knowledge and understanding of formal safeguarding procedures under the Care Act, how trauma-informed practice has been implemented in supporting people with complex and multiple needs and how homeless and transient people are enabled to access services in Brighton and Hove.

The full report can be found [here](#) and an action plan is in the process of being developed in order to take forward the recommendations that have been made.

## **11. Our Data**

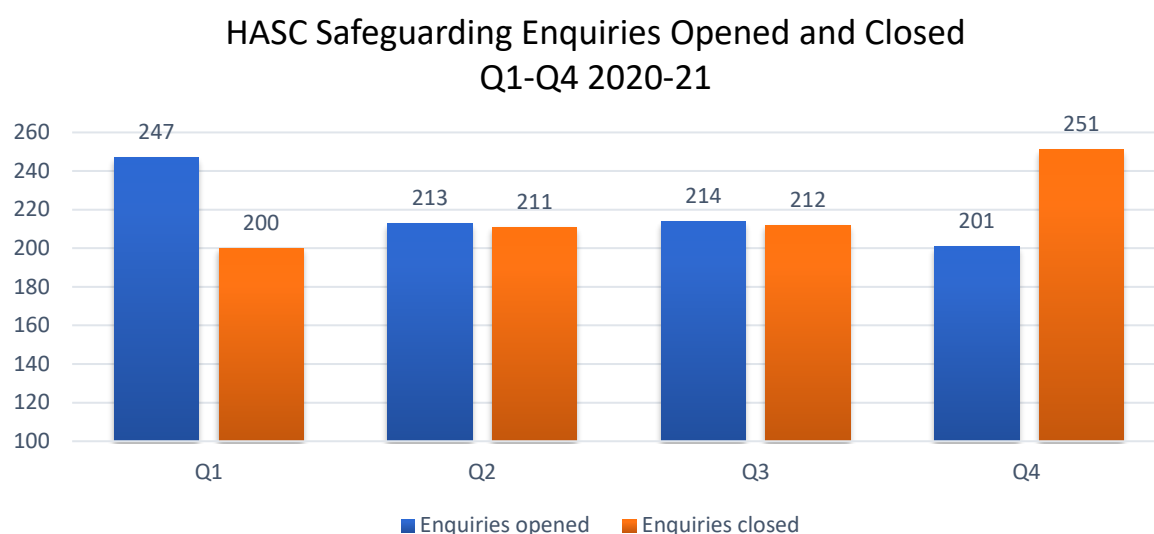
### **BHCC Health and Adult Social Care Safeguarding data for 2020-2021**

#### **Safeguarding Enquiries**

In 2020-21, 875 safeguarding enquiries were opened, which is an 8% overall increase upon the number of enquiries opened during 2019-20. The objectives of a safeguarding enquiry are to:

- establish the facts
- ascertain the adult's views and wishes
- assess the adult's needs for protection, support, and redress
- make decisions as to what further action should be taken with regard to the source of the concern, abuse or neglect
- enable the adult to achieve resolution and recovery

A greater proportion of the annual total safeguarding enquiries were opened in Quarter 1 compared to the other three quarters; the lowest proportion of safeguarding enquiries opened, 23%, were opened during Quarter 4 of 2020-21.



874 safeguarding enquiries were completed by BHCC Health and Adult Social Care in 2020-21. This is a 29% increase on the corresponding data for 2019-2020 and is likely to be as a result of the creation of a safeguarding Hub, that centralised safeguarding activity, as well as the impact of the COVID-19 pandemic.

These figures include safeguarding enquiries undertaken by social care staff seconded from the local authority into Sussex Partnership Foundation NHS Trust, (SPFT), under a Section 75 (NHS Act 2000) agreement.

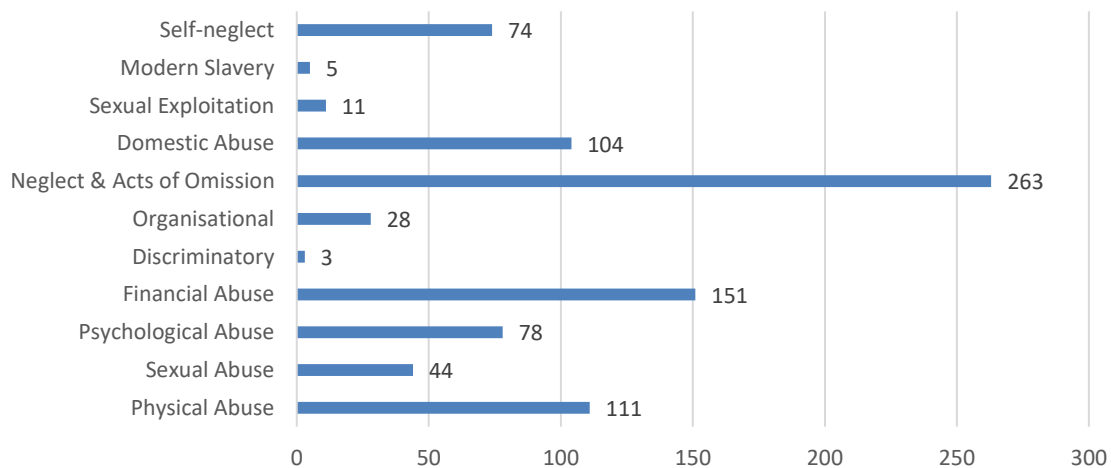
### Enquiries by type of abuse

The chart shows the number of enquiries opened by abuse type in 2020-21. In line with the previous year, neglect and omission continues to represent the largest volume of enquiries undertaken followed by financial abuse and physical abuse.

In 2020-21 there was an increase upon the same data for 2019-20 with regard to the number of safeguarding enquiries opened for domestic abuse, neglect and acts of omission, self-neglect, financial abuse, and organisational abuse.

The pattern of opened safeguarding enquiries by abuse type as a percentage of the total, has remained largely in line with 2019-20 with a couple of exceptions. When comparing to the data for 2019-20, 4% more of all enquiries opened in 2020-21 related to domestic abuse and 5% fewer related to concerns of physical abuse.

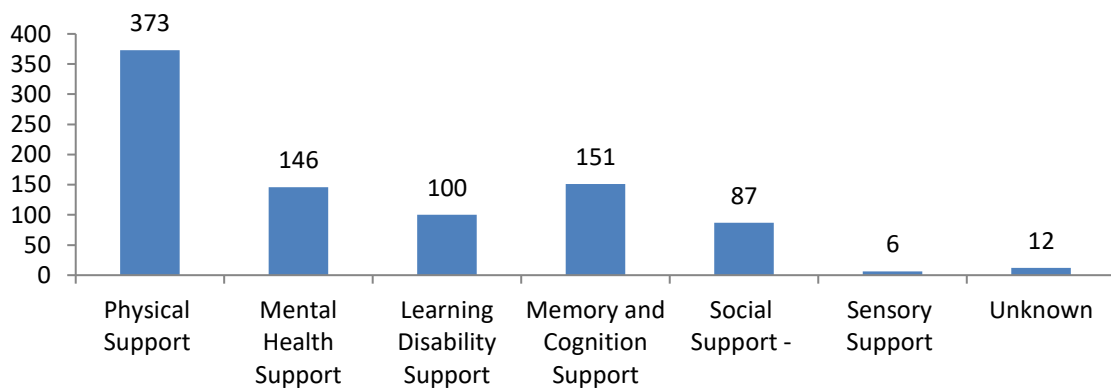
## Enquiries Opened by Category of Abuse 2020-21



### Primary support reason

The breakdown of enquiries by primary support reason is broadly in line with the data for 2019-20, with physical support representing the largest category and is consistent with the latest available national data.<sup>1</sup>

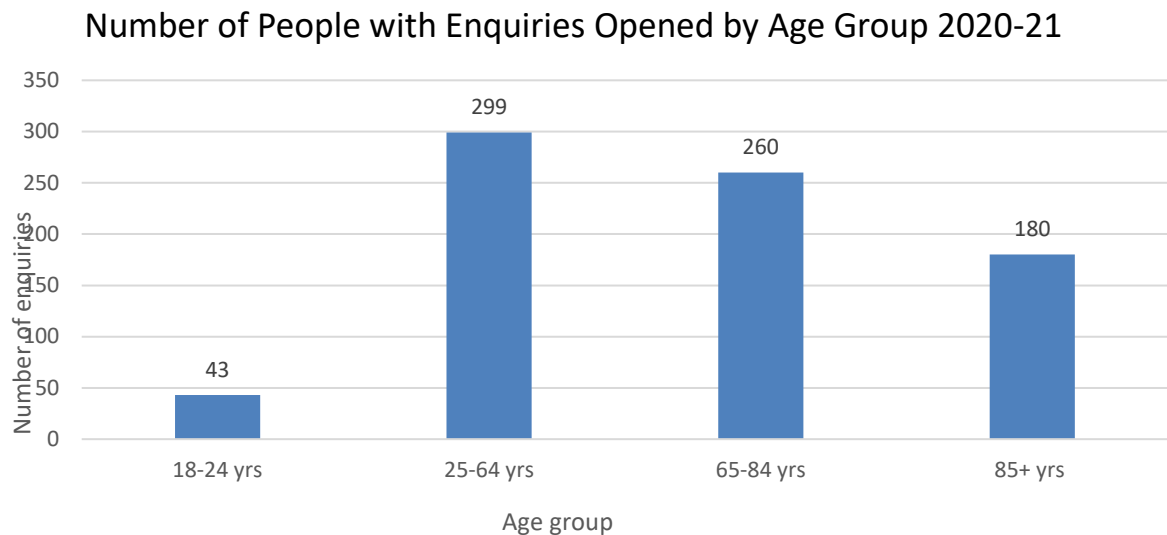
## 542 Enquiries Opened by Support Reason 2020-21



### Enquiries by age group

Overall, 56% of enquiries opened were with people over the age of 65 years old, which is in line with the previous year. However, during quarter 1 of 2020-21 in which the highest number of enquiries were opened (247 in total), the age group with the most enquiries opened was for people aged 25-64 years old. There is not a direct comparison for this data to the previous year as HASC have developed a new data dashboard, with new age categories, which will provide improved analysis of safeguarding data for young adults and supports the SAB work on transitional safeguarding, the move from children's to adults' services.

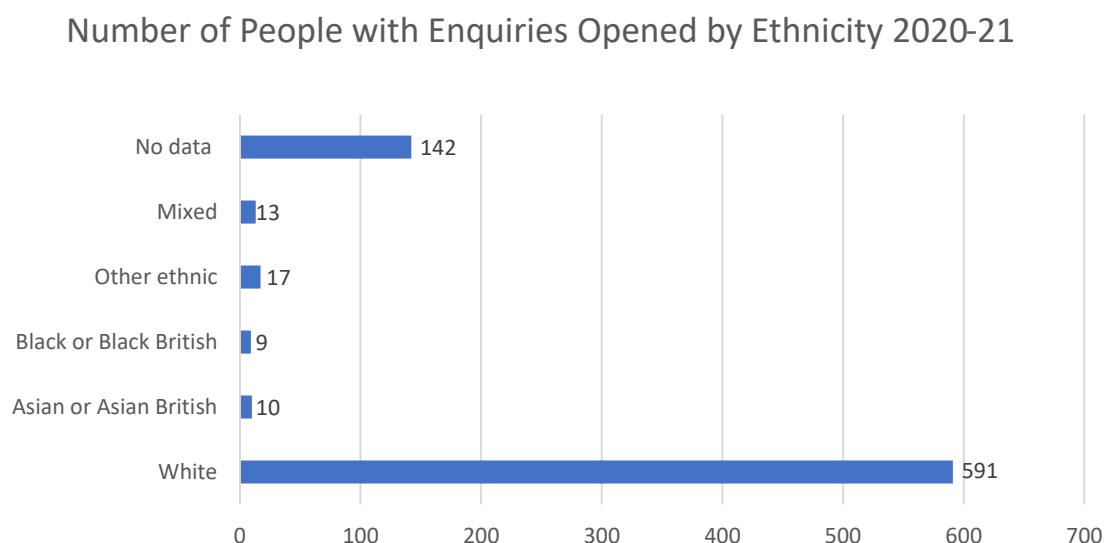
<sup>1</sup> Safeguarding Adults Collection 2019-20, NHS Digital, November 2020



### Enquiries by ethnic group

The chart below shows the ethnicity of those involved in safeguarding enquiries undertaken by HASC. The distribution of enquiries across different recorded ethnicities is largely in line with the previous year. Enquiries involving adults where their ethnic origin is identified as white remains the highest proportion of enquiries in 2020-21 at 76%, which is lower than 80% recorded for the previous year. HASC advise in response to this reduction that whilst it is mandatory that ethnicity is recorded on their systems a high proportion of the enquiries in which ethnicity was not recorded was due to these being ongoing and it either being 'not stated', had not yet been obtained or that it was refused.

The proportion of people with safeguarding enquiries who are of Asian/Asian British ethnicity, at 1.3%, is in line with the previous year and remains low in comparison to the 4.1% of the local population who identify as Asian/ Asian British.<sup>2</sup> This is a trend repeated in other parts of the country and could be influenced by the different age profiles in ethnic groups.

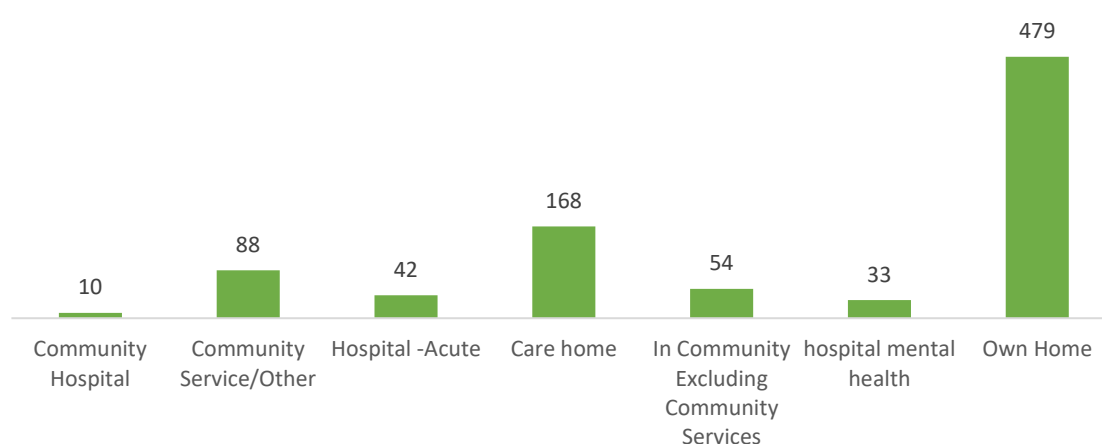


<sup>2</sup> <http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.2%20Ethnicity%20JSNA%202016.pdf>

## Settings where abuse or neglect occurred

The chart below shows where abuse or neglect was recorded as having occurred in safeguarding enquiries undertaken during 2020-21. The distribution of location of alleged abuse is broadly in line with the data for the previous year. The most common setting where abuse or neglect occurred is in people's own homes. 55% of safeguarding enquiries were relating to alleged abuse in the person's own home, this is a slight increase of 8% on the same data for the previous year. The percentage of safeguarding enquiries relating to residential and nursing care homes fell by 6% from 2019-20. This reflects the national picture and is likely to be attributable to the impact of the COVID-19 pandemic where face to face visits and social interactions were reduced for much of the year.

Enquiries Closed by Location of Alleged Abuse 2020-21



## Making safeguarding personal

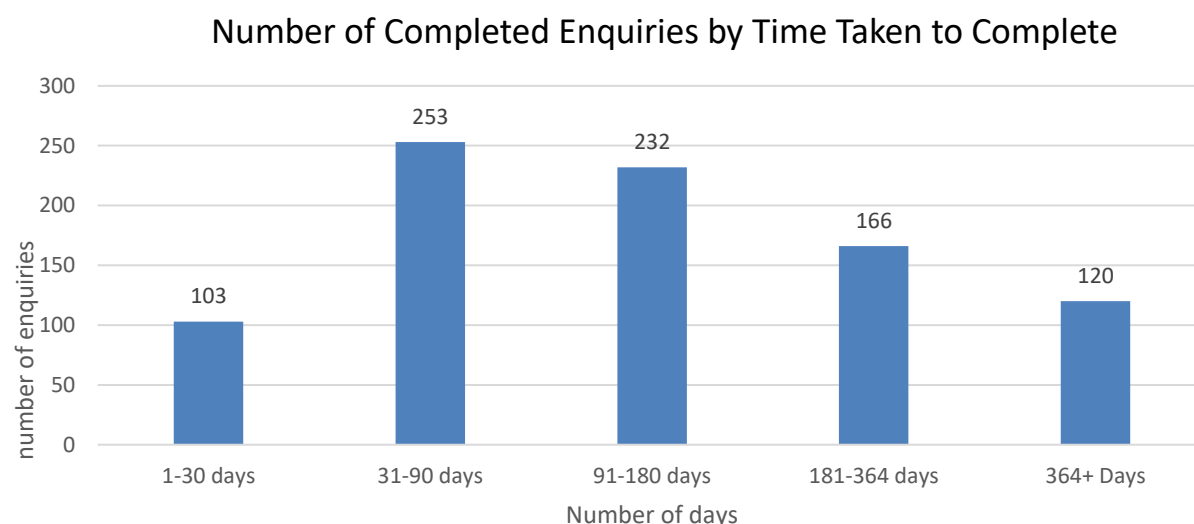
In accordance with the Care Act 2014, safeguarding enquiries must be person centred. An enquiry can range from a conversation with an adult to a series of more formal multi agency discussions, plans and actions that clearly set out to reduce identified risks and prevent abuse or neglect occurring in the future. There are no set timescales for completion of an enquiry but there is a clear 'principle of no delay'. Adults who are the subject in any safeguarding enquiry are asked what outcomes they want to achieve and asked at the conclusion of the enquiry whether they feel that these have been met.

## Was the desired outcome achieved?

Of adults who had identified desired outcomes from safeguarding enquiries undertaken in 2020-21 on average 47% felt that these had been achieved, which is a slight increase of 4% from 2019-20, with 25% feeling their identified outcomes had been partly achieved. It should be separately noted that in nearly a quarter of safeguarding enquiries undertaken (24%) there were no desired outcomes identified or recorded from those people involved. This is the same percentage as for the previous year. The identification of outcomes is a mandatory category



but there is a category for 'no identified outcomes' so may be attributable to factors such as non-engagement in enquiry processes. HASC will consider how training can be used to reinforce the importance of outcomes being identified. The BHSAB will be reviewing the Making Safeguarding Personal (MSP) approach as part of the future quality assurance programme, which will include consideration of people's views and outcomes in safeguarding processes. It should also be noted that HASC have now introduced a non-engagement policy, which is hoped will enable increased engagement and the identification of outcomes going forward.



The chart above shows a breakdown of the number of completed enquiries and the time taken to complete. Overall, 41% of enquiries were completed within 90 days or less, a 4% increase upon the same data for the previous year. 15% of enquiries took 365 days or more; this is a slight increase upon 2019-20. In Q1 of 2020-21 more enquiries were completed within 30 days than in any of the other quarters, fewer were completed within 31-90 days than in any subsequent quarter. The picture is likely to have been influenced by the spike in enquiries opened in Q1 and the higher number of enquiries closed in Q4.

## 12. Data from our Partners

The SAB, through the Quality Assurance subgroup, works with partner agencies to take a holistic view of the quality of services across agencies, ensuring that any gaps, overlaps or misalignment can be identified.

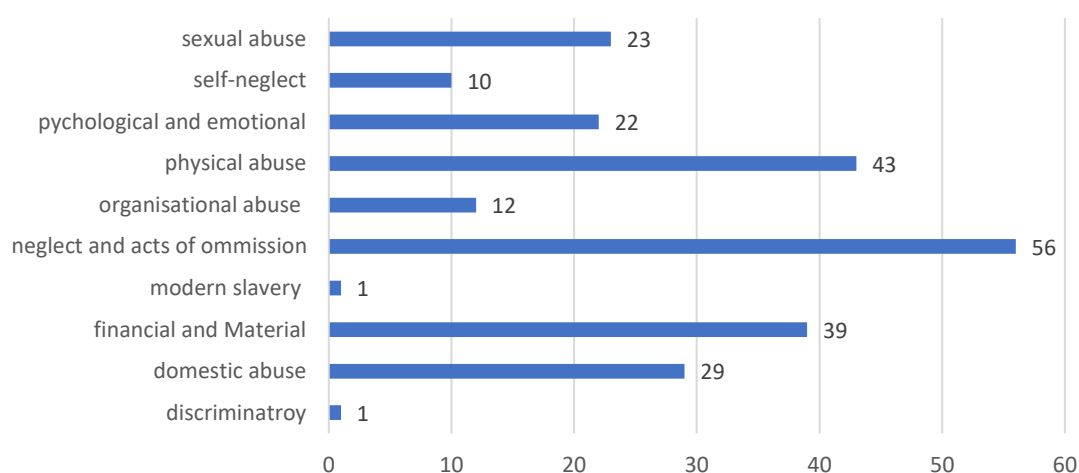
The QA Subgroup receive a multi-agency data set report twice a year. A summary of the data collected by some of the SAB partner agencies for the financial year 2020-21 is included below.

## Sussex Partnership Foundation Trust (SPFT)

Brighton and Hove adult mental health services are provided jointly by the Local Authority and SPFT under a Section 75 (NHS Act 2000) agreement, which allows for the integration of Health and Social Care services. Safeguarding enquiries are undertaken by the social care staff who are seconded within Sussex Partnership Foundation Trust, (SPFT), mental health services.

The following chart shows the number of safeguarding enquiries opened by SPFT for 2020-2021, by abuse type. The overall picture across abuse types is in line with 2019-20 and, as with HASC, it can be seen that neglect and omission continues to be the category where the highest number of enquiries were undertaken. Whilst, as with the data from HASC, Quarters 1 and 2 saw increased safeguarding activity this significantly reduced over the remainder of the year and in total the number of section 42 enquiries opened reduced by 15% compared to 2019-20. SPFT have advised this is because throughout 2020-21 they received a higher number of concerns around mental health welfare from other frontline services, which did not meet the eligibility criteria for a section 42 enquiry. SPFT have oversight of the conversion rates of safeguarding concerns into enquiries and are undertaking a focussed piece of work to ensure accuracy of recording and application of the S42 thresholds.

S42 Enquiries by Abuse Type Opened by SPFT 2020-21



## NHS Brighton and Hove Clinical Commissioning Group (CCG)

Over the last year the CCG has undertaken a range of actions in relation to adult safeguarding. This has included the development of an adult safeguarding data dashboard and a statutory review tracker that enables enhanced oversight of health action plans in relation to Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHR's). This extends beyond the CCG itself and incorporates health providers in progressing identified actions from reviews undertaken.

Work has also been undertaken to develop a pathway to increase awareness within primary care of both children and adults referred to Multi-Agency Risk Assessment Conferences (MARAC), particularly in relation to situations where domestic abuse is occurring. This

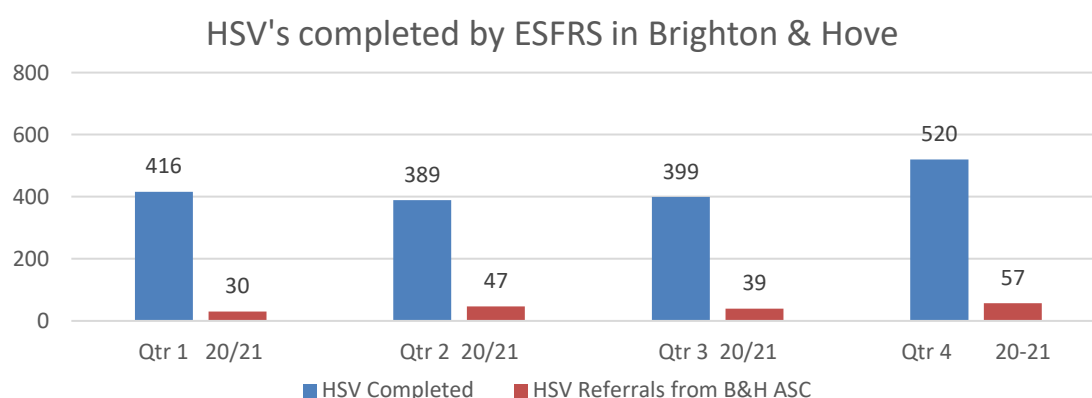
supports the 'Think Family' approach and will improved support risk management and safety planning.

From a staffing point of view a new Deputy Designated Nurse for transitional safeguarding was appointed, the first nationally, in progressing transitions work across the system. During 2020-21 the CCG also undertook recruitment to appoint to eight vacant named GP for safeguarding roles, which will strengthen partnership working going forward.

In responding to the Coronavirus pandemic the CCG developed resources for both primary care services and health providers to raise awareness of the risks that arose during lockdown.

### East Sussex Fire and Rescue Service (ESFRS)

The chart below shows the number of home safety visits, (HSVs) conducted by ESFRS in 2020-2021, including the number of visits conducted as a result of referrals from Brighton and Hove City Council HASC. These visits are one element of the ESFRS targeted prevention work providing support to the most vulnerable members of the community who may be more at risk of having a fire in their home. Home Safety Visits are a key element of preventative work to help ensure that risks of neglect and self-neglect are addressed.



The impact of the COVID-19 pandemic can be seen in the overall 40% reduction in the number of HSVs completed in 2020-21 compared to 2019-20. This was especially marked during the first two quarters of the year when the government restrictions put in place due to the COVID-19 pandemic, were first implemented. The number of referrals to ESFRS from HASC requesting a home safety visit only reduced by 10% over the year, compared to 2019-20.

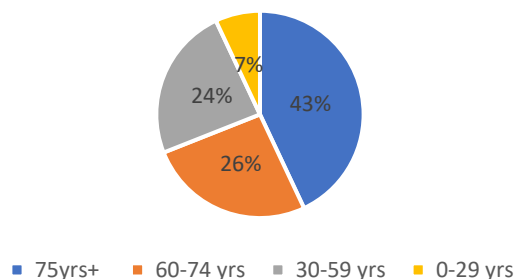
Whilst undertaking home safety visits if ESFRS identify any safeguarding concerns these are reported to the local authority via a Coming to Notice (CTN) referral. In 2020-21 the highest proportion of CTN referrals were in relation to hoarding. A pan-Sussex Hoarding framework is being developed to support practitioners to respond effectively to hoarding behaviour.

### Sussex Police

#### Operation Signature

Operation Signature identifies and supports vulnerable, and often elderly, victims of fraud of all types within Sussex. Across Brighton and Hove of Operation Signature case workers have supported 818 victims of fraud in 2020-2021, this is a 27% increase upon the previous year.

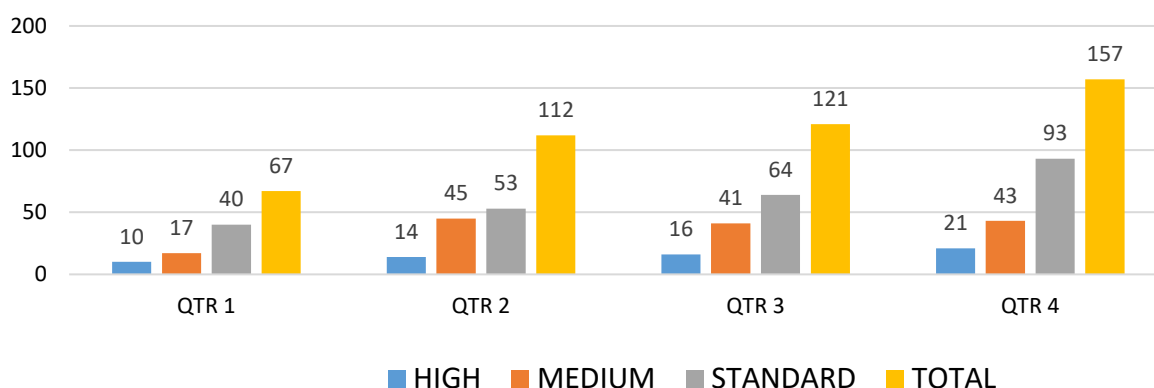
### Vulnerable Victims of Fraud by Age Group 2020-21



In 2020-21 a greater percentage of vulnerable victims were between 30-59 years of age than in the previous two years; 61% of vulnerable victims of fraud live alone. The average loss, where a loss was recorded, was £13.96K, this is an increase of 88% upon the previous year.

The chart below of recorded cases of fraud of vulnerable adults by quarter and by risk level, shows that the number of recorded cases in quarter four is approximately double of that in quarter one. During the first quarter of 2020-21 the government lockdown restrictions reduced opportunities for certain types of fraud with doorstep criminals less prevalent at this time. In addition, cases of romance fraud have significantly increased as more people experienced isolation and loneliness during the COVID-19 pandemic. Typically romance fraud includes a period of grooming until the fraudster demands money; the fraud activity might have started several months before it is reported.

### Brighton and Hove Operation Signature cases by risk level April 2020 - March 2021

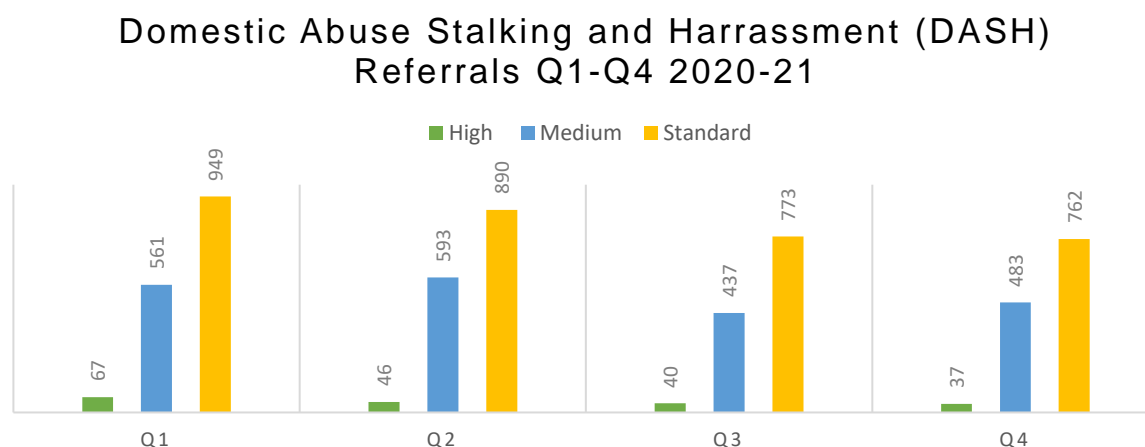


The most common types of fraud are telephone scams, courier fraud, rogue traders at the doorstep, romance, HMRC, financial abuse by a known person and investment fraud, sometimes posing as fraud recovery. This data will be extremely helpful in planning public awareness campaigns undertaken in the future by the SAB.

## Domestic Abuse, Stalking and Harassment (DASH) Referrals

Incidents of Domestic Abuse are subject to a risk assessment using a Domestic Abuse, Stalking and Harassment, (DASH), checklist. An officer, with the victim, assesses the level of risk using this checklist and will take initial steps to manage this risk. Sussex Police Safeguarding Investigations Unit, (SIU) refer all cases of domestic abuse involving an adult with care and support needs, to Adult Social Care. This checklist provides information on whether the risk to an individual is high, medium or standard.

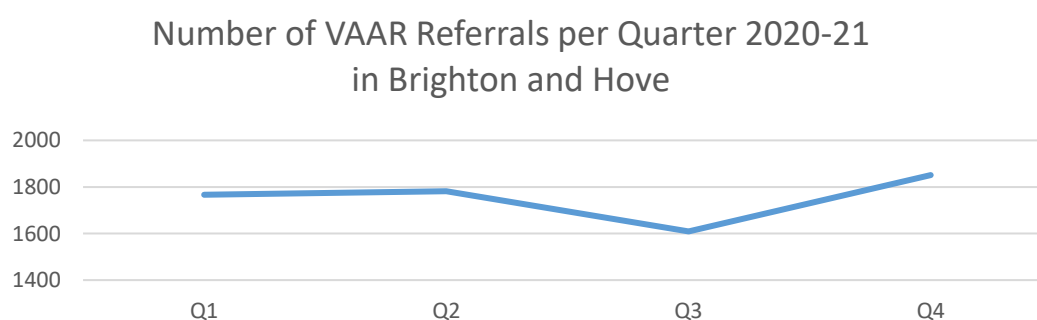
The chart below shows the number of DASH referrals made by Sussex Police in Brighton and Hove in 2020-2021, by risk level. The number of DASH referrals was highest in Q1 2020-21 which showed an increase of 17% upon the same data for the previous year. The number of DASH referrals reduced through the following quarters and for Q3 and Q4 the number of DASH referrals was lower than the same data for 2019-20; overall for the whole year, the number of DASH referrals was in line with 2019-20.



## Vulnerable Adults at Risk (VAAR) referrals

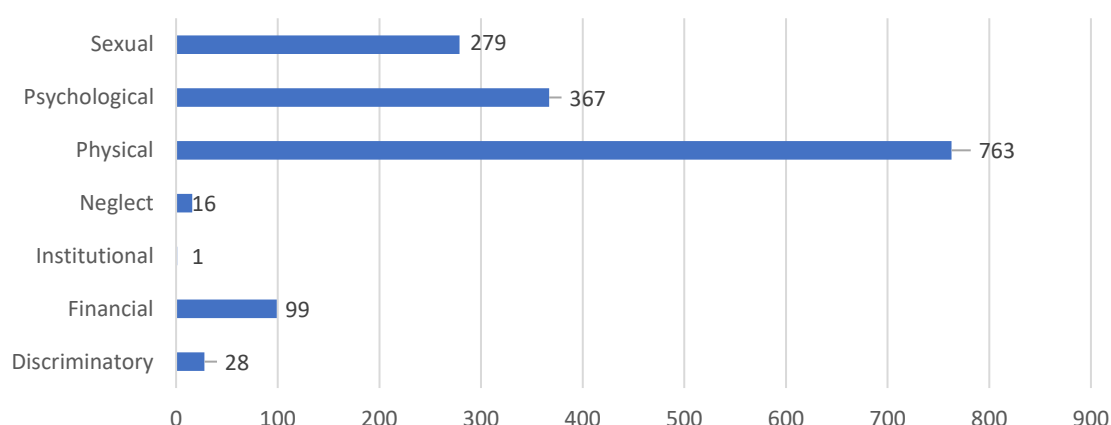
Vulnerable Adult At Risk, (VAAR) referrals are made by Sussex Police to the Local Authority when safeguarding issues or concerns are identified. The chart below shows the number of VAAR referrals made to Brighton and Hove in 2020-2021.

Referrals are assessed and allocated as considered appropriate within Brighton and Hove Health and Adult Social Care, (HASC). Not all VAAR referrals will involve a recorded crime. The number of VAAR referrals is therefore higher than the reported number of crimes involving abuse of an adult with care and support needs.



In 2020-2021 the total number of VAAR referrals recorded is 22% higher than the same data for the previous year with the biggest increase in the first quarter.

The chart below shows the number of crimes recorded by Sussex Police for Brighton and Hove in 2020-2021 per category of abuse risk. This data relates to recorded crimes, acts which may result in harm or loss, which is defined by parliamentary act as illegal. Sussex Police receive information about incidents not all of which will be recordable crimes. All incidents are reviewed for possible crime and intelligence, and those that meet the National Crime Recording Standard are recorded as crimes too.



The three main types of abuse risk recorded are physical abuse, psychological abuse, and sexual abuse. This is in line with the data for 2019-20.

### Sussex Community Foundation Trust (SCFT)

Sussex Community NHS Foundation Trust, (SCFT), are the main provider of community NHS health and care across Brighton and Hove. SCFT provide essential medical, nursing, and therapeutic care, helping people to plan, manage and adapt to changes in their health, to prevent avoidable admission to hospital and to minimise hospital stay.

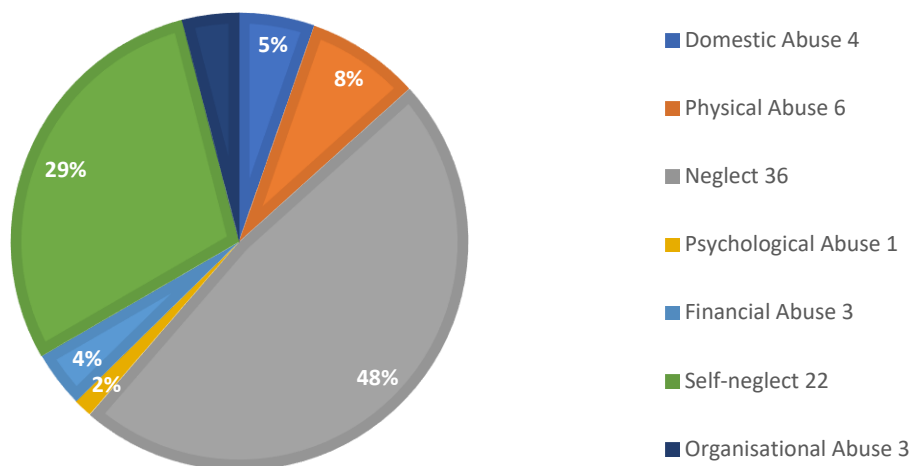
During 2020-2021 national COVID-19 restrictions impacted on many services. The safeguarding team monitored data regarding concerns raised for COVID-19 themes and trends. Information sharing and partnership working with Sussex Clinical Commissioning Group Safeguarding Team ensured that any impact on care home settings and domiciliary environments were escalated via quality routes to ensure a timely and effective quality care delivery support.

The chart below shows that in line with the previous year, the most common type of abuse raised by SCFT as a safeguarding concern was neglect.

Self-neglect continues to factor as a regularly discussed concern and as a result of this the SCFT Safeguarding Team have embedded a specific self-neglect and hoarding intranet page,

which is accessible to all staff and contains supportive information and local and national reference links

### Adult Safeguarding Concerns by Abuse Type Raised by SCFT in Brighton and Hove 2020-2021

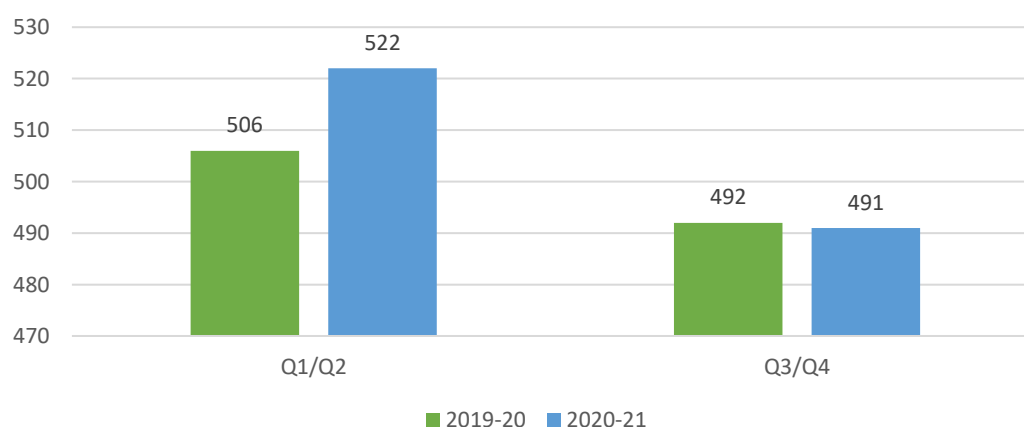


### South East Coast Ambulance (SECAMB)

The first six months of the Covid-19 pandemic during 2020-21 has seen a 40% rise in concerns for patients' mental health including a 100% rise in low level parental mental health. The Safeguarding Team recorded a 60% increase in increasing care needs for patients and carers. Additionally, there was a 25% rise in referrals for individuals at risk of or suffering domestic abuse, compared to the same reporting period in 2019-20. SECAMB Safeguarding Team produced a suite of resources to support staff coming across cases of domestic abuse or heightened parental mental health.

In Brighton and Hove, in the first six months of 2020-21 SECAMB experienced a 3% increase in safeguarding referrals to HASC compared to the same period in 2019/20.

### Safeguarding referrals to Brighton and Hove HASC per 6 months period 2020-21 and 2019-20





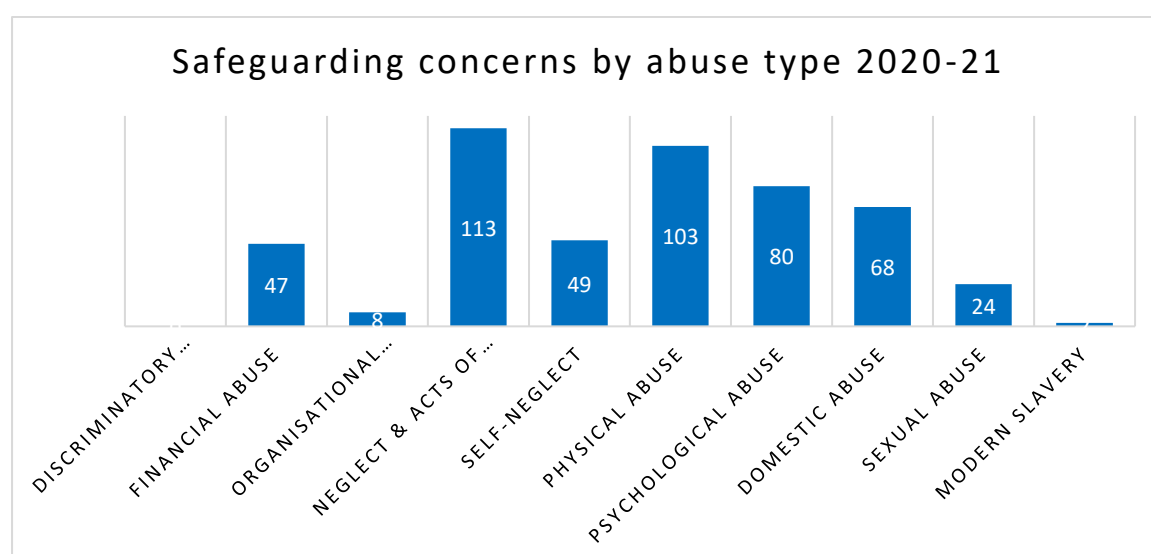
SECamb amended their safeguarding referral to incorporate greater opportunities for staff and crews to recognise and escalate fire risks for vulnerable people. Where adults with care and support needs were living alone and not receiving usual help from close family members during lockdown, front line SECamb crew were identifying potential fire risks; there has been a rise of 115% in referrals to Fire and Rescue Services compared to the previous year.

SECamb's figures support the theory that patients have been contacting the NHS111 and ambulance services at the point of crisis when ordinarily contact would have been made with community providers before patients concerns escalate.

In line with the 'Homelessness Reduction Act 2018' 15 referrals were made to the local authority. There is good evidence that SECamb are continuing to improve their safeguarding data capturing processes, enabling them to present a more accurate picture of current safeguarding arrangements.

### Brighton and Sussex University Hospitals Trust, (BSUH)

There has been a significant increase during 2020-21 from 2019-20 in the number of concerns raised that involved physical abuse, neglect, domestic abuse, and psychological abuse. In contrast the number of concerns raised that involved self-neglect and organisational abuse reduced slightly when compared with the same data for 2019-20.



During the periods of lockdown in 2020-21 the Health Independent Domestic Violence Advisor, (HIDVA), based at BSUH worked remotely rather than on site at the hospital. During this time, BSUH saw an increase in domestic abuse being raised as a safeguarding concern whereas previously these concerns were more likely to have been referred directly to the HIDVA when they were able to work on site.

The safeguarding leads across health, including Sussex CCG and hospital trusts locally, met monthly to maintain a co-ordinated approach to safeguarding as part of a response to COVID-19 pandemic. This enabled a shared understanding of the impact of COVID-19 upon domestic abuse and changing pattern of risks and response.

The safeguarding adults and safeguarding children's team worked closely to promote 'Think Family', this became a bigger focus during COVID-19 because other services such as day centres and schools were closed. The approach allowed for greater consideration of the potential safeguarding risks to anybody left at home.

From the 1<sup>st</sup> April 2021 BSUH merged with Western Sussex Hospitals Foundation Trust to become University Hospitals Sussex NHS Foundation Trust.

### 13. Our Priorities in 2021-22

Over the course of 2020/21 the BHSAB has identified a number of targets and goals to work towards over 2021/22 as well as in the longer-term.

#### **Peer Challenge Event**

A pan-Sussex Self-Assessment and Peer Challenge Event will be held during the remainder of 2021, following on from the previous event that took place in 2019 and continuing the process of Peer Challenge Events occurring on a bi-annual basis.

A self-assessment tool is being developed collectively by all three Sussex SABs, which seeks to support the evolution of the process by developing a narrative approach that elicits more detailed information from partner agencies. There will be an increased focus on challenges and emerging safeguarding themes, to ensure the BHSAB is sited on these, as well as encouraging partners to consider how the learning from activities undertaken by SABs is incorporated in training and commissioning.

#### **Safeguarding Annual Conference**

A virtual Safeguarding Conference is being held in May 2021 by the BHSAB and East Sussex SAB. This was originally due to be held in February 2021 but due to the ongoing impact of the Coronavirus pandemic at that time, and the pressure this was having on all partners, it was postponed.

This Conference will be titled 'Learning from Reviews' and will comprise an introductory session and three workshops, which focus on common themes identified in reviews. There will be a keynote workshop on Trauma-informed Practice as well as further workshops on Mental Capacity and Inherent Jurisdiction as well as Professional Curiosity. The Conference will be hosted by our Independent Chair, Graham Bartlett, and the introductory session and workshops will be delivered by the BHSAB and ESSAB Managers as well as a range of colleagues from across the partnership and beyond.

## Engagement

The BHSAB will continue to work in partnership with our neighbouring SABs in both East and West Sussex to continue to develop a pan-Sussex approach toward safeguarding arrangements and assurance wherever possible. During 2021/22 this will include publishing updates to the Pan-Sussex Safeguarding Adults Policy and Procedures, reviewing existing protocols and developing new Protocols as well as concluding and publishing the Coronavirus pandemic assurance audit currently in progress in order to ensure learning during this time is shared with partners.

## Strategic Plan

2021/22 will be the last year of our current three-year Strategic Plan. Over the course of the year ahead the BHSAB will work with our partners to develop a new three-year Strategic Plan that continues to lead and oversee local adult safeguarding arrangements.

## 14. Raising a Safeguarding Concern

### Reporting concerns about harm, abuse or neglect

Brighton and Hove City Council's Health and Social Care department (HASC) have an adult safeguarding hub. If you have a safeguarding concern about a vulnerable adult in Brighton then please contact them at [hascsafeguardinghub@brighton-hove.gov.uk](mailto:hascsafeguardinghub@brighton-hove.gov.uk).

Safeguarding concerns can also be reported directly online at <https://new.brighton-hove.gov.uk/adultsafeguarding>.

If you have concerns that someone may have care and support needs then please contact Access Point at [www.brighton-hove.gov.uk/adult-social-care](http://www.brighton-hove.gov.uk/adult-social-care) or by calling 01273 295555, or emailing [AccessPoint@brighton-hove.gov.uk](mailto:AccessPoint@brighton-hove.gov.uk).

If you have concerns about a child or family in Brighton, then please contact Front Door for Families at [www.brighton-hove.gov.uk/front-door-families](http://www.brighton-hove.gov.uk/front-door-families), or by calling 01273 290400.

If you have a safeguarding concern about a vulnerable adult who is in East Sussex, then please call 0345 60 80 191 or if it is in relation to a child or family then please call 01323 464222. If you have a safeguarding concern about a vulnerable adult in West Sussex then please contact [Adult Social Care](#) or if it is in relation to a child or family then please contact [Children and Families](#).

If a criminal offence is in progress or has just been committed then please call 999 but if you have a non-emergency enquiry you can contact Sussex Police by calling 101 or at [www.sussex.police.uk/contact/af/contact-us/](http://www.sussex.police.uk/contact/af/contact-us/).





*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: Healthwatch  
Brighton & Hove Annual  
Report: 2021/21

Date of Meeting: 02  
November 2021

Report of: Healthwatch  
Brighton & Hove

Contact: Giles Rossington

Tel: 01273 295514

Email:  
giles.rossington@brighton-  
hove.gov.uk

Wards Affected: all

## **FOR GENERAL RELEASE**

### **Executive Summary**

Healthwatch is the local independent consumer champion for health and care. Healthwatch is a co-opted member of both the Brighton & Hove Health Overview & Scrutiny Committee (HOSC) and the Health & Wellbeing Board (HWB), and is this year presenting its annual report for 2020/21 to the Health & Wellbeing Board.

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

That the Board agrees to note the Healthwatch annual report

## **2. Relevant information**

- 2.1 The 2012 Health & Social Care Act required each upper-tier local authority in England to commission a local Healthwatch organisation to undertake the statutory responsibility for being the independent consumer champion for health and social care.
- 2.2 Originally Community Works was the successful bidder for the local Healthwatch contract, and Brighton & Hove Healthwatch became operational in April 2013.
- 2.3 Healthwatch B&H incorporated as an independent Community Interest Company (CIC) organisation with an asset lock on 14 October 2014. This meant that staff moved from Community Works to the new CIC and operated under the new company as of 01 April 2015. This is the current structure of Healthwatch.
- 2.4 The council as part of its statutory responsibility for performance management continues to monitor Healthwatch Brighton & Hove contract through its performance monitoring framework.
- 2.5 There is no statutory requirement for Healthwatch to present its annual report to the HWB, but there are obvious benefits in Healthwatch sharing its intelligence with the Board.
- 2.6 Healthwatch are required to produce an Annual Report as part of their statutory requirements. The development of the Annual Report is based on Healthwatch's consistent approach to seeking to hear people's stories about their experiences of health and social care services, using these to develop an effective evidence base. They use their statutory powers to Enter and View any premises so that their authorised representatives can observe matters relating to health and social care services. Enter and View has not been possible this last year due to the COVID-19 Pandemic, during which time more attention has been given to online and telephone engagement. They also gather information and insight through outreach and by sending trained volunteer representatives to a wide range of public meetings, specialist and strategic committees and decision making forums.

### 3. Important considerations and implications

3.1 Legal: There are no legal implications arising from this report

Lawyer consulted: Elizabeth Culbert

Date: 13/10/21

3.2 Finance

There are no direct financial implications arising from this report.

Officer consulted: Sophie Warburton

Date: 08/10/21

3.3 Equalities:

Healthwatch B&H updated their Equalities Impact Assessment when they became a CIC. Their most recent EIA was published in April 2021. Their reports and work include demographic breakdowns and try to reflect the profile of the city and its residents. <https://www.healthwatchbrightonandhove.co.uk/report/2021-04-26/equality-impact-assessment-2021>

### Supporting documents and information

**Appendix1:** Brighton & Hove Healthwatch Annual Report 2020/21





# Annual Report

## 2020-21

Healthwatch Brighton and Hove Annual Report 2020-21



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## Glossary

+	A&E	Accident & Emergency Department
+	BHCC	Brighton & Hove County Council
+	BSUH	Brighton and Sussex University Hospitals NHS Trust
+	CCG	Brighton & Hove Clinical Commissioning Group
+	CQC	Care Quality Commission
+	PALS	Patient Advice & Liaison Service
+	PLACE	Patient-Led Assessments of the Care Environment
+	SHCP	Sussex Health and Care Partnership
+	IDT	Integrated Delivery Team
+	USH	University Hospitals Sussex NHS Foundation Trust
+	JSNA	Joint Strategic Needs Assessment

# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in Brighton and Hove. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our goals



**1 Supporting you to have your say**

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



**2 Providing a high quality service**

We want everyone who shares can experience or seeks advice from us to get a high quality service and to understand the difference their views make.



**3 Ensuring your views help improve health & care**

We want more services to use your views to shape the health and care support you need today and in the future.



“We would like to thank Healthwatch once again for their work on the experiences of end of life patients and their loved ones, and for their support of our efforts to provide the best possible care for them.”

**Anne Middleton**  
Associate Director for Quality, BSUH  
September 2020

# Message from our Chair

## A year dominated by COVID-19

2020-21 has been dominated by COVID-19, and national restrictions stopped us from talking to people in person. But within weeks of lockdown, we resumed our activities remotely, talking to hundreds of people on the phone and through online surveys, finding out what patients and the public were experiencing.

We have taken on new challenges such as webinars on cancer, care homes and end of life. Our regular Healthwatch bulletins - widely credited - kept everyone up to date with easy-to-understand information and news. Young Healthwatch produced videos and apps for children and young people who have greatly struggled during the pandemic. Our representative work has reflected patient and public concerns on dentistry committees, and the future of mental health services.



**"It is a tribute to our staff and volunteers that despite the pandemic we have reached out to, and supported, more people than ever before."**

The crisis initiated cross-communal working in the city, ensuring that the most vulnerable were protected. Our work fed directly into the plans of health and social care services who themselves were having to change rapidly.



**Fran McCabe**  
Independent Chair  
Healthwatch  
Brighton and Hove

We have worked more closely and collaboratively this year:

- With local Healthwatch teams, reporting key findings from the impact of the crisis and vaccine roll out.
- With our local NHS Trust to quickly set up a Healthwatch Hospital Discharge Wellbeing project, supporting patients and directing them to community support and services. Our volunteers played a crucial role helping it to achieve national recognition.
- With our CCG to set up the Sussex Vaccine Helpline answering hundreds of people's questions. Our volunteers helped free up valuable NHS staff time allowing them to focus on other important matters.

None of this could be done without our amazing and very experienced volunteers and I am extremely proud of them. They are the backbone to our organisation and our staff have brilliantly supported them. The Board has also stepped in too and taken on extra work.

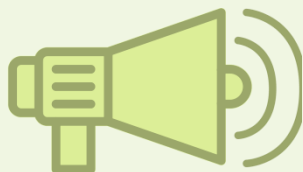
I would like to welcome two new Board members Alistair Hignell and Dr Khalid Ali who joined us this year and thank everyone else for the support of Healthwatch during this most difficult year.

*Fran McCabe*

# Highlights from our year

Find out about how we have engaged and supported people in 2020-21.

## Reaching out



We heard from

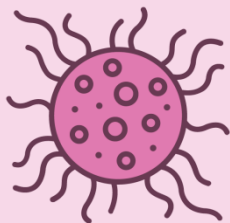
**7,224 people**

this year - online or via telephone - about their experiences of health and social care, and of the people we engaged with

**33% had disabilities, 12% were LGBTQ+**

and **13% were from ethnic minority groups.**

## Responding to the pandemic



We engaged with and supported over **2,000 people** during the year, including

**330 inquiries to our information line** mainly about COVID-19 and accessing dental services.

## Making a difference to care



**32 reports**

**reviewed 72 different services**, about the improvements people would like to see to health and social care services.

From this, we made **187 recommendations, 48% of which led to service improvements** - and other recommendations are in progress.

## Health and care that works for you



**84 volunteers**

helped us to carry out our work, contributing **8,127** hours.

Attended **612 decision-making meetings** and **56 Board Meetings**

**We employ 6 staff**

3 full time and 3 part-time.

**£178,600 in funding**

from our local authority in 2020-21, the same as the previous year.





## Responding to COVID-19

**Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.**

**This year we have helped thousands of people by:**

- Asking them about their experiences of accessing services throughout the coronavirus pandemic and sharing the findings with Commissioners. We captured hundreds of young people's views.
- Responding to concerns about a lack of information about cancer services and care homes during COVID-19 lockdown by delivering a series of webinars attended by local experts who answered their questions.
- Providing up-to-date advice on access to NHS dental services during COVID-19, and escalating people's concerns to NHS England and local city leaders.
- Providing bulletins on COVID-19 and vaccinations keeping people updated and aware of changes. Our volunteers answered hundreds of questions working on the Council's Vaccine Help and Advice line.
- Setting up and running a Hospital Discharge Wellbeing Service to check on the wellbeing of patients and raising discharge issues directly with our local Trust, and signposting people to support services.



## COVID-19 Bulletins

When the coronavirus hit, we were one of the first community organisations to publish consolidated information and we quickly established ourselves as the 'go-to' organisation for accurate and up-to-date advice.

We attracted praise from Councillors and local MPs, the public, press, and senior city-leaders for the quality and breadth of our updates.



**32 health, social care and COVID-19 bulletins with updates, advice, and signposting.**

Over the past year we issued 77 updates. We also kept people up to date with the vaccine roll out, ensuring people were up to speed with the latest developments.

We used our bulletins to promote important messaging such as the NHS 'Open for Business' campaign to encourage people to come forward and seek medical help if they needed it.



**31 additional ad hoc updates on services and support.**



**14 vaccine bulletins detailing the latest developments.**

### Key Points

- Senior city- leaders described our updates as "the go to place for information".
- Councillors shared them with their constituents.
- Local media and local care agencies shared them with their networks.
- In July, we were the first local organisation to analyse data and publish a report describing the impacts of COVID-19 on our city. Read our report "The impact of COVID-19 on Brighton and Hove: a statistical evaluation".

### Information shared with the public

We produced a series of separate COVID guides for patients on topics such as:

1. How to access your GP or dentist.
2. How to obtain prescriptions.
3. Support for your physical and mental health.
4. A comprehensive guide to local health and social care services.
5. Regular updates on the COVID vaccine roll-out.

Click on the link below to view the report.



"Just to say THANKYOU for you regular and helpful bulletins. A good deal of work must go into them. Much appreciated."

**Public Feedback**

"I found your newsletter of immense benefit. I often refer to the information in your newsletter when working with family/friend carers. Once again, thanks for the amazing work you are doing."

**Official, BHCC**

"On behalf of the CCG I would like to extend my thanks to Healthwatch for the COVID-19 bulletins. I personally found the patient stories very inspiring."

**Senior Manager**  
Brighton and Hove CCG



[\*\*Read the Impact Report\*\*](#)

## Care Home Residents & their Carers

During the COVID-19 pandemic there have been considerable challenges across the 800 Sussex care homes, including how to keep families in touch with their relatives.

### Families and friends of loved ones in care homes told us that:

- Access to residents varied by care home: some families were allowed to see their loved ones in the garden but others were denied access altogether;
- That this separation had negative impacts on the wellbeing of carers and residents;
- Communication from care homes varied: some kept regularly in touch with relatives whilst other carers heard nothing; and
- Guidance from government and the CCG lacked clarity and was sometimes not forthcoming.

One relative was interviewed on BBC Radio Sussex, and shared her moving account of being separated from her mother for 17 weeks. Her distress at being prevented from providing care and support to her mother was an experience that could be felt by many of us.



"Relatives have an important role in monitoring the care given to, the safeguarding of, and advocating for, the residents."

### Webinars & Forums

As a result of the concerns we had heard, we held a series of events between July 2020 and March 2021 on behalf of informal carers (families and friends) of care home residents to provide a space for them to ask questions and gain answers from health and social care representatives. These events ensured that the voice of informal carers and care home residents were heard, and they raised important issues about care home service improvement which influenced decisions made by system leaders.

Our first online forums were held in July 2020 and we also talked to other carers via email and written letters. Building on what we had heard, in November 2020 we ran a Sussex-wide webinar "Staying Connected during the Coronavirus Crisis: families and friends of Care Home Residents" which was attended by more than 90 people.

"Care Homes really matter, and families and friends of residents have a very important role to play in the shared care of residents."

#### Dame Philippa Russell

On how the 2021 webinars highlight the important relationship between the care home and the residents' families.

### This webinar included discussions on:

- Adopting 'Key Worker' status for informal carers, with 85% agreeing this should happen in a live poll on the evening.
- The potential role of increased COVID-19 testing in helping relatives keep in touch with loved ones.
- The urgent need to clarify options for visiting over the Christmas period.



"Your webinar could be a wonderful catalyst for many discussions and some new thinking."

## An important role in monitoring, safeguarding and advocating

A further series of Sussex-based webinars (funded by the Sussex Partnership NHS Trust) took place in early 2021 and covered the following themes: 'COVID-19 Vaccination roll-out in Care Homes'; 'The Impact on relatives and carers from long term separation and restricted visiting in care homes'; and 'What could and should the system be doing to support relatives and carers?'

### Impact

- Increased our reach to informal carers and their loved ones in care homes, a protected characteristics group who are often neglected in the social care conversation.
- Amplified their voices, giving them a place to represent themselves to health and social care representatives, and raise key issues about service improvement.
- Influenced system leaders, ensuring that questions raised by carers have been answered by those representatives.
- Brought to the attention of the media and the general public, the issues related to carers and their loved ones, during the pandemic period.
- Encouraged better relations between carers and care home staff, promoting good communication and involvement of carers in decisions made around visiting and care of their loved ones during the pandemic.
- Resulted in a report that included recommendations that pushed for greater clarity on guidance for families around visiting arrangements; to encourage providers to adopt best practice examples of staying connected with families during the pandemic and to explore the suggestion that relatives be awarded key worker status to facilitate continued visiting of their loved ones in care homes.  
["Staying Connected" Webinar Report December 2020](#)
- Produced an open message to MPs and Councillors, co-written by Healthwatch in Sussex:  
[Amplifying the voices of relatives with loved ones in Care Homes across Sussex](#)



"It gave me a lot to think about and will help shape some of the support I give to the Care Homes going forward."

**Dr Mathew Thomas**  
GP on the impact of the Staying Connected webinar on his work.

Read the reports: [Staying Connected](#) and [Amplifying Voices](#)

## Hospital Discharge

When lockdown put many of our projects on hold, we worked with the local council and hospital trust to task our volunteers to help support the local COVID-19 response. In April 2020, we launched the Hospital Discharge Wellbeing Service (HOPS) and our volunteers started calling those recently discharged from hospital to check on their wellbeing.

Our volunteers call adults referred to HOPS that are on a BSUH Care Pathway which means that they either need no further assistance, or are in need of some assistance which can be provided at home, in their normal place of residence. We call all adults - not just those with COVID-19 related conditions.

Our role is a signposting and support service. Recently discharged adults are called by our volunteers who check on their health and wellbeing, and raise any hospital discharge issues directly with BSUH. They can also signpost people to community, voluntary and private sector services that they may benefit from.



**"In the 22 years I have worked for the NHS, I haven't seen an equivalent service, with the same offer."**

**Marina Richardson, BSUH Discharge Hub Administrator**

### Key Figures

This year our volunteers contacted 1,731 people: 504 (28%) had some issue or concern related to their hospital discharge, and 139 were referred back to the BSUH Discharge Hub Team for further support.

407 (24%) people were referred on for some form of additional community support:

- BHCC Community Hub
- Carers Hub
- Possibility People - Link Back scheme for those 55+
- GP Surgery
- Aging Well service,
- NHS/BHCC Community Assessment Scheme
- Together Co (befriending)
- Mental Health Support services

291 people were identified as having mental health needs with 33 being referred on for urgent support.

People welcome the HOPS calls with 92% considering them to be 'helpful' (65% 'extremely' or 'very' and a further 27% 'somewhat').



**20 volunteers contacted 1,731 people to check on their health and wellbeing.**



**92% of people our volunteers spoke to considered the calls to be 'helpful'**



**"My Mother passed away at the RSCH recently and I thought it best to let you know. I know that she spoke very highly of your team and the people that called her. I personally would like to offer my heartfelt thanks to all involved."**

**Son of a patient called by our Hospital Discharge team**

## A friendly phone call to check how you're doing

The service was recognised nationally through a webinar hosted by the Care and Health Improvement Programme at the Local Government Association and the British Red Cross (February 2021). Other Integrated Care Systems across the country are also intending to establish a similar service:

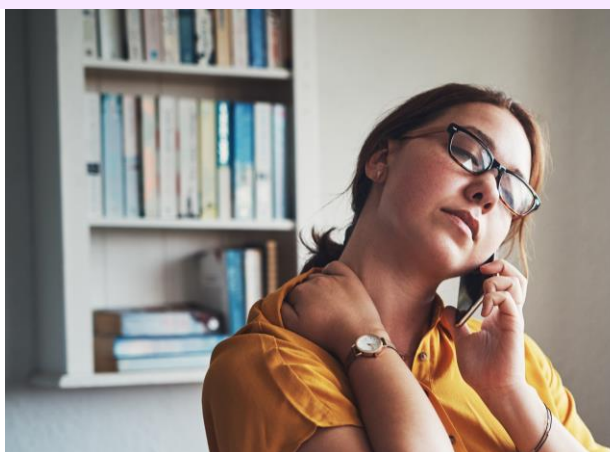


"A best practice example demonstrating how the voluntary care sector has been stepping up during the pandemic to relieve pressure across the health and care system and enabling people to recover safely in their homes after a hospital stay."

The service continues to help people who have been recently discharged from hospital. Given the high demand, we have implemented a new approach which involves texting some people recently discharged from hospital to ask if they would like a call from a Healthwatch volunteer.

### Case Studies

- 'Sarah' left hospital unsure about her medication, the instructions for use, and whether she had been put on new pills. Our volunteer spoke to the hospital, re-confirmed the exact requirement and instructions for use and was able to talk this through with 'Sarah'.
- 'Mary' came out of hospital without the wheelchair they went in with (misaid on admission). They were now being asked to buy another wheelchair and they were distressed as this was a large expense and the chair had been lost through no fault of their own. Our volunteer was able to assist with the procurement of a new wheelchair without the requirement to pay again.
- 'Paul' left hospital without their partner being informed. They arrived home with medical patches to be applied to the body and an understanding of how they should be applied. However, when the partner read the instructions that came with the patches this suggested the information 'Paul' had been given in hospital was incorrect. Our volunteer was able to contact the person's local pharmacy and clarify instructions with their partner. By doing so, the anxiety felt by 'Paul' and his partner was ameliorated.



"There is real value in an independent person calling these people when they return home, to explore if the person needs any additional support. This service provides a safety net and ensures people don't slip through gaps in the system."

**The Matron, IDT, BSUH**

### Next Steps

The project is jointly funded by BHCC and B&H CCG and given the success of this new service, it has received further funding from its initial 6 months through to March 31st 2022.

Read the report: [\*\*Hospital Discharge Wellbeing Project \(Year to 2021\)\*\*](#)



## Accessing Health & Care Services

During the summer of 2020 it became clear that health and social care services were unlikely to resume to offer exclusively face-to-face appointments in the future. In response to this, Healthwatch Brighton and Hove led a pan-Sussex study into people's use and preferences towards accessing services. A total of 2,185 people responded and 104 of these were followed-up with a telephone call for further insight.

### Issues Raised

- Overall, virtual appointments (phone, video or online) were well received by some people, groups and communities. For example, 71% were happy to have a GP appointment by phone, and an identical proportion were happy to get their prescriptions online.
- 37% of people chose not to make an appointment during the pandemic despite having a need to access health, social or emotional care, confirming the very substantial backlog of clinical and social care need that will need to be addressed post pandemic.
- People with disabilities and older people were generally the least happy to have virtual appointments.

"With less stress getting to the appointment, I had time to get the questions ready and felt much more prepared with what I wanted to get out of the appointment."

**Woman (aged 40s)**

"I was given a time-slot from 8 to 1, so I didn't know exactly when the doctor would call which made planning anything difficult and caused a fear of missing the call."

**Woman (aged 50s)**

"A better service than face-to-face appointments...same day appointment, received medication needed, no stress of leaving the house or of finding parking spot."

**Woman (aged 30s)**

### Actions & Next Steps

As a result of the project, we produced a 'What it means for commissioners' document. This provides recommendations to offering a hybrid solution of face-to-face and remote appointments, and offers solutions to increase the uptake of digital solutions by reducing the proportion of people who are digitally excluded. We also produced a '**Digital Exclusion in Brighton and Hove: Briefing Report**', which is a foundation towards planned future work.

**Read the report: [Digital Exclusion in B&H: Briefing Report](#)**

## Cancer Services

Together with Healthwatch East Sussex and Healthwatch West Sussex, under the name of "Healthwatch in Sussex", we responded to patient concerns and feedback about the lack of information about cancer services during the COVID-19 lockdown.

A webinar was coordinated between the three local Healthwatch and Sussex Health and Care Partnership in June 2020 attracting participants from the general public, cancer patients, family and friends of cancer patients and health and social care professionals.

Three cancer specialists from general practice and oncology presented information and responded to questions during the event as well as those unable to attend on the day.



"This was the first time I had attended a webinar and I was really pleased at how included I felt in the session. I am disabled and shielded and being able to take part easily was a bonus."

**Webinar Attendee**

### Issues Raised

- Cancer screenings are currently limited.
- Tests such as endoscopies and colonoscopies are available, but with delays.
- Although GP access is mainly via remote consultations, patients with concerns should not delay making an appointment.
- Patients have not been lost in the system, but there are delays to treatment due to COVID-19.
- Patient fears around hospital visits are recognised but patients should keep appointments.
- Cancer specialists encourage the change towards self-help where possible and to avoid unnecessary appointments.
- Communication around cancer shielding was initially confusing but has now been lifted slightly and most appointments are online and by telephone.
- Risk of catching COVID-19 among cancer patients is not as likely as first predicted.
- New lockdown methods such as telephone and video consultations are here to stay.
- Support services are still available such as Macmillan.

### Actions & Next Steps

A recording of the webinar was made available [on our website](#). This was accompanied by two outputs:

- the write-up of the event which included a full transcription, key issues and detailed all the questions raised by participants alongside responses from the speakers;
- information and signposting to organisations providing further advice and support to cancer patients.

Following the webinar, patient engagement has continued by keeping patients updated about services and support organisations through our regular and [special edition bulletins](#).

Healthwatch has represented patient views through meetings such as the Surrey and Sussex Cancer Alliance Board (SSCA) and the Patient and Public Engagement (PPE) Committee.

**[Watch the webinar](#) or [Read the bulletins](#)**



# Dentistry Services

Concerns about accessing NHS dentists and treatment was the second biggest reason why people contacted us in 2020/21. We carried out two separate dentistry-related pieces of work to learn more about the impacts that COVID-19 had caused.

Our first involved a survey exploring people's experiences during the first national lockdown. Our second piece of work was a review of the information being provided to people, via dental practice websites and out of hours (OOH) phone messages.



"Accessing NHS dentistry is by far the hardest thing I have experienced during the pandemic." **Survey Respondent**



**60% of people reported difficulties finding an NHS dental service.**



**Practice information was often unclear and lacking in detail.**

### Key Findings

- 54 people contacted our helpline between January-March 2021 (compared to a total of 38 in the whole of 2020).
- A quarter of patients surveyed never heard back from the dental service after they had called them.
- Nealy half of patients surveyed could not find information about how COVID-19 had

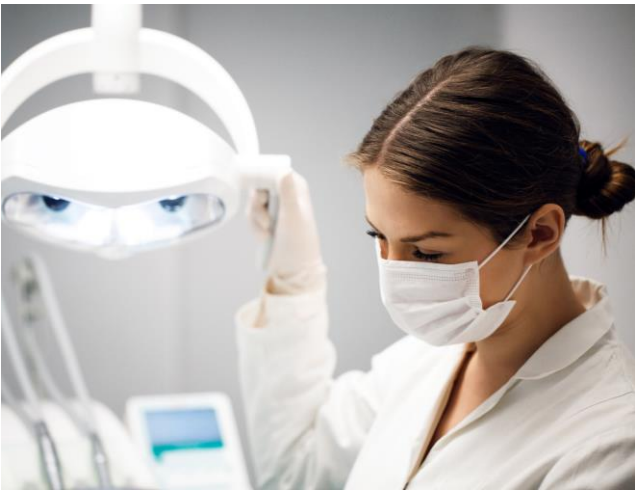
affected services.

- The availability of information offered by dental practices was poor: 14 had no information on urgent appointments or where patients should go in an emergency.
- 21 practices did not provide any advice on COVID-19 infection control procedures for patients visiting the practice.

## Actions

We shared patient concerns with NHS Sussex Commissioners who helped us get answers and action from NHS England who commission dental services. We are an active member of the South East Local Dental Committee, and through our dedicated volunteer, we are able to put your questions directly to local dentists and NHS England.

We continue to engage with NHS England, and to inform patients about dentistry services during the pandemic, through our regular bulletins and special edition bulletins widely distributed via our mailing list and available on our website.




Patient feedback enabled us to contribute to the announcement by Healthwatch England of a national dental crisis in February 2021. Consolidated findings from our survey and the review were provided to the city Council's Health Overview and Scrutiny Committee, asking for pressure to be exerted on NHS Commissioners to improve access to dental services and clarify important issues for the public, which they agreed to do. We also asked local MPs to table questions to the Secretary of State for Health and other government ministers and Caroline Lucas, MP for Brighton Pavilion tabled a question to the Secretary of State for Health on Dental Services, having received a briefing from Healthwatch Brighton and Hove.

**Read the Report: [Dentistry: the impact of COVID](#)**

# COVID-19 Vaccine - Experiences & Views

We ran a patient survey between February 16th until March 31st, the purpose of which was to explore people’s experiences and views towards the vaccine for COVID-19. A total of 1,587 People responded.

 **76% White-British had the vaccine compared to 66% of all other ethnic groups.**

 **20% of those yet to have the vaccine were unlikely to have the vaccine or had been offered and refused it.**

## Key findings

- 93% of those who had received at least one dose found the information about where and when to receive the vaccination as ‘excellent’, as did 85% of those reflecting on how to confirm attendance.
- Only 39% of people had received information on the time, date and location of when they would receive the second vaccination.
- For those not wanting to take up the vaccine, the main reasons given were a combination of safety concerns, possible side-effects, the strength of the evidence, and maintaining the right to choose whether to receive it.
- People from ethnic minority groups and people with disabilities were less likely to take up the offer of a vaccine compared to people who identified as White-British and people without disabilities.



## Actions & Next Steps

We shared our findings with NHS commissioners, the City Leadership COVID Briefing, the Communications and Engagement Advisory Group for COVID-19 Immunisation Programme, and the Brighton & Hove Communications and Involvement Network meeting. We combined data from Brighton and Hove with East and West Sussex, totalling **5,900** responses. We are also following-up some people who expressed an interest to hear more about their experiences and views.

**Read the report:**  
**[People’s experiences and views about Covid-19 vaccinations in B&H](#)**

## Young Healthwatch

Young Healthwatch is delivered by **YMCA Right Here**, to talk to young people about their experiences with health and wellbeing.

They find out what young people think these services are doing well, and also what needs improving. They host surveys, focus groups and listening labs, and produce youth-friendly reports.



"We are a group of YMCA Right Here volunteers who are passionate about mental health and wellbeing and want to make a difference in the life of young people in our community."



**71 responses in exploring the views of young people from BAME backgrounds around sexual health services**



**146 responses on accessing health and care services during the Coronavirus pandemic**

## Young Healthwatch Volunteers

This year YMCA Right Here were involved in a number of projects with Young Healthwatch.

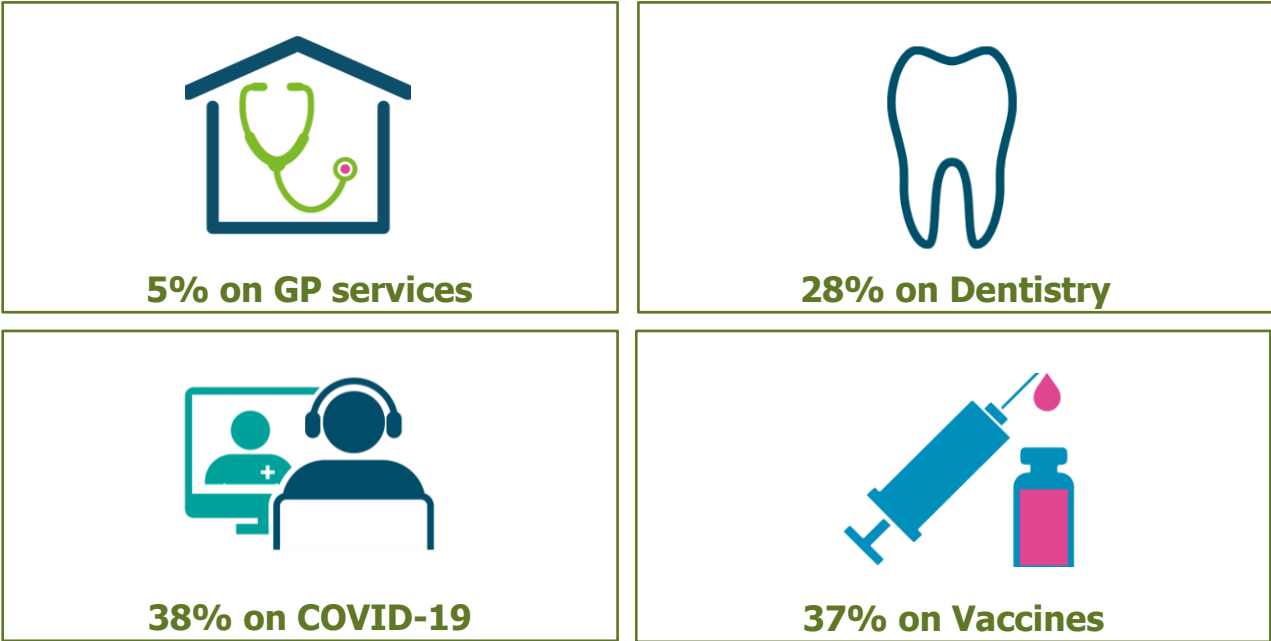
- **Last summer**, they were involved in creating a survey consultation for young people living in the Sussex area around their experiences of online health and social care services. They were involved in creating survey questions and making sure they were accessible to young people. They also looked at the data collected, coming up with themes and youth recommendations to make online services more accessible to young people.
- **Last autumn**, they were involved in creating lots of media content, including videos, social media posts as well as stories around COVID-19. These included youth-friendly information about mask wearing and mask types, hand washing, the effect of COVID-19 on the environment, the COVID vaccine, a YouTube series on COVID myth busting, Sex and Relationships at the time of COVID and much more. All the content they created is available on the Brighton and Hove Healthwatch website as well as both Right Here and Healthwatch Instagram pages. They had a lot of engagement on Instagram and their followers said they found the information very useful.
- **Last winter**, they were involved in another digital research consultation exploring the barriers faced by young people when accessing/trying to access mental health online appointments, including phone and video call appointments. They participated in a focus group sharing views and barriers experienced, and came up with solutions to break these barriers and make the whole online experience more pleasant for young people. After the consultation, they worked closely with Right Here engagement coordinators to create a digital guide to help young people get ready for online mental health appointments; including tips and strategies to use weeks, days, and minutes before an appointment. They came up with the content, the lay out and style and are excited for the guide to be published and shared with lots of services and youth groups.

## Next Steps

Young Healthwatch will assist and monitor the implementation of "[Foundations for our Future](#)", which is how the Sussex ICS and NHS plan to improve emotional health and wellbeing services for young people.

Watch a video about [Young Healthwatch](#)

# Top four areas that people have contacted us about:



Please note: % are greater than 100% as people asked us questions about more than one issue

## Case Study: COVID Vaccine



From December 2020, we received over 120 queries from people about the COVID-19 vaccine. We responded to individual concerns working directly with our CCG to obtain advice which we shared. In response, we also created a dedicated webpage which we regularly updated so that people had clear, consistent and concise advice and information.

Our information was widely shared by others. We were able to support carers, visitors, or vulnerable people to get their vaccinations, and offered reassurance that people would be contacted, about vaccine safety and scams. We worked with a local TV station to have people's questions answered by experts.




"I wanted to say thank you for giving me such useful advice and going into such detail. I will certainly take on board everything you said and will act on it."



### Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

-  [www.healthwatchbrightonandhove.co.uk](http://www.healthwatchbrightonandhove.co.uk)
-  **01273 234 040**
-  **office@healthwatchbrightonandhove.co.uk**



## Non-COVID Activities

**While supporting people through the coronavirus pandemic we have continued to provide general advice and gather their views on health and care services. We have shared people's experiences and feedback with NHS Commissioners, NHS England, city health leaders, and the Healthwatch network.**

**This year we have helped hundreds of people by:**

- Asking them about their experiences of using the **non-emergency Patient Transport Service in Sussex**. Their feedback and ideas for improvement have been used by NHS Commissioners to redesign the service specification for the contract, which is due to be retendered this year. We have also fed patient's experiences back to the current service provider who we are now working closely with.
- Recording the experiences of people receiving **end of life care**, and escalating findings to our local NHS Trust. We found that end of life care was not always a dignified and well-arranged experience. Our recommendations have been accepted in full by the NHS with a pledge to improve the care pathway and correct the elements of personal insensitivity and absence of coordinated planning that we found.



# Non-Emergency Patient Transport Services

In autumn 2020, the CCGs asked Healthwatch in Sussex to collate patient feedback on the local non-emergency patient transport service (PTS), which is operated by South Central Ambulance Service.

This was our fourth review of the service which transports eligible patients to their hospital appointments and home again.

130 patients from across 30 different hospitals, provided their experiences over the last 12 months, but also their ideas for how the PTS could be improved. These ideas are being used by the CCG to develop the new contract specification.

The PTS contract was due to be renewed in 2022, but COVID has delayed this until 2023.



**78.5% are 'very satisfied' or 'satisfied' with the service.**



**86% would recommend family and friends to apply for it.**



**84% were satisfied with the service during the first lockdown.**

Key points	You want an improved service to:
<ul style="list-style-type: none"><li>We made 14 recommendations and produced four separate reports.</li></ul>	<ul style="list-style-type: none"><li>Always notify you of any changes or delays to your journeys (95%)</li><li>Create a dedicated service for renal patients (83%)</li><li>Send a text or call you when your vehicle is 30 minutes away (79%)</li><li>Provide an online account facility to manage your bookings (63%)</li><li>Deliver a mobile phone app so you can track your vehicle (61.5%)</li></ul>
<b>Other key findings:</b> <ul style="list-style-type: none"><li>Satisfaction levels and recommendation ratings varied across Sussex, with Brighton &amp; Hove residents being least satisfied.</li><li>59% had experienced delays, changes, or problems with their transport or journeys.</li><li>68% of all passengers reported experiencing delays in being picked up from hospital.</li></ul>	



The Sussex CCGs have had a close working relationship with Sussex Healthwatch for a number of years, and we value the engagement expertise they bring. This report and earlier reports is very much welcomed. It has already been used to inform the development of the new specification that will be used to secure the future service. **Statement from NHS Commissioners**

## Actions & Next Steps

Patient's ideas for improving the service were shared with potential bidders for the new contract at a marketing event last year, and the CCGs have already used our findings to amend their draft service specification: they are clear that patient communications need to improve. They have also strengthened some draft service targets which relate to timeliness.

Going forward, we will issue a joint briefing on the future of PTS with NHS Commissioners to city-leaders and decision-makers (once COVID allows). Healthwatch will also review the revised draft service specification ensuring that patients' voices are reflected. We will also help to review bids. We are now working with SCAS to develop patient forums so that users of PTS can provide their feedback, and we will also help to develop answers to frequently asked questions about the service.

**Read the report: [Healthwatch in Sussex PTS Report](#)**

# End of Life Care

Healthwatch talked to **15** patients at the Royal Sussex County Hospital who were sadly at the end of their lives. At such a difficult time, we greatly appreciated talking to them and their families. The lessons they identified for reforming and improving the service are already having an impact.

We spoke to people about their discharge from hospital and though it was a small sample of patients, many issues emerged. We were disappointed that end of life care was not a dignified and well-arranged experience for many and the sensitivity of individual care planning that we would expect was not always provided.

Our Council produces Joint Strategic Needs Assessment which present information on the health and wellbeing of people in Brighton and Hove and provides evidence across four stages: 'starting well', 'living well', 'ageing well' and 'dying well'. Our investigation provided further evidence on 'dying well'.



“End of Life should be a dignified process, not an event.”

“Patients need to be touched and spoken to at the end of their life – this is often the last thing they will remember.”

### Participant Feedback

Our report was published in September 2020, gaining support for the findings from the Clinical Commissioning Group and resulting in a major update at the Brighton and Sussex University Hospitals NHS Trust on their end of life care work. We also issued a press release.

The end of life report was supplemented by a 'One Year On' report in March 2021, illustrating some of our long-term impacts.

Some formal processes have also taken place to embed the report's findings into strategy and policy, providing confidence that quality end of life care and dying well remain high on statutory agencies agendas:

### Case Study

At 10 am K arrived home to an empty home, except for the cat. “They just dumped me at home, all food had ‘gone off’ in the fridge”.

K rang carers who arrived at 1.45pm. A food parcel arrived later in the day but until then K had no food. “I was exhausted, just struggling to keep alive”.

K required a small care package to be reinstated and medications from the GP. The surgery never made contact. K was admitted to a hospice a short time later and sadly passed away.

## Webinar

As a result of this report and encouraged by relatives of end of life patients who wanted to continue the conversation, Healthwatch led on an end of life webinar during Dying Well week.

Members of the public, patients and family and friends of patients and health and social care professionals attended. Breakout rooms gave the opportunity for participants to share their stories and to tell us about the most important things to them when planning their end of life:

Patients want to govern their own end of life journey;

- Patients want the right to choose;
- Patients want to be treated as individual people and with dignity and compassion;
- Patients want good quality of care.



## Patients' & Family's experiences

### Impact

1. September 2020: the Clinical Commissioning Group formally responded to our report accepting that all of our recommendations were appropriate and reasonable.
2. October 2020: We presented our report to the Patient Experience Panel and the Quality Assurance Board, BSUH NHS Trust. They agreed to improve the care pathway and ensure personal sensitivity, in line with the feedback we gathered from patients and families.
3. October 2020: our city's Health and Wellbeing Board Committee (HWB) received the report and proposed that it form part of their 'Dying Well' programme. They requested that the report was brought back to the Committee for monitoring in March 2021.
4. Healthwatch was invited to be a member of the End of Life Steering Group that monitors quality and performance. The Steering Group prepared a detailed action plan for the HWB March 2021 meeting. Healthwatch was involved in formulating the Trust's response.
5. Healthwatch presented our findings to the Gold Group of End of Life General Practitioners and to the research team at The Shore-C cancer research centre at Sussex University.
6. The report helped to inform 'Dying Well week' in May 2021.



"We are committed to providing the very best possible end of life care for our patients and to supporting their families and carers through their bereavement.

This report highlights the challenges we face in doing so and particularly the need for communities and health partners to work together to ensure that every person's wishes are respected and acted upon as they approach the end of their life.

We have reviewed the report and delivered an action plan based upon its conclusions and recommendations."

**Anne Middleton**

Associate Director for Quality, BSUH, September 2020

### Actions & Next Steps

Building on our findings, we are now working with our local Trust and their LGBTQ network with a focus on specific end of life considerations for LGBTQ+ people. We hope to publish outcomes later this year.

**Read the reports on Patients' and Family's Experiences of End of Life Care:**  
["A Good Send-Off" \(2020\)](#) and ["A Good Send-Off?" - One year on \(2021\)](#)

## Healthwatch in Sussex

**Healthwatch in Sussex** is the collective name for the collaborative projects undertaken by the three local Healthwatch in Sussex: Brighton and Hove, East Sussex and West Sussex.



In this last difficult year we have come together regularly, with the excellent leadership of elected representatives and the NHS, to forge a Sussex-wide response to the COVID challenge. This vital work will continue over the coming year.

Healthwatch in Sussex has escalated public and patient concerns around access to GP's and dentists, care homes and carers, hospital discharge, travellers and van dwellers, digital disadvantage, access to mental health and wellbeing services.

### Healthwatch in Sussex Projects

- [Conversations about End of Life: What's important to you? \(Webinar\)](#)
- [Amplifying the voices of relatives with loved ones in Care Homes across Sussex](#)
- [‘Tell Us – Ask Us’ campaign to encourage and support members of the public to Tell us about their experience of accessing health and care services during the pandemic](#)
- [Healthwatch in Sussex reports on Patient Transport Services \(2020\)](#)
- [Accessing health and care services – findings during the Coronavirus pandemic](#)
- [Sussex cancer patients have their questions answered](#)



"We would like to thank Healthwatch in Sussex for this insight. The last year has been an unprecedented time for the NHS and it has been challenging in terms of the delivery of health and care services. It is encouraging to hear what has worked well but equally important to hear where we can do more to improve the patient experience."

**Response from Sussex NHS Commissioners'**  
on Tell Us – Ask Us

### Next Steps – the Integrated Care System

Next year Healthwatch in Sussex are focussing on the Sussex Integrated Care System (ICS), a partnership of all health and social care in Sussex. This includes:

- Hospitals
- GP surgeries
- Community Health – anyone visiting you at home to help with health and support
- Mental Health and Emotional Wellbeing
- Adult and Child protection for vulnerable people and families
- Volunteers and community organisations [VCS]
- Healthwatch – the voice for patients and the public

Our aim is to support the ICS to put the patient and public voice at the centre of all they do: service quality, staff, money and resources = "No decision about us, without us"

Read more about the [Sussex Integrated Care System](#)

## Sector Connector

The Sector Connector is a way for non-NHS organisations (the Sector) to engage and influence the Sussex Health and Care Partnership Mental Health Programme. The Sector Connector project has been developed over the last year by voluntary and community sector organisations across Sussex. Healthwatch in Sussex have agreed to coordinate, convene, and enable the project.

The Sector Connector recognises that mental health and wellbeing are the responsibility of the whole health and care system. A podcast explains the [benefits of integrated mental health care across Sussex](#).



"A quick email to thank you for bringing us together via the Sector Connector meeting this month and facilitating the meeting. Myself and the team are very pleased to be involved and are keen to contribute."

**Local Charity**

### Sector Connector Meetings

- Our first meeting in July 2020 provided an introduction to the Mental Health Sector Connector in Sussex.
- Our second meeting in September 2020 outlined the 'Restoration and Recovery' of services during the COVID-19 pandemic. This included updates from Sussex Partnership NHS Foundation Trust, psychological support to health and social care staff, and follow-up for post COVID patients. Read the [Agenda & Minutes](#),
- Our third meeting in December 2020 focused on 'Digital and Remote Work in Mental Health' including presentations from Healthwatch Brighton and Hove, Sussex Partnership NHS Foundation Trust, and Thinking Well:  
[Lester's Presentation: Accessing Health & Social Care Services](#)  
[Beth's Presentation: The SPFT Experience Implementing Digital Solutions](#)  
[Nathan's Presentation on Thinking Well – Adapting a Voluntary Sector MH Service](#)
- Our fourth meeting in June 2021 was a webinar to explore Mental Health Money in Sussex. This event explored Mental Health Money plans and how the voluntary and community sector and local people can be more involved in decision making. Watch the [Sector Connector Meeting](#)



"Thank you so much for sending this through and hosting the forum."

**Community Engagement Officer for SCOPE**

### Next Steps

We are planning future Sector Connector forums on:

- Foundations for our Future - young people's emotional health and wellbeing
- Healthy eating - Eating disorders
- Community Mental Health Services - plans for the future
- Co-production and co-design - making it real
- Post COVID Mental Health Demand - the way ahead

**Listen to the podcast:**

**[The Benefits of Integrated Mental Health Care across Sussex](#)**



## Stakeholder Feedback

"I have worked closely with the Healthwatch team and their volunteers who have been flexible in response to the needs of the new Hospital Discharge well-being service. The volunteers really care about the people they are supporting and always want to go the extra mile to ensure their needs are met.

This service has made a marked difference to people's experiences after leaving hospital, providing a safety net and a friendly voice at the end of the phone in what has been a particularly challenging year"

**Jess Harper**

Commissioning & Performance Manager  
Health & Adult Social Care. BHCC

"Healthwatch has been very busy over the past months - some excellent emails received with advice for patients and residents."

**Clinical Lead**  
B&H CCG

"Sussex Commissioners would like to thank Healthwatch Brighton and Hove for their continued work and commitment to champion the voice of patients, carers and the public over the last year.

We have worked closely with Healthwatch through our COVID-19 response, winter demand, and in particular the Sussex COVID-19 Vaccination Programme. They have specifically supported the effort to inform the public effectively as the vaccination programme has been rolled out and also provided valuable insight that has shaped our ongoing approach; Healthwatch volunteers have also supported our Vaccine Enquiries Team in responding to a large volume of phone and email queries.

We look forward to working alongside them as we continue to restore health and care services for people in Brighton and Hove."

**Jane Lodge**

Healthwatch NHS Relationship Manager  
Sussex NHS Commissioners

"I've been wanting to say for a while, that I found your newsletter of immense benefit. I often refer to the information in your newsletter when working with family/friend carers. Once again, thanks for the amazing work you are doing."

**BHCC Official**



"Thank-you for all the support you have given to our patients who have been discharged from the Acute Trust. You have ensured they are kept safe at home, preventing readmission and sign posting to services for some of our vulnerable patients. The link that you provide between the acute and the patients; answering any concerns the patient may have, has been comforting and supportive. Thank-you for all the work you do, for the patients and the Hospital. "

**Pamela Heafield**

Transformational Discharge Lead  
Nurse, BSUH/USH

"Thank you very much for organising and hosting the meeting yesterday. I found it really helpful, it has been a very long, lonely, painful time and it was really nice to have a chance to talk about it

**Public Feedback**

"Thank you to Healthwatch for the work you continue to do on behalf of the patients, carers, families and local communities we serve. Your scrutiny and support of our services, and the work we do together in partnership, is invaluable"

**Senior Executive, SPFT**





# Volunteers

**At Healthwatch Brighton and Hove we are supported by 84 volunteers to help us find out what people think is working, and what improvements people would like to make to services.**

## **This year our volunteers:**

- Have supported hundreds of patients recently discharged from hospital, checking on their wellbeing and signposting them to essential local support services.
- Helped people have their say from home, carrying out interviews over the telephone on remote health consultations.
- Have attended virtual meetings on behalf of Healthwatch ensuring that we were represented, and patient's voices were heard.
- Provided advice, information, and support to hundreds of patients who contacted our information line or who called the Council's vaccine helpline.
- Carried out website reviews for local dental services on the information they provide.
- Reviewed patient literature produced by our local NHS Trust.

### Fran O'Neill - Support Volunteer

I started volunteering with Healthwatch in November 2020. In the process of retiring from the NHS on ill health grounds, and still employed and being paid by them. It did not feel right in the middle of a pandemic with very little going on generally. Healthwatch offered me the opportunity to use some of my skills doing wellbeing calls for people recently discharged from hospital; like a safety net to ensure that support and services are in place when they went home. It is genuinely very rewarding work and I enjoy it immensely.

I have also had the opportunity to work on the Sussex COVID Vaccination helpline and now pick up the answer phone messages that Healthwatch receives. Interesting and challenging in equal measures - in a good way! What is really good about the organisation is how well supported you are.

There are regular team meetings, catch-ups where people from various organisations in the community join us to share knowledge about what they do, regular communication from the project leaders with updates on what is going on in the community and someone is always at the end of an email or phone if you need help or advice. And most importantly, they are a really nice bunch.



### Conor Sheehan - Hospital Discharge Volunteer



Since retiring from full-time work as a university academic, it has been really important to continue feeling involved with people on a community level. As a Healthwatch volunteer on the hospital discharge project this year has allowed me to do just that. Patients are sometimes just glad of the chance for a quick reassuring chat, and they often tell me that it means a lot to know that somebody is thinking about them and their recovery.

In certain instances, people can be struggling with anxiety or other mental health issues which have been exacerbated by COVID-19 concerns. It is important that I am able to refer them to appropriate agencies and support groups that can help. Knowing that you may have helped to make someone's life a little easier or better, even in a very small way, is a great feeling.

It is great to be able to give back a little to those who need a bit of help and it is certainly true that doing so has real rewards.

### Hadi Kebbeh - Student placement volunteer

As final year student, a placement at Healthwatch Brighton provided me with a better understanding of health promotion and advocacy within the community. I had special interest in mental health and wellbeing and the organisation was so supportive in finding me suitable roles that were engaging within this field. Not only that, but I was able to venture into other areas as well.

I took part in the recruitment of participants from Black and Minority Ethnic for a COVID-19 vaccine hesitation research. The experience helped develop skills that can be used to confidently deliver a culturally inclusive community practice. Understanding and championing the needs of the population is key to Public Health and with the experience gained from Healthwatch, not only was I able to link that to theory within the classroom but I believe it will be beneficial within my future career.

My placement at Healthwatch provided a positive learning experience which was motivational and supported my academic development. But most of all, the openness with which I was accepted into the role has boosted my confidence.





### Dr Khalid Ali - Volunteer Board Member



Joining the board of directors at Brighton and Hove Healthwatch team since November 2020 has been a rewarding experience. Addressing the health and social care challenges of Brighton and Hove citizens in consultation with an experienced team of volunteers was an eye opener. Priority issues such as COVID vaccination, quality of care in hospitals and care homes, virtual consultations and online booking challenges in primary care were few of the problems that were discussed in a transparent environment in our meetings.

The genuine passion and desire to influence a positive change that drives the group members is reflected in the quality of reports and recommendations made by the team. It is a great honour to be part of this dedicated and dynamic group.

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### Leah Ashley - Hospital Discharge Volunteer

I became involved with the Healthwatch Hospital Discharge Wellbeing Scheme during the lockdown last summer. I have been volunteering at BSUH for a number of years and saw this Healthwatch volunteer opportunity to phone patients to check on their wellbeing following discharge from our hospitals. My first thought was this is a great extension of care within our healthcare system. It didn't take long for me to feel natural about making these calls and I started to enjoy the process.

It is particularly rewarding when you feel you have been able to hear the patients' experience, recommendations and even complaints. I have learned a lot during the past year with Healthwatch. There are no doubts about some challenging situations but the whole team at Healthwatch is very supportive and I never once felt left alone to deal with a difficult situation.



It certainly feels like a big family working together to achieve the same goals, and it is very gratifying to know that our work has been helpful and useful to the community, as well as being recognised as a benchmark of the best practices within our social care system.

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### Alastair Hignell - Volunteer Board member



My grandmother was one of the first doctors ever employed by the NHS. My father and brother were also GPs. At least a dozen friends and family work in medicine. You could say the NHS is in my DNA, especially as I have two chronic conditions and a wheelchair and spent the best part of a week in Intensive Care in 2020.

I have personal experience of what the critics would call the "learned helplessness of the NHS" and I have personal experience of the heroic and selfless qualities highlighted in the COVID-19 pandemic.

I know which I prefer, and I want to do my bit to ensure that an organization that is still the envy of the world should be recognised for the right reasons. Change is all around. Change is inevitable and change can be painful.

I believe that bodies like Healthwatch can mitigate the pain, convince the die-hards and smooth the transition from learned helplessness to informed care.

## Volunteers & Authorised Representatives

Healthwatch Brighton and Hove was supported by has **84** volunteers during this year.

As **Authorised Representatives**, they are able to review services, attend decision-making forums and speak up for patients and care service users.

They include Healthwatch board members, staff and volunteers.

Alan Boyd	Emily Page	Mazzie Sharp
Alastair Hignell	Fran O'Neill	Mena Limwatana
Alison Willmore	Francis McCabe	Michelle Kay
Amy Knowles	Geoffrey Bowden	Mike Holdgate
Amy Oliver	Hadijatou Kebbeh	Miriam Foord
Angelika Wydra	Hilary Martin	Naomi Schubert
Anya Waigh	Holly Earthey	Neil McIntosh
Barbara Harris	Howard Lewis	Neil Vinter
Barbara Myers	Ines Garcia	Nicholas Gorvett
Bob Deschene	Ismail Uddin-Callegari	Nick Goslett
Brigid Day	Jacqueline Goodchild	Olivia Mansell
Brydi Edwards	James Davies	Patricia Comley
Cecily Bryant	Jayne Cockburn	Paul Koczerzat
Chloe Mackney	John Mackeith	Peter Burton
Chris Jennings	Judith Batchelor	Peter Fuller
Christine Clark	Karen Barford	Rebecca West
Christine D'Cruz	Kat Pearce	Robin Guilleret
Cindy Willey	Laura Lavers	Roger Squier
Conor Sheehan	Leah Ashley	Ryan Prichard
Daisy Burden	Lester Coleman	Siobhan McHenry
David Liley	Lynne Shields	Sophie Reilly
Deborah Rogerson	Mae Cole-Whitlock	Sue Langer
Denise Millar	Maisie Richardson-Wilson	Sue Seymour
Dr Khalid Ali	Margaret Nealer	Sylvia New
Elaine Foster Page	Marianne Stone	Vanessa Greenaway
Elaine Crush	Martyn Yeats	Will Anjos
Elisabeth Miskarik	Matthew Bickerstaff	Zoe Morrice
Elizabeth Kemp	Maureen Smalldridge	



Feeling inspired? Get in touch on 01273 234 040 or

[healthwatchbrightonandhove.co.uk/volunteer](https://healthwatchbrightonandhove.co.uk/volunteer)

[office@healthwatchbrightonandhove.co.uk](mailto:office@healthwatchbrightonandhove.co.uk)

# Volunteer Chair & Directors



**Frances McCabe**  
**Independent Chair**

Chair since 2013 and former Chair of Age UK B&H, working for over 40 years in health and social care.



**Geoffrey Bowden**  
**Volunteer Director**

Started a successful healthcare firm and is a former Councillor with significant experience of health & social care scrutiny.



**Bob Deschene**  
**Volunteer Director**

15 years of experience in senior NHS Management in a variety of roles across East & West Sussex.



**Neil McIntosh**  
**Volunteer Director**

Joined in 2014 after a 30-year public sector career at a senior level in the Ministry of Justice, Dept of Health and NHS.



**Catherine Swann**  
**Volunteer Director**

Over 20 years' experience in national NHS and academia, a senior public health civil servant and chartered psychologist.



**Sophie Reilly**

**Volunteer Director**

Since 2013, working locally and nationally, in the voluntary and statutory sectors to improve health and social care services.



**Christine D'Cruz**

**Volunteer Director**

An international corporate background focused on service delivery with over 20 years volunteering in arts and hospices.



**Karen Barford**

**Volunteer Director**

Former Chair of the City's Health and Wellbeing Board. Operational and leadership roles in adult social care.



**Howard Lewis**

**Volunteer Director**

Over 20 years' experience of information provision, advocacy, patient engagement, and recently in medical regulation.



**Alastair Hignell**

**Volunteer Director**

An international corporate background focused on service delivery with over 20 years volunteering in arts and hospices.



**Dr Khalid Ali**

**Volunteer Director**

Over 20 years' experience of information provision, advocacy, patient engagement, and recently in medical regulation.

# Staff Team



**David Liley**

**Chief Executive Officer**

Over 40 years working in Health and Social Care. In 1980's set up NSPCC National Child Protection Helpline.



**Dr Lester Coleman**

**Evidence & Insight Manager**

Over 20 years' research experience, an academic social scientist, now working in charity project evaluation.



**Michelle Kay**

**Project Coordinator**

A project manager in academia and international development. Managed £130m government grant.



**Alan Boyd**

**Project Coordinator**

A background in mental & public health with 16-years' civil-service experience designing policy & running projects.



**Will Anjos**

**Project Coordinator**

An experienced business project manager, and trustee of local community engagement charity, Brighton Soup.



**Rebecca West**

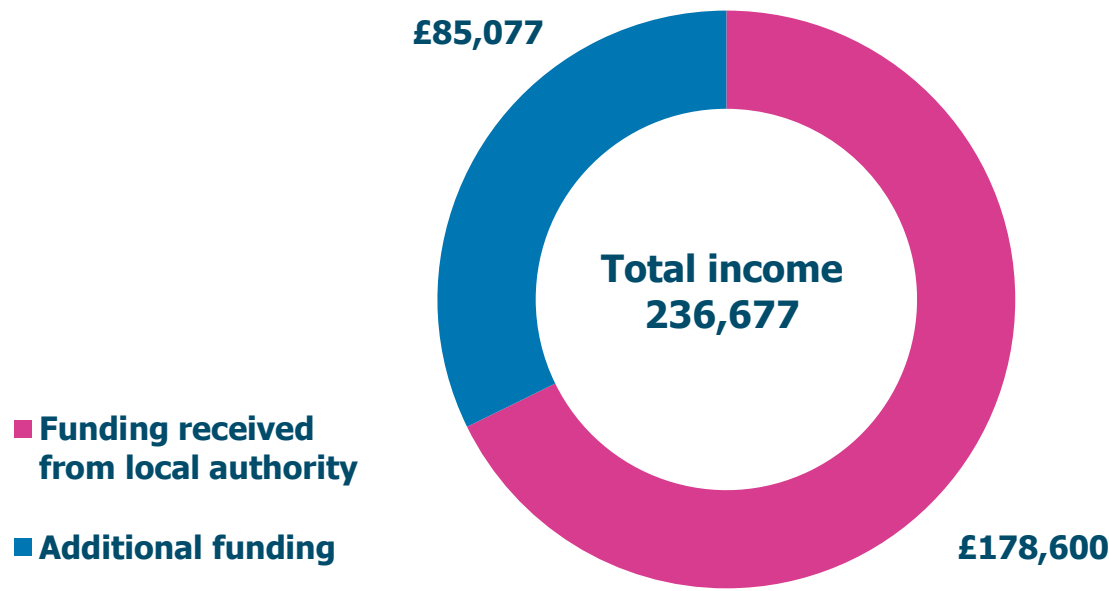
**Project Officer**

Started as a student volunteer in 2019. Now works across the team helping to support various projects

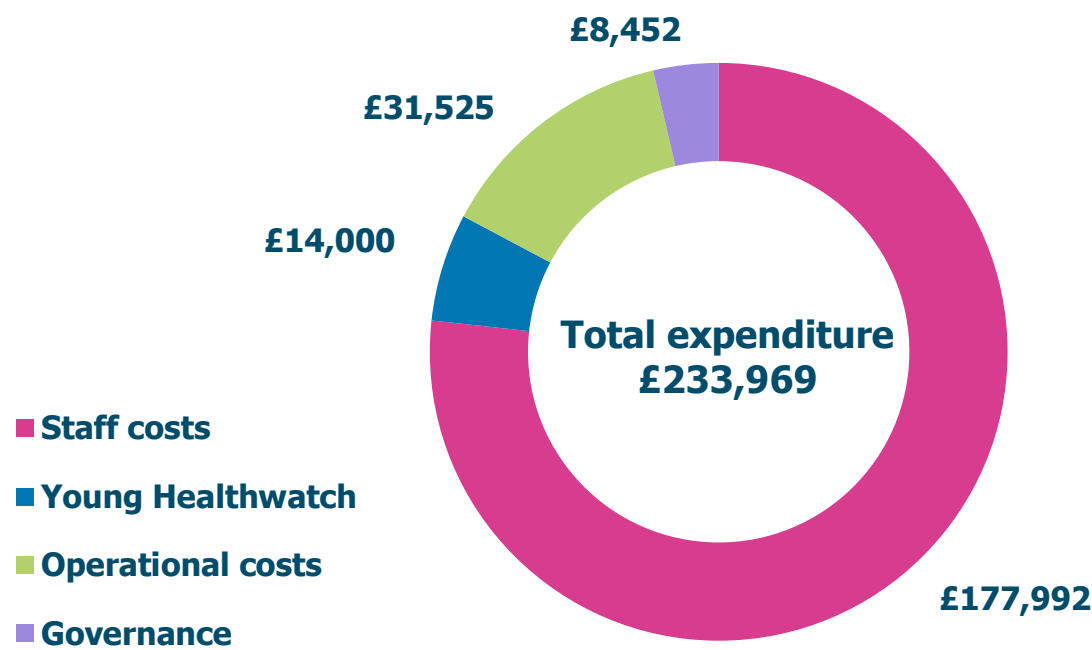
# Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

## Income



## Expenditure





# Message from Chief Executive

Healthwatch in Brighton is emerging from COVID-19 challenge as a strong, viable and sustainable voluntary organisation. Our volunteer group has grown substantially over the last year with 40-50 active volunteers. Our staff team remains stable and we have strengthened our links with the Universities, and Medical and Nursing Schools.

Our partnerships with other organisations and neighbouring local Healthwatch in East and West Sussex have also strengthened and whilst our reports and recommendations have been focused on the City of Brighton and Hove, many have had implications Sussex wide.

In response to COVID-19 Healthwatch has decided to allow staff to work from home and provided the resources required for this. We remain available to anyone who needs and reaches out to us.

This year we also put in place an independent support system to provide advice, guidance and counselling for all volunteers, Board members and staff. We made this move to help all our trusted people with the impact of COVID and the recovery process.

We lost not one day of activity over this whole year, our volunteers and staff have given the very best of public service. I cannot thank them enough. Alongside the NHS, social care, and public health, Healthwatch continue to help Brighton and Hove be a safe and healthy place to live and thrive.



**"We lost not one day of activity over this whole year, our volunteers and staff have given the very best of public service. I cannot thank them enough. "**

As a Community Interest Company (CIC) we make no personal profit and all income we generate is used to benefit local people. In the last year we have secured a further 3-year contract to provide a local Healthwatch service to people in Brighton and Hove, from 2022 to 2025. We are extremely honoured to continue to deliver vital work for the city and on behalf of all its residents.

If you want to make a difference in health and social care, if social justice and combatting health and care inequalities is important to you. Come and join us you will find a warm welcome



**David Liley**  
Chief Executive  
Healthwatch Brighton and Hove



# Thank you

This year marks the 73rd birthday of the NHS. The last year has been the most challenging year in NHS history. Those challenges have affected the health, social and voluntary sectors, and would have been made all but impossible to surmount without the help and support of countless individuals and organisations in our city and across Sussex.

## Thank you:

- To members of the public who shared their views and experience with us.
- To all of our amazing staff and volunteers.
- To the voluntary organisations that have contributed to our work.
- To all NHS staff working across our local trusts, and to all care staff and staff working in allied services.
- To all those working in emergency and support services.
- To all those working at our local city council and CCGs who have delivered vital services, and listened and responded to our feedback
- To all our local and national partners, providers and commissioners working across health and social care.

Your tireless dedication saved countless lives, and we know that the selfless efforts of our volunteers have contributed to this.

So thank you to all – in front and behind the scenes – who have kept us safe over the last year. We cannot express our gratitude enough.



# Next Steps

## Top three priorities for 2021-22

- Supporting the NHS and City Council with COVID recovery
- Speaking out for vulnerable people
- Making sure decision makers keep their promises

### As COVID national restrictions are relaxed we will continue to help people by:

- Continuing our hospital discharge project = 4,000 people supported so far by our phone line service
- Supporting the COVID Enquiry Vaccine Helpline = 14 Healthwatch volunteers support the NHS
- Promoting the universal vaccine = no one is safe until we are all safe

### Last year and next year

- We have published reports, have more work in hand, and continue to check promises are being kept. We will chase promises made about End-of-Life Care, people in Care Homes, Patient Transport, Children and Young People's mental health, Dentists and Dental Care, Access to GP Surgeries and Cancer Care.
- Healthwatch will continue to monitor how many of our recommendations are implemented by the NHS, CCGs and City Council, and seek reasons why these have not (or cannot) be implemented.
- Our joint work goes from strength to strength. We will continue to work in partnership with official regulation bodies, Healthwatch England, Care Quality Commission, General Medical Council.

### Equality and diversity

- **Supporting those who are digitally disadvantaged:** COVID-19 has highlighted existing health inequalities notably how the elderly, those in poverty or who first language is not English, have been unable to access remote and virtual appointments as easily. Ensuring that everyone has equal access to health and social care services will be a major focus for the next year.
- **Ensuring Young People's views are heard.** Children and young people will inherit the NHS and social care system that we change in response to COVID-19. Young Healthwatch have gathered essential information about young people's attitudes to the COVID vaccine and use of sexual health services, and we will continue to collate more.
- **We will continue to strive to make the Healthwatch team, Board and volunteer group diverse and reflective of our city.** We have recruited to our Board of Directors young people and people from BAME communities.



**"Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned."**

## Reports Published 2020-21

This year, we issued 32 reports which described your experiences of health and social care. We also published reports on COVID-19 and the impact this has had on our city. You can access all of our reports below, or on our website.

1. [COVID-19 Enquiry Line: 8th February to 19th March \(March 2021\)](#)
2. [The role and impact of Healthwatch B&H: Our 3<sup>rd</sup> activity report Jul 20 to Feb 21 \(March 2021\)](#)
3. ["A Good Send-off?" Patients' and Family's Experiences of End of life Care: One year on \(March 21\)](#)
4. [Accessing dental services under COVID-19: Reviewing dental practice websites and out of hours telephone messages \(Mar 2021\).](#)
5. ['Ask Us/Tell Us' - People's Feedback to Healthwatch \(February 2021\).](#)
6. [Dental Services during COVID-19 \(January 2021\).](#)
7. [Digital exclusion in Brighton and Hove - A Briefing Report \(January 2021\).](#)
8. [Patient Transport Services in Sussex: What patients and passengers told us \(Jan 2021\).](#)
9. [Hospital Discharge Wellbeing Project \(HOPs\) April - December \(Dec 2020\)](#)
10. [Staying Connected Care Home Webinar Report \(Dec 2020\).](#)
11. [Accessing health and care services - Interviews with 104 respondents \(Nov 2020\)](#)
12. [Young People's Preferences Towards the Future of Health and Social Care Services in Sussex - Findings during the Coronavirus Pandemic \(Nov 2020\).](#)
13. [Accessing health and care services during the Coronavirus pandemic \(Oct 2020\)](#)
14. [Hospital Discharge Wellbeing Report \(Oct 2020\)](#)
15. [Healthwatch Brighton and Hove - 6-monthly performance report \(Oct 2020\)](#)
16. ["A Good Send-off?" Patients' and Family's Experiences of End of life Care \(Sept 2020\).](#)
17. [Preferences towards the future of health and social care services in Sussex: findings during the Coronavirus pandemic - Interim report \(Aug 2020\).](#)
18. [Patient Led Audits of the Care Environment: Scores achieved by local Trusts in 2019 \(July 2020\)](#)
19. [Environmental Audits of the BSUH Trust: April 2019 to March 2020 \(July 2020\).](#)
20. [Healthwatch Brighton and Hove activity report covering May to June 2020 \(July 2020\).](#)
21. [Outpatients' booking systems: an interim Healthwatch report \(July 2020\).](#)
22. [The impact of COVID-19 on Brighton and Hove: a statistical evaluation \(July 2020\).](#)
23. [Mental Health Sector Connector Forum 8 \(July 2020\)](#)
24. [Healthwatch Brighton and Hove - Annual Report 2020 \(June 2020\).](#)
25. [Cancer Webinar: Key Themes & Q&A - 11th June 2020 \(June 2020\).](#)
26. [Patient feedback systems for health & social care services: a briefing paper \(June 2020\)](#)
27. [Healthwatch Brighton & Hove - Enter & View Policy \(May 2020\)](#)
28. [Healthwatch B&H during the coronavirus pandemic: activity report Jan to April 2020](#)
29. [Healthwatch Brighton and Hove - Stakeholder Report 2020 \(May 2020\)](#)
30. [Equality Impact Assessment 2020 \(May 2020\)](#)
31. [COVID-19: Positive comments and feedback received by Healthwatch \(April 2020\)](#)
32. [The experiences of young people from BAME backgrounds on sexual health services \(April 2020\)](#)



# Statutory statements

## About us

Healthwatch England, 2 Redman Place, Stratford, E20 1JQ

Healthwatch Brighton and Hove CIC.

YMCA DownsLink Group (Young Healthwatch Brighton and Hove)

Healthwatch Brighton and Hove uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

### Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of **11** members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met **8** times and made decisions on matters such as staff support and staff terms and conditions, priorities for our work plan and activities.

We ensure wider public involvement in deciding our work priorities. We have a regular bulletin that is circulated to over 1,400 people in the City of Brighton and Hove, Board meetings are held in public and we have regular public webinars to hear the views of local people, on a range of health and care issues.

## Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example:

- Creating a Hospital Discharge friendly phone services that has received over 4,000 referrals from the local hospital. With 60% of people being actively helped. We provide regular quarterly reports to the NHS locally and City Council decision makers.
- Young Healthwatch gathered the views of young BAME people on access to COVID services, mental and emotional health support and sexual health services.
- Helping travellers and Van Dwellers access clear water and adequate sanitation during the most restricted times in COVID-19 lockdown.
- We have held webinars to support people with Cancer concerns, end of life care questions, and for Care Home residents and their families.
- We have raised concerns over access to dental care with NHS England, local decision makers and assisted our local MP's in raising the issue in Parliament and with Government Ministers.

We will ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it widely on the internet, our web site and distribute it through the local Community and Voluntary sector support network. Our annual report is also formally presented to the City Council at the Health and Wellbeing Board meeting.

## Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

Healthwatch Brighton and Hove along with the other Healthwatch in Sussex, escalated concerns about public access to dental health services to Healthwatch England, and we understand this has contributed to their national reports and actions to improve dental health care.

## Health and Wellbeing Board

Healthwatch Brighton and Hove is represented on the Brighton and Hove Health and Wellbeing Board by David Liley, Chief Officer, Healthwatch Brighton and Hove. During 2020/21 our representative has effectively carried out this role by:

- Presenting reports and raising issues on End of Life care, support to Care Home Residents and their families, access to GP and dental services.
- Being part of the COVID response in the city including sitting on the COVID-19 Engagement Board and regular City Leadership COVID-19 briefings.
- Assisting the Adult Safeguarding leadership team in the city.

Healthwatch Brighton and Hove  
113 Queens Road  
Brighton  
East Sussex  
BN1 3XG

**[www.healthwatchbrightonandhove.co.uk](http://www.healthwatchbrightonandhove.co.uk)**

t: 01273 234 040

e: [office@healthwatch.co.uk](mailto:office@healthwatch.co.uk)

 [@HealthwatchBH](https://twitter.com/HealthwatchBH)

 [Facebook.com/HealthwatchBrightonandHove](https://www.facebook.com/HealthwatchBrightonandHove)

 [@HealthwatchBH](https://www.instagram.com/HealthwatchBH)

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

Title: Sussex-Wide  
Winter Plan and  
Brighton & Hove  
Cold Weather Plan

Date of Meeting: 02  
November 2021

Report of:  
Managing Director,  
Brighton & Hove  
Clinical  
Commissioning  
Group and  
Executive Director,  
Health & Adult  
Social Care

Contact: Izzy  
Davis-Fernandez,  
Head of Resilience,  
Sussex NHS  
Commissioners

T

Email:  
[isabella.davis-fernandez@nhs.net](mailto:isabella.davis-fernandez@nhs.net)

Wards Affected: All

**FOR GENERAL RELEASE**

**Executive Summary**





The purpose of this paper is to provide the Brighton and Hove Health and Wellbeing Board with an update on progress to date in relation to winter planning for 2021/22, both in terms of Sussex-wide and local planning.

## **Glossary of Terms**

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

- 1.1 That the Board are asked to review and comment on the Sussex-Wide Winter Plan 2021-22 Update and on the Brighton & Hove Cold Weather Plan.

### **2. Relevant information**

- 2.1 The overall purpose of the Sussex-wide winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter planning period covers the period November 2021 to 31 March 2022. The plan should ensure that the local systems remain resilient and are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.
- 2.2 Health and care systems typically experience increased demand pressures during the winter months due to a number of factors including:
- Seasonal illnesses (e.g. flu, norovirus)
  - Extreme weather (e.g. falls in icy conditions)
  - Exacerbation of respiratory illnesses and a range of long term conditions due to cooler weather.
- 2.3 Adding to pressures in 2021/22 are Covid 19 and the need for the NHS to recover from previous waves of Covid, particularly in terms of addressing the backlog of elective procedures due to the cancellation of operations etc. when the health system was forced to concentrate resources on Covid outbreaks.
- 2.4 Health and care systems have been planning systemically for winter surge pressures for a number of years, and typically a key part of this process is assessing how well the previous year's plans met demand, and using learning from this to inform the subsequent year's planning.
- 2.5 Slides on the Sussex-wide winter plan and the adult social care elements of the plan are attached as appendices to this report.

- 2.6 All local partners routinely consider the pressures and impacts of cold weather on the city, especially on the most vulnerable. The BHCC annual Cold Weather Plan is the overarching plan for Brighton and Hove City Council and complements the Winter Plans produced by healthcare and partner agencies. The local plan supports the National Cold Weather Plan for England.
- 2.7 This Plan helps prevent the major avoidable effects on health during periods of cold weather in England. The Cold Weather plan is compiled by public health with input from all BHCC Directorates. It describes the key issues for the city, the cold weather alert system, and related work-streams and governance arrangements.
- 2.8 The human body responds in several different ways when exposed to cold weather, even at temperatures which are not 'extreme'. Exposure to cold temperatures has a range of physiological effects including:
- increased blood pressure
  - increased risk of clotting
  - suppression of the immune system
  - diminished capacity of the lungs to fight off infection
  - increased airway constriction and mucus production in the lungs
- 2.9 The Plan is linked to a system of cold weather alerts – generated by the [Cold weather health watch system](#) developed by the [Meteorological Office](#) including the 'National Severe Weather Warning Service' (NSWWS). This comprises five levels of response based on cold weather thresholds. The thresholds have been developed to trigger an alert when severe cold weather is likely to significantly affect people's health and they also take account of temperature along with other winter weather threats such as ice and snow.
- 2.10 Cold Weather alerts are issued if there is a high likelihood (60% or more) of a mean temperature expected to be 2C or below and/or widespread ice and heavy snow for 48 hours in the next 5 days.

Level 0	<b>Year round planning to reduce harm from cold weather</b>	This emphasises that year-round planning is required to build resilience and reduce the impact of cold weather. This level of alert relates to those longer-term actions that reduce the harm to health of cold weather (e.g. housing and energy efficiency measures, and long-term sustainable approaches to influence behaviour change across health and social care professionals, communities and individuals.)
Level 1	<b>Winter preparedness and action</b>	Level 1 is in force throughout the winter from 1 November to 31 March and covers the moderate temperatures where the greatest total burden of excess winter death and disease occur. This is because the negative health effects of cold weather start to occur at relatively moderate

		mean temperatures (4-8°C depending on region) and there are normally many more days at these temperatures each winter.
Level 2	<b>Alert and readiness</b>	Level 2 is triggered when the Met Office forecasts a 60% chance of severe winter weather, in one or more defined geographical areas within 48 hours. Severe winter weather is defined as a mean temperature of 2°C or less and/or heavy snow and widespread ice
Level 3	<b>Severe weather action</b>	This is triggered as soon as the weather described in Level 2 actually happens. It indicates that severe winter weather is now happening, with snow and ice, and an impact on health services is expected A NSWWS warning is highly likely to have been issued as well
Level 4	<b>National emergency</b>	This is reached when cold weather is so severe and/or prolonged that its effects extend outside health and social care, and may include for example power or transport problems, or water shortages, and/or where the integrity of health and social care systems is threatened. At this level, multi-sector response at national and regional levels will be required.

- 2.11 The cascade process for the Cold Weather alerts comes from the Met office to BHCC Emergency Planning & Resilience Team (24hr) who will alert council depts. Health & Adult Social Care cascade though to their providers in Care Homes, Home Care Providers etc.( in-house, contracted and independent). The BHCC Communications team tailor's information as needed for both public and staff groups via the Council website and social media. The Directorates respond according to their roles – e.g. Highways, Housing etc. NHS England cascades directly to all health trusts and to the South East Coast Ambulance Trust (SECAmb).

### 3. Important considerations and implications

Legal:

- 3.1 There are no legal implications arising from the report, which is presenting a progress update and is not requiring a decision from the Board.

Lawyer consulted: Elizabeth Culbert Date:21/10/2021

Finance:

- 3.2 Any additional costs resulting from the Sussex-Wide Winter Plan will need to be met from within identified resources across Brighton & Hove CCG and the Council.
- 3.3 Winter pressures causes significant financial strain across Health & Social Care. Current budget forecasting accounts for anticipated increased demand over this period. However, budget forecasts are subject to considerable uncertainty due to the ongoing implications of covid-19.

Finance Officer consulted: Sophie Warburton Date: 20/10/2021

- 3.4 Equalities:

The aims of effective collaborative winter plan arrangements are to ensure that local health and care systems are able to continue to deliver the services that have been developed to meet the needs of the local population. Cold weather disproportionately affects our most vulnerable residents and the Sussex Wide Winter Plan seeks to ensure that resources are targeted to support those at greatest risk. Specific services will be further developed to support delivery of the Plan during the winter period and equality impact assessments will be undertaken to support the development of those specific services.

- 3.5 Sustainability:

The Sussex-Wide winter plan considers how best to use NHS and local authority resources across Sussex in order to cope with seasonal demand surges for health and care services. Any negative carbon impacts of these plans (e.g. through people potentially having to travel further from home to access services where local capacity is stretched) need to be considered. However this needs to be balanced against the risks to individuals of not being able to access appropriate health or care.

## Supporting documents and information

Appendix1: Sussex-wide Winter Plan slides

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## Appendix 2: B&H Cold Weather Plan

# Winter Plan 2021-22

# Summary of Winter Plan

## Winter Plan 2021-22

- Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period and plans are developed with input from partners across the system including the Local Authority, providers and commissioners
- The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period which this year runs from the end of November to 31 March 2022
- Our plans ensure that local systems are able to manage demand surge effectively and maintain patient safety and quality during this period
- For 21/22, the planning process considers the impact and learning from last Winter, as well as learning from the Summer period and the system response to Covid-19 to date. Plans are being developed on the basis of robust demand and capacity modelling and mitigations to address system risk.
- The Winter Plan was submitted to NHSE/I on 17th September 2021 following a revision to the Winter planning timeline from NHSE/I due to the deteriorating position of UEC performance both regionally and nationally, combined with growing pressures with Covid and RSV. It is expected that the system will receive feedback from NHSE/I in the next week and be asked to respond to a regional assessment of the plan. The plan has been shared with the Local A&E Delivery Board (LAEDBs) and was approved on 23<sup>rd</sup> September
- The plan takes account of Covid-19 management and response in the system, including capacity required to respond to surge



# Summary of Winter Plan

## The objectives of the Winter plan are:

- To maintain patient safety at all times
- To prepare for and respond to periods of increased demand, including any future increases in COVID-19 infections
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed
- 155 • To avoid ambulance handover delays of over 30 minutes
- To ensure delivery of the elective care recovery and restoration trajectory
- Strengthen Same Day Emergency Care (SDEC), Ambulatory Emergency Care (AEC) model and the Acute Frailty model
- Deliver capacity to manage any Covid-19 demands including critical care capacity
- Manage any flu or other infection control challenges safely and effectively

## The Winter Plan was developed in conjunction with the following Key Lines of Enquiry (KLOE):

- Plan for managing covid surge scenarios
- Plan for non-covid / normal winter pressures
- Plan for protecting planned care and cancer treatment through winter pressures
- Plan for MH

# Winter Plan – Challenges and Mitigations

Challenges	Mitigating actions
<p><b>1. Workforce</b></p> <p>There is a risk that workforce will be further challenged during the Winter period across health and care sector due to:</p> <ol style="list-style-type: none"> <li>Sickness / isolation requirements</li> <li>General attrition</li> <li>Increase in retirements/return to retirement</li> <li>Impact of mandatory vaccination for care staff</li> </ol> <p>In addition, the vaccination programme continues to demand staff from within the system, reducing availability to bolster/backfill sickness and absences in key services</p> <p>Alongside a potential reduction in goodwill and ability to provide extra resource from existing staffing pool this creates <b><u>a risk that there will be workforce challenges in health and care settings throughout the period.</u></b></p>	<p><u>Provider level</u></p> <ol style="list-style-type: none"> <li>Careful and co-ordinated application of staff annual leave.</li> <li>Assessment of staffing levels on a daily basis and implementation of local response actions to meet shortfalls in capacity, including: internal redeployment of staff, informed by risk-assessed priorities; augmentation of bank capacity, and utilisation of bank and agency staff in priority areas; ongoing provision of enhanced health and wellbeing, and resilience support.</li> <li>Continued implementation of workforce expansion plans.</li> </ol> <p><u>System level</u></p> <ol style="list-style-type: none"> <li>Workforce Directors' weekly collective review and escalation meetings, chaired by CCG Chief People Officer.</li> <li>Activation of Mutual Aid process.</li> <li>Application of a consistent risk-based assessment of the need for contact traced staff to remain away from the workplace.</li> <li>Maintained consistency in the application of bank rates.</li> </ol>
<p><b>2. Care Market – Capacity and Responsiveness Risk</b></p> <p>There is a current issue and further risk that the independent sector provision of care home and home care packages of care cannot meet demand against a backdrop of increased staff vacancies to:</p> <ul style="list-style-type: none"> <li>Take discharges from acute settings including End of Life Care discharges - impacting MRDs</li> <li>Continue to support existing community based care provision – impacting on safety of patients and risk of acute admissions</li> </ul>	<ol style="list-style-type: none"> <li>Implement 2021/22 annual inflation uplifts recognising that both Local Authorities have applied annual inflation to their fees offered already from the start of the financial year.</li> <li>Review with local authorities of potential for longer term contracts and block payments to help support workforce planning</li> <li>Partnership work with local authority to directly engage with and to stimulate the market as much as possible.</li> <li>Work with quality team to review risk of harm on case by case basis</li> <li>Work with community providers for contingent options to provide or maintain bespoke complex care outside of acute settings.</li> </ol>
<p><b>3. IPC, Flu, Covid and other – Demand, Performance, Quality and Safety</b></p> <p>There is a risk that there may be a further Covid-19 wave over and above current modelled predictions, in addition to the risk that the system may see a surge in Flu and other viral illnesses this Winter due to suppression. <b><u>There is a risk that demand outstrips capacity and risks the delivery of performance, alongside quality and safety of services.</u></b></p>	<ol style="list-style-type: none"> <li>Ongoing System implementation of IPC controls and guidance across the system, including testing (patients and staff)</li> <li>Monitoring and reporting of NHS provider outbreaks with additional Infection Prevention specialist support from the CCG</li> <li>Implementation of the COVID 19 booster campaign and annual Flu vaccination (staff and patients)</li> <li>Quality escalation calls to monitor patient safety, quality and patient experience by Chief Nursing officer/ Deputy Chief Nurse across Providers</li> <li>Continued monitoring of quality and performance standards across NHS Providers via monthly quality review and performance meetings.</li> <li>Review of the system memorandum of understanding to support infection prevention but manage flow between providers for viral illness.</li> </ol>
<p><b>4. Acute and Community Setting - Discharge and Flow</b></p> <p>Given the current supply constraints and fragility in the care market, there is a risk that flow will continue to be compromised over Winter. This may be compounded by the challenges with care homes and domiciliary care providers accepting Red/Amber patients for discharge.</p>	<ol style="list-style-type: none"> <li>MRD improvement action plans and trajectories in place across all three systems</li> <li>Systems are developing plans to include projected capacity requirements for hospital discharge</li> <li>Community beds to be utilised for Red/Amber discharges using side rooms and cohort bays</li> <li>Utilisation of the MRD escalation framework and operational system support from the resilience team</li> <li>Local Authority actions to continue to engage care market and secure additional capacity</li> </ol>

# Winter Plan – Primary Care

Ref.	Action	Delivery Date	Expected Impact
PC 1.1	Weekend nursing home GP support will be increased at bank holidays and other times of pressure in the system to reduce admissions and ED attendances	In place	<ul style="list-style-type: none"> <li>Reduced admissions and ED attendances</li> </ul>
PC 1.2	The CCG will work with Healthwatch to design consistent messaging for use by GP practices to confirm the patients can still access primary care, face to face if needed	November 2021	<ul style="list-style-type: none"> <li>Reduce no. patients reporting inability to access face to face appointments</li> </ul>
PC 1.3	To support practices going into winter, particularly in the event of a resurgence of Covid-19, significant investment has been made in General Practice of £2.4m for Brighton and Hove to ensure practices can stream and see patients effectively. Funding for hot hubs has been agreed up until the end of March, and use of these sites will be maximised to provide additional primary care capacity if needed	In place up to end Mar 2022	<ul style="list-style-type: none"> <li>Reduce no. patients reporting inability to access appointments</li> <li>Improve patient outcomes</li> </ul>
157: PC 1.4	A number of LCSs, including Assertive Outreach for BAME and other patients protected characteristics, have been agreed to increase the offer to patients in primary care	In place	<ul style="list-style-type: none"> <li>Increased take up of health checks, vaccination programmes, and other preventative measures to improve health and reduce health inequalities</li> </ul>
PC 1.5	A flu plan will build on the 105 increase in vaccination rates in 2020/21. This includes updating the Flu toolkit to all practices, weekly monitoring of vaccination rates, and subsequent timely action by exception if needed	In place	<ul style="list-style-type: none"> <li>Improved vaccination uptake and availability of flu vaccines</li> <li>Effective monitoring of flu vaccination rates in place</li> </ul>
PC 1.6	Proactively encourage engagement with NHSE <i>Time to Care</i> Programme for the bottom 10% of practices in Brighton and Hove	End Oct 2021	<ul style="list-style-type: none"> <li>Improve Demand and capacity management in practices; and as a result improved access to primary care for patients</li> </ul>
PC 1.7	Additional CCG staff will be appointed to support the continued Covid-19 mass vaccination programme	Nov 2021 (subject to recruitment)	<ul style="list-style-type: none"> <li>Increased staffing capacity for Covid-19 vaccination programme</li> </ul>
PC 1.8	An escalation framework will be developed to identify resilience issues at an early stage	Mobilisation Oct/Nov 2021	<ul style="list-style-type: none"> <li>Increased visibility and management response to mitigate pressures in primary care</li> </ul>
PC 2.0	Access to primary care will be increased by making GP-IA capacity available for NHS111 through direct booking. Primary care support to UTC will be increased, freeing up the GP at front door / UTC to see pts	End of Oct 2021	<ul style="list-style-type: none"> <li>Reduce ED/UTC attendances</li> <li>Reduce overcrowding</li> <li>Increased face to face capacity</li> <li>Improve patient outcomes</li> </ul>

# Winter Plan: Primary Care and Brighton and Hove Local Authority Homeless Actions

Homeless services in primary care		Status
<ul style="list-style-type: none"> <li>Patient list size– 1418 [17% increase in yr.].</li> <li>ARCH have treated 982 different patients on 6552 occasions.</li> <li>This represents over 69% of our registered patients using the surgery every month</li> </ul>		Ongoing
Joint Primary Care and Local Authority Actions		Status
<ul style="list-style-type: none"> <li>A hospital in-reach team consists of a GP and an advocacy worker</li> </ul>		Ongoing
<ul style="list-style-type: none"> <li>Step Down Beds – 5 beds in a 24/7 supported accommodation service with care staff and clinical in-reach to support the safe discharge of medically fit to discharge or delayed transfer of care patients who are without a fixed abode from general health wards. The service is accessed via the Pathway Team</li> </ul>		Ongoing
<ul style="list-style-type: none"> <li>A&amp;E Preventing Admissions Worker – Justlife Health Engagement Worker based at A&amp;E working to divert homeless clients from admission by supporting access to housing and support services.</li> </ul>		Ongoing
<ul style="list-style-type: none"> <li>Out of Area Health Engagement Worker – Justlife Health Engagement Worker working with clients with a history of rough sleeping placed in emergency accommodation out of city to support access to health services, and longer term housing.</li> </ul>		Ongoing
<ul style="list-style-type: none"> <li>Expansion of the Integrated Primary Care Team to include Clinical Lead, Occupational Therapist and Therapy Assistant</li> </ul>		Ongoing
<ul style="list-style-type: none"> <li>COVID Care Hub, [5 beds]supporting rough sleepers who cannot isolate</li> </ul>		Ongoing
<ul style="list-style-type: none"> <li>Out-reach service for Flu and Phase 3. Initiate Covid booster programme and Flu Vaccination for homeless and insecurely homed</li> </ul>		Ongoing
<ul style="list-style-type: none"> <li>Severe Weather Provision shelter is open to all when temperature drops to ‘feels like’ 0 degrees or in response to an Amber Weather Warning</li> </ul>		Ongoing
<ul style="list-style-type: none"> <li>‘Off street offer’ connect rough sleepers to appropriate accommodation</li> </ul>		Ongoing

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# The 18 Month Hospital Discharge Plan

The 18 month Hospital Discharge Plan is a proposed joint plan between health partners and Brighton and Hove City Council to deliver a period of recovery and stabilisation around hospital discharge planning.

The national Hospital Discharge Programme (HDP) provided systems with temporary funding to support improved hospital discharge during the peak Covid-19 pandemic and allowed for 'discharge to assess' models to be implemented, which significantly reduce hospital discharge delays.

Currently, the continuation of the national HDP is not certain beyond the end of September 2021, and therefore partners have agreed to develop local plans to ensure the continuation of hospital discharge.

This is to support local NHS services with the continued restoration and recovery of elective and cancer procedures, as well as to ensure that services have sufficient capacity to respond to the anticipated surge in demand for emergency care during the winter season.

# The 18 Month Hospital Discharge Plan

The 18 month Hospital Discharge Planning period runs from October 2021 to March 2023. This incorporates the winter planning for 2021-22 and for 2022-23.



10 The joint approach to planning enables the local authority to plan together with NHS partners for a more sustainable and efficient hospital discharge model where risks and resources are shared to deliver a common set of standards and service improvements for local residents.

Longer-term joint planning provides a more stable horizon for securing the necessary capacity in a more efficient way, with a stronger response from the provider market by encouraging longer-term recruitment and retention of essential care workforce.



# Winter Plan – Next Steps

Action required	By When	Status
Demand and capacity modelling completed	August 2021	Completed
System development of the Winter plan	August - September 2021	Completed
Updated OPEL Escalation Framework for 21/22	August 2021	Completed
Review and sign-off of Winter Plan	16 September 2021	Completed
NHSE submission	17 September 2021	Completed
Review and sign-off of final plan following NHSE review	September – October 2021	Not due yet
161 Stress testing table-top exercise undertaken	5 October 2021	In progress
Monitoring of plans and actuals against planning assumptions	October 2021 – End March 2022	Not yet due
Detailed plan for Christmas and New Year confirmed	December 2021	Not yet due
Winter lessons learnt stock-take exercise	March 2022	Not yet due



# Brighton & Hove Cold Weather Plan 2021

## Protecting Health and Reducing Harm During Winter

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

This Cold Weather Plan is the overarching plan for the Brighton and Hove City Council and complements the Winter Plans produced by healthcare and partner agencies. This Plan helps prevent the major avoidable effects on health during periods of cold weather in England. The Cold Weather plan is compiled by public health with input from all BHCC Directorates. It describes the key issues for the city, cold weather alert system, related work-streams and governance arrangements.

It is over seen by the Brighton and Hove Health Protection & Screening Forum, that reports into the Integrated Care Partnership and the Health and Wellbeing Board via the Director of Public Health.

**This Plan is based on the most recent Cold Weather Plan for England dated January 2019**

## Document Control

<b>Version</b>	V2.0 draft
<b>Drafted by:</b>	Becky Woodiwiss Public Health Principal and Barbara Hardcastle Public Health Specialist Public Health, Health & Adult Social Care Directorate, Brighton and Hove City Council and Brighton & Hove Clinical Commissioning Group
<b>Reviewed by:</b> <b>Approved by:</b>	Health and Adult Social Care Directorate Management Team October 2021 B&H Health Protection & Screening Forum, September 2021
<b>Date Issued:</b>	October 2021
<b>Review Date:</b>	September 2022
<b>Target Audience:</b>	Brighton & Hove City Council Health & Adult Social Care, other Directorates, partner agencies and Local Health Economy. Including The Health Protection & Screening Forum, NHS secondary and community providers, Clinical Commissioning Group (CCG), Primary care, Out of Hours (OOHs) Provider, & Brighton & Hove City Council, Community and Voluntary sector
<b>Mandatory / Statutory guidance Requirements</b>  <b>Winter guidance and advice</b>	<p>Civil Contingencies Act 2004  <a href="http://www.legislation.gov.uk/ukpga/2004/36/contents">http://www.legislation.gov.uk/ukpga/2004/36/contents</a>  NHS EPRR Framework &amp; associated guidance  <a href="http://www.england.nhs.uk/ourwork/gov/epr/">http://www.england.nhs.uk/ourwork/gov/epr/</a>  Public Health England Cold Weather Plan for England  <a href="http://www.gov.uk/phe/cold-weather-plan">http://www.gov.uk/phe/cold-weather-plan</a>  BHCC Covid19 Local Outbreak Plan  <a href="https://new.brighton-hove.gov.uk/local-covid-19-outbreak-plan">https://new.brighton-hove.gov.uk/local-covid-19-outbreak-plan</a>  NHS Community Health guidance  <a href="https://www.england.nhs.uk/coronavirus/">https://www.england.nhs.uk/coronavirus/</a>  Annual seasonal influenza (flu) vaccination programme  <a href="https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan">https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan</a>  Keep Warm Keep Well - NHS Choices (www.nhs.uk)  <a href="https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather">https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather</a>  Met Office Weather Ready pages 'Are you ready for winter ?'  <a href="https://www.metoffice.gov.uk/weather/warnings-and-advice/weatherready">https://www.metoffice.gov.uk/weather/warnings-and-advice/weatherready</a>  Excess winter deaths and morbidity and the health risks associated with cold homes <a href="https://www.nice.org.uk/guidance/ng6">https://www.nice.org.uk/guidance/ng6</a>  <a href="https://www.nice.org.uk/guidance/qs117/chapter/Related-NICE-quality-standards">Preventing excess winter deaths and illness associated with cold homes Quality standard [QS117] Published date: March 2016</a>  <a href="https://www.nice.org.uk/guidance/qs117/chapter/Related-NICE-quality-standards">https://www.nice.org.uk/guidance/qs117/chapter/Related-NICE-quality-standards</a>  Cutting the cost of keeping warm  <a href="https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm">https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm</a></p>

## Version Control

<b><i>Plan Version</i></b>	<b><i>Pages</i></b>	<b><i>Details</i></b>	<b><i>Date</i></b>	<b><i>Author</i></b>
1.0		Final draft	01/09/2020	B Woodiwiss
2.0		Updated draft	14/09/2021	B Woodiwiss
2.0		Amended draft	06/10/2021	B Woodiwiss

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# **1. Introduction**

## **1.1 Planning for winter 2021/2022**

Planning for the Winter of 2021/22 is in the context of the COVID-19 pandemic, its health and socio-economic impacts, resulting services changes, and an expanded Seasonal Influenza Vaccination Programme.

The COVID-19 pandemic started in January 2020 and waves of infection have continued to occur since, however the vaccination programme has had an impact on reducing the number of deaths and hospital admissions<sup>1</sup>. A [Local Outbreak Control Plan](#) is in place to prevent and manage any further outbreaks.

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

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

## **1.2 Impact of cold weather**

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

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

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

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

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

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

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

A combination of factors are likely to exacerbate the situation further over the colder months, the continued vulnerability of the population, and poorer weather, may mean that people spend more time in their homes, where transmission may be more likely. The socio-economic impacts will cause greater fuel poverty, should public spaces be closed again due to another lockdown it will reduce the warm places people can visit. If services continue to work from home fewer people will be visiting people homes, so there will be less opportunities to notice a home is cold, damp or hard to heat.

There are also small but relevant direct effects of the environmental conditions on the virus which persists for longer at lower temperatures either outdoors or in a cold and poorly ventilated home, and with lower UV levels.<sup>3</sup> Changes in delivery of health, social care and other support services may also impact on health seeking behaviours adding to the risk for the very vulnerable. As part of the ongoing management of the COVID19 pandemic people will need to self-isolate in their homes for periods of time if they contract the infection or are a primary contact. Additional support will be needed for those with cold homes or who are living in fuel poverty.<sup>4</sup>

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

### **1.4 The national Cold Weather Plan<sup>5</sup>**

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<sup>2</sup> Annual Fuel poverty statistics report 2021, The Department for Business, Energy and Industrial Strategy: <https://www.gov.uk/government/statistics/annual-fuel-poverty-statistics-report-2021> (accessed Sept 2021)

<sup>3</sup> NERVTAG: Seasonality and its impact on COVID-19, 22 October 2020 Paper prepared by NERVTAG and EMG on seasonality and its impact on COVID-19. Updated: 6 November 2020

<sup>4</sup> <https://www.nice.org.uk/guidance/NG6/chapter/1-recommendations> (accessed Sept 2021)

<sup>5</sup> The CWP 2021 is not published at the time of writing

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

The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people.

The EWD Index is excess winter deaths as a percentage increase of the expected deaths based on non-winter deaths.<sup>6</sup> Local and national excess winter mortality is highly variable year on year and shows no clear trend. However, in the 2018 to 2019 winter period (December to March), there were an estimated 23,200 EWD in England and Wales and this was substantially lower than in most previous years.<sup>7</sup> Excess winter deaths index for Brighton & Hove also showed a fall in 2018-19. There were 51 EWDs (7.4%) lower than England (15.1%) and the South East (14.3%). This was the third lowest EWD figure in the South East.

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

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

The Fuel Poverty Strategy for England (currently under review) emphasises the role the health and social care sector can play in tackling fuel poverty and sets targets up to 2030.<sup>8</sup>

## 1.5 Key messages for action

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

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<sup>6</sup>

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

<sup>7</sup>

<https://fingertips.phe.org.uk/search/excess%20deaths#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000036/iid/90360/age/1/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/ovw-do-0>

<sup>8</sup> <https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm>

1. All local organisations should consider the Cold Weather Plan for England and satisfy themselves that the suggested actions and Cold Weather Alerts are understood across the system, and that local plans are adapted as appropriate to the local context.
2. City Council and NHS commissioners should satisfy themselves that the distribution of Cold Weather Alerts and the National Severe Weather Warning Service (NSWWS) which provides information on snow and ice, will reach those that need to take action.
3. City Council and NHS commissioners should satisfy themselves that providers and stakeholders will take appropriate action according to the Cold Weather Alert level in place, their professional judgements and remain COVID-19 safe.
4. Opportunities should be taken for closer partnership working with the voluntary and community sector to help reduce vulnerability and to support the planning and response to cold weather.
5. Long-term planning and commissioning to reduce cold-related harm both within and outside the home is considered core business by health and wellbeing boards and should be included in joint strategic needs assessments<sup>9</sup> and B&H Joint Health and Wellbeing Strategy 2019-2030.<sup>10</sup>

## **2. Aim**

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

## **3. Objectives**

- 3.1** The objectives of this plan are to:

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

<sup>9</sup> <http://www.bhconnected.org.uk/sites/bhconnected/files/6.4.2%20Fuel%20poverty%20FINAL.pdf>

<sup>10</sup> <https://www.brighton-hove.gov.uk/sites/default/files/health/brighton-hove-health-wellbeing-strategy-2019-2030-26-july-19.pdf>

#### **4. Planning implications for Brighton & Hove**

The Plan is linked to a system of cold weather alerts – generated by the [Cold weather health watch system](#) developed by the [Meteorological Office](#) including the ‘National Severe Weather Warning Service’ (NSWWS). This comprises five levels of response based on cold weather thresholds. The thresholds have been developed to trigger an alert when severe cold weather is likely to significantly affect people's health and they also take account of temperature along with other winter weather threats such as ice and snow.

The Cold Weather Watch system operates in England from 1<sup>st</sup> November to 31<sup>th</sup> March every year, in association with [UK Health Security Agency](#) (UKHSA) and [Office for Health Improvement and Disparities](#). (OHID) However, should thresholds for an alert be reached outside of this period, an extraordinary heat-health alert will be issued and stakeholders are advised to take the usual public health actions. The alerts take account of temperature along with other winter weather threats such as widespread ice<sup>11</sup> and heavy snow<sup>12</sup>.

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<sup>11</sup> **Widespread ice** – Ice forms when rain falls on surfaces at or below zero; or already wet surfaces fall to or below zero. The ice is usually clear and difficult to distinguish from a wet surface. The term “widespread” indicates that icy surfaces will be found extensively over the area defined by the Met Office in the alert

<sup>12</sup> **Heavy snow** – Snow that is expected to fall for at least two hours. Geographic extent is not considered, and sometimes the event can be quite localised

The levels are set out in the table below:

<b>Level 0</b>	<b>Year round planning to reduce harm from cold weather</b>	This emphasises that year-round planning is required to build resilience and reduce the impact of cold weather. This level of alert relates to those longer-term actions that reduce the harm to health of cold weather (e.g. housing and energy efficiency measures, and long-term sustainable approaches to influence behaviour change across health and social care professionals, communities and individuals.)
<b>Level 1</b>	<b>Winter preparedness and action</b>	Level 1 is in force throughout the winter from 1 November to 31 March and covers the moderate temperatures where the greatest total burden of excess winter death and disease occur. This is because the negative health effects of cold weather start to occur at relatively moderate mean temperatures (4-8°C depending on region) and there are normally many more days at these temperatures each winter.
<b>Level 2</b>	<b>Alert and readiness</b>	Level 2 is triggered when the Met Office forecasts a 60% chance of severe winter weather, in one or more defined geographical areas within 48 hours. Severe winter weather is defined as a mean temperature of 2°C or less and/or heavy snow and widespread ice
<b>Level 3</b>	<b>Severe weather action</b>	This is triggered as soon as the weather described in Level 2 actually happens. It indicates that severe winter weather is now happening, with snow and ice, and an impact on health services is expected A NSWWS warning is highly likely to have been issued as well
<b>Level 4</b>	<b>National emergency</b>	This is reached when cold weather is so severe and/or prolonged that its effects extend outside health and social care, and may include for example power or transport problems, or water shortages, and/or where the integrity of health and social care systems is threatened. At this level, multi-sector response at national and regional levels will be required.

*Figure 1 Cold Weather Plan Alert Levels*

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



## 4.1 Level 0 - underpinning planning requirements

- Strong local leadership and partnership working at all levels across sectors and is vital to tackle the range of causes and reduce the number of “excess” deaths that are observed each winter.
- Long term strategic planning and commissioning to reduce cold-related harm. This is considered core business by Health and Wellbeing Boards (HWBs) and joint strategic needs assessments (JSNAs), as evidenced by the linking of these arrangements to the Public Health led Health Protection & Screening Forum and HWB.
- To alert all City stakeholders to the availability of the action cards<sup>13</sup> for:
  - ✓ Commissioners in the Local Authority and the NHS Sussex Brighton & Hove Clinical Commissioning Group (CCG)
  - ✓ Frontline Health & Social Care staff in community & care facilities
  - ✓ GP’s & Practice Staff and Community Pharmacies
  - ✓ Community & Voluntary Sector organisations
  - ✓ Provider Organisations
  - ✓ Other relevant organisations in the city
  - ✓ Individuals.
- To ensure there is a link to the City’s Vulnerable People Plan and other Emergency Planning Resilience and Response plans.
- The Public Health Outcomes Framework includes indicators to reduce excess winter deaths<sup>14</sup> and address fuel poverty<sup>15</sup>
- Working with partners to ensure that a strategic approach to the reduction of EWDs and fuel poverty . In particular:
  - ✓ To develop a shared understanding of EWD’s and what partners can do to reduce them.
  - ✓ To identify those most at risk from seasonal variations.
  - ✓ To improve winter resilience of those at risk via a locally annually agreed programme.
  - ✓ To ensure a local, joined-up programme is in place to support improved housing, heating and insulation, including uptake of energy-efficient, low-carbon solutions.
  - ✓ To achieve a reduction in carbon emissions and assess the implications of climate change.

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<sup>13</sup> Action Cards are available here <https://www.gov.uk/government/publications/cold-weather-plan-action-cards-for-cold-weather-alert-service>

<sup>14</sup>

<https://fingertips.phe.org.uk/search/excess%20deaths#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000036/iid/90360/age/1/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/ovw-do-0>

<sup>15</sup>

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

- ✓ Work with Communities Equalities and Third sector Team at BHCC to widen reach to vulnerable communities and population groups in the city
- To consider how cold weather and winter plans can help to reduce health inequalities, target high-risk groups and address the wider determinants of health.
- To ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice).
- To work with partners and staff on risk reduction awareness, information and education including vaccinations.
- To engage with local CVS organisations for planning and implementation of all stages of the Plan.
- Agreement that B&H communications and media messages will be jointly coordinated by BHCC and CCG comms teams.
- Annual Flu campaign to support the vaccination uptake across all eligible groups and to the wider population

## **5. *Actions for the alert levels***

The table on the next page sets out the expected minimum actions for each of the alert levels for a range of stakeholders and the public:

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

	Level 0	Level 1	Level 2	Level 3	Level 4
	<b>Year-round planning</b> All Year	<b>Winter preparedness and action</b> 1 November to 31 March	<b>Severe winter weather forecast – Alert and readiness</b> Mean temperatures of 2°C and/or widespread ice and heavy snow predicted with 60% confidence	<b>Severe weather action</b> Mean temperatures of 2°C and/or widespread ice and heavy snow	<b>Major incident – Emergency response</b>
Commissioners of health and social care	1) Take strategic approach to reduction of EWDs and fuel poverty. 2) Ensure winter plans reduce health inequalities. 3) Work with partners and staff on risk reduction awareness (eg Flu and Covid19 vaccinations, signposting for winter warmth initiatives).	1) Communicate alerts, messages and other relevant information and materials to staff/public/media. 2) Ensure partners are aware of alert system and actions. 3) Identify which organisations are most vulnerable to cold weather and agree winter surge plans.	1) Continue level 1 actions. 2) Ensure partners can access advice and make best use of available capacity. 3) Activate business continuity arrangements as required.	1) Continue level 2 actions. 2) Ensure key partners are taking appropriate action. 3) Work with partners to ensure access to critical services.	Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office.  All level 3 responsibilities to be maintained unless advised to the contrary.
Provider organisations	1) Ensure organisation can identify and support most vulnerable. 2) Plan for joined up support with partner organisations. 3) Work with partners and staff on risk reduction awareness (eg Flu and Covid19 vaccinations, signposting for winter warmth initiatives).	1) Ensure cold weather alerts are going to right staff and actions agreed and implemented. 2) Ensure staff in all settings are considering room temperature. 3) Ensure data sharing and referral arrangements in place. 4) Communicate alerts, messages and other relevant information and materials to staff and services users	1) Continue level 1 actions. 2) Ensure carers receiving support and advice. 3) Activate business continuity arrangements as required; plan for surge in demand.	1) Continue level 2. 2) Implement emergency and business continuity plans; expect surge in demand in near future. 3) Implement local plans to ensure vulnerable people contacted.	

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

Frontline staff – care facilities and community	<ol style="list-style-type: none"> <li>1) Use patient contact to identify vulnerable people and advise of cold weather actions; be aware of referral mechanisms for winter warmth and data sharing procedures.</li> <li>2) Ensure awareness of health effects of cold and how to spot symptoms.</li> <li>3) Encourage colleagues/clients to have Flu and Covid19 vaccinations.</li> </ol>	<ol style="list-style-type: none"> <li>1) Identify vulnerable clients on caseload; ensure care plans incorporate cold risk reduction.</li> <li>2) Check room temperatures and ensure referral as appropriate.</li> <li>3) Signpost clients to other services using 'Keep Warm Keep Well' booklet and other relevant information and materials.</li> <li>4) Communicate alerts, messages and other relevant information and materials to staff and services users</li> </ol>	<ol style="list-style-type: none"> <li>1) Continue level 1 actions.</li> <li>2) Consider prioritising those most vulnerable and provide advice as appropriate.</li> <li>3) Check room temperatures and ensure urgent referral as appropriate.</li> </ol>	<ol style="list-style-type: none"> <li>1) Continue level 2 actions.</li> <li>2) Implement emergency and business continuity plans; expect surge in demand in near future.</li> <li>3) Prioritise those most vulnerable.</li> </ol>	
GPs and their staff	<ol style="list-style-type: none"> <li>1) Be aware of emergency planning measures relevant to general practice.</li> <li>2) Ensure staff aware of local services to improve warmth in the home including the identification of vulnerable individuals.</li> <li>3) Signpost appropriate patients to other services when they present for other reasons.</li> </ol>	<ol style="list-style-type: none"> <li>1) Consider using a cold weather scenario as a table top exercise to test business continuity arrangements.</li> <li>2) Be aware of systems to refer patients to appropriate services from other agencies.</li> <li>3) When making home visits, be aware of the room temperature.</li> <li>4) Share comms and campaign materials to staff and patients</li> </ol>	<ol style="list-style-type: none"> <li>1) Continue level 1 actions.</li> <li>2) Take advantage of clinical contacts to reinforce public health messages about cold weather and cold homes on health.</li> <li>3) When prioritising visits, consider vulnerability to cold as a factor in decision making.</li> </ol>	<ol style="list-style-type: none"> <li>1) Continue level 2 actions.</li> <li>2) Expect surge in demand near future.</li> <li>3) Ensure staff aware of cold weather risks and can advise appropriately.</li> </ol>	

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

	Level 0	Level 1	Level 2	Level 3	Level 4
Community and voluntary sector	<ol style="list-style-type: none"> <li>1) Engage with local statutory partners to agree how VCS can contribute to local community resilience arrangements.</li> <li>2) Ensure VCS organisations can identify and support their most vulnerable groups members and service users</li> <li>3) Develop a community emergency plan to identify and support vulnerable neighbours.</li> <li>4) Agree arrangements with other community groups to maximize service for and contact with vulnerable people.</li> <li>5) Share general winter comms and campaign materials through community networks</li> </ol>	<ol style="list-style-type: none"> <li>1) Test community emergency plans to ensure that roles, responsibilities and actions are clear.</li> <li>2) Set up rotas of volunteers to keep the community safe in cold weather and check on vulnerable people.</li> <li>3) Actively engage with vulnerable people and support them to seek help.</li> <li>4) Communicate alerts, messages and other relevant information and materials to VCS organisations and service users and to be shared onwards through community networks</li> </ol>	<ol style="list-style-type: none"> <li>1) Activate the community emergency plan.</li> <li>2) Activate the business continuity plan.</li> <li>3) Continue to actively engage vulnerable people known to be at risk and check on welfare regularly.</li> </ol>	<ol style="list-style-type: none"> <li>1) Continue level 2 actions.</li> <li>2) Ensure volunteers are appropriately supported.</li> <li>3) Contact vulnerable people to ensure they are safe and well and support them to seek help if necessary.</li> </ol>	<p>Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office.</p>
National level	<ol style="list-style-type: none"> <li>1) CO will lead on co-ordinating cross-government work; individual government departments will work with partners on winter preparations.</li> <li>2) DHSC, UKHSA<sup>16</sup> and NHS England will look to improve the CWP and the monitoring and analysis of winter-related illness and deaths.</li> <li>3) UKHSA/OHID<sup>17</sup> and NHS England will issue general advice to the public and professionals and work closely with other government departments and other national organisations that produce winter warmth advice.</li> </ol>	<ol style="list-style-type: none"> <li>1) Cold Weather Alerts will be sent by the Met Office to the agreed list of organisations and Category 1 responders.</li> <li>2) UKHSA/OHID and NHS England will make advice available to the public and professionals.</li> <li>3) NHS England will continue to hold health services to account for action and UKHSA will routinely monitor syndromic, influenza, norovirus and mortality surveillance data.</li> </ol>	<ol style="list-style-type: none"> <li>1) Continue level 1 actions.</li> <li>2) DHSC will ensure that other government departments, particularly MHCLG RED, are aware of the change in alert level and brief ministers as appropriate.</li> <li>3) Government departments should cascade the information through their own partner networks and frontline communication systems.</li> </ol>	<ol style="list-style-type: none"> <li>1) Continue level 2 actions.</li> <li>2) NHS England will muster mutual aid when requested by local services.</li> <li>3) Met Office will continue to monitor and forecast temperatures in each area, including the probability of other regions exceeding the level 3 threshold.</li> </ol>	<p>All level 3 responsibilities to be maintained unless advised to the contrary.</p>

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

Individuals	<ol style="list-style-type: none"> <li>1) Seek good advice about improving the energy efficiency of your home and staying warm in winter; have all gas, solid fuel and oil burning appliances serviced by an appropriately registered engineer.</li> <li>2) Check your entitlements and benefits; seek income maximisation advice and other services.</li> <li>3) Get Flu and Covid19 vaccinations.</li> </ol>	<ol style="list-style-type: none"> <li>1) If you are receiving social care or health services ask your GP, key worker or other contact about staying healthy in winter and services available to you.</li> <li>2) Seek help from local community groups and networks to help you remain safe and well.</li> <li>3) Check room temperatures – especially those rooms where disabled or vulnerable people spend most of their time</li> <li>4) Look out for vulnerable neighbours and help them prepare for winter.</li> </ol>	<ol style="list-style-type: none"> <li>1) Continue to have regular contact with vulnerable people and neighbours you know to be at risk in cold weather.</li> <li>2) Stay tuned into the weather forecast ensure you are stocked with food and medications in advance.</li> <li>3) Take the weather into account when planning your activity over the following days.</li> </ol>	<ol style="list-style-type: none"> <li>1) Continue level 2 actions.</li> <li>2) Dress warmly; take warm food drinks regularly; keep active. If you have to go out, take appropriate precautions.</li> <li>3) Check on those you know are at risk.</li> </ol>	Follow key public health and weather alert messages as broadcast on the media.
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Figure 2 Summary cold weather actions for health and social care organisations and professionals, communities and individuals

<sup>16</sup> Oct 2021 Replacement for Public Health England UKHSA = [UK Health Security Agency](#)

<sup>17</sup> Oct 2021 Replacement for Public Health England OHID = [Office for Health Improvement and Disparities](#).



## 6. Indoor room temperatures

### Recommended indoor temperatures for homes in winter

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

#### Daytime recommendations:

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

#### Overnight recommendations

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

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

Figure 3 Indoor room temperatures

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

- 7.1 The health, social, economic and environmental risks associated with a spell of severe cold weather have been assessed by the Sussex Local Resilience Forum (SRF) (Ref H18) and included on the Sussex Community Risk Register. Information regarding the risk of severe weather can be found on the Sussex Local Resilience Forum website <https://www.sussex.police.uk/SysSiteAssets/media/downloads/sussex/about-us/sussex-resilience-forum/srf-community-information-on-risks-in-sussex.pdf>
- 7.2 It is the responsibility of the NHS England South (South-East) and for Sussex DsPH to engage with providers and multi-agency partners via the Local Health Resilience Partnership, (LHRP), a body linked to the SRF to assess risks and to ensure plans are in place to protect the communities of Sussex from health-related vulnerabilities.



- 7.3** The following partners have been consulted to produce this updated Plan, all of whom are aware of their responsibilities and have their own organisational plans.
- 7.4** Oversight of these arrangements will be provided by the Brighton and Hove Health Protection & Screening Forum, which reports to the Health & Wellbeing Board, in line with the National Cold Weather plan.
- 7.5** All partners must ensure that staff with an active part to play in the cold weather response need to be aware of the CWP and any training needed for its requirements and implementation.

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

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

### **8.2 Local cascade arrangements within B&H**

- The BHCC Emergency Planning & Resilience Team forward alerts to all internal BHCC department nominated leads;
  - Health & Adult Social Care – work with vulnerable adults
  - Families, Children & Learning – work with vulnerable children and families
  - Housing Neighbourhoods and Communities – work with vulnerable communities and neighbourhoods
  - Economy, Environment and Culture – work with local businesses and transport and the urban environment
  - Strategy, Governance and Law – for Communications team
- BHCC EPRR also send to;
  - External partners locally including the Community and Voluntary sector
  - ‘Community Resilience’ contacts that request the service.
- BHCC Adult Social Care (ASC) have provided assurance that they will inform ALL B&H care & residential homes and home care providers
- Brighton and Hove CCG (having delegated authority for Primary Care Commissioning), inform city GP Surgeries via a process agreed with the CCG Primary Care Team.
- The CCG Resilience lead disseminates alerts to CCG staff (on-call managers, agreed primary care staff and Communications), and to IC24 (Out Of Hour’s provider), and to Sussex Partnership Foundation Trust, (SPFT) and to the British Red Cross.
- All category 1 providers (including SCFT / University Hospital Sussex Trust / SECamb etc) also receive alerts direct from the Met Office.

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

## 9. *At-risk groups*

These include examples of sub-categories, as well as living conditions and health conditions which may place people at risk to the potential of their vulnerability in relation to the cold weather. (See figure 4 below).

Brighton & Hove has an old housing stock with 66% of houses built before 1945 (compared with 43% across England) and many private sector properties labelled 'hard to treat' (for example those with solid walls) in relation to energy efficiency measures. Brighton and Hove has an estimated 11.3% of households living in fuel poverty, equating to 14,575 households. This is higher than both the South East (7.9%) and England (10.3%)<sup>18</sup>.

Groups at greater risk of harm from cold weather (as defined by the national CWP) are detailed in fig 4 below. (It is recognised that the NICE guidance refers to 65+).

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

*Figure 4 those at greater risk of harm from cold weather*

<sup>18</sup> <https://fingertips.phe.org.uk/search/fuel%20poverty#page/0/gid/1/pat/6/ati/102/are/E06000043/iid/90356/age/-1/sex/-1/cat/-1/ctp/-1/cid/4/tbm/1>

It is important that all services across all sectors identify those at greatest risk this winter, taking into account intersecting risks. Ask about living in a cold home, and support vulnerable individuals to access existing resources to keep warm. For example, people with COVID19 or those who have been asked to self-isolate by the NHS Test & Trace service will be isolating in their own homes. If they have cold homes or are fuel poor and cannot heat their homes adequately, they may be at increased risk of the negative health effects of the cold weather. This may exacerbate their illness especially if the home is damp. It may also reduce compliance with self-isolation guidance from the Test & Trace service.

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

People being discharged from hospital or in-patient care may be at increased risk of the cold if their home was left empty and / or unheated. All discharge, rehabilitation and reablement plans consider home circumstances. People are only discharged if they are considered to be well enough for self-care. Cold homes and fuel poverty may not be an obvious consideration however from this year most services include questions about ability to heat the home. Further links and contact details should be made explicit for support with cold homes and fuel poverty given the impact on health and recuperation especially for older people and those with respiratory or CVD conditions.

## **10. Covid Winter Plan**

The Government released their Covid Winter Plan which recognises that winter is always a challenging time for the NHS and all sector care services. This winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (Flu). It is a realistic possibility that the impact of Flu (and other seasonal viruses) may be greater this winter than in a normal winter due to very low levels of Flu over winter 2020-21<sup>19</sup>. There is considerable uncertainty over how these pressures will interact with the impact of COVID-19. Contingency planning will be ongoing with close monitoring and review of the data, epidemiology and the science.<sup>20</sup>

The Plan includes two scenarios depending on the levels of Covid in circulation, numbers in hospital, in critical care and consider wider social impacts.

There will be ongoing work with the Local Contain Frameworks additional support to areas with high number of cases and numbers in hospital; continuing health protection regulations; advising people on how to protect themselves and others with clear guidance and communication. Further developments in treatment and care with advances in antivirals and therapeutics for those with Covid, including long covid will also be supported centrally.

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<sup>19</sup> <https://acmedsci.ac.uk/file-download/4747802>

<sup>20</sup> <https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021>

## Plan A

- Vaccination: Ongoing offer to un(der)-vaccinated; booster for Groups 1-9; single dose for 12-15 year olds (See detail at 12.15)
- Test, Trace, Isolate and Support to limit transmission: Local Authorities continuing to support enhanced Community Testing; local case tracing; managing self isolation support payments
- Support for health and care: Build Back Better Plan with funding to support managing pressures and recovering services; Flu vaccination (see detail at 12.14); Long Covid NHS services; mandatory care staff vaccination (CQC settings)
- Advice: Get vaccinated; let air in; use masks; test and isolate; stay at home if unwell; wash hands; use the app.
- Businesses: Working Safely / H&S approach; consider using NHS Covid pass
- International: Vaccinate the world and manage risk at the borders

## Plan B (based on NHS pressures)

- Enhanced communications to the public reflecting increased risk
- Vaccine passport using NHS App: mandatory for nightclubs, crowded venues 500+, crowded outside events 4,000+, all events 10,000+.
- Masks mandated (settings tbc)
- Work from home advice
- Further stringent restrictions, although considered unlikely, may follow pending severity of the situation.

This Cold Weather Plan has been provided to the partners listed for consultation, amendment and agreement. An update on issues linked to winter preparedness for 2021/22 as follows below.

## 10.1 Covid 19 Cold weather Care Home settings

Care settings managers should remind staff about the following:

- To follow hand hygiene guidance see [Info sheet G Hand Hygiene](#)
- Type IIR masks are still recommended for the delivery of social care (in the absence of Type II) in line with local NHS recommendations
- Staff should follow the PPE guidance for mask changing [Personal protective equipment: resource for care workers working in care homes during sustained COVID-19 transmission in England - GOV.UK \(www.gov.uk\)](#)
- For winter the minimum acceptable living environment temperature is 18c – the HSE advice is to maintain a warm temperature at same time as keeping rooms ventilated e.g. adjusting indoor heating if windows are open to ventilate spaces; opening windows at higher level to reduce draught effect.
- Ventilation is even more important in absence of natural sunlight as the virus will survive longer.
- Air conditioning units can be used, but they must bring air in from the outside, not recirculate the room air. They need to be maintained following manufactures guidance, ensuring they are cleaned regularly including emptying the capture tray/tank if present.

- Flu vaccination for all staff and residents should be strongly encouraged; there is growing evidence of poorer outcomes for those with Influenza and Covid-19 co-infection
- COVID-19 PCR and LFT tests and reagents need be stored in accordance with the manufacturer's instructions.
  - PCR tests use various types of transport medium, however if there is prolonged exposure to elevated temperatures outside the range they should be stored at, it could reduce their shelf life, packaging integrity, discolouration, pH shift and degradation of physical characteristic, which affects the efficacies of the test
  - for Innova Lateral Flow Devices the test cartridge and extraction solution must be stored at ambient temperature (2-30°C). The reagents and devices must be at room temperature 15-30°C when used for testing
  - the tube and cap can behave differently, leading to leakage of the medium, and the torque (screw part) on the tube decreases
  - if the kits have been stored at elevated temperature, there is a risk of inaccurate results.

Risk assessment must be undertaken to identify the hazards and risks associated with elevated storage temperature, consider regular temperature monitoring and control will be necessary to ensure this and frequency of monitoring should be based on a local risk assessment.

## **11. Seasonal Vaccination Programmes**

Flu is a respiratory illness and COVID-19 is primarily a respiratory illness. There are strong similarities between the two - those at higher risk of acquiring it, side effects and subsequent complications, and mortality.

### **11.1 Influenza vaccination programme 2021/22**

This year the national Flu programme has extended uptake targets, expanded groups eligible for the vaccination and widened delivery routes in response to the additional infection prevention measures needed for COVID-19.<sup>21</sup>

There are imminent plans to establish for winter 2021/22 a joint Flu and Covid-19 NHS Sussex Programme Board with a range of Task and Finish groups focussing on key aspects such as; health & social care staff, primary care, outbreak arrangements, vaccine supply, data, communications, health promotion and prevention. Locally, the city's multi-sector Flu Planning meeting co-ordinates implementation across organisations in support of the Flu prevention plan.

Due to the Covid prevention measures of mask wearing, social distancing and lockdowns, the amount of Flu circulating in 2020 was very low. It is thought that as society has opened-up again there is a high likelihood that the 2021-22 Flu season could be up to 50% larger than typically seen. It could also coincide with Covid 19

<sup>21</sup> <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

outbreaks, placing additional pressure on the NHS.<sup>22</sup>

Traditionally uptake of the Flu vaccine has been consistently lower than the SE and England average for all eligible groups with the exception of the schools programme which achieves 67% uptake.<sup>23</sup>

This is supported by a major new public facing marketing campaign to encourage take up amongst eligible groups for the free Flu vaccine, and a targeted campaign for front-line health and social care workers. Resources will be available to from the OHID Campaign Resource Centre at: <https://campaignresources.phe.gov.uk/resources/> Vaccinations are available to those not in the target groups through pharmacies at a low cost (£8-£15)

Free Flu vaccinations are available for:

- all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- those aged 50 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline health and social care staff including:
  - a registered residential care or nursing home
  - registered domiciliary care provider
  - a voluntary managed hospice provider
  - Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants.
  - Learning from the Covid19 vaccination programme as revealed a range of workforce who are day-to-day directly delivering health and social care to vulnerable residents and these groups will be considering as within this Flu programme. Examples include special school staff giving PEG feeds<sup>24</sup> to children; social care workers in supported living hostels.
- At the Brighton and Hove level additional groups are being considered as clinically vulnerable such as homeless and rough sleepers, regular services users of the Alcohol and Substance misuse services.
- BHCC have an annual scheme with pharmacies for its staff to have the Flu vaccinations for those that are not eligible for the free NHS vaccinations.

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

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<sup>22</sup> [National flu immunisation programme 2021 to 2022 letter - GOV.UK \(www.gov.uk\)](#)

<sup>23</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/qid/1000043/pat/6/par/E12000008/ati/302/are/E06000043/cid/4/page-options/ovw-do-0>

<sup>24</sup> <https://patient.info/treatment-medication/peg-feeding-tubes>

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

### Flu immunisation of frontline health and social care staff

As set out above, the main care providers are expected to deliver a significant improvement in staff vaccination rates this year moving towards a compliance rate of 100%. Having staff vaccinated reduces their own vulnerability, increases the resilience of the provider, and reduces the threat of transmission to patients. Staff vaccination programmes are in place across local provider organisations. Although uptake will be monitored by NHS England and UKHSA, local providers' coverage will be monitored via the Flu Planning Group, Covid19 Place-based Vaccination Cell Sussex COVID19 Programme Board, Brighton & Hove Immunisation Programme, Board A&E Delivery Board, at Quality Review Group meetings with providers and by the CCG's Executive Management Team.

BHCC and the CCG are actively encouraging all front line health, social care, <sup>25</sup> residential and Care Homes to vaccinate their residents and these are free of charge

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

## **11.2 Covid-19 Vaccination programme**

At the time of writing some of the further delivery details for the Covid-19 vaccination programme are being finalised.<sup>26 27</sup>

It covers;

- Mandatory covid19 vaccinations for all those working in care home
- continuing roll out the first and second doses for those 16+ who have not yet been vaccinated with enhanced efforts to improve uptake in those areas and populations with lowest uptake
- vaccinating 12-15 year school children, prioritising the clinically extremely vulnerable
- delivering a third dose (booster) in a phased approach to those in cohorts 1-9 starting in October with
  - those living in residential care homes for older adults
  - frontline health and social care workers
  - all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers
  - adult household contacts of immunosuppressed individuals

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<sup>25</sup> health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

• health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

• health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

<sup>26</sup> <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/>

<sup>27</sup> <https://www.sussexhealthandcare.uk/keepsussexsafe/sussex-covid-19-vaccination-programme/>



- from November to all adults aged 50 years or over

## ***12 Arrangements in local providers***

These sections provide a short overview of the arrangements that are in place. The following text has been provided by the services.

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

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

Public Health and Housing co-chair a cross-sector, multi-agency Fuel Poverty and Affordable Warmth Steering Group, which meets quarterly to oversee delivery of the Fuel Poverty and Affordable Warmth Strategy 2016-2020. During the COVID-19 pandemic, key partners have met virtually with increased frequency to share information and coordinate support to households struggling to pay energy bills. Public Health have ensured links between this group and the Welfare Support and Financial Assistance Group. The overarching aims of the Fuel Poverty & Affordable Warmth Steering Group are to:

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

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

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

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

Citizens Advice charities across Sussex have partnered with Your Energy Sussex, the local energy supplier backed by councils from across Sussex, to offer fuel vouchers to vulnerable households struggling to pay their fuel bills. Eligible householders can apply to their local Citizens Advice for multiples (up to 3) of a £49 voucher for a family and £28 voucher for a single occupier. Funding is limited and additional sources of funding are being explored to widen and extend this support. This scheme will end later this year when available funds are depleted.

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

Flu vaccination is actively encouraged in all provider and commissioned services as staff are eligible under the National Flu Programme. All HASC front line social care delivery staff are actively encouraged to visit their general practice or local pharmacies for Flu vaccinations.

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

A range of resources are distributed through ASC networks for example Helping to prevent winter deaths and illnesses associated with cold homes; A quick guide for home care managers <sup>28</sup> [Advice to Care Homes Guidance on Outbreaks of Influenza in Care Homes](#), promotion of the pneumococcal vaccination and norovirus prevention.

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

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

[ContractsUnit.AdminTeam@brighton-hove.gov.uk](mailto:ContractsUnit.AdminTeam@brighton-hove.gov.uk)

[Control.Carelink@brighton-hove.gov.uk](mailto:Control.Carelink@brighton-hove.gov.uk) [carelinkplus@brighton-hove.gov.uk](mailto:carelinkplus@brighton-hove.gov.uk)

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

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<sup>28</sup> <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-winter-deaths-and-illnesses-associated-with-cold-homes>

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

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

An annual plan is agreed with the NHS to support the patients journey on discharge from hospital:

- a dedicated resource in Emergency departments to support rapid discharge from hospital
- D2A – discharge to assess beds, and additional mental health support
- Participation in HIT team in acute services in time of escalation to minimise use of care capacity and ensure correct discharge pathways are followed
- Independence at home – reablement home care to support D2A process

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

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

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

All schools, early years and children's services will be operating under strict COVID-19 guidelines over Winter 2021/2022. The NHS Flu Vaccination programme has been extended to cover all school years from Reception to year 11. There is a commitment to continue with the successful levels of vaccination uptake as seen in previous years. BHCC will be offering a reimbursed Flu vaccination to all school staff who are not eligible for the free NHS one.

### **12.3 BHCC Seafront Team**

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

It has been acknowledged that advice to traders re flood defences etc can be obtained from the YouGov website at

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/451622/LIT\\_4284.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/451622/LIT_4284.pdf)

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

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

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

### **12.4 Cityclean**

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

### **12.5 The BHCC Highways Winter Service Plan 202 -21**

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

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

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

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

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

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

## **12.6 BHCC Flood Management**

The Council's focus is on groundwater and surface water (the Environment Agency retains responsibility for main rivers and seas) which are the main flood risks to the City. The approach is to reduce (not eliminate) risk through strategic intervention. The following strategic flood management documents are being updated. Links to our current plans and strategies are found here:

- [Strategic Flood Risk Assessment](#)
- [Surface Water Management Plan](#)
- [South East River Catchment Flood Risk Management Plan](#)
- [Local Flood Risk Management Strategy](#)

## **12.7 BHCC Housing**

The team has responsibility for the Council's stock of social and seniors housing. The Housing Sustainability & Affordable Warmth Manager works closely with the Public Health lead for fuel poverty & EWDs to plan annual winter warmth initiatives. Energy saving advice is available for vulnerable council tenants from the Housing Inclusion Team.

In an emergency the service is committed to stopping non-urgent work and to re-deploy housing staff to other services who need extra support. The Estates Services provide salt and equipment to residents to help clear communal pathways to blocks. The Council's Housing Repairs and Maintenance service and heating contractor run out of hours services. They maintain winter contingency stock including heaters etc. Out of hours the duty housing officer is contactable via the Emergencies and Resilience Team or via [Carelink](#).

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

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

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

The [BHCC 'EP&R Team'](#) and the Public Health lead for Health Protection and resilience both engage with external partners including the Sussex Resilience Forum (SRF), and the Sussex Local Health Resilience Partnership (LHRP), and responding agencies to ensure that B&H is fully engaged in planning, testing and exercising severe weather and winter-related plans at both the Sussex an local levels.

**De-Briefing & Support** Should there be a severe weather incident, a de-briefing should be held to ensure lessons are identified and learnt, and also partners should ensure that support is offered to staff in appropriate cases. This is usually led by the EP&R team.

## **12.9 Clinical Commissioning Group**

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



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

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

Appendix 2 has the overarching NHS Winter Plan

### **12.10 University Hospitals Sussex NHS Foundation Trust**

Plans are reviewed annually at UHS. The Trust participates in the NHS Operational Pressures Escalation Level (OPEL) procedures, which are centred around the Hospital Trusts geographic area and seeks to ensure that 'capacity management' issues are monitored effectively and where all resources in the local health care system (including those of BHCC) are managed on a daily basis by a teleconference and reported/monitored using appropriate management tools. It now includes risk and pressures in the system relating to COVID19 as C-OPEL. It is led by the CCG's Director of Resilience. It is recognised that the Trust is often at high levels of escalation, but the issues are actively managed with the support of other organisations.

The Trust is committed to raising staff Flu vaccination levels and vaccinate other eligible groups as identified in the annual Flu letter. Business Continuity Plans are regularly updated. UHS operates using COVID19 infection prevention and control guidance for the safety of staff, patients and partner organisations. Plans are in place for the EU exit in light of supplies, equipment, staffing and medicines.

### **12.11 Sussex Community NHS Foundation Trust**

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



## **12.12 IC24 (NHS Out of Hours Provider)**

IC24 provides out of hours and roving GP services to B&H and to E Sussex, as well as a GP in A&E at Royal Sussex County Hospital, a walk-in service and other facilities. The organisation may have challenges in providing some services during periods of adverse weather but may access 4x4 support via links with Adult Social Care and the CCG.

## **12.13 British Red Cross**

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

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

## **12.14 Community and Voluntary sector**

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

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

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

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

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

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

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

## **13 Communication**

### **13.1 Three areas of communication**

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

### **13.2 Awareness**

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

'Help Us, Help You' Stay Well This Winter

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

Further information is available from:

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

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

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

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

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

### **13.3 Warning**

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

### **13.4 Local Warning and Informing**

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

### **13.5 Staff information**

All partner agencies will ensure that suitable messages are also passed to staff, detailing warnings where appropriate, actions to be taken, and measures in line with their Business Continuity Plans, which must be kept up to date. This may include the need to re-deploy staff during severe weather, arrangements for home-working where appropriate, support to access Covid-19 and Flu vaccinations, and proactive information on how to stay safe and keep well during the winter months

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

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

### **Key public health messages**

Take up your Covid-19 vaccination when it is offered/available

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

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

Keep your home warm, efficiently and safely:

- heating your home to at least 18°C in winter poses minimal risk to your health when you are wearing suitable clothing

- get your heating system and cooking appliances checked and keep your home well ventilated
- use your electric blanket as instructed and get it tested every 3 years
- never use a hot water bottle with an electric blanket
- do not use a gas cooker or oven to heat your home; it is inefficient and there is a risk of carbon monoxide poisoning and this can kill
- make sure you have a supply of heating oil or LPG or solid fuel if you are not on mains gas or electricity – to make sure you do not run out in winter

Keep in the warmth by:

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

Look after yourself:

- food is a vital source of energy and helps to keep your body warm so have plenty of hot food and drinks
- aim to include 5 daily portions of fruit and vegetables. Tinned and frozen vegetables count toward your 5 a day
- stock up on tinned and frozen foods so you don't have to go out too much when it's cold or icy
- exercise is good for you all year round and it can keep you warm in winter
- if possible, try to move around at least once an hour. But remember to speak to your GP before starting any exercise plans
- wear lots of thin layers – clothes made from cotton, wool or fleecy fibres are particularly good and maintain body heat
- wear good-fitting slippers with a good grip indoors and shoes with a good grip outside to prevent trips, slips and falls
- make sure you have spare medication in case you are unable to go out
- check if you are eligible for inclusion on the priority services register operated by your water and power supplier

Look after others:

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

Get financial support:

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

### **Specific messages related to the Levels suggested in national Plan**

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

A spell of chilly weather might warrant a message along the lines of:

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

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

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

*“Severe cold weather can be dangerous, especially for the very young or very old or those with chronic disease. Advice on how to reduce the risk either for yourself or somebody you know can be obtained from the winter health pages at [www.nhs.uk](http://www.nhs.uk) or from your local chemist. If you are worried about your health or that of somebody you know, ring NHS 111.”*

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

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

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

## ***Appendix 1***

Please find the full set of Action Cards here and these are updated nationally  
<https://www.gov.uk/government/publications/cold-weather-plan-action-cards-for-cold-weather-alert-service>

## ***Appendix 2***



BH HOSC 21-22  
Winter Plan Update

NHS Winter Plan 2021 – Brighton & Hove CCG



*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: HWB Development

Task & Finish Group:

Report Back with  
Proposals for Further  
HWB Development

Date of Meeting: 02 November 2021

Report of: Executive  
Director, Health & Adult  
Social Care

Contact: Giles Rossington

Tel: 01273 295514

Email:

[giles.rossington@brighton-hove.gov.uk](mailto:giles.rossington@brighton-hove.gov.uk)

Wards Affected: All

## **FOR GENERAL RELEASE**

### **Executive Summary**

In March 2021 the HWB agreed proposals to improve the functioning of the Board, including expanding membership and establishing a separate Adult Social Care & Public Health Sub-Committee. The HWB also agreed to set up a task & finish group to explore and report back with recommendations on further development opportunities for the Board. Details of the task & finish Group recommendations are provided below.



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

That the Board agrees:

- 1.1 To use the Brighton & Hove Integrated Care Partnership (ICP) Executive Group for advice when developing the HWB work plan and suggested agendas for HWB meetings. The role of the ICP Executive Group in the HWB work plan will be wholly advisory, with final decisions on the content of HWB agendas remaining the prerogative of the HWB Chair.
- 1.2 To commission an external consultant to plan and deliver an annual programme of up to four HWB Development seminars, including an initial seminar to identify joint priorities;
- 1.3 To jointly develop an engagement plan based on the priorities identified in development seminars;
- 1.4 To establish a Planning Group to replace the current Task & Finish Group.

## **2. Relevant information**

2.1 At its March 2021 meeting the HWB agreed to establish a task & finish group to explore further development opportunities for the Board. The HWB Development Task & Finish Group includes representation from BHCC Adult Social Care, Public Health, Brighton & Hove CCG, and the local Voluntary & Community Sector.

2.2 The Task & Finish Group met three times between June and October 2021. The Group has made recommendations on several development areas.

### **2.3 Joint Agenda Planning.**

2.3.1 The HWB is, in legal terms, a committee of Brighton & Hove City Council, and as with any other Council committee, agendas are set by the committee Chair. However, the HWB is also a partnership body, bringing together the city council, local NHS commissioners and providers, safeguarding representatives, local Healthwatch, and representatives of the city voluntary & community sector. Key to any successful partnership is that all partners are fully involved in setting and contributing to the work of the partnership. There is scope here to better involve HWB partners in work planning, so that the Board's work plan is jointly-owned, reflecting the interests of all partners. However, we need to be aware that setting up additional partner meetings to plan agendas etc. is a potential burden on all involved.

2.3.2 The Brighton & Hove Integrated Care Partnership (ICP) Executive Group brings together a range of local NHS, city council and CVS representatives

to plan the development of the city health & care system. Membership of the ICP Executive Group includes the majority of organisations represented on the HWB. As the ICP Executive Group is the core group for developing the Brighton & Hove health & care system, it is also the best-placed body to advise on strategic planning across the system. The ICP Executive Group has indicated that it would be happy to provide input into the development of a strategic workplan for the HWB. This would both link the HWB with the development of place-based health & care planning in the city and provide a forum where the majority of HWB member organisations could contribute ideas to the HWB work plan without requiring any additional meeting to be set up. Please note: the ICP Executive Group is the current name for the place-based health and care partnership body for Brighton & Hove. However, the name of the group may have to change in coming months, as 'Integrated Care Partnership' is the term that the Health & Social Care Bill (2021) uses to describe the principle executive body for each Integrated Care System region. The proposal here is to use the local place-based partnership to advise on HWB work planning, *not* the regional partnership.

2.3.3 It should be stressed that the role of the ICP Executive Group in the HWB work plan would be wholly advisory: final decisions on the content of HWB agendas would remain the prerogative of the HWB Chair. In essence, this would just formalise the informal conversations that already take place with HWB partners in the early stages of developing proposals for HWB agendas.

2.3.4 Not all HWB member organisations are currently represented on the ICP Executive Group. Where they are not represented, officers will contact each partner to ask how they would prefer to be involved in the development of the HWB work plan.

## 2.4 HWB Development Programme.

2.4.1 Many successful HWBs run some form of development/seminar programme in parallel with their formal Board meetings. These programmes typically take the form of themed events where Board members can explore single topics in depth. Drawing on best practice from other HWBs, the Task & Finish Group identified two key factors in a successful development/seminar programme:

- A development programme needs to meet the requirements of all partners and to support the strategic objectives of the HWB;
- Expert facilitation is crucial to the success of a seminar programme.

2.4.2 Currently, HWB partners have neither the capacity nor the expertise to inaugurate a seminar programme, particularly in terms of drawing on best practice from other HWBs. It is therefore proposed that an external facilitator with a track record of supporting HWB development is appointed to run up to four development seminars in the coming year. This would be

a time-limited approach, with officers from HWB member organisations supporting and observing the seminar programme with the aim of being in a position to then run future seminars without external facilitation. Officers have begun exploring this idea with the Local Government Association (LGA), and the LGA has expressed interest in working with the HWB on this, with the initial costs of external facilitation being met by the LGA as part of their health and care support offer to member Local Authorities. The degree to which the LGA may be willing to further support a development seminar programme is current unclear, and it may be that there will be a requirement to find a small pot of pooled funding from existing resources to support a programme past the initialisation stage.

- 2.4.3 It is also proposed that the first event in the seminar programme should be a facilitated planning session in which HWB partners identify their priorities for the rest of the programme and for HWB engagement.

## **2.5 Engagement Plan.**

- 2.5.1 A number of public responses to the public consultation on HWB review plans (Nov/Dec 2020) identified engagement as a problem for the Board. Suggestions included doing more to publicise HWB meetings; developing better links with CVS organisations and with service users; and holding dedicated engagement events.
- 2.5.2 All of the ideas put forward by residents have merit and are worth exploring in more depth. However, it is also important for a partnership body to determine jointly what issues it wants to engage on. If we can do this, then we can link in with each HWB partners' organisational engagement plans, and have HWB engagement that is focused and powerful. It is therefore proposed that the first HWB development seminar (see point 2.4 above) is used to identify joint engagement priorities for the Board, and that these form the basis of a HWB engagement plan to be developed with input from the Communications teams in partner organisations and overseen by the HWB Development planning group (see point 2.6 below).
- 2.5.3 In the short term it is proposed that the BHCC Communications team be asked to pull together a briefing to be circulated to HWB partners and other stakeholders following HWB meetings. This briefing will outline the issues discussed and the decisions taken by the HWB.

## **2.6 The Task & Finish Group.**

- 2.6.1 The HWB Development Task & Finish Group was intended to run for only a relatively short time. However, there are several areas of HWB development in which there will be a continuing need for coordination. These include:
- Oversight of the development of the HWB seminar programme (see point 2.4 above)
  - Coordination of the HWB work plan (see point 2.3 above)

- Developing a HWB engagement plan (see point 2.5 above)
- Monitoring the implementation of the Health & Care Act and reporting back to the HWB with recommendations for further development/review of the Board so that it remains as relevant as possible in the context of the development of new Sussex-wide and place-based health and care governance structures.

2.6.2 As the HWB is a partnership body, it is important that we have partner input into these areas. It is therefore proposed that the HWB Development Task & Finish Group is replaced by an informal working group - the HWB Development Planning Group. The membership of the group would include the current membership of the Task & Finish Member Working Group, key officers and additional partners who may be asked for input on specific issues (e.g. Comms teams in terms of developing an engagement plan). The informal Planning Group will also establish close working links with the HWB Chair and Deputy Chairs: e.g. by inviting them to Group meetings.

2.6.3 It is proposed that the Planning Group should be reviewed after one year in operation.

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

Legal:

3.1 There are no legal implications arising from this report.

Lawyer consulted: Elizabeth Culbert

Date: 13.10.21

Finance:

3.2 There are minimal financial implications arising from this report. There may be a very small cost to be incurred should an external consultant be commissioned to deliver development seminars, however, these may be partly funded by the Local Government Association.

Finance Officer consulted: Sophie Warburton

Date: 20/10/2021

Equalities:

3.3 In determining its work plan, the HWB should take account of the needs of protected groups, particularly as some protected groups (e.g. older people) are particularly reliant on health, care and wellbeing services. The above proposals present a greater opportunity for local CVS organisations

representing protected groups to have a say in HWB agenda-setting. In agreeing a seminar programme and engagement priorities, the HWB should also take account of the needs of protected groups. Again, the full involvement of CVS representatives and of Healthwatch Brighton & Hove will ensure that organisations representing the views and interests of protected groups are taken into account

Sustainability:

- 3.4 There is a significant cross-over between initiatives to improve environmental sustainability and initiatives to improve health and wellbeing. For example, increasing active travel (walking and cycling) will reduce carbon emissions, and will also improve people's physical and mental health. When choosing priorities for the Board, members will be asked to consider sustainability issues alongside those of improving health, care and wellbeing.

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

- 3.5 In choosing priorities for Board development and engagement, members will need to bear in mind the priorities of the city Joint Health & Wellbeing Strategy.

## Supporting documents and information

None