



Who are we?

The Health & Wellbeing Board is the forum where representatives of the City 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 at Hove Town Hall on Tuesday 12 July 2022 starting at 2.00pm.



Health & Wellbeing Board

Date: **7 March 2023**

Time: **2.00pm**

Venue: **Council Chamber, Hove Town Hall**

Who is invited:

B&HCC members: Councillors: Shanks (Chair), Nield (Deputy Chair), Robins (Opposition Spokesperson), Brown (Group Spokesperson) and Appich

NHS members: Lola Banjoko, Ashley Scarff, Siobhan Melia (SCFT), Dr Jane Padmore (SPFT) and Dr Andy Heeps (UHS)

Non-voting members: Joanna Martindale (Community Works), Tom Lambert (Carers Centre), Geoff Raw (CE - BHCC), Deb Austin (Statutory Director of Children's Services), Rob Persey (Statutory Director for Adult Care), Alistair Hill (Director of Public Health), David Liley (Healthwatch) and Annie Callahan (SAB)

Contact: **Penny Jennings**
Democratic Services Officer
01273 291065
penny.jennings@brighton-hove.gov.uk

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Date of Publication - Monday, 27 February 2023

AGENDA

Formal matters of procedure

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

Part One

Page

30 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.

31 MINUTES

7 - 18

Minutes of the meeting held on 8 November 2022 (copy attached)

32 CHAIR'S COMMUNICATIONS

33 CALLOVER

Items 34 – 41 will be called over by the Democratic Services Officer and Secretary to the Board. In the case of any items not called for discussion, the report recommendations will be taken as approved without amendment.

34 FORMAL PUBLIC INVOLVEMENT

To consider the following:

(a) Petitions – to consider any petitions received by noon on 1 March 2023;

(b) Written Questions – to consider any written questions received by noon on 1 March 2023;

(c) Deputations received including any referred from Full Council

35 FORMAL MEMBER INVOLVEMENT

To consider the following:

(a) Petitions;

(b) Written Questions;

(c) Letters;

(d) Notices of Motion

36 ITEMS REFERRED FROM COUNCIL

Items referred from Full Council (if any)

37 PRESENTATION - PRIMARY CARE NETWORKS

Primary Care Networks – presentation by Amy Galea, NHS Sussex Primary Care Officer.

Following a brief presentation Members will have the opportunity to ask questions.

38 SUSSEX INTEGRATED CARE STRATEGY AND JOINT FORWARD PLAN 19 - 82

Joint report of the Managing Director, NHS Sussex (Brighton & Hove) and the Executive Director, Health and Adult Social Care (copy attached)

Contact Officer: Giles Rossington Tel: 01273 295514
Ward Affected: All Wards

39 LOOKING BEYOND THE PANDEMIC - WHAT WE LEARNED AND WHERE WE GO NEXT - DIRECTOR OF PUBLIC HEALTH - ANNUAL REPORT 83 - 114

Report of the Director of Public Health (copy attached)

Contact Officer: Alistair Hill Tel: 01273 296560
Ward Affected: All Wards

40 BRIGHTON & HOVE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2021-22 115 - 162

Report of the Independent Scrutineer and Chair BHSCP (copy attached)

Contact Officer: Emma Gilbert Tel: 01273 291704
Ward Affected: All Wards

41 JOINT HEALTH & WELLBEING STRATEGY (JLHWS) OUTCOME MEASURES: UPDATE MARCH 2023 163 - 198

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

Contact Officer: Kate Gilchrist Tel: 01273 290457
Ward Affected: All Wards

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Further information

For further details and general enquiries about this meeting contact Penny Jennings, (01273 291065, email penny.jennings@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

2.00pm 8 NOVEMBER 2022

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Shanks (Chair) Nield (Deputy Chair), Robins (Opposition Spokesperson), Brown (Group Spokesperson) and Appich

Other Members present: Other Members present: Ash Scarff (NHS Commissioners); Mike Jennings (Sussex Partnership NHS Foundation Trust); Andy Heeps (University Hospitals Sussex NHS Foundation Trust); David Liley (Healthwatch Brighton & Hove); (Brighton & Hove Safeguarding Adults Partnership); Joanna Martindale (Community & Voluntary Sector representatives); Geoff Raw (BHCC Chief Executive); Rob Persey (BHCC Director of Adult Social Services); Alistair Hill (Director of Public Health)

PART ONE

17 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

17(a) Apologies & Declaration of Substitutes

17.1 It was noted that voting members, Lola Banjoko and Dr Jane Padmore had sent their apologies. Tom Lambert (Carers Centre) and Annie Callanan had also sent their apologies.

17.2 Mike Jennings was in attendance in place of Dr Padmore.

17(b) Declarations of Interests

17.3 There were none.

17(c) Exclusion of Press and Public

- 17.4 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.

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

18 MINUTES

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

19 CHAIR'S COMMUNICATIONS

19(a) Chair's Communications

- 19.1 The Chair gave the following communications:

National Conference in Manchester

"I have just returned from the National Conference on Adult Social Care and Children's Services in Manchester which was very interesting. Delegates had heard from the Head of the NHS who had been very upbeat about all of the things the things the NHS do. However, the appropriate Minister had not been in attendance so it had not been possible to obtain clarity around what represented the big issues for many authorities.

Cost of Living Hub – Council Website

We know many people may struggle this winter. The council has launched a Cost of Living hub on our website to help residents find out what benefits and emergency help you could get, and what financial advice and support is available. Support to improve your health and wellbeing is also included as we all know that when you have other concerns on your mind, it's easy to forget to look after your physical and mental health.

Covid 19 Booster

It's important it is to do whatever you can to protect yourself this winter. This includes getting your Covid-19 booster and free flu vaccine if you're eligible. Both now include everyone who's 50 or over, as well as people who are more at risk and those that live or work with people who are vulnerable. Flu jabs can be booked with your GP or pharmacy, and you can book an autumn booster appointment online or by calling 119. First or second doses are also still available too.

HIV Treatment and Prevention

One of the items we're hearing more about today is the work in the city around HIV treatment and prevention. So it seems like a good opportunity to let people know about the local events happening for World AIDs Day. On Sunday 27 November there is a community lunch and service at Dorset Gardens Methodist Church, a memorial quilt will be on display in Jubilee Library throughout the week and a candlelight vigil will be held at 6pm on Thursday 1 December in News Steine Gardens by the AIDs memorial."

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

19(b) Callover

19.3 All of the reports appearing on the agenda were called for discussion

20 FORMAL PUBLIC INVOLVEMENT

20 (a) Petitions

20.1 There were none.

20(b) Written Questions

20.2 It was noted that one public question had been received. The questioner was unable put the question in person but the Chair, Councillor Shanks had agreed to consider and respond to it.

(a) Women's Health - Ms Jean Calder:

20.3 "There are widespread concerns about women's health, nationally and locally. These include low take-up of smear tests, dangerous maternity provision, cuts to female-only services and a failure to address female "on women's health released a tsunami of dissatisfaction from many thousands of women who reported widespread sexism within health services and arrogant indifference to women's needs. In response, the Women's Health Ambassador, Professor Lesley Regan has called for Women's Health Hubs across the country. Will you support this initiative, ensuring that if government money becomes available, we bid for it?"

20.4 The Chair's response is set out below:

"Our priority is to ensure that people across Sussex can have access to high quality, accessible services, and to address where improvements may be needed for our population.

It is positive that such aspects of Women's Health have been raised both nationally and locally in Sussex. NHS Sussex is working on our strategy to respond to the National Women's Health Strategy for England, especially to support those who have been identified as having significant inequalities within our local population in Sussex and improve the quality of care delivered.

The aim would be to reduce inequalities, improve and align Women's Health care, bringing together expertise and a supportive and holistic approach to delivering Women's Health. At the heart of this would be patient support, self-help, education and access to the right clinical expertise first time. The services would also support further education of our Health Care Professionals to ensure ongoing that we have the right expertise locally and that we maintain and continuously improve this. As an example we have already started work on some key areas of Women's Health covering areas such as Menopause and HRT.

have already set up a Clinically focussed Menopause Working Group and have developed a Sussex Menopause pathway and a supporting Menopause 'Resource pack' which is designed for GPs, wider Health Care Practitioners including practice pharmacists as well as containing a dedicated section for patients. We are working with our Health Watch partners to ensure we are getting the right balance with this, and any feedback will be used to further improve this detailed resource pack.

- 20.4 It was agreed that the supplementary question set out below would be responded to separately and will appear in the subsequent minutes of today's meeting.

"We need politicians to co-operate to challenge sex discrimination, providing improved health services to meet women and girls' sex-specific health needs - including menstruation, menopause, fertility, maternity, gynaecological and other services. Elections are fairly imminent, so politicians may be tempted to retreat to party political bunkers, reluctant to co-operate for fear of giving others advantage. Will councillors commit themselves to avoiding this, working across-party with politicians and others with whom they may not always agree (including local MPs, in particular, Maria Caulfield, the Minister for Mental Health and Women's Health Strategy), to improve women's health services?"

- 20.5 **RESOLVED** – That the question and the Chair's response to it be noted and received.

20 (c) Deputations

- 20.6 There were none.

21 FORMAL MEMBER INVOLVEMENT

- 21.1 There were no items of Member Involvement.

22 ITEMS REFERRED FROM COUNCIL

- 22.1 There were no items.

23 MENTAL HEALTH JOINT STRATEGIC NEEDS ASSESSMENT

- 23.1 The Board considered a report of the Director of Public Health setting out the Brighton and Hove Mental Health Joint Strategic Needs Assessment. It was noted the Board had approved the undertaking of an all-ages mental health and wellbeing joint strategic

needs assessment (JSNA) for Brighton and Hove in 2021. As a result of the Covid 19 pandemic, this needs assessment had been undertaken in 2022.

- 23.2 A detailed presentation was given summarising the findings and key recommendations of the needs assessment which had been carried out and had covered all ages. I was confirmed that the purpose of the JSNA was to provide an evidence base to increase population resilience in order to improve the range and quality of support for those with mental health problems and to address inequalities and sought to describe the impact on mental health and wellbeing of the building blocks of health such as education, income, housing and other socio-economic factors; protective and risk factors that affect mental health and wellbeing and focused on groups facing greater risks and higher levels of mental health needs.
- 23.3 It was clarified in answer to questions that the report was intended to set out a shared understanding of the city's challenges and assets, it had seven recommendation areas for action. Delivery of the recommendations would be overseen by the Brighton and Hove Health and Care Partnership with actions specific to children and young people or Adults directed through the relevant place-based board and set out a timeline for delivery.
- 23.4 Councillor Appich referred to the one of the stated aims of the assessment, which was to build on existing community assets, this appeared to have been removed from the most up to date version of the report. Councillor Appich was anxious that this was not lost sight of. It was explained that reference to this had been moved to the section a section of the report which made specific reference to Communities.
- 23.5 Councillor Appich commended the report which she considered to be excellent report, co-production in relation to some areas of work was welcomed. It should be noted that it was difficult to enhance and sustain a healthy lifestyle against a backdrop of working long hours for low pay.
- 23.6 Councillor Shanks, the Chair referred to the pressures on young people in schools particularly as a consequence of Covid 19. It was confirmed that this was an area had shown an increase and that schools had put measures in place to address this.
- 23.7 Councillor Robins referred to the fact that at any one time 1 in 5 of the adult population of Brighton and Hove was estimated to have a common mental health problem compared to 1 in 6 across England. This was very high and, in his view needed to be highlighted more. Exercise could be key and for instance if the TECC Committee was seeking to close/reduce the opening of swimming pools and other facilities, the potential impact on that should form part of the discussion and decision making.
- 23.8 The Director of Public Health that these issues were long standing, it was important not to lose focus on them going forward.
- 23.9 David Liley, Healthwatch, stated that this was very important, on-going broad engagement would continue to be very important.
- 23.10 Councillor Brown noted that although significant improvements had been made to the provision of services for young people, further improvements were still needed.

Provision for older people did not appear to have been given the same level of priority. There was recognition that improved co-ordination of transitional support across all groups was required and would create greater resilience.

- 23.11 Ashley Scarff stated that the report was excellent, its stated aims were fully supported by NHS Partners.
- 23.12 Ruth Hillman explained that young adult services did not always fit into neat categories and it was important to have adequate signposting available for that age group.
- 23.13 The Executive Director, Adult Health and Social Care stated that in the challenges that were faced across the city were such that it was vital for delivery to provided strategically.
- 23.14 Joanne Martindale referred to the role of the voluntary sector and the network which youth workers had into the community which could assist in providing signposting to/for harder to reach groups.
- 23.15 Councillor Shanks, the Chair, stated that the using opportunities provided by the needs assessment to make connections was very important.
- 23.16 **RESOLVED** - That the Board note the report and its findings.

24 BRIGHTON & HOVE MENTAL HEALTH & HOUSING PLACE BASED PLAN

- 24.1 The Board considered a report of the Executive Director, Health & Adult Social Care detailing the Mental Health & Housing Place Based Plan'
- 24.2 It was noted that that the links between mental health and housing were well established with good quality housing being a component in enabling positive mental health and wellbeing. In July 2020 the Sussex Health and Care Partnership had published a Strategic Plan for Integrating Housing and Mental Health systems across Sussex including all relevant partners both statutory and voluntary. The purpose of this to bring partners together around a shared set of priorities with the aim of supporting a shared set of priorities aimed to increase access to support and accommodation provision for those with mental health needs within the city and to support better integration of services to improve outcomes for service users. There were a number of crossovers and common themes with the previous agenda item.
- 24.3 Councillor Shanks, the Chair, sought clarification regarding how individuals were prioritised, those who had been identified as having difficulties in accessing and maintaining private accommodation were given assistance, across all age groups and having been identified as having multiple needs.
- 24.4 Councillor Appich referred to that fact on occasion it could be possible that individuals placed in some of our housing units could encounter resistance from other residents, asking regarding measures in place to address that. It was explained that where individuals were housed was handled carefully and sensitively. The Panel which oversaw the process had the necessary level of support in place prior to any placement being made.

- 24.5 In answer to further questions by Councillor Shanks, the Chair, it was confirmed that placements were made applying a partnership approach, work was cross-cutting across various work streams. It was also explained that there was a high demand for completely self-contained accommodation and that a number of individuals were placed in accommodation outside the city, particularly into residential care or supported living because that provision was not currently available in the city.
- 24.6 Councillor Robins asked whether individuals were placed into shared housing and it was confirmed that very careful consideration was given to whether such accommodation would be suitable.
- 24.7 David Liley, Healthwatch welcomed the report. It had been identified that 92% of those interviewed had identified mental health and housing as being integral to their problems, but did not feel that was being adequately met. Staff working with these individuals had identified high levels of need. There was clearly a disconnect between intended outcomes and delivery. Healthwatch welcomed the report and the opportunity to be involved in the process.
- 24.8 Councillor Appich asked regarding the numbers of people identified and the number who had needed to be accommodated outside of the city. Those figures were not available at the meeting and it was agreed that they would be provided separately.

24.9 **RESOLVED** – That the Board notes the content of the report.

25 FAST FOOD & ENERGY DRINK ADVERTISING: OFFICER RESPONSE TO NOTICE OF MOTION

- 25.1 The Board considered a report of the Executive Director, Health and Adult Social Care setting out the Officer response to the Notice of Motion referred from Council in respect of Fast Food and Energy Drink Advertising and further work which had been carried out in response to that, this report was the officer response to that. The Board were requested to recommend to the Policy and Resources Committee that a decision be taken to implement restrictions to the advertisement of high fat salt and sugar (HFSS) food and drinks on council owned and managed advertising space, this includes advertisement on the transport / bus system and other hoardings.
- 25.2 It was explained that this was considered important as currently one on three children were leaving primary school overweight or obese, one in two in some schools. Two thirds of adults were overweight or obese which could lead to diabetes, cancers heart disease and covid outcomes and had worsened as a result of lockdowns and the cost of living crisis. Advertising high fat, salt and sugar foods (HFSS) was linked to purchase and weight gain. The 7 April 2022 Full Council Notice of Motion had requested officers obtained data about fast food and energy drink advertising on council properties and this provided that data. The current provider, Clear Channel, had confirmed that 34% of its advertising content was for HFSS.

- 25.3 Data had been obtained from London, Bristol, Barnsley and several London boroughs including Merton and Haringey. Evidence collected had indicated that advertising changes equated to 5 million purchases in 1,970 households and had resulted in a significant reduction in HFSS, the greatest reduction being in confectionary and cake purchases. Health and economic benefits shown from modelling had included a reduction in obesity, heart disease and diabetes. The amount of revenue obtained had not reduced when TFL had introduced restrictions to HFSS adverts and across other areas there had been no reports of financial issues arising as a result of healthier food advertising implementation.
- 25.4 In total there were 478 council owned bus shelters with 223 advertising shelters managed by Clear Channel with advertising space on hoardings at five sites leased by the estates team. The draft policy was set out in Appendix 1 to the report and had been informed by the collaborative work which had taken place to date. This aligned with the council's existing priorities including the health and wellbeing strategy, the declaration of a climate and biodiversity emergency 2018 and the Brighton and Hove food strategy, as the first gold sustainable food city in the UK. Those living in "deprived" areas appeared to be more susceptible to such advertising, however established brands could be advertised differently with a focus on their less HFSS products and example where McDonald's had advertised in such a way was cited.
- 25.6 The Chair, Councillor Shanks, thanked officers for their presentation stating that rather than "banning" certain types of advertiser by displaying photographs of products they offered which were not HFSS they were still able to advertise.
- 25.7 Councillor Robins referred to the fact that "deprived areas" were considered to be more susceptible, it must be more complex citing the fact that if they had little people could be attracted to eat foods which were more appealing to them and which they were able to afford. Whilst recognising that this was certainly part of the answer he was interested to know what other work was being undertaken. In response it was explained that officers were very keen to undertake work with other partners across the city in order to fully explore the multitude of ways in which this issue could be addressed not least, by seeking to ensure that good affordable food was available to all.
- 25.7 Councillor Appich considered that Councillor Robins had made an interesting point. In the past school dinners had not been healthy but were much more nutritious now and it was therefore important to encourage take up of those particularly by those who could be entitled to free school meals as that could provide an essential mainstay to a healthy diet. Notwithstanding the sizeable budget gaps which had been identified, you could not put a price on health and this represented a very important piece of work. Interestingly, the approach taken by TfL seemed to indicate that such an approach could be taken without compromising the revenue obtainable from advertising.
- 25.8 Councillor Brown noted that implementation of this approach in London had shown a reduction in obesity and heart disease for example, asking whether any additional information was available to support this. It was explained that this was being looked into further and it was intended to provide as much additional information as possible with any report to the Policy and Resources Committee.

25.9 The Chair, Councillor Shanks, stated that she understood that this item report needed to be forwarded to the Policy and Resources Committee for final approval in order to enable potential financial implications to be fully explored.

25.10 **RESOLVED** - That the Board recommend to the Policy & Resources Committee that a decision be taken to implement restrictions to the advertisement of high fat salt and sugar (HFSS) food and drinks on council owned and managed advertising space, this includes advertisement on the transport/bus system and other hoardings.

26 BETTER CARE FUND 2022/23 - ANNUAL PLAN SUBMISSIONS

26.1 The Board considered a joint report of the Director of Adult Social Care and the Deputy Managing Director, NHS Sussex Brighton & Hove and East Sussex.

26.2 Ashley Scarff explained that the scale to which everything had needed to be turned around and completed to a very tight schedule. Based on previous experience and taking on board discussion which had taken place at Board meetings in the past those preparing the documentation had sought to build in stability and continuity and to maximise capacity and capability. The process dovetailed with the national planning framework, various other deadlines did not. Councillor Shanks, the Chair noted that year on year this continued to be the case.

26.3 Ashley Scarff referred to the appendices containing financial information, how the Better Care Plan would be applied for the coming years and how we were meeting nationally set conditions, the criteria by which we had to meet and apply the fund and also the metrics by which the fund would be delivered and how it related back to NHS plans and the Joint Health and Wellbeing Strategy.

26.4 Councillor Shanks asked whether it was possible to get this back into sync. There was a drive to bring this forward and to complete earlier but everything was not there yet. The Executive Director, Adult Health and Social Care confirmed that over recent years and this year there had been an element of reinvigoration. Government was being pressed to bring forward the necessary guidance earlier in the year and that would continue.

26.5 David Liley, Healthwatch, referred to the need to hold contingency funding back asking why that was done and the rationale for that was explained.

26.7 Joanna Martindale, asked whether it would be possible to roll the plan forward any further and it was explained that whilst pressure to that end had been brought to bear as far as that was possible this was nationally led.

26.8 **RESOLVED** - (1) The Board notes the requirements for 2022/23 Better Care Funds;
(2) That the Board notes as recommended the place-based governance and oversight of developing plans 2022/23; and

(3) That the Board ratifies the submission of the Better Care Fund planning returns for Brighton and Hove for 2022/23 NHSF in accordance with national requirements and agreed approach submitted on 27 September 2022.

27 TOWARDS ZERO HIV TASKFORCE: UPDATE

- 27.1 The Board considered a report of the Executive Director, Health and Adult Social Care providing an update on the work of the Brighton and Hove Towards HIV Taskforce. The taskforce was the local delivery vehicle for the International Fast Track Cities initiative. The Taskforce supported the City to achieve the Fast Track City goals of zero HIV stigma, zero new HIV infections and zero deaths from HIV.
- 27.2 Councillor Shanks, the Chair, welcomed the report which was a “good news story” in that significant improvements had been achieved to reach the point that we are at now.
- 27.3 Councillor Nield, also commended the report which gave a clear audit trail from where we were, where we had reached and future goals.
- 27.4 The Director of Public Health, stated that this piece of work provided an excellent example of what could be achieved as a result of collaboration.
- 27.5 **RESOLVED** – That the Board notes the contents of the progress report.

28 BRIGHTON & HOVE COLD WEATHER PLAN 2022-23

- 28.1 The Board considered a report of the Executive Director of Public Health detailing the Brighton and Hove City Council Winter Cold Weather Plan 2022/23. It was noted that the plan was updated annually. For 2022/23 planning had been in the context of the economic downturn, cost of living increases, political changes, ongoing challenges to the health and socio-economic impacts and seasonal influenza.
- 28.2 The Plan localised the Cold Weather Plan for England, both aimed to prevent avoidable harm to health, by alerting services and people to negative health effects of cold weather and enabling all to prepare and respond appropriately. One of the main aims of the Plan was to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people, for this year these pressures would include cost of living, increasing fuel costs with associated fuel poverty, and the impacts of Flu, Covid 19 and other seasonal viruses.
- 28.3 It was explained in answer to questions that whilst the challenges to be met differed each year the on-going after-effects of the pandemic and the impact of the cost of living crisis represented significant issues for the forthcoming winter period. To set this into context, the key factors and strategies in place and actions to be taken to address them were highlighted.
- 28.4 Councillor Robins queried the need to keep homes at a temperature of 18 degrees even through the night which seemed very high. It was explained that was advised only for the most vulnerable. Keeping warm with a blanket/hot water bottle was also recommended.

28.5 Councillor Brown referred to the suggestion that “warm banks” be provided which provided a warm environment at hub location
(s) which would provided not only warmth but also companionship and the opportunity to interact with others, enquiring whether this had come to fruition. The Executive Director, Health and Adult Social Care that a directory detailing winter activities available across city was being produced but was not yet complete.

28.6 **RESOLVED** - (1) That the Board approves the content of the report and the actions to be taken by the Council services and partner organisations;

(2) The City Council, NHS commissioners and partner organisations are assured that plans are in place and action identified to respond to Cold Weather Alerts and that service providers and stakeholders will take appropriate action according to the Cold, Weather Alert level in place, their professional judgements and remain Covid 19 safe.

29 **JOINT HEALTH & WELLBEING STRATEGY (JSNA) OUTCOME MEASURES: UPDATE**

29.1 The Board considered a report of the Director of Public Health setting out the Joint Health and Wellbeing Strategy Outcome Measures update. All Health and Wellbeing Boards had a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA)

29.2 Members discussed the merits of when/how that information should be received and were of the view that they would like to receive an annual update at one meeting, supplemented by summary updates based on the Wells, at the remaining two meetings (to highlight 2 of the Wells at each meeting).

29.3 **RESOLVED** -(1) That the Board notes the current trend status of the JH&WS outcome measures;

(2) That the Board agrees the changes to outcome measures and inclusion of additional measures;

(3) That the Board approves the proposal to monitor outcome measures by reflecting “direction of travel”;

(4) That the Board considers and agrees that they would like to receive an annual update at one meeting, supplemented by summary updates based on the Wells, at the remaining two meetings (to highlight 2 of the Wells at each meeting).

The meeting concluded at 5.00pm

Signed

Chair

Dated this

day of



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

Title:	Sussex Integrated Care Strategy and Shared Delivery Plan
Date of Meeting:	7 March 2023
Report of:	Lola Banjoko - Executive Managing Director NHS Brighton & Hove Robert Persey – Executive Director Health & Adult Social Care – Brighton and Hove City Council
Contact:	Tel: 01273
Email:	Harpreet.kaur38@nhs.net
Wards Affected:	All
FOR GENERAL RELEASE	
Executive Summary	
<p>The Sussex Health and Care Assembly signed off the Sussex Integrated Care Strategy with full support and engagement from system partners on 14 December 2022. The Strategy was noted at Full Council on 15 December 2022 and published alongside a week of media campaigns on 30 January 2023.</p> <p>The Department for Health & Social Care have published guidance for Integrated Care Boards (ICB) to develop a five-year Shared Delivery Plan (SDP) providing the integrated care system with a flexible framework which builds on existing system and place strategies and plans, which includes Joint Health and Wellbeing Board Strategies.</p> <p>The Shared Delivery Plan will describe how NHS Sussex and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs the delivery of universal NHS commitments, addressing</p>	



the Health and Care System's four core purposes and meeting legal requirements.

The ICB is required to provide a first draft of the SDP by 1st April 2023. NHSE guidance for publishing and sharing the plan is 30th June 2023, with a focus on year 1 allowing for the process of engagement with the local population, Integrated Care Partnerships, Health & Wellbeing Boards (HWB) & NHSE to continue after 31st March but ensuring a final iteration is signed off by 30th June.

The Shared Delivery Plan will be delivered as a single plan that incorporates the Operating Plan requirements for 2023/24 and the delivery plan for the five-year Sussex Health and Care Improving Lives Together Strategy set within a framework document that will bring together a consistent narrative around strategic change and operational delivery, pulling in content from the approved Strategy and respective Place plans.

The March 2023 submission will consist of high-level information on the Operational Plan and the detail of Year One response to the Integrated Care Strategy, plus a vision and roadmap for years two to five of the Strategy (noting that an initial draft of the Operating Plan must be submitted to NHSE on 23 February 2023). For Brighton and Hove this will include the key milestones for the Place Transformation Programme (Improving Brighton and Hove Lives Together) that is focussed on adults with multiple compound needs.

The June 2023 submission will set out the delivery objectives for years two to five of the Strategy in more detail and will include all the 5 Place based priorities, cancer, children and young people, mental health, multiple long-term conditions, and multiple compound needs.

In developing the SDP, it has considered BH Health and Wellbeing Strategy with a particular focus on *living well domain* and health inequalities.

1. Decisions, recommendations, and any options

1.1 That the Board is asked to.

- a) **Note** the update on the development of the Shared Delivery Plan for Sussex and the deadline set for a first submission by 30 March 2023 to provide a high-level response to the NHS Operating Plan and Year 1 response to Integrated Care Strategy and Place based programme focussed on adults with multiple compound needs.
- b) **Note** the second deadline of 30 June 2023 to submit a final Shared Delivery Plan setting out the delivery objectives for years two to five of the Strategy in more detail and the five Place Plan priorities.

- c) **Agree to hold a special meeting of the Board in June 2023 to consider whether the Shared Delivery Plan takes sufficient account of Joint Local Health & Wellbeing Strategy priorities**
- d) **Note** the role of and Health Overview and Scrutiny Committee in holding NHS Sussex and partners to account for the ongoing delivery of the SDP.

2. Relevant information

2.1 Introduction:

- 2.2 The Sussex Health and Care Assembly was responsible for signing off the Sussex Integrated Care Strategy, with full support and engagement from system partners. This was achieved at the Health and Care Assembly's Meeting in public 14 December 2022. The Strategy was noted by Full Council on 15 December 2022 and published alongside a week of media campaigns on 30 January 2023.
- 2.2 The Integrated Care Strategy sets out the ambitions for health and care that aim to improve the lives of people living across Sussex and describes what we want to achieve over the next five years.
- 2.3 The Strategy has been built on Health and Wellbeing Strategies that are already in place across Brighton and Hove, East Sussex, and West Sussex, is influenced by supporting information and evidence, has been shaped by feedback and insight from partners and the public engagement, and responds to several national strategies, plans and guidelines that need to be met.
- 2.4 The Department for Health & Social Care have published guidance for Integrated Care Boards to develop a five-year Shared Delivery Plan providing the integrated care system with a flexible framework which builds on existing system and place strategies and plans, which includes Joint Health and Wellbeing Board Strategies.
- 2.5 The Shared Delivery Plan will describe how NHS Sussex and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs the delivery of universal NHS commitments, addressing the Health and Care System's four core purposes and meeting legal requirements.
- 2.6 The Shared Delivery Plan will also set out the delivery objectives over the next 5 years for the 5 Place based priorities: cancer, children and young People, mental Health, multiple long-term conditions, and multiple compound needs. The first submission due by 30 March 2023 will outline the year 1 key milestones for the Place Transformation Programme (Improving Brighton and Hove Lives Together) that is focussed on adults with multiple compound needs.

- 2.7 The Planning Guidance sets out a clear role for Health and Wellbeing Boards and Health Overview and Scrutiny Committees in supporting the development of the Shared Delivery Plan and holding NHS ICB's to account for their ongoing delivery.
- 2.8 This paper provides an update on the Shared Delivery Plan Framework and the proposed approach for developing the Plan including engagement with Health and Wellbeing Boards.
- 2.9 **Shared Delivery Plan Framework:**
- 2.10 The Planning Guidance outlines three principles describing the Shared Delivery Plan's nature and function that have been co-developed with ICBs across the country, trusts and national organisations representing local authorities and other system partners. They include.
- **Principle 1:** Fully aligned with the wider system partnership's ambitions.
 - **Principle 2:** Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
 - **Principle 3:** Delivery focused, including specific objectives, trajectories, and milestones as appropriate.
- 2.11 Work is already underway on some areas of the planning guidance. However, there are areas that require significant focus, and these will be an operational priority. These are:
- **Urgent and Emergency Care**
 - **Planned Care**
 - **Primary Care**
 - **Discharge**
- 2.12 As well as planning to deliver our operational priorities the Shared Delivery Plan will respond to the delivery of our Integrated Health and Care Strategy. The key areas of focus in the strategy are:
- **Place and Integrated Community Teams**
 - **Digital and Data**
 - **Workforce**
- 2.13 In addition, to enable delivery across all our plans, there is a need for us to develop **strong Clinical Leadership across the system**, as well as to continue our focus on **addressing health inequalities** and **managing our finances in a sustainable way**.

- 2.14 These ten areas (highlighted above) will be the key priorities for the next year and will be subject to robust engagement with system partners on how best we can deliver these as part of the Shared Delivery Plan
- 2.15 The Shared Delivery Plan will be delivered as a single plan that incorporates the Operating Plan requirements for 2023/24 and the delivery plan for the five-year Sussex Health and Care Improving Lives Together Strategy set within a framework document that will bring together a consistent narrative around strategic change and operational delivery, pulling in content from the approved Strategy and respective Place plans.
- 2.16 **Engagement Approach to Developing the Plan:**
- 2.17 National guidance stipulates the local approach to the development of the Plan to be determined by NHS Sussex and partner trusts. It should build on and reflect existing joint strategic needs assessments, joint health and wellbeing strategies and NHS delivery plans as well as local patient and public engagement exercises already undertaken.
- 2.18 Given the extensive and successful engagement approach to co-developing the Sussex Integrated Care Strategy, feedback and insight already gained from citizens and our workforce will be used to inform development of the Shared Delivery Plan. In addition, a robust governance structure overseeing the development of the plan, will ensure that this insight is directly applied to the areas identified by the national guidance.
- 2.19 In line with the national guidance, key stakeholders, and groups, such as Healthwatch, Health and Wellbeing Boards and the Sussex Health and Care Assembly will be actively engaged. The respective Health Overview and Scrutiny Committees will be invited to scrutinise the final plans, in the usual way.
- 2.20 Close engagement with partners will be essential to the development of Shared Delivery Plan. This includes working with:
- Sussex Health and Care Assembly (ensuring this also provides the perspective of social care providers)
 - Primary care providers
 - Local authorities and each relevant Health and Wellbeing Board
 - other ICBs in respect of providers whose operating boundary spans multiple ICSs
 - NHS collaboratives, networks, and alliances
 - Voluntary, community and social enterprise sector
 - People and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives, in accordance with the requirement to consult.

2.21 Role of the Health & Wellbeing Board:

2.22 In preparing or revising the Shared Delivery Plan, NHS Sussex and partner trusts are subject to a general legal duty to involve each Health and Wellbeing Board.

2.23 NHS Sussex and partner trusts must send a draft of the Shared Delivery Plan to each Health and Wellbeing Board when initially developing it or undertaking significant revisions or updates. They must consult the Health and Wellbeing Board on whether the draft takes proper account of each joint local health and wellbeing strategy that relates to any part of the period to which the shared delivery plan relates – describing how NHS Sussex proposes to implement the joint health and wellbeing strategies.

2.24 A Health and Wellbeing Board must respond with its opinion and may also send that opinion to NHS England, telling NHS Sussex and its partner trusts it has done so (unless it informed them in advance that it was planning to do so).

2.25 Role of Health Overview and Scrutiny Committees:

2.26 NHS Sussex and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives and through the Sussex Health and Care Assembly, Healthwatch and the local authorities' health overview and scrutiny committees.

2.27 Sign off process for the Shared Delivery Plan:

2.28 The timeline for the development and governance signs off the Shared Delivery Plan is detailed in the attached appendices. However, NHS Sussex is required to provide a first draft of the Shared Delivery Plan by 1st April 2023.

2.29 The March 2023 submission will consist of high-level information on the Operational Plan and the detail of Year One response to the Integrated Care Strategy, plus a vision and roadmap for years two to five of the Strategy (noting that an initial draft of the Operating Plan must be submitted to NHSE on 23 February 2023).

2.30 The final date for publishing and sharing the plan is 30th June 2023, allowing the process of engagement with the Sussex Health and Care Assembly, Health and Wellbeing Boards and NHS England to continue after 31st March but ensuring a final iteration is signed off by 30th June.

2.31 The June 2023 submission will set out the delivery objectives for years two to five of the Strategy in more detail, including for the 5 Place based priorities: cancer, children and young People, mental Health, multiple long-term conditions, and multiple compound needs. The first submission due by 30

March 2023 will outline the year 1 key milestones for the Place Transformation Programme (Improving Brighton and Hove Lives Together) that is focussed on adults with multiple compound needs.

2.32 High level Milestones for Year 1 Place Transformation Programme – Improving Brighton and Hove Lives Together:

2.33 Multiple Compound Needs is a Place based priority and to respond to this we have established our Transformation Programme (Improving Brighton and Hove Lives Together).

2.34 People with Multiple Compound Needs are amongst the most marginalised and vulnerable members of society that face significant health inequalities. There is a 34-year life expectancy gap for people within this cohort compared to the general population.

3. Important considerations and implications

Legal:

3.1 As described in the body of this report NHS Guidance requires the development and submission of the Shared Delivery Plan. The report is for noting and recommends a special meeting in June 2023 for the Board to consider the Shared Delivery Plan which is appropriate given the NHS deadline submission date.

Lawyer consulted: Sandra O'Brien

Date: 16 February 2023

Finance:

3.2 The Sussex Integrated Care Strategy and Shared Delivery Plan will provide the integrated care system with a flexible framework which builds on existing system and place strategies and plans, which includes Joint Health and Wellbeing Board Strategies. The plan will describe the strategic direction for meeting the broader health, public health and social care needs of the population of Sussex to agree an Integrated Care Strategy for Sussex.

3.3 This will inform priorities, budget development and the Medium-Term Financial strategy of the partner organisations, including the council. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.



Finance Officer consulted: Sophie Warburton Date: 16/02/2023

3.2 The Sussex Integrated Care Strategy and Shared Delivery Plan will provide the integrated care system with a flexible framework which builds on existing system and place strategies and plans, which includes Joint Health and Wellbeing Board Strategies. The plan will describe the strategic direction for meeting the broader health, public health and social care needs of the population of Sussex to agree an Integrated Care Strategy for Sussex.

3.3 This will inform priorities, budget development and the Medium-Term Financial strategy of the partner organisations, including the council. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.

Finance Officer consulted: Sophie Warburton Date: 16/02/2023

Equalities:

3.4 None directly for this report. Members may wish to note that equalities issues have been closely considered in determining the Integrated Care Strategy system and place priorities, and that all the place priorities, specifically seek to improve the health of people with protected characteristics.

Sustainability:

3.5 None identified.

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

3.6 These implications are already covered in the main body of the report.

Supporting documents and information

Appendix 1: slides on the Integrated Care Strategy and the Shared Delivery Plan

Improving Lives Together

Developing our ambition for a healthier future
in Sussex

**Sussex Integrated Care Strategy and
Shared Delivery Plan**

Better health and care for all



**How the
Integrated Health & Care Strategy
was developed in partnership with
stakeholders including citizens and
our workforce**

Sussex Strategy Development Principles

The Sussex Health and Care Assembly agreed the following key principles to guide the strategy development process:

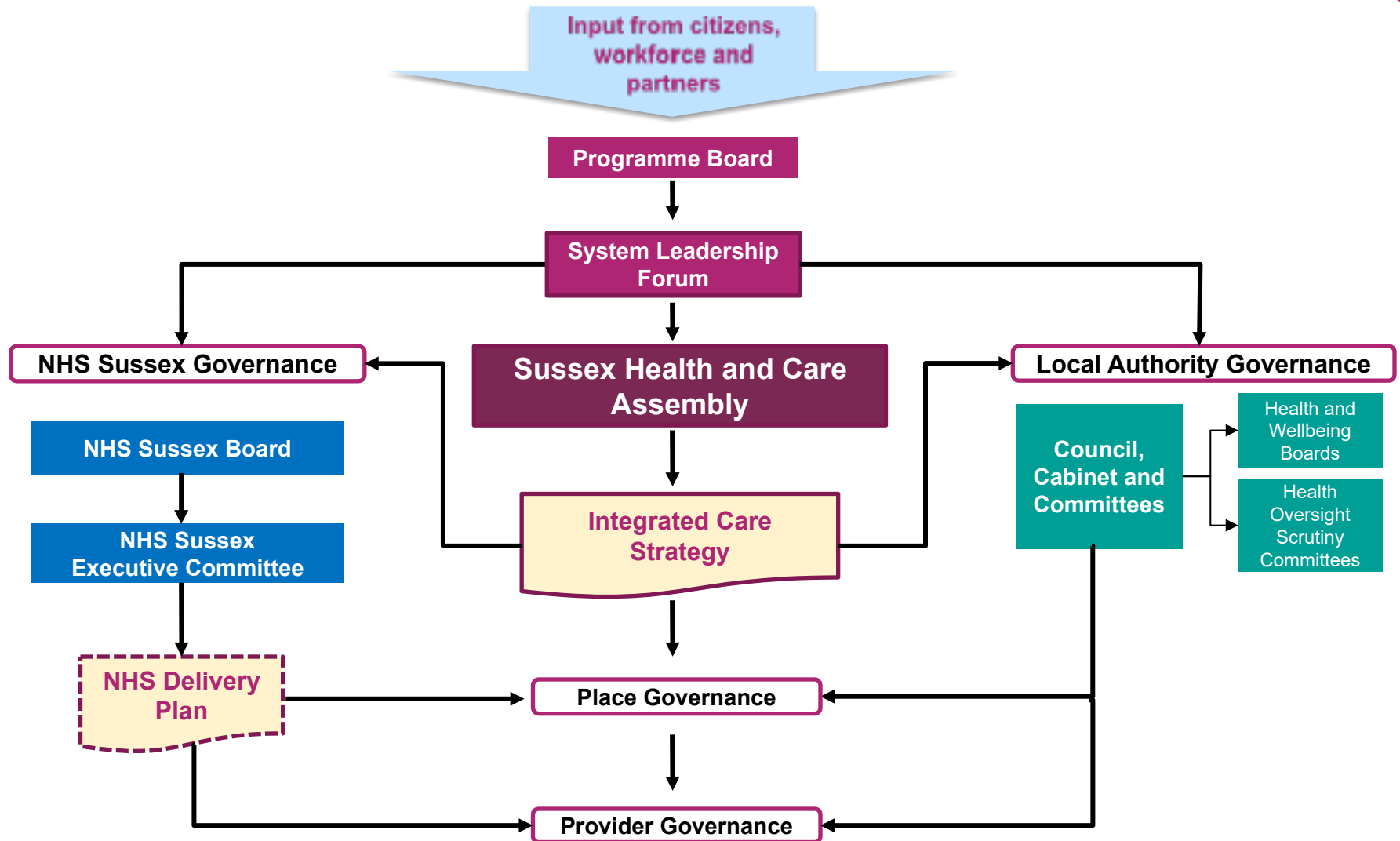
- a) **Place and population first:** We took an approach that considers the principles of place-based working that have been agreed across the system.
- b) **Data and evidence:** We ensured that our approach was based on evidence, comparative data and responded to population need in line with the above principles.
- c) **Co-production:** Our communities were central to the creation of the plan. To achieve this, we ensured that every organisation was actively involved and led in the engagement with our communities.
- d) **NHS plan:** The NHS National Mandate was included within the strategy but did not drive its framing. Health and Wellbeing Strategies underpinned the strategy development process.

Ensuring the most appropriate geography was considered in framing strategic priorities:

- **Neighbourhood** (i.e. town or local community)
- **Place** (i.e. local authority footprints of Brighton & Hove, East Sussex or West Sussex)
- **Sussex Wide** (i.e. overall footprint of NHS Sussex)

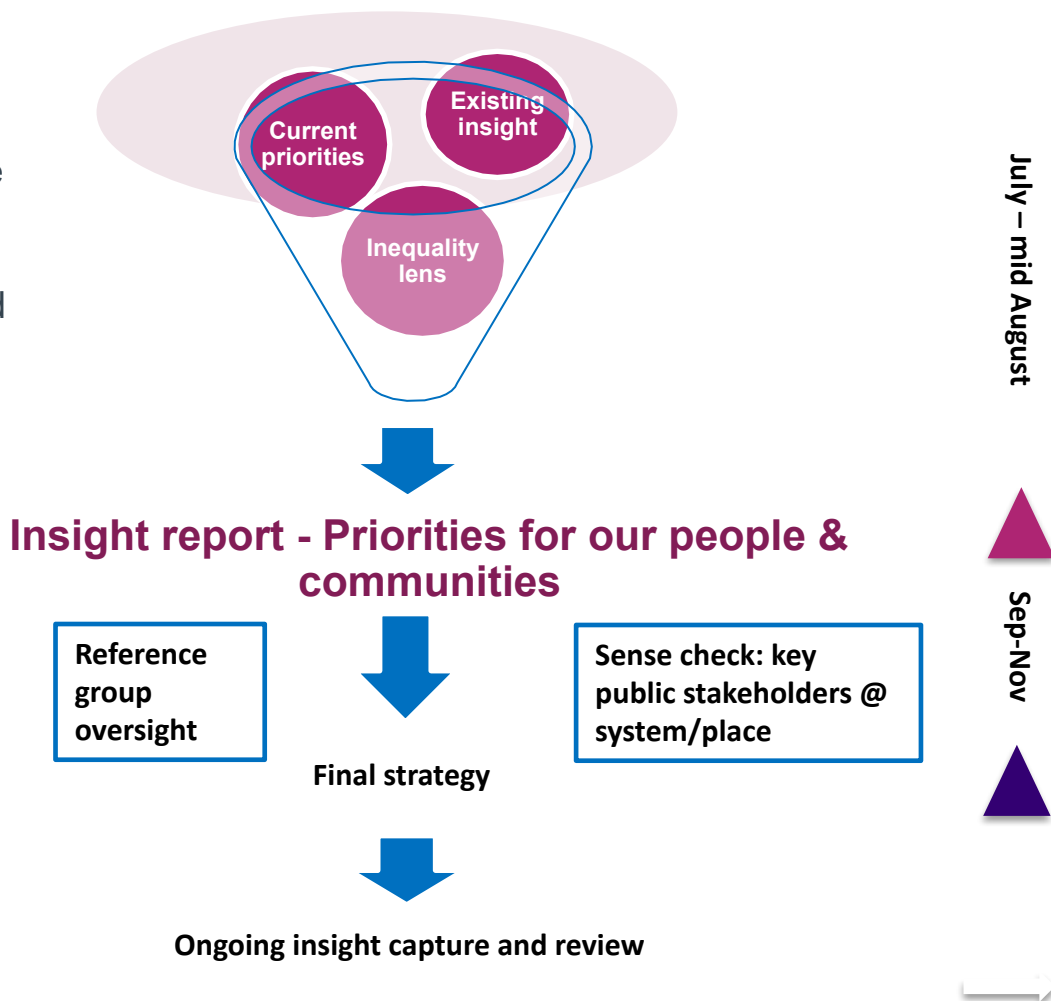
The Sussex Health and Care Assembly was responsible for signing off the strategy, with full support and engagement from system partners. This was achieved at the Health and Care Assembly's Meeting in public 14 December 2022. The Strategy was formally published alongside a week of media campaigns on 30 January 2023.

Simplified governance structure for development and sign off of the Integrated Care Strategy



Our engagement approach – endorsed by the Programme Board made up of Directors of Adult and Children's Services and Directors of Public Health

- **Built on** existing insight - not re-engage
- **Sense checked** themes and priorities
- Underpinned by **collaboration and partnership** across the health and care system
- **Independent and peer review** ensured process was systematic & meaningful
- **Clarity on “what’s next”** for ongoing engagement and review after Strategy publication
- Strategy underpinned by a comprehensive Equality and Health Inequalities Impact Assessment (EHIA) and Quality Impact Assessment (QIA)



How we have engaged with local people

We have collated feedback from local people over the last two years to help shape our ambition. This includes:



Direct feedback from

18,000

people.



500

interviews and direct feedback through partners, including Healthwatch.



1,440

survey responses on our ambition priorities.



800

individual conversations in public engagement events during the summer and autumn of 2022.



Face-to-face and virtual workshops with

420

people.



Online communication that has reached more than

200,000

people across our website, social media and podcasts.



Engagement with communities who experience health inequalities and marginalised groups, working with the voluntary and community sector.

What we are trying to do

We are developing an ambition for health and care that aims to improve the lives of people living across Sussex now and in the future.

It sets out what we want to achieve over the next five years.

Its purpose is to set out the areas of work that we want to achieve across the health and care system that will make the biggest difference to local people.

By working together across all partners, and with local people and communities, we will be able to combine our collective energy, resource and expertise to bring bigger benefits for our population.

It will be built on the Health and Wellbeing Strategies that are already in place across Brighton and Hove, East Sussex and West Sussex, is influenced by supporting information and evidence, has been shaped by feedback and insight from partners and the public engagement, and responds to a number of national strategies, plans and guidelines that need to be met.



The Sussex Health and Care Assembly oversaw its development and will oversee its impact. The Assembly is a new statutory joint committee between the NHS Sussex, Brighton & Hove City Council, East Sussex County Council and West Sussex County Council, and includes membership from a wide range of leaders from the NHS, local authorities, universities, voluntary and community organisations, Healthwatch and other specialist members with expertise in further education, housing and local enterprise.

We are now discussing across organisations, staff, and our communities, what we need to do to make our ambition a reality and put that into a Shared Delivery Plan.

Why we need to change

A lot of work has already taken place across health and care over recent years to improve the support, care and treatment available, and the timeliness of how people access services, and progress has been made that has brought real benefits to local people.

However, we recognise this has still not gone far or fast enough in many areas and a lot of the issues we face can only be resolved with bigger, longer-term and more ambitious change.

There are many issues and challenges that are currently impacting on the health and care of our population, and the services that are available to support them, that means some people are not always getting the experience we all want.

These include:



Greater need for services

We are seeing an increasing need for care and support, which is putting pressure on services and staff, meaning some people are waiting longer than they should for the care, support and treatment. This is due to a number of factors:

- Someone's life circumstances that are leading to poor health;
- Society and economic environment and conditions our local communities are living within;
- Our growing and ageing population that means more people need more care more often;
- Impact of the pandemic and the current cost of living on people's health and wellbeing.



Health inequalities

We currently have communities and groups of people who have worse health, outcomes and access to services than other people because of who they are or where they live, particularly for those living in our most deprived areas.



Disjointed care

Local people have told us that services and organisations do not always work in a joined-up way which can cause delays in care and treatment, resulting in poor experiences and outcomes. They have also said that the large number of health and care organisations providing care are variable in quality and can be confusing, making it difficult to know where to go for help when they need it.



Use of digital technology and resources

We need to do more to harness the potential of digital technology to improve access and join-up of services. We also need to get more out of the resources we have available in terms of the buildings we use and the public funding we have to spend.



Development and support for our workforce

There are three key issues that we need to address to better develop and support our workforce:



- The increasing pressure on staff is resulting in more people going off sick and more people leaving health and care professions.
- We are currently unable to recruit enough care professionals to cover vacancies in our services and it takes time to train and develop future staff.
- We are not doing enough to support staff to develop new skills which can be used in the best possible way across different teams and services.

We now have an opportunity to respond and tackle to the issues we face across the Sussex health and care system.

Our ambition for the future

Our ambition is improve the lives of people living across Sussex by supporting them to live healthier for longer and making sure they have access to the best possible services when they need them. We want to:



Help local people start their lives well by:

- Improving mother and baby health and wellbeing and supporting parents and carers.
- Creating healthy environments for children to grow up in.
- Supporting good mental health for all children.
- Better supporting the most vulnerable children and young people.



Help local people to live their lives well by:

- Supporting people to look after their own health and wellbeing.
- Supporting people to live, work and play in places that promote health and wellbeing.
- Supporting people who have physical disabilities, learning disabilities and mental health conditions, to have good health and joined up care.
- Ensuring more access to services for people who have traditionally been under-served, for example homeless people and other groups.



Help local people to age well by:

- Ensuring fewer older people feel lonely or isolated.
- Helping older people to stay healthy and live independently for longer.
- Reducing the number of older people who suffer falls.
- Helping older people receive good quality care at the end of their lives and to die at a place of their choosing.



Help local people get the treatment, care and support they need when they do become ill by:

- Tailoring care to support people in their own home, or as close to home as possible.
- Supporting the health and wellbeing of informal carers.
- Giving them access to the most appropriate and best experts and professionals as early as possible that best suits their needs.
- Giving greater joined-up care and support for people with long-term conditions and a number of health issues.



Help our staff get more support, development and work in an by:

- Growing our workforce by making it easier for people to go into care professions.
- Providing more and varied training opportunities.
- Creating a more inclusive and diverse working environment.

Achieving our ambition

We need to respond to the issues we face, and what local people and staff have said, and make the biggest difference to improve the lives of people living across Sussex.

We will do this with a **new Joined-Up Community approach**.

This will involve a different way of working to how services are working today. There will be three big differences:

- **Involvement of local people:** Local people, and carers, will be supported to have greater involvement and say in how health and care services work for them.
- **Joined-up working:** Teams of professionals and experts will work closer together across different organisations within local communities to tailor support, care and treatment to what local people need.



- **Partnership with communities:** Health and care will work with communities to shape support and care around what works best for them, building on what already works well and creating new solutions where needed.

We know that every community is different, and local people will have different needs, so there will not be a one-size fits all approach.

As well as changes to how services work, this new way of working will also have three big differences in how we approach health and care for local people:

- **Bigger focus on all aspects of your life:** We will be focusing on all areas of people's lives that influence their health and wellbeing.
- **Bigger focus on supporting you to stay healthy:** We will focus more of our effort, resource and expertise into helping people you healthy and supporting you to continue to live a fulfilled life if you do become ill or have a health issue.
- **Bigger focus on our children and young people:** We will be focusing on children and young people as we know giving them greater support will help them for the rest of their lives.



Our success factors

For the new way of working to be successful, there are three critical success factors that we need to develop and improve:

- **Growing and supporting our workforce**
- **Improving the use of digital technology and information**
- **Maximising the benefit of partnership working**

Success factor: Growing and supporting our workforce

To achieve our ambition, we need to grow and develop our workforce and make sure they are more supported to do the best job they can for local people.

There are five key areas we want to achieve:

- **Joined-up working** across the workforce.
- We want staff to be able to work more flexibly, to **develop more general skills** and expand the skills they have.
- We want to **develop more roles** that cover a number of different disciplines and bring greater expertise.
- We want to encourage and make it **easier for more young people to want and have a career in health and care**.
- We want to create a **culture where people feel valued and supported** to develop their skills and expertise at work.



Success factor: Improving the use of digital technology and information

A lot of work has taken place to improve our use of digital technology and information to improve services and help people can access support, care and treatment more easily. However, we are not maximising the potential that it can bring and we need to now focus on how we can better do this to make our ambition a success. There are five key areas we want to achieve:

- We want to **connect information** across our health and care services, so the service and support you receive is as properly joined-up.
- We want to **improve the way services use technology** and how they share data to improve the support, care and treatment they provide.
- We want **staff to have access to the information they need**, wherever they are and whenever they need it, to better support the health and care needs of local people.
- We want to **support local people** to access and manage their own health and care information, care preferences and the way in which they wish to interact with services.
- We want to do more to **help people use and know how to use digital technology** in the way that will best suit them and their needs.

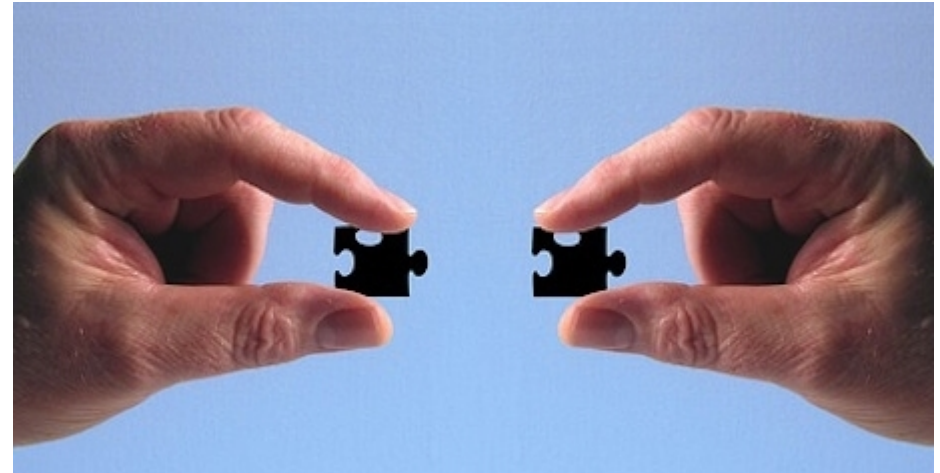


Success factor: Maximising the benefit of partnership working

To achieve our ambition, organisations responsible for the planning, co-ordination, and delivery of health and care need to work closer together and with other organisations that play a part in influencing a person's health and care.

In addition to working at a local level with communities, we will do this in three ways:

- **More leadership at “place”:** We aim to strengthen how our organisations can work together formally across our populations in Brighton and Hove, East Sussex and West Sussex, focussing on distinct needs and challenges in our local areas. We call this working at “place” and it is where the local NHS, local government and a wide range of local partners come together to shape and transform health and care and the make the most of the collective resources we have available. Our three Health and Care Partnerships will increase ways to offer joined-up care and action to improve health and reduce health inequalities in our local communities.
- **Working across Sussex:** Our new “Health and Care Assembly” will strengthen how key organisations can work together formally on the complex and challenging issues that are shared across Sussex.



This is a new way of working and will mean more organisations will be able to contribute to improving health and care, through creating innovative solutions to help make sure our ambition becomes a reality.

- **Greater joined-up of the local NHS:** The local NHS will be doing more to join-up services across the 1,100 different NHS organisations across Sussex, to improve the experience and outcomes of local people and staff.

Implementing the Sussex Integrated Care Strategy – A Shared Delivery Plan

Full NHS England Guidance: <https://www.england.nhs.uk/wp-content/uploads/2022/12/B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf>

Purpose of the Shared Delivery Plan – (National Guidance)

- The Department for Health & Social Care have published guidance for Integrated Care Boards to develop a five-year Shared Delivery Plan providing the integrated care system with a flexible framework which **builds on existing system and place strategies and plans**, which includes Joint Health and Wellbeing Board Strategies.
- The Shared Delivery Plan will describe how NHS Sussex and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs the delivery of **universal NHS commitments, addressing the Health and Care System's four core purposes and meeting legal requirements**.

Principles

Three principles describing the Shared Delivery Plan's nature and function have been co-developed with ICBs across the country, trusts and national organisations representing local authorities and other system partners. They include;

Principle 1: Fully aligned with the wider system partnership's ambitions.

Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.

Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate.

Planning Guidance

There are areas of the planning guidance where work is already underway which we believe will enable us to deliver the objectives, and others where we are already achieving the target and believe we will continue to do so. However, there are areas that require significant focus for us to achieve and these will be an operational priority for us. These are:

- **Urgent and Emergency Care**
- **Planned Care**
- **Primary Care**
- **Discharge**

As well as our planning to deliver our operational priorities, we are also working to develop our Shared Delivery Plan for the delivery of our Integrated Health and Care Strategy. The key areas of focus in the strategy are:

- **Place and Integrated Community Teams**
- **Digital and Data**
- **Workforce**

In addition, to enable delivery across all our plans, there is a need for us to develop **strong Clinical Leadership across the system**, as well as to continue our focus on addressing **health inequalities and managing our finances in a sustainable way**.

These ten areas (highlighted above) will be our key priorities as we go into next year and we will now be discussing across our system partners, Executive and our teams how best we can deliver this as part of the Shared Delivery Plan.

Developing the plan

- NHS Sussex is required to provide a **first draft of the Shared Delivery Plan by 1st April 2023**. However, for this first year, NHS England have stated the final date for publishing and sharing the plan is 30th June 2023, allowing the process of engagement with the Sussex Health and Care Assembly, Health and Wellbeing Boards and NHS England to continue after 31st March but ensuring a **final iteration is signed off by 30th June**.
- The Shared Delivery Plan will be delivered as a single plan that incorporates the Operating Plan requirements for 2023/24 and the delivery plan for the five-year Sussex Health and Care Improving Lives Together Strategy set within a framework document that will bring together a consistent narrative around strategic change and operational delivery, pulling in content from the approved Strategy and respective Place plans.
- The March 2023 submission will consist of, high-level information on the Operational Plan and the detail of Year One response to the Integrated Care Strategy, plus a vision and roadmap for years two to five of the Strategy (noting that an initial draft of the Operating Plan must be submitted to NHSE on 23 February 2023).
- The June 2023 submission will set out the delivery objectives for years two to five of the Strategy in more detail.
- Chief Executive Officer, Senior Responsible Officers and respective Integrated Care Board Chief Officer leads have been aligned for each of the priority areas of the Shared Delivery Plan and an engagement, planning and approval approach with Local Authority leads is also being confirmed.

Shared Delivery Plan Framework

The below framework will form the basis of the shared delivery plan. It incorporates all of the mandated content set out in the national guidance and attempts to mirror the approach of the Integrated Care Strategy

Summary of framework

1. Delivering Improving Lives Together

- Introductory statement from partners and Exec summary – consistent with strategy

2. Our population and how we work

- Overview of Sussex population and how system works – aligned with strategy supporting documents.

3. Our ambition for a healthier future

- Sets out ambition – consistent with strategy
- Life course, service improvement and workforce
- Sets out other strategic imperatives and aims:
- Improving health and health outcomes of our most disadvantaged communities and individuals (Health inequalities)
- Working better and smarter, and getting the most value out of funding we have (finance)
- Doing more to support our communities to develop socially and economically (social and economic development)
- Protecting those who are victims of abuse (Safeguarding)

4. Making our ambition a reality: Our year one high impact actions

- Year one change for long-term improvement (Descriptor, key actions for each and by when)
- Developing Integrated Community Teams
- Improving the use of digital technology and information
- Growing and developing our workforce
- Maximising the power of partnerships a place and delivery of our health and wellbeing strategies
- Year one actions for immediate improvements (Descriptor, key actions for each and by when)
- Increasing access to and reduce variability in primary care.
- Improving response times to 999 calls and reduce A&E waiting times.
- Reducing diagnostic and planned care waiting lists.
- Accelerating patient flow through, and discharge from, hospitals.

5. Developing our Shared Delivery Plan

- Approach and principles
- Evidence, research and change methodology
- Governance and leadership
- Engagement and partnerships
- Performance, scrutiny and assurance
- How we own, share and manage risk across the system

Developing the plan – engagement

Our proposed approach:

National guidance stipulates the local approach to be determined by NHS Sussex and partner trusts but should build on and reflect existing joint strategic needs assessments, joint health and wellbeing strategies and NHS delivery plans as well as local patient and public engagement exercises already undertaken.

Given the extensive and successful engagement approach to co-developing the Sussex Integrated Care Strategy, feedback and insight already gained from citizens and our workforce will be used to inform development of the Shared Delivery Plan. In addition, a robust governance structure overseeing the development of the plan, will ensure that this insight is directly applied to the areas identified by the national guidance.

In line with the national guidance, key stakeholders and groups, such as Healthwatch, Health and Wellbeing Boards and the Sussex Health and Care Assembly will be actively engaged. The respective Health Overview and Scrutiny Committees will be invited to scrutinise the final plans, in the usual way.

Close engagement with partners will be essential to the **development of Shared Delivery Plan**. This includes working with:

- ▶ the Sussex Health and Care Assembly (ensuring this also provides the perspective of social care providers)
- ▶ primary care providers
- ▶ local authorities and each relevant Health and Wellbeing Board
- ▶ other ICBs in respect of providers whose operating boundary spans multiple ICSs
- ▶ NHS collaboratives, networks and alliances
- ▶ the voluntary, community and social enterprise sector
- ▶ people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives, in accordance with the requirement to consult.

Role of the Health & Wellbeing Board

- In preparing or revising the Shared Delivery Plan, NHS Sussex and partner trusts are subject to a general legal duty to involve each Health and Wellbeing Board.
- NHS Sussex and partner trusts must send a draft of the Shared Delivery Plan to each Health and Wellbeing Board when initially developing it or undertaking significant revisions or updates. They must consult those Health and Wellbeing Boards on whether the draft takes proper account of each joint local health and wellbeing strategy that relates to any part of the period to which the shared delivery plan relates – describing how NHS Sussex proposes to implement the joint health and wellbeing strategies.
- A Health and Wellbeing Board must respond with its opinion and may also send that opinion to NHS England, telling NHS Sussex and its partner trusts it has done so (unless it informed them in advance that it was planning to do so).

Role of NHS England

- NHS England will review and comment on the draft shared delivery plan, and recommend this is done in parallel with the review by Health and Wellbeing Boards. This is not a formal assurance process but an opportunity to support NHS Sussex and their partner trusts to develop their plans.

Role of Health Overview and Scrutiny Committees

- NHS Sussex and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives and in particular through the Sussex Health and Care Assembly, Healthwatch and the local authorities' health overview and scrutiny committees.

Sign off process for the Shared Delivery Plan

- NHS Sussex and their partner trusts should agree processes for finalising and signing off the Shared Delivery Plan. The final version must be published.

Annual updates & revision of the plan

- NHS Sussex and partner trusts should review their shared delivery plan before the start of each financial year, by updating or confirming that it is being maintained for the next financial year. It may also revise the plan in-year if considered necessary.
- The annual refresh of shared delivery plans allows them to be iterated and provides the opportunity for further engagement and collaboration, as well as the opportunity to continue to reflect the most appropriate delivery mechanisms and partners' actions.
- If NHS Sussex and its partner trusts update the shared delivery plan, in a way they consider to be significant, the same requirements regarding engagement and consultation will apply.

System & Place Planning Priorities

Integrated Care Strategy Delivery Priorities

The key areas of focus in the strategy are:

- **Place and Integrated Community Teams**
- **Digital and Data**
- **Workforce**

In addition, to enable delivery across all our plans, there is a need for us to develop strong **Clinical Leadership** across the system, as well as to continue our focus on addressing **health inequalities** and managing our **finances** in a sustainable way.

NHS Operational Priorities

There are areas of the planning guidance where work is already underway which will enable us to deliver the objectives, and others where we are already achieving the target and believe we will continue to do so. However, there are areas that require significant focus for us to achieve and these will be an operational priority for us going into next year. These are:

- **Urgent and Emergency Care**
- **Planned Care**
- **Primary Care**
- **Discharge**

Brighton & Hove Health and Care Partnership Place-based Plan Priorities

The Brighton and Hove Health and Care Partnership have agreed 5 Place based priorities, that are set out in the Place Based Plan 2022/23;

- **Children & Young People**
- **Mental Health**
- **Multiple Long Term Conditions**
- **Multiple Compound Needs**
- **Cancer**

CORE20PLUS5

The Core20PLUS5 approach is a national programme and requires each System to identify its 20% most deprived areas, its Plus /inclusion population groups experiencing worst access, experience and outcomes and plans to address 5 Clinical priorities -Hypertension treatment to target, Chronic Respiratory Disease, Serious Mental Illness Physical Health Checks, Cancer Early Diagnosis and Maternity Continuity of Carer.

The agreed "Plus" Population groups for Brighton & Hove are:

- **Carers** - including young carers
- **Children & Young People in Transition** - more specifically those known to Mental Health services in transitions from Children and Adolescent Mental Health service to Adult Mental Health services
- **Globally displaced communities** - starting with refugees, also looking at addressing the adverse impact of some reportable diseases and refugee children.
- **LGBTQ+**

Year 1 High Level Milestones for B&H (1/3)

Aim	Action	Milestones (quarterly)	Current performance / position	Measure of success Y1	Measure of success Y5
Define the outcomes and KPIs that we want achieve	<ul style="list-style-type: none"> Understand our current data, evidence Understand best practice models globally for learning and development 	<p>Research best practice across the UK and internationally - Q1 23/24</p> <p>Agreed success measure for the overall programme and for identified cohort within the multi-disciplinary case management (proof of concept) – Q1 23/24</p>	<p>34 Years life expectancy gap</p> <p>Baseline for individuals to be agreed</p>	Reported improvement in the baseline for the identified cohort to be confirmed	Reduction in the in life expectancy from the 34 year gap to be confirmed
An agreed methodology for transformation	<ul style="list-style-type: none"> Identify independent evaluation partner for the programme Develop monitoring evaluation and learning framework Ongoing refreshment of the project plan to incorporate outputs from workshop and stakeholder engagement based ongoing population and service user feedback 	<p>Finalise the independent evaluator to evaluate the proof of concept and agree monitoring, evaluation and learning framework (Q1 23/24)</p> <p>Project Management documentation agreed by partners and signed off through governance process (Q2 23/24)</p>	None in place	Signed off by the Executive leadership through the governance process	Implementation of ten recommendations of the Joint Strategic Needs Assessment in the Multiple Compounds Needs Review (2020)

Year 1 High Level Milestones for B&H (2/2)

Aim	Action	Milestones (quarterly)	Current performance / position	Measure of success Y1	Measure of success Y5
Shared understanding of the conditions that needs to be in place to support delivery	<ul style="list-style-type: none"> Engagement at localities and the communities of interest to inform the programme and identify gaps and themes High level stakeholder engagement with B&H leadership across the system 	An agreed consensus supported by a Compact Agreement across the system, with partners (Q3 23/24)	None in place	A compact Agreement in Place	Full implementation of the agreement
Increase and effectiveness of the system to deliver the ambitions of the programme	<ul style="list-style-type: none"> Gap analysis of the BH systems ability to effect change and transformation Outputs used to inform a learning and development specification Identify the training resource To agree training and development plan e.g. joint action learning sets across the system 	An agreed learning and development plan (Q3 23/24)	None in place	Commence learning and development programme	Achieved a transformed system Successful implementation of new transformed system and ways of working

Year 1 High Level Milestones for B&H (3/3)

Aim	Action	Milestones (quarterly)	Current performance / position	Measure of success Y1	Measure of success Y5
A digital offer that enables programme delivery	<ul style="list-style-type: none"> User centred design workshop aimed at understanding needs of the end users Develop a Digital Plan to address the identified gaps Develop a prototype to test with identified end users Evaluate the prototype 	<p>Outputs to inform the development of a place based integrated digital plan to support the proof of concept (Q 1 23/24)</p> <p>Implement prototype (Q3 23/24)</p>	None in place	Shared data information for the identified cohort across all partners	Implementation of a digital offer to support joint working across system partners and individual patients
A multi-disciplinary sourcing model and workforce that cuts across organisations including the VCSE and communities	<ul style="list-style-type: none"> Mapping of current contracts across relevant commission streams (all system partners) Understand the current skills gaps and current configuration of workforce and community assets (all related infrastructure requirements) Define the workforce required and the delivery model at individuals, locality and city level Develop plan to deliver an integrated workforce model that is needed 	<p>Identify gaps and opportunities to co-produce and redesign – Outline business case</p> <p>Agree a roadmap for developing the workforce for the identified cohort (Q4 23/24)</p>	<p>None in place</p> <p>Emerging proof of concept MDT</p>	<p>Approved business case</p> <p>Joined up teams for the identified cohort in the proof of concept</p>	<p>Value for money joint commissioned model of care</p> <p>Deliver better co-ordinated services that are preventative, proactive, responsive and empowering; enabling individuals to maximise control over their lives</p> <p>Improving health and wellbeing of individuals- To be confirmed</p>

Timeline



Council Meetings



Sussex ICB Meeting



Workshop



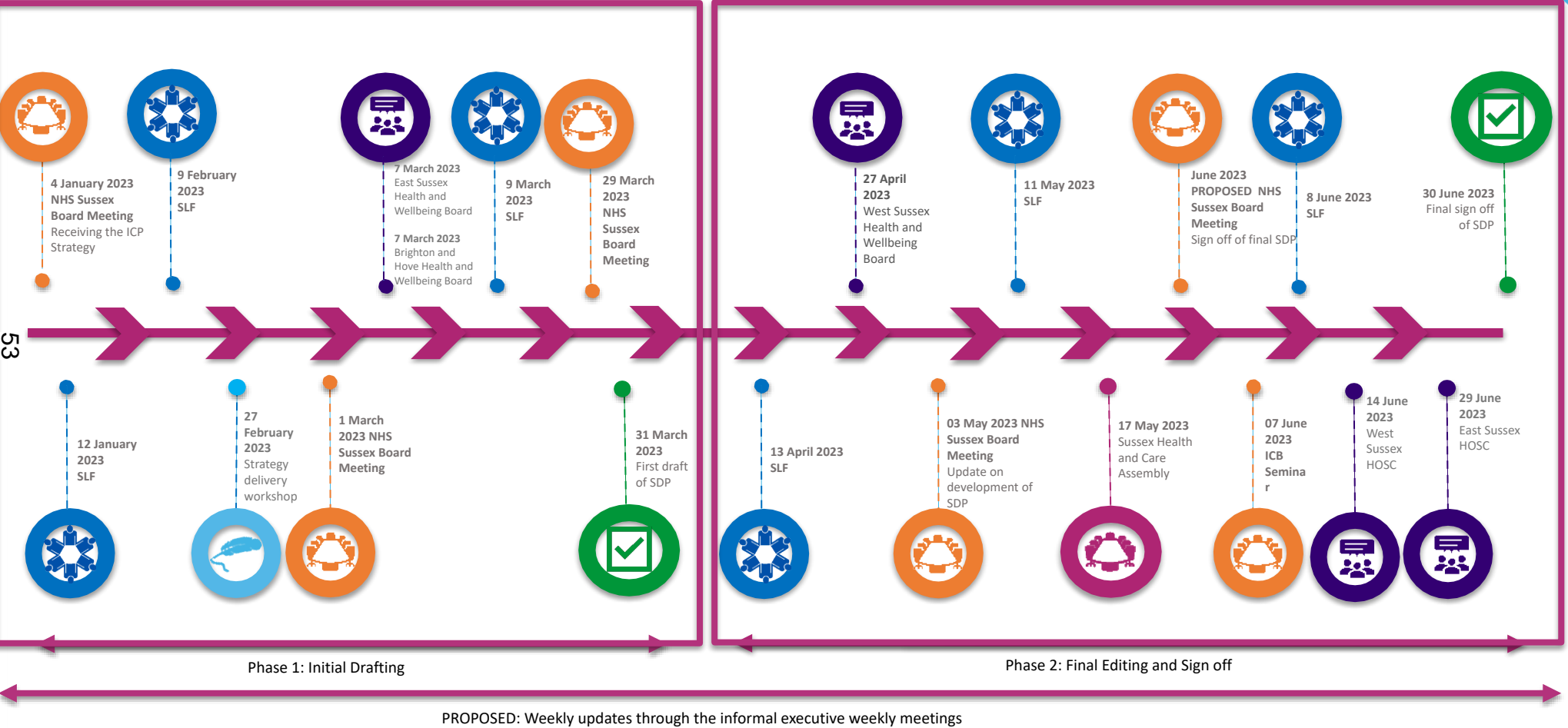
SLF



Deadline



Sussex Health and Care Assembly



HOSC Meetings available in March and April as a potential opportunity for visibility scrutiny (Esx 02/03, WSx 08/03, B&H 12/04)



Sussex
Health&Care

Improving Lives Together

Developing our ambition for a healthier future
in Sussex

**Sussex Integrated Care Strategy and
Shared Delivery Plan**

Better health and care for all

**How the
Integrated Health & Care Strategy
was developed in partnership with
stakeholders including citizens and
our workforce**

Sussex Strategy Development Principles

The Sussex Health and Care Assembly agreed the following key principles to guide the strategy development process:

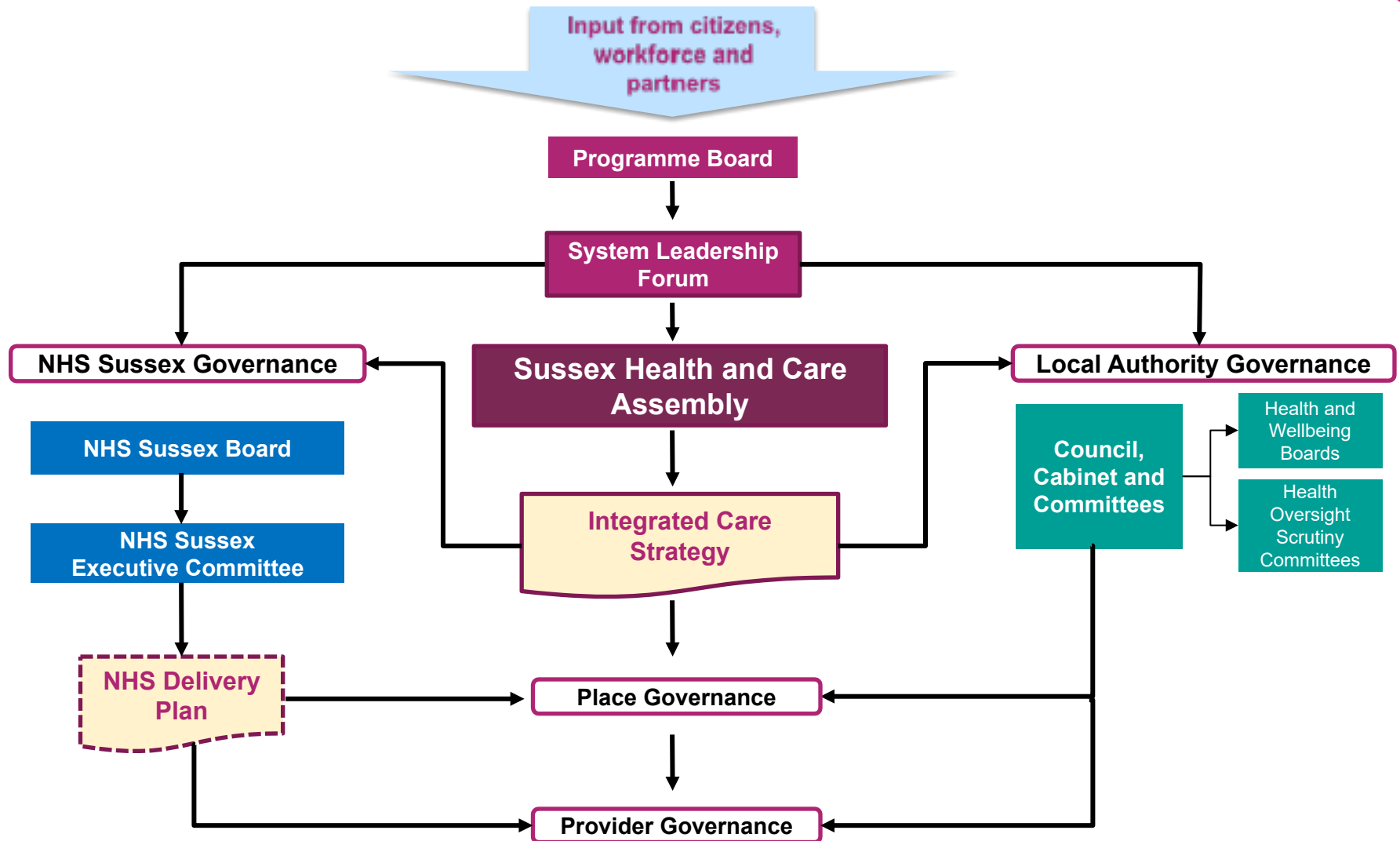
- a) **Place and population first:** We took an approach that considers the principles of place-based working that have been agreed across the system.
- b) **Data and evidence:** We ensured that our approach was based on evidence, comparative data and responded to population need in line with the above principles.
- c) **Co-production:** Our communities were central to the creation of the plan. To achieve this, we ensured that every organisation was actively involved and led in the engagement with our communities.
- d) **NHS plan:** The NHS National Mandate was included within the strategy but did not drive its framing. Health and Wellbeing Strategies underpinned the strategy development process.

Ensuring the most appropriate geography was considered in framing strategic priorities:

- **Neighbourhood** (i.e. town or local community)
- **Place** (i.e. local authority footprints of Brighton & Hove, East Sussex or West Sussex)
- **Sussex Wide** (i.e. overall footprint of NHS Sussex)

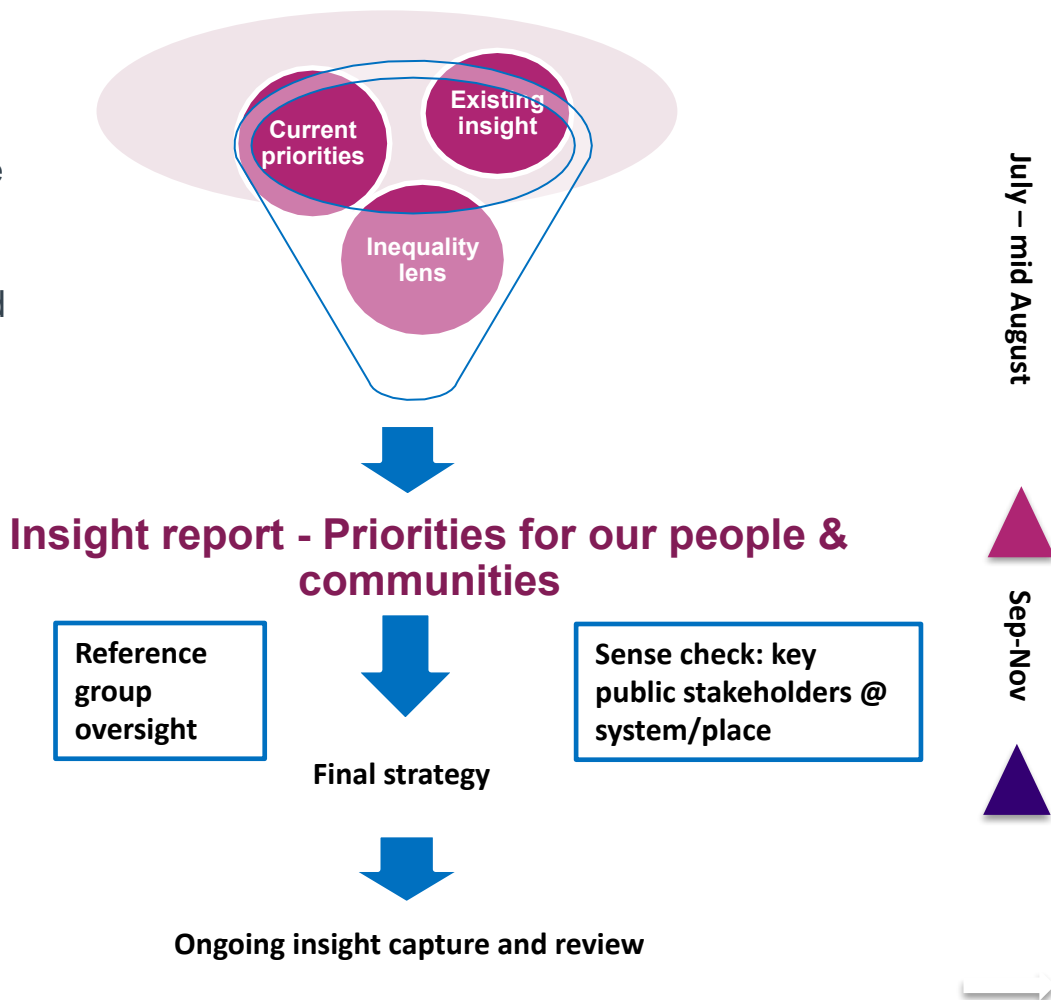
The Sussex Health and Care Assembly was responsible for signing off the strategy, with full support and engagement from system partners. This was achieved at the Health and Care Assembly's Meeting in public 14 December 2022. The Strategy was formally published alongside a week of media campaigns on 30 January 2023.

Simplified governance structure for development and sign off of the Integrated Care Strategy



Our engagement approach – endorsed by the Programme Board made up of Directors of Adult and Children's Services and Directors of Public Health

- **Built on** existing insight - not re-engage
- **Sense checked** themes and priorities
- Underpinned by **collaboration and partnership** across the health and care system
- **Independent and peer review** ensured process was systematic & meaningful
- **Clarity on “what’s next”** for ongoing engagement and review after Strategy publication
- Strategy underpinned by a comprehensive Equality and Health Inequalities Impact Assessment (EHIA) and Quality Impact Assessment (QIA)



How we have engaged with local people

We have collated feedback from local people over the last two years to help shape our ambition. This includes:



Direct feedback from

18,000

people.



500

interviews and direct feedback through partners, including Healthwatch.



1,440

survey responses on our ambition priorities.



800

individual conversations in public engagement events during the summer and autumn of 2022.



Face-to-face and virtual workshops with

420

people.



Online communication that has reached more than

200,000

people across our website, social media and podcasts.



Engagement with communities who experience health inequalities and marginalised groups, working with the voluntary and community sector.

What we are trying to do

We are developing an ambition for health and care that aims to improve the lives of people living across Sussex now and in the future.

It sets out what we want to achieve over the next five years.

Its purpose is to set out the areas of work that we want to achieve across the health and care system that will make the biggest difference to local people.

By working together across all partners, and with local people and communities, we will be able to combine our collective energy, resource and expertise to bring bigger benefits for our population.

It will be built on the Health and Wellbeing Strategies that are already in place across Brighton and Hove, East Sussex and West Sussex, is influenced by supporting information and evidence, has been shaped by feedback and insight from partners and the public engagement, and responds to a number of national strategies, plans and guidelines that need to be met.



The Sussex Health and Care Assembly oversaw its development and will oversee its impact. The Assembly is a new statutory joint committee between the NHS Sussex, Brighton & Hove City Council, East Sussex County Council and West Sussex County Council, and includes membership from a wide range of leaders from the NHS, local authorities, universities, voluntary and community organisations, Healthwatch and other specialist members with expertise in further education, housing and local enterprise.

We are now discussing across organisations, staff, and our communities, what we need to do to make our ambition a reality and put that into a Shared Delivery Plan.

Why we need to change

A lot of work has already taken place across health and care over recent years to improve the support, care and treatment available, and the timeliness of how people access services, and progress has been made that has brought real benefits to local people.

However, we recognise this has still not gone far or fast enough in many areas and a lot of the issues we face can only be resolved with bigger, longer-term and more ambitious change.

There are many issues and challenges that are currently impacting on the health and care of our population, and the services that are available to support them, that means some people are not always getting the experience we all want.

These include:



Greater need for services

We are seeing an increasing need for care and support, which is putting pressure on services and staff, meaning some people are waiting longer than they should for the care, support and treatment. This is due to a number of factors:

- Someone's life circumstances that are leading to poor health;
- Society and economic environment and conditions our local communities are living within;
- Our growing and ageing population that means more people need more care more often;
- Impact of the pandemic and the current cost of living on people's health and wellbeing.



Health inequalities

We currently have communities and groups of people who have worse health, outcomes and access to services than other people because of who they are or where they live, particularly for those living in our most deprived areas.



Disjointed care

Local people have told us that services and organisations do not always work in a joined-up way which can cause delays in care and treatment, resulting in poor experiences and outcomes. They have also said that the large number of health and care organisations providing care are variable in quality and can be confusing, making it difficult to know where to go for help when they need it.



Use of digital technology and resources

We need to do more to harness the potential of digital technology to improve access and join-up of services. We also need to get more out of the resources we have available in terms of the buildings we use and the public funding we have to spend.



Development and support for our workforce

There are three key issues that we need to address to better develop and support our workforce:



- The increasing pressure on staff is resulting in more people going off sick and more people leaving health and care professions.
- We are currently unable to recruit enough care professionals to cover vacancies in our services and it takes time to train and develop future staff.
- We are not doing enough to support staff to develop new skills which can be used in the best possible way across different teams and services.

We now have an opportunity to respond and tackle to the issues we face across the Sussex health and care system.

Our ambition for the future

Our ambition is improve the lives of people living across Sussex by supporting them to live healthier for longer and making sure they have access to the best possible services when they need them. We want to:



Help local people start their lives well by:

- Improving mother and baby health and wellbeing and supporting parents and carers.
- Creating healthy environments for children to grow up in.
- Supporting good mental health for all children.
- Better supporting the most vulnerable children and young people.



Help local people to live their lives well by:

- Supporting people to look after their own health and wellbeing.
- Supporting people to live, work and play in places that promote health and wellbeing.
- Supporting people who have physical disabilities, learning disabilities and mental health conditions, to have good health and joined up care.
- Ensuring more access to services for people who have traditionally been under-served, for example homeless people and other groups.



Help local people to age well by:

- Ensuring fewer older people feel lonely or isolated.
- Helping older people to stay healthy and live independently for longer.
- Reducing the number of older people who suffer falls.
- Helping older people receive good quality care at the end of their lives and to die at a place of their choosing.



Help local people get the treatment, care and support they need when they do become ill by:

- Tailoring care to support people in their own home, or as close to home as possible.
- Supporting the health and wellbeing of informal carers.
- Giving them access to the most appropriate and best experts and professionals as early as possible that best suits their needs.
- Giving greater joined-up care and support for people with long-term conditions and a number of health issues.



Help our staff get more support, development and work in an by:

- Growing our workforce by making it easier for people to go into care professions.
- Providing more and varied training opportunities.
- Creating a more inclusive and diverse working environment.

Achieving our ambition

We need to respond to the issues we face, and what local people and staff have said, and make the biggest difference to improve the lives of people living across Sussex.

We will do this with a **new Joined-Up Community approach**.

This will involve a different way of working to how services are working today. There will be three big differences:

- **Involvement of local people:** Local people, and carers, will be supported to have greater involvement and say in how health and care services work for them.
- **Joined-up working:** Teams of professionals and experts will work closer together across different organisations within local communities to tailor support, care and treatment to what local people need.



- **Partnership with communities:** Health and care will work with communities to shape support and care around what works best for them, building on what already works well and creating new solutions where needed.

We know that every community is different, and local people will have different needs, so there will not be a one-size fits all approach.

As well as changes to how services work, this new way of working will also have three big differences in how we approach health and care for local people:

- **Bigger focus on all aspects of your life:** We will be focusing on all areas of people's lives that influence their health and wellbeing.
- **Bigger focus on supporting you to stay healthy:** We will focus more of our effort, resource and expertise into helping people you healthy and supporting you to continue to live a fulfilled life if you do become ill or have a health issue.
- **Bigger focus on our children and young people:** We will be focusing on children and young people as we know giving them greater support will help them for the rest of their lives.



Our success factors

For the new way of working to be successful, there are three critical success factors that we need to develop and improve:

- **Growing and supporting our workforce**
- **Improving the use of digital technology and information**
- **Maximising the benefit of partnership working**

Success factor: Growing and supporting our workforce

To achieve our ambition, we need to grow and develop our workforce and make sure they are more supported to do the best job they can for local people.

There are five key areas we want to achieve:

- **Joined-up working** across the workforce.
- We want staff to be able to work more flexibly, to **develop more general skills** and expand the skills they have.
- We want to **develop more roles** that cover a number of different disciplines and bring greater expertise.
- We want to encourage and make it **easier for more young people to want and have a career in health and care**.
- We want to create a **culture where people feel valued and supported** to develop their skills and expertise at work.



Success factor: Improving the use of digital technology and information

A lot of work has taken place to improve our use of digital technology and information to improve services and help people can access support, care and treatment more easily. However, we are not maximising the potential that it can bring and we need to now focus on how we can better do this to make our ambition a success. There are five key areas we want to achieve:

- We want to **connect information** across our health and care services, so the service and support you receive is as properly joined-up.
- We want to **improve the way services use technology** and how they share data to improve the support, care and treatment they provide.
- We want **staff to have access to the information they need**, wherever they are and whenever they need it, to better support the health and care needs of local people.
- We want to **support local people** to access and manage their own health and care information, care preferences and the way in which they wish to interact with services.
- We want to do more to **help people use and know how to use digital technology** in the way that will best suit them and their needs.

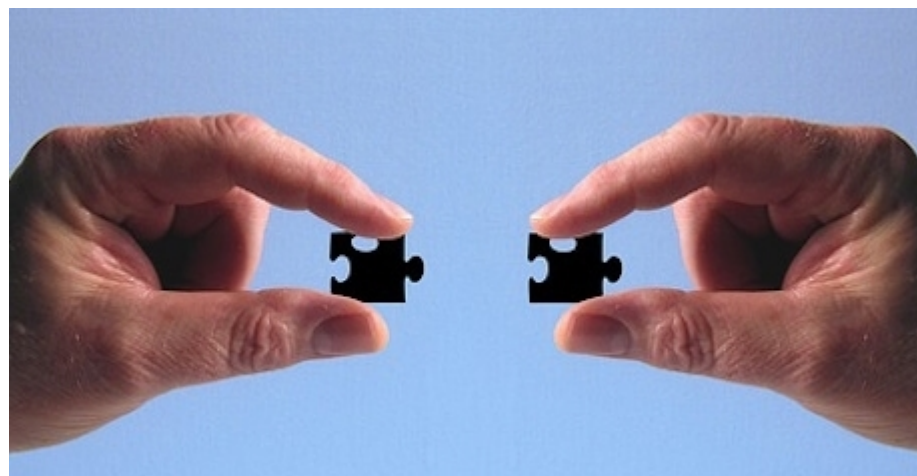


Success factor: Maximising the benefit of partnership working

To achieve our ambition, organisations responsible for the planning, co-ordination, and delivery of health and care need to work closer together and with other organisations that play a part in influencing a person's health and care.

In addition to working at a local level with communities, we will do this in three ways:

- **More leadership at “place”:** We aim to strengthen how our organisations can work together formally across our populations in Brighton and Hove, East Sussex and West Sussex, focussing on distinct needs and challenges in our local areas. We call this working at “place” and it is where the local NHS, local government and a wide range of local partners come together to shape and transform health and care and the make the most of the collective resources we have available. Our three Health and Care Partnerships will increase ways to offer joined-up care and action to improve health and reduce health inequalities in our local communities.
- **Working across Sussex:** Our new “Health and Care Assembly” will strengthen how key organisations can work together formally on the complex and challenging issues that are shared across Sussex.



This is a new way of working and will mean more organisations will be able to contribute to improving health and care, through creating innovative solutions to help make sure our ambition becomes a reality.

- **Greater joined-up of the local NHS:** The local NHS will be doing more to join-up services across the 1,100 different NHS organisations across Sussex, to improve the experience and outcomes of local people and staff.

Implementing the Sussex Integrated Care Strategy – A Shared Delivery Plan

Full NHS England Guidance: <https://www.england.nhs.uk/wp-content/uploads/2022/12/B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf>

Purpose of the Shared Delivery Plan – (National Guidance)

- The Department for Health & Social Care have published guidance for Integrated Care Boards to develop a five-year Shared Delivery Plan providing the integrated care system with a flexible framework which **builds on existing system and place strategies and plans**, which includes Joint Health and Wellbeing Board Strategies.
- The Shared Delivery Plan will describe how NHS Sussex and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs the delivery of **universal NHS commitments, addressing the Health and Care System's four core purposes and meeting legal requirements**.

Principles

Three principles describing the Shared Delivery Plan's nature and function have been co-developed with ICBs across the country, trusts and national organisations representing local authorities and other system partners. They include;

Principle 1: Fully aligned with the wider system partnership's ambitions.

Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.

Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate.

Planning Guidance

There are areas of the planning guidance where work is already underway which we believe will enable us to deliver the objectives, and others where we are already achieving the target and believe we will continue to do so. However, there are areas that require significant focus for us to achieve and these will be an operational priority for us. These are:

- **Urgent and Emergency Care**
- **Planned Care**
- **Primary Care**
- **Discharge**

As well as our planning to deliver our operational priorities, we are also working to develop our Shared Delivery Plan for the delivery of our Integrated Health and Care Strategy. The key areas of focus in the strategy are:

- **Place and Integrated Community Teams**
- **Digital and Data**
- **Workforce**

In addition, to enable delivery across all our plans, there is a need for us to develop **strong Clinical Leadership across the system**, as well as to continue our focus on addressing **health inequalities and managing our finances in a sustainable way**.

These ten areas (highlighted above) will be our key priorities as we go into next year and we will now be discussing across our system partners, Executive and our teams how best we can deliver this as part of the Shared Delivery Plan.

Developing the plan

- NHS Sussex is required to provide a **first draft of the Shared Delivery Plan by 1st April 2023**. However, for this first year, NHS England have stated the final date for publishing and sharing the plan is 30th June 2023, allowing the process of engagement with the Sussex Health and Care Assembly, Health and Wellbeing Boards and NHS England to continue after 31st March but ensuring a **final iteration is signed off by 30th June**.
- The Shared Delivery Plan will be delivered as a single plan that incorporates the Operating Plan requirements for 2023/24 and the delivery plan for the five-year Sussex Health and Care Improving Lives Together Strategy set within a framework document that will bring together a consistent narrative around strategic change and operational delivery, pulling in content from the approved Strategy and respective Place plans.
- The March 2023 submission will consist of, high-level information on the Operational Plan and the detail of Year One response to the Integrated Care Strategy, plus a vision and roadmap for years two to five of the Strategy (noting that an initial draft of the Operating Plan must be submitted to NHSE on 23 February 2023).
- The June 2023 submission will set out the delivery objectives for years two to five of the Strategy in more detail.
- Chief Executive Officer, Senior Responsible Officers and respective Integrated Care Board Chief Officer leads have been aligned for each of the priority areas of the Shared Delivery Plan and an engagement, planning and approval approach with Local Authority leads is also being confirmed.

Shared Delivery Plan Framework

The below framework will form the basis of the shared delivery plan. It incorporates all of the mandated content set out in the national guidance and attempts to mirror the approach of the Integrated Care Strategy

Summary of framework

1. Delivering Improving Lives Together

- Introductory statement from partners and Exec summary – consistent with strategy

2. Our population and how we work

- Overview of Sussex population and how system works – aligned with strategy supporting documents.

3. Our ambition for a healthier future

- Sets out ambition – consistent with strategy
- Life course, service improvement and workforce
- Sets out other strategic imperatives and aims:
- Improving health and health outcomes of our most disadvantaged communities and individuals (Health inequalities)
- Working better and smarter, and getting the most value out of funding we have (finance)
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- ▶ NHS collaboratives, networks and alliances
- ▶ the voluntary, community and social enterprise sector
- ▶ people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives, in accordance with the requirement to consult.

Sussex Wide Engagement

35 Face to face community engagement events

Between September and December 2022, the emerging priorities for the health and care strategy were shared through **face to face engagement at 35 community opportunities** in key towns and cities across Sussex. (Detailed for each place on next slides)

Engagement event with a number of children and young people

A discrete engagement event with a number of children and young people (CYP) and representatives from VCSE organisations that work with CYP with emotional health and wellbeing issues and/or learning disabilities took place and supported a collection of insight gained through our public facing survey.

Public Survey

A public survey was published on Monday 10th October to socialise the nine emerging priorities from the Strategy development, and to encourage the local population to have their say on what was most important to them. 1,443 responses were received over a four week period.

Virtual Events

Two public facing virtual events took place led by the NHS Sussex and Sussex Health and Care Assembly Chair. The Sussex Health and Care vision, ambitions and emerging priorities were presented to more than 80 members of the public, workforce, and VCSE representatives with opportunities to reflect and ask questions. A recording of the event was shared to increase engagement.

Focused Insight

To ensure that the voices and views of some of our most marginalised communities were sought focused insight was sought from trusted VCSE intermediaries. 38 responses were received from VCSE supporting a range of communities including:

- Ethnically diverse communities (4)
- People with learning disabilities (3)
- Older people (3)
- Young people (3)
- Carers (3)
- Trans, non-binary, and intersex people (2)
- LGBTQ+ people (2)
- People with substance misuse issues (2)
- Gypsy, Roma, Traveller communities (2)
- People on a low income (2)

Brighton & Hove Engagement

Date	Location	Type of event	Community	Approx. numbers engaged
April - June 2022	Brighton	Audit	Service providers across Brighton and Hove including homelessness services, mental health supported housing and street outreach services.	885
April -July 2022	Changing futures Common Ambition Mental Health	A series of face to face and virtual workshops	People with lived experience and the organisations that serve them to help understand what some of the emerging themes are for transformation.	144
September 2022	Hove	West Hove Forum	General public	30
October 2022	Brighton	Children and Young People	Voluntary , community and social enterprise Healthwatch	20
November 2022	Brighton (central)	Carers Rights Day	Carers	28
December 2022	Cravenvale Community Centre (Brighton)	Coffee morning (cost of living assistance)	Local Community	25

Patient Feedback

Service provider audits across Brighton & Hove (covering 885 clients) completed Q1 2022. This included homelessness services, mental health supported housing and street outreach services.

"People are bounced/kicked in & out of the System. Goal posts are constantly moving"

Data & Measurements – what gets measured, gets done!!

"Navigating the system is complex and exhausting. There are many blockers and obstacles"

"Can't access services due to other complex needs i.e. drugs/alcohol and mental health"

"There are long waits for referrals"

"Individuals may not reach individual service thresholds but would if a more holistic view was taken"

"People often need to be at severe level before they can access support"

"People with complex needs are not at the centre of the system"

Professional silos and barriers prevent joined up working

Question raised about the role of politics in enabling/blocking change. What can we do to influence this?

No central organisation of MCN services

More outreach support is needed

"There is limited collaboration, services and organisations work in silo's . They are jumbled up"

Individuals have to navigate too many organisations



System & Place Planning Priorities

Integrated Care Strategy Delivery Priorities

The key areas of focus in the strategy are:

- **Place and Integrated Community Teams**
- **Digital and Data**
- **Workforce**

In addition, to enable delivery across all our plans, there is a need for us to develop strong **Clinical Leadership** across the system, as well as to continue our focus on addressing **health inequalities** and managing our **finances** in a sustainable way.

NHS Operational Priorities

There are areas of the planning guidance where work is already underway which will enable us to deliver the objectives, and others where we are already achieving the target and believe we will continue to do so. However, there are areas that require significant focus for us to achieve and these will be an operational priority for us going into next year. These are:

- **Urgent and Emergency Care**
- **Planned Care**
- **Primary Care**
- **Discharge**

Brighton & Hove Health and Care Partnership Place-based Plan Priorities

The Brighton and Hove Health and Care Partnership have agreed 5 Place based priorities, that are set out in the Place Based Plan 2022/23;

- **Children & Young People**
- **Mental Health**
- **Multiple Long Term Conditions**
- **Multiple Compound Needs**
- **Cancer**

CORE20PLUS5

The Core20PLUS5 approach is a national programme and requires each System to identify its 20% most deprived areas, its Plus /inclusion population groups experiencing worst access, experience and outcomes and plans to address 5 Clinical priorities -Hypertension treatment to target, Chronic Respiratory Disease, Serious Mental Illness Physical Health Checks, Cancer Early Diagnosis and Maternity Continuity of Carer.

The agreed “Plus” Population groups for Brighton & Hove are:

- **Carers** - including young carers
- **Children & Young People in Transition** - more specifically those known to Mental Health services in transitions from Children and Adolescent Mental Health service to Adult Mental Health services
- **Globally displaced communities** - starting with refugees, also looking at addressing the adverse impact of some reportable diseases and refugee children.
- **LGBTQ+**

Role of the Health & Wellbeing Board

- In preparing or revising the Shared Delivery Plan, NHS Sussex and partner trusts are subject to a general legal duty to involve each Health and Wellbeing Board.
- NHS Sussex and partner trusts must send a draft of the Shared Delivery Plan to each Health and Wellbeing Board when initially developing it or undertaking significant revisions or updates. They must consult those Health and Wellbeing Boards on whether the draft takes proper account of each joint local health and wellbeing strategy that relates to any part of the period to which the shared delivery plan relates – describing how NHS Sussex proposes to implement the joint health and wellbeing strategies.
- A Health and Wellbeing Board must respond with its opinion and may also send that opinion to NHS England, telling NHS Sussex and its partner trusts it has done so (unless it informed them in advance that it was planning to do so).

Role of NHS England

- NHS England will review and comment on the draft shared delivery plan, and recommend this is done in parallel with the review by Health and Wellbeing Boards. This is not a formal assurance process but an opportunity to support NHS Sussex and their partner trusts to develop their plans.

Role of Health Overview and Scrutiny Committees

- NHS Sussex and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives and in particular through the Sussex Health and Care Assembly, Healthwatch and the local authorities' health overview and scrutiny committees.


Sign off process for the Shared Delivery Plan


- NHS Sussex and their partner trusts should agree processes for finalising and signing off the Shared Delivery Plan. The final version must be published.


Annual updates & revision of the plan


- NHS Sussex and partner trusts should review their shared delivery plan before the start of each financial year, by updating or confirming that it is being maintained for the next financial year. It may also revise the plan in-year if considered necessary.
- The annual refresh of shared delivery plans allows them to be iterated and provides the opportunity for further engagement and collaboration, as well as the opportunity to continue to reflect the most appropriate delivery mechanisms and partners' actions.
- If NHS Sussex and its partner trusts update the shared delivery plan, in a way they consider to be significant, the same requirements regarding engagement and consultation will apply.


Timeline


 Council Meetings

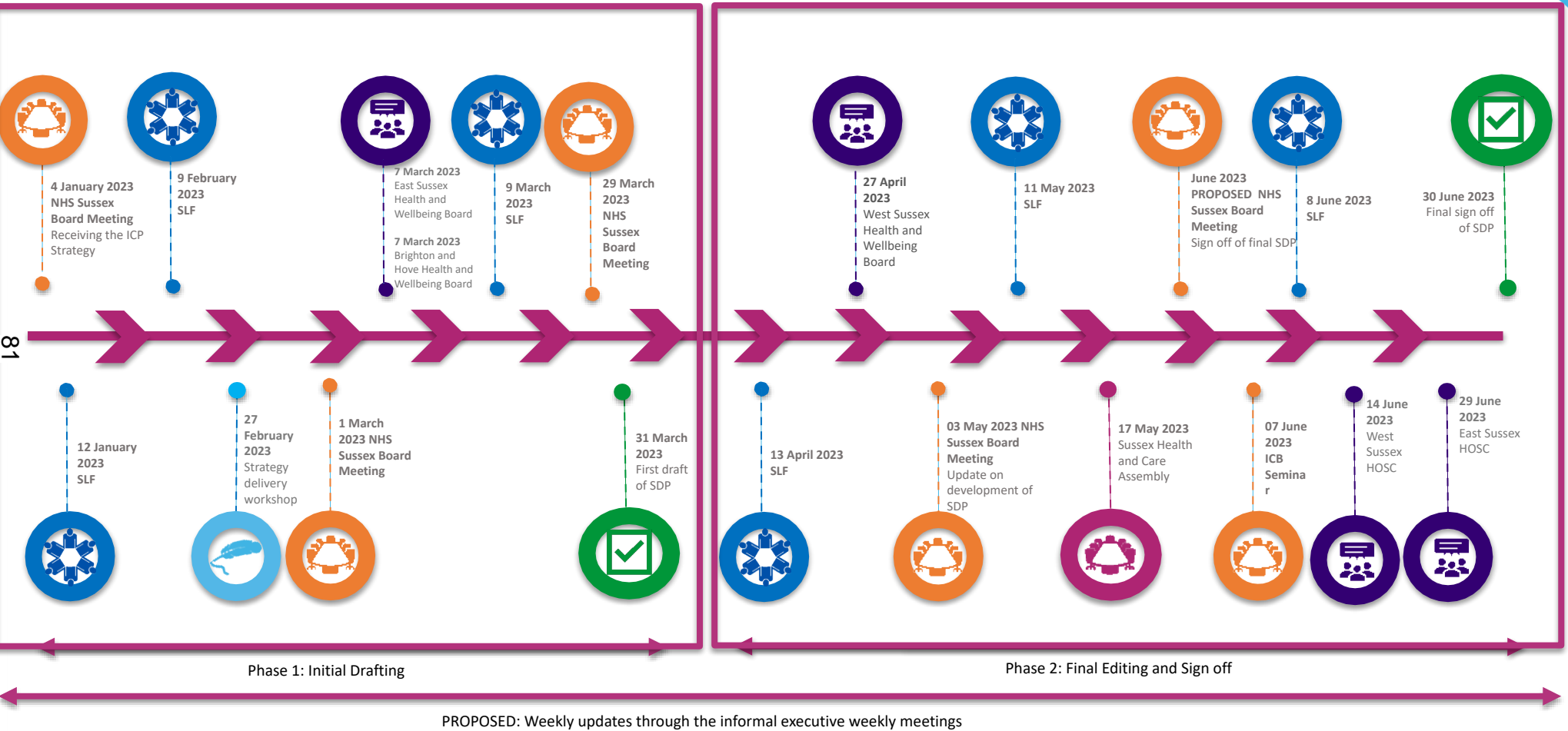
 Sussex ICB Meeting

 Workshop

 SLF

 Deadline

 Sussex Health and Care Assembly



HOSC Meetings available in March and April as a potential opportunity for visibility scrutiny (Esx 02/03, WSx 08/03, B&H 12/04)



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: Looking beyond the pandemic: what we learned and where we go next, Director of Public Health Annual Report

Date of Meeting: 07 March 2023

Report of: Alistair Hill, Director of Public Health

Contact: Giles Rossington Tel: 01273 295514

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

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

A final copy of the 2022 Public Health Report is attached for noting and discussion.

It is a statutory requirement for the DPH to produce an independent annual report and for the local authority to publish it. The purpose of these reports is to raise awareness and understanding of local health issues, highlight areas of specific concern and make recommendations for change. There are no specified requirements as to the content or format of the report.

The report aims to look back and tell the story of how the Council and partners across the city worked together to protect the health of the population. The report includes case studies to illustrate the broad range of work and innovation. It identifies key learning and recommendations that will help the Council and the city to respond to other health and wellbeing challenges, both now and in the future. The audiences for the report are local decision-makers as well as local people who have an interest.

The recommendations in the report are:

1. For the city's partnership structures to be reviewed and refreshed to build on citywide collaboration to improve health and wellbeing outcomes.
2. For the council and the local NHS to make public health data easier to find and use, to empower residents, public services, the community and voluntary sector and businesses to take action to improve health and wellbeing.
3. For the council and NHS to ensure that local programmes, strategies and plans promote health and wellbeing, prioritising communities and groups with the greatest needs.
4. For the Health and Wellbeing Board to continue to develop local partnerships that have been strengthened during the pandemic and ensure that local communities are listened to and actively involved in planning and delivering action to improve health and wellbeing.
5. For the NHS and the council to systematically collect community insight and feedback to make sure health information reaches local communities in the best way for them.
6. For the council to continue to make the link between good health and a strong and fair economy through the refreshed citywide partnership structures.

1. Decisions, recommendations and any options

- 1.1 That the Board notes the contents of this report.

2. Relevant information

- 2.1 See report in appendix

3. Important considerations and implications

Legal:

- 3.1 The NHS Act 2006 and the Health and Social Care Act 2012 requires Directors of Public Health to write an annual report on the health of their local population. The content and structure of the report can be determined locally.

Lawyer consulted: Sandra O'Brien

Date: 15/02/2023

Finance:



- 4.1.1 There are no direct financial implications from the recommendations of this report.

Finance Officer consulted: Sophie Warburton Date:15/02/2023

Equalities:

- 5.1 The report highlights inequalities in health and wellbeing as a result of the COVID-19.

Sustainability:

- 3.1 Climate change is also a health protection issue. Learning the lessons from the response to the COVID-19 pandemic supports the council and the city to respond to challenges of climate change.

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

- 3.2 The report covers the impacts on health, social, children's services and public health.

Supporting documents and information

Appendix1: Annual Report of the Director of Public Health

Brighton & Hove City Council Director of Public Health Annual Report 2022

Looking beyond the pandemic: what we learned and where we go next

Contents

- 1 Introduction: Reflecting on the impact of COVID-19
- 2 Working together to provide an effective response
- 3 Using data to keep people safe
- 4 Putting health inequalities at the centre of our approach
- 5 Making the most of engagement and partnerships
- 6 Communicating effectively
- 7 Helping to keep the city safe and open
- 8 Bringing it all together – delivering the vaccination programme
- 9 Summary of recommendations

Acknowledgements

Thank you to everyone who has contributed to the report.

We are very grateful to everyone who has provided us with information and their personal views for our cases studies. Your contribution helps to bring the report to life and tell the larger local story of the work and contributions during the pandemic.

1. Introduction: Reflecting on the impact of COVID-19 in Brighton & Hove

There are many perspectives, stories, and lessons to learn from the COVID-19 pandemic and it will take years for us to tell and hear them all. In my independent Annual Public Health Report for 2022 I want to look back and tell the story of how the public health team and our partners across the city worked together to protect the health of the population. The report identifies some key learning that will help the city to respond to other health and wellbeing challenges, both now and in the future.

It is important to start by recognising the devastating impact that COVID-19 has had on our residents and communities. Many are grieving for the loved ones that they lost to the virus. We are all also aware of the impact the pandemic has had on wider mental and physical health and wellbeing, our financial security and the way we live our lives.

I want to thank everyone across the city for the contributions and sacrifices that were made throughout this period to help prevent the spread of the virus and keep people as safe as possible. I also want to recognise the vital contributions made by staff, volunteers and carers throughout the city.

The unprecedented challenge of COVID-19 required us to radically change the way we do things. Key themes highlighted within this report include:

- Adopting a city-wide approach and working closely with partners to ensure the response met the needs of all residents
- Using data to inform actions to prevent the spread of infection, target testing and vaccinations and keep the public informed
- Understanding health inequalities and working with communities who were most at risk, so they received the support they needed
- Ensuring our local communications supported the national guidance in the best way to reach our residents
- Working closely with businesses to keep our city open when it was safe to do so.

At the time of writing, COVID-19 infections continue to have a significant impact on people and services, however the introduction of safe and effective vaccines has provided strong protection against the most severe health outcomes.

The pandemic has been described as a once in a lifetime event, but as we go into 2023, we find ourselves facing a range of concurrent and often interlinked challenges that present major risks to our health and wellbeing, including increasing social and health inequalities, the economic downturn and cost of living crisis, the impact of the war in Ukraine and the ongoing climate crisis.

As well as recognising the amazing innovation and vital contributions made in our response to keep people safe during the pandemic, I hope the learning presented in this report will be useful to guide our actions in meeting these and other health and wellbeing challenges.

Alistair Hill

Director of Public Health, Brighton & Hove City Council

2. Working together to provide an effective response

From the identification of the first local cases in February 2020, we used our well-established emergency and public health plans to provide an effective and co-ordinated multi-agency response. As the scale of the challenge grew, all parts of the council, the NHS and all our partner organisations, including the community and voluntary sector, had roles to play.

How we responded locally to a public health emergency, drawing on skills from across the system.

Local areas have always played a part in managing infectious disease outbreaks, involving collaboration between local Directors of Public Health and their teams, the UK Health Security Agency (UKHSA, the national specialist health protection agency, formerly Public Health England), and NHS and council partners. Many of the fundamental duties and roles of partners did not change during the pandemic, however the scale of the ongoing response for COVID-19 required implementing an extensive and highly resilient system-wide approach.

Across Sussex, the response was co-ordinated by the Sussex Resilience Forum, which brings together statutory and community and voluntary services to work in partnership to support the local community during incidents and emergencies. Brighton & Hove City Council worked closely with East and West Sussex County Councils (including their public health teams), the NHS, emergency services and UKHSA, collaborating on many aspects of the response, including community testing services, data analysis and the vaccination programme.

On the ground, Brighton & Hove City Council, like all local councils, were at the centre of leading the response to keep people safe. By Summer 2020, Government had placed additional statutory duties and responsibilities on local authorities, including around testing, tracing, supporting self-isolation and enforcement. In July 2020 we published the Brighton & Hove Local Outbreak Plan that described how local partners were working together to:

- protect the health and wellbeing of all our residents, including preventing health inequalities
- prevent and contain the spread of COVID-19 to minimise the impact on the city.

There was strong collaboration and consensus across the council, NHS and other city organisations on what to do to keep people safe. Multiagency groups were established to oversee the response. These included:

- The Local Outbreak Engagement Board and weekly partnership briefings, chaired by the Leader of the Council, provided direction and leadership to agree community engagement, city-wide actions and public-facing communications
- The COVID-19 Health Protection Board maintained the strategic oversight of health protection, including prevention, surveillance, planning and response
- Dedicated working groups focused on ensuring that services would support different communities and people who were clinically vulnerable

- Other meetings included cross-council coordination groups, NHS partnership meetings and a daily public health cell that reviewed the latest data and agreed immediate health protection and communication actions.

New services had to be rapidly established to meet national and local requirements, for example, support payments, personal protective equipment (PPE) distribution, local contact tracing, and vaccinations. Local organisations and communities worked together to roll out support, staff from services that could not operate in lockdown were redeployed and volunteers stepped up to take on new roles. There was a need to roll out support around volunteering, foodbanks, befriending, and to help people who were used to face-to-face services to navigate new digitally provided services.

For many, working from home became the new reality, using digital technology to keep connected. Some frontline workers continued to work in their usual workplace, but services needed to be delivered in different ways. The new environment required everyone to adapt and encouraged innovation.

What we learned

The unprecedented scale of the pandemic and the rapidly shifting environment required organisations to adopt ways of working together as a system that were completely different from 'business as usual'. The response needed to be highly agile to establish radically different ways of working, set up new services with very little notice and to keep people safe.

Flexibility was key. Being able to adapt organisations and workforce quickly through training and mobilisation, provided much needed capacity and resilience. Teams worked across traditional organisational boundaries sharing data, knowledge, people and other resources to achieve common goals.

The pandemic demonstrated that people are our biggest asset and when galvanised in crisis, were able to do things differently, deliver results, and protect the health of the public, often bringing the benefits of skills that they didn't use in their usual role, or learning new skills, to meet new challenges.

Recommendation

For the City Management Board and Health and Wellbeing Board to build on the experience of taking a citywide approach, including use of data and innovative ways of working, to improve health & wellbeing

Case study Supporting our residents through the Community Hub and local contact tracing

A local Community Hub was set up initially to provide a single point of contact for clinically extremely vulnerable residents who were advised to take extra precautions to protect their health. Over time it expanded to provide help and advice for people required to self-isolate and those who needed access to additional financial, practical or wellbeing support.

The team needed to be up to date on current guidance and advice to be able to offer direct help or refer people to suitable local community and voluntary services to meet their needs.

By the end of 2020, local contact tracers were based in the Community Hub to complement the national service provided by NHS Test and Trace. By using local knowledge and intelligence, they could reach people that the national service had not been able to contact, to ensure that people at risk of exposure to COVID-19 could be quickly informed and supported to self-isolate. Their excellent local knowledge meant they were also well placed to provide additional help and advice for people beyond contact tracing.

“One of the most satisfying reflections of our response to Covid-19 was the commitment and dedication of the Community Hub. To establish a collection of like-minded individuals focussed on supporting residents was really impressive. The function of the community hub has now changed but that principle of support is still with them” **Edd Yeo, former Senior Programme Manager**

Case study COVID-19 testing

Initially the council’s key role was to identify and provide suitable and accessible sites to set up NHS Test and Trace test centres for people who had symptoms of COVID-19.

Once COVID-19 lateral flow tests were introduced for people without symptoms, local authorities in Sussex worked together to set up community testing so they could get back to work safely.

In Brighton & Hove, free testing was made available through appointments in pharmacies and at local test sites located in community spaces.

At the same time, home test kits were made available through pharmacy collection and online ordering. The public quickly became comfortable with testing themselves and demand for home test kits soared, far exceeding the demand for the community testing scheme.

The council’s focus switched to reaching out to support disadvantaged and under-represented groups to access testing.

A dedicated ‘Street Collect’ outreach team was quickly established which included people from a wide range of occupational backgrounds including hospitality, industry, travel, education, and transport who were skilled in engaging with and supporting members of the public. They worked closely with the community and voluntary sector, the faith sector, and homeless settings to give out test kits to residents in areas of low uptake as well as providing training to teams and staff already working with our priority communities.

“What stands out in my mind is our success in providing assistance to the most vulnerable groups in our society.” **Cima Eastick, Community Testing Team**

Case study Getting Personal Protective Equipment to the right services and people

A Personal Protective Equipment (PPE) Hub was set up to meet requests to keep our services running safely. The hub met over 4,000 requests and supported over 900 customers, including council services; care homes; homeless services;

schools; childcare settings; and the community and voluntary sector, as well as people receiving direct payments for care and support, and unpaid carers.

The hub also distributed laptops to digitally excluded children so they could keep up with their schoolwork at home and supported the community testing programme by distributing COVID-19 test kits to services.

Before joining the PPE Hub, very few members of the team had any prior experience working in this kind of service. It was a steep learning curve, but their willingness to learn new skills, combined with intensive coaching and mentoring, meant the team could confidently manage large volumes of stock to meet customer needs and changing guidance requirements.

“The PPE team was made up of redeployed staff from various services across the council including libraries, workstyles, museums, regulatory services, nurseries and Cityclean.

“All of them brought with them a unique set of skills and experience and together I believe this made us an incredibly strong team and allowed us to overcome the various challenges we faced along the way.” **Jenny Garlick, former PPE Hub Customer experience manager**

Infographic More than 9.7 million items of PPE, including 2.4 million masks and 5 million gloves were distributed by the council's PPE hub

Keeping residents active and well during lockdown

Part of the council's Healthy Lifestyles Team's role is to help people of all ages and abilities to be active and improve their health.

While lockdown restrictions were in place, the Healthwalks programme, that usually leads group walks in local parks and green spaces, replaced these with individual walking challenges and virtual challenges for people to log their 'steps around the world'.

School children were engaged in virtual sports challenges they could do at home and young people were challenged to record 60 minutes of physical exercise daily.

Other activities encouraged adults to keep being active outside.

Exercise sessions went online, along with tutorials about making healthy meals on a budget. This, alongside advice on how to stay active from home, was shared on the council's website through social media accounts

“New technologies were used to adapt to the pandemic, and these are still used for online training sessions which are particularly popular with many. The biggest challenge was to adapt content quickly online and share it with relevant groups.”

Martina Gregori, Healthy Lifestyles Team

Case study Looking after workforce wellbeing

With so many changes to the way we worked and with so much being demanded of staff, it was crucial that we looked after the health & wellbeing of our own council workforce, as well as supporting others in the city. Wherever possible staff moved to remote working and, supported by rapid scale up and innovative use of digital technology, embraced new ways of working. However, for many, working from home took its toll on physical wellbeing due to limited space, as well as mental health and wellbeing due to isolation and practical challenges outside of work such as home learning and caring responsibilities.

For those continuing to go to their place of work, safety was paramount. Frontline workers had to follow strict guidance around testing, masks and enhanced infection prevention. The new and different ways of working added extra demands to jobs, in addition to the impact presented by the pandemic on emotional wellbeing.

A working group made sure that staff wellbeing was considered consistently across the council alongside COVID-19 related health and safety requirements. Tailored team working arrangements were put in place for all, including regular check ins with managers and other members of the team to discuss support for practical and emotional wellbeing, and to put in place reasonable adjustments and flexible working hours wherever possible.

A dedicated staff wellbeing website was put together to share resources and information with staff. These were also made available through our public facing website so that they could benefit staff and volunteers in other businesses and workplaces as well as council staff without easy access to our internal website.

3. Using data to keep people safe

During the pandemic the systematic collection, analysis, and interpretation of health-related data was vital to prevent, understand, and respond to outbreaks, to assess the impact of measures taken to contain the virus, and to inform current and future measures.

While the nation waited on the “next slide”, in Brighton & Hove the council, local partners, decision makers and the public focussed on the latest local intelligence.

How we used data during the pandemic response

With the onset of the pandemic, we had to learn fast to inform our local response. By Summer 2020, national data sharing and confidentiality arrangements were established that enabled the local public health team to identify linked cases and outbreaks. This meant we could respond rapidly to trends in local infections to put in place measures to prevent the further spread of the virus.

The public health team reviewed the latest data daily, enabling timely and specific recommendations to be made. This informed action at all levels including public communications, outbreak prevention and control, and the briefing of Councillors and other city leaders and organisations to inform their decisions.

Understanding the case data grouped by demographic factors and by geographical area enabled us to understand the local picture to:

- provide an early warning about the local situation
- support working with different communities, settings and businesses to reduce the spread of the virus
- focus resources on where they were needed most, for example by indicating where additional support for testing and vaccination was needed.

Sharing local data on our website and providing the true local picture meant that residents had a better understanding of the local situation so they could make informed decisions to reduce their own risks, including taking up vaccinations as required.

What we learned

Using data in a dynamic way was key to our agile response. It enabled us to take immediate action in response to the changing needs of the city, target communications and allocate resources to make the greatest impact.

With more national and local data being shared regularly, the public became more data-literate. We found that residents were keen to know what the latest figures were to inform their plans and behaviour. Local media outlets frequently based their news stories around these figures and our interpretation.

Developing local modelling provided strong local evidence which helped to support local Councillors, the council, NHS and others to make difficult decisions ranging from how best to support local businesses; the approval for public events; to the updating of council teams’ business continuity plans. Some decisions couldn’t be made nationally and it was up to local the council, NHS, business and community and voluntary sector leaders to respond to local needs as fast as possible.

The pandemic demonstrated the value of public health data in informing effective action and behaviour change. We now need to adopt similar approaches in wider work to reduce health inequalities and improve health and wellbeing.

Looking beyond COVID-19, there is the potential to use data more effectively to support people in making informed decisions about the actions they can take to improve their own health.

Recommendation

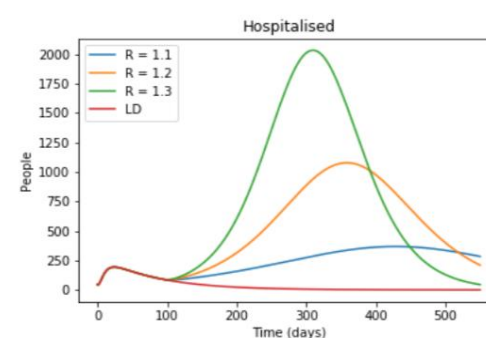
For the council and the local NHS to make public health data easier to find and use, to empower residents, public services, the community and voluntary sector and businesses to take action to improve health and wellbeing

Case study Modelling hospital admissions to manage the demand

Early in the pandemic, it was vital to plan for hospital capacity. In Sussex, academics from the University of Sussex, worked with public health and the NHS to develop a model using actual data about hospital admissions and deaths. This meant we could predict what might happen in different scenarios.

As our knowledge of the virus increased, the models became more sophisticated.

The model helped us to understand the second wave of infection in July 2020. It showed us how many people might be hospitalised to help us to plan services and understand demand.



(d) Hospital capacity H

“Our collaboration with the public health authorities and the NHS has demonstrated real value and impact of data-driven modelling. We were able to deliver real-time solutions in a continuously evolving pandemic. As a result, we are better equipped to deal with future pandemics than ever before”. Professor Anotida Madzvamuse, Professor of Mathematical & Computational Biology, University of Sussex School of Mathematical and Physical Sciences.

Sussex mathematicians develop ground-breaking modelling toolkit to predict local COVID-19 impact.¹

Case study Making data available to the public

To ensure that as many people as possible were kept up to date with events as they happened, when data become available that could be published, we were

¹ 2021 [Internet]. Cited November 2022. Available at: Sussex mathematicians develop ground-breaking modelling toolkit to predict local COVID-19 impact : Broadcast: News items : University of Sussex

open and transparent about what was happening locally. We regularly shared data about cases, testing, the number of people in hospital, deaths, and vaccinations with the public, reaching a wider and more diverse audience than previously.

Sharing data with the public on the website, in a way that was easy to understand, was fundamental to working in a collaborative way with residents in a time of fast-moving developments.

Infographic Over 880,000 views of the data pages on the council's website were made between June 2020 and January 2023.

Case study **Sharing data to protect our most vulnerable residents**

To ensure that local authorities could contact and support the residents most at risk from COVID-19, data on clinically extremely vulnerable (CEV) patients was shared by the Cabinet Office under the terms of the NHS Digital Control of Patient Information (COPI) Notice. This data was regularly updated to make sure we were informing and supporting the right people.

Combining information from internal and external partners joined up the data so that we could get in touch and support people as needed.

This work was managed through a Data Working Group, which enabled:

- Improved data sharing and insight
- Planning of resources based on data and evidence
- Aligning plans with the wider corporate data strategy
- Support for a one council approach to the pandemic to vulnerable residents supported by the vulnerable people's working group

Once the COPI Notice ended access to the CEV data was removed. Having temporary access to this data enable the council to better understand and support vulnerable residents with a range of health and wellbeing needs.

4. Putting health inequalities at the centre of our approach

Health inequalities are defined as “avoidable, unfair and systematic differences in health between different groups of people”. (The King’s Fund)² This can include differences in rates of illness or death; access to care; health related behaviours; and the wider factors that influence our health and wellbeing, such as education, work and housing.

Early on, national research indicated that the pandemic was deepening many existing health inequalities, with some population groups being disproportionately affected. Those who were already disadvantaged or who had underlying health problems were at greater risk.

In 2022 the Kings Fund reported:

- Mortality rates from COVID-19 have been higher in more disadvantaged areas than in less deprived areas
- The pandemic has also had a disproportionate impact on some ethnic minority groups. The picture is complex and differs between ethnic groups and over time. Overall, ethnic minority groups have experienced higher mortality from COVID -19 than the White British group, and COVID-19 mortality rates have been highest in the Bangladeshi, Pakistani and Black Caribbean groups
- Disabled people experienced a greater risk of dying from COVID-19 than non-disabled people.

How we considered health inequalities in our response

The immediate response required the most clinically vulnerable residents to take extra precautions to keep themselves safe. The council worked with the NHS to identify those most in need and put processes and services in place to make it easier to provide them with the guidance and support they needed.

A city-wide multi-agency working group (including council, NHS, and community and voluntary sector organisations) ensured the response considered the needs of these residents, as well as other groups and communities already known to be affected by health inequalities.

The detailed knowledge of the city provided by well-established community engagement and involvement networks, complemented national and local data on those most at risk.

This helped us to ensure that the new programmes we set up reached the communities most in need. For example:

- Data and community feedback were used to identify specific groups and areas that were less likely to take up COVID-19 testing. We then collaborated with communities to provide outreach services that improved access to testing. This involved close working with community and voluntary groups, faith communities, homeless services and communities of identity

² [Internet] 2022 (cited November 2022). Available from: www.kingsfund.org.uk/publications/what-are-health-inequalities.

- We used our evidence on health inequalities to obtain additional funding from central government that enabled us to engage with communities and work in collaboration to promote vaccination.

What we learned

COVID-19 has illustrated how those who are already affected by poor health are often disproportionately affected by new public health issues. Health inequalities deepen when there is a crisis. As we all continue to face significant challenges, we need to redouble our efforts in working with communities to prevent and reduce health inequalities.

The full extent of the pandemic is not yet fully understood in terms of the impact on widening health inequalities. Recent national evidence is showing some concerning trends in our physical and mental health. It is vital to focus on how to reduce health inequalities in responding to these trends.

Recommendation

For the council and NHS to ensure that local programmes, strategies and plans promote health and wellbeing, prioritising communities and groups with the greatest needs.

Case study Ethnic Minority Achievement Service (EMAS) support for families with children

The council's Ethnic Minority Achievement Service (EMAS) supports early years and school age children and families with English as an Additional Language.

As EMAS already worked with many families, they received training from the council's Public Health team and were able to help with communication between education settings and homes. By using Zoom and WhatsApp messaging, the EMAS team was able to keep families connected and pass on Covid-related messages from schools and early years settings and offer WhatsApp recordings in home languages.

When children were returning to school after the first lockdown, EMAS surveyed parents to make sure they could support and provide information to parents who were reluctant and fearful of a school return.

A parent reflected: *"We owe a great deal to you! You mean so much to all of our family. I rely on you so much."*

A school reflected: *"At every part of the provision since school closure, we have had the availability of EMAS to ensure those families felt supported and equipped to support the children"*

Case study Homelessness

Brighton & Hove has a relatively large proportion of people who sleep rough, are in temporary or emergency accommodation or have insecure accommodation.

People experiencing homelessness were identified nationally as being particularly vulnerable to COVID-19 due to their poor living conditions, higher risk of exposure to the virus and existing worse health and wellbeing outcomes.

On March 27 2020 the Minister for Local Government and Homelessness issued a direction on the accommodation, triage, treatment and support of rough sleepers.

Arch Healthcare (the city's specialist homeless GP surgery) together with the council's housing and public health teams, and our NHS and community and voluntary sector partners, worked jointly to accelerate the already established plans for a local Care & Protect model. This provided effective medical triage and safe accommodation and support for people experiencing homelessness.

Separate accommodation was provided for people with symptoms of COVID-19 and measures were put into place to protect staff working in this setting.

The council worked tirelessly with its partners to procure hotel accommodation for more than 240 people to keep them safe, and partners in health and the community and voluntary sector provided specialist support.

A dedicated nurse consultant provided expert and rapid support to accommodation settings across the city to facilitate testing, contact tracing and self-isolation. Local housing providers met regularly to share information, discuss guidance and share challenges and solutions.

When the vaccine became available, helping homeless people to get vaccinated was prioritised. Mobile vaccination units were used to visit accommodation settings and dedicated vaccination sessions were provided by Arch Healthcare. To incentivise uptake, the mobile units provided food and we found this helped to start conversations and build trust. The convenience of the mobile vaccination bus was the key factor in making the decision to get vaccinated for many of those who were unsure.

As restrictions were lifted, a homeless and health day was held in April 2022. 120 people from homeless communities dropped in for services such as haircuts, Hepatitis C testing, housing advice, vaccinations and hot meals.

"The event showed compassion and investment in a particularly vulnerable group, and I was very proud to be there supporting the vaccination programme"

Case study Children with underlying health conditions

In early 2022, children aged 5 to 11 with underlying health conditions became eligible for vaccination. A local group was brought together to focus on maximising uptake and avoiding health inequalities in this group of children.

Over three months, the group, with support from a Learning Disability Health Facilitator:

- Created an easy read vaccination photo story for younger children
- Developed resources to support the team who made vaccination bookings over the phone
- Shaped citywide FAQs for parents and carers

- Carried out a survey of the experiences and challenges of families of all at-risk children aged 5 to 15, to develop recommendations for future vaccination programmes.

5. Making the most of engagement and partnerships

From the outset, it was clear that we needed to listen to the views of local people and communities about how things could best be delivered.

No one team in the council alone had this knowledge, so the council's Public Health and Communities, Equality and Third Sector Teams worked closely with those who had on the ground knowledge, including the local community and voluntary sector, local councillors, the NHS and other services.

How we worked with people, organisations and communities to improve health outcomes across the city.

Working with our well-established community networks helped to create a joined-up city wide response that was based on the needs of different communities. Listening to the lived experience of local people helped ensure communications and services were designed to take account of different beliefs, language needs, accessibility, and other specific cultural needs.

It also meant organisations could use each other's expertise, share knowledge and work together in a coordinated way to prevent duplicating efforts at a time when there was a lot to do.

Our community partners helped us to:

- Build relationships with new local groups and community leaders who could help to share information and guidance in different ways and with different people
- Work alongside trusted community members to deliver webinars and Q&As so that messages are well received
- Provide training for teams to help provide services such as testing or vaccination in a sensitive and appropriate way that met the needs of different groups and communities
- Identify barriers to access and understanding that led to tailored and more effective delivery and communication approaches.

What we learned

To improve health, directly engaging and involving local communities and staff and volunteers in the NHS, community and voluntary sector, universities, care settings and businesses, is vital to provide insights to complement more traditional public health data sources.

The relationships and networks developed during the pandemic were vital to ensure messages and services reached the different communities who would benefit most.

Engaging at an early stage encouraged a sense of 'doing it together' and helped build trust and confidence. Maintaining that trust required checking in with different communities and demonstrating that we have acted on what they've said.

Wherever possible, collaborating with communities to co-design and co-produce services proved to be the most effective way to meet peoples' needs.

Recommendation

For the Health and Wellbeing Board to continue to develop local partnerships that have been strengthened during the pandemic and ensure that local communities are listened to and actively involved in planning and delivering action to improve health and wellbeing

Case Study The Faith Forum

The local Faith Forum was an information hub for the faith community, becoming a conduit for both national guidance and specific interpretation from faith leaders where this was available.

The forum updated the faith community by a regular newsletter and places of worship were supported to re-open safely after the first lockdown. Members of the public health team took part in virtual Q&A sessions with local religious leaders to give information and advice about vaccinations and testing.

The Faith Forum enabled the co-ordination of volunteers from the faith community as people pulled together in a crisis. High levels of volunteering were observed across all people of faith early on, although this was more difficult to sustain when people returned to the workplace.

There are many other examples of joint and cross-faith working, including the distribution of community lateral flow tests to those in need. Overall, people have worked together rather than in silos.

“Covid completely changed the face of worship. Covid has shown that the faith community care, and this has changed perceptions positively. The faith community is viewed as more of a partner of local government”.

Rik Child, Managing Trustee, Brighton & Hove, Faith in Action

Case Study Partnership with the universities

The Brighton & Hove population includes more than 37,000 students at the University of Brighton and the University of Sussex, including students from overseas who live, study and work in the city. Many are away from home for the first time.

Key messages were communicated in a positive and proactive way to support students and make them feel welcome and to reassure the wider community. This included advice and support to students who were self-isolating.

Close working relationships were developed between local universities and public health. A joint group, that continues today, agreed local action plans and communications to university communities, monitored case rates, and oversaw the response to outbreaks or concerns.

The universities set up and delivered in partnership symptomatic testing in accommodation halls, asymptomatic testing and vaccination clinics. Mobile vaccination units and mobile testing units were also hosted by university sites whenever needed, to support not only students but the wider community too.

“Working with our local public health partners was absolutely key to the University’s response to the pandemic. This enabled us to manage expectations

and allocate resources to the most important areas. Our regular engagement with local public health partners was vital in ensuring that we were well informed of what was happening and what was coming our way. It felt like we were as well prepared as we could be and often ahead of universities elsewhere in the country.”

Ben Toogood, Senior Risk and Resilience Manager, University of Sussex

Case study Keeping education settings safe

Since the first cases of COVID-19, our educational settings, including early years, schools, colleges, and Special Educational Needs and Disabilities (SEND) provision were proactive, engaged and responsive.

They worked closely with the council, and the UKHSA Health Protection Team to support their communities. They held a challenging role, being responsible and overseeing the welfare of learners and staff.

The council facilitated regular joint communications out to all nurseries, schools and colleges, letters to parents, webinars for staff, and drop-in meetings.

The council led multiple outbreak control responses and shared information and best practice. One of the greatest challenges was interpreting the changing guidance and managing risk. We learned that blanket approaches didn't always work and had to be adapted for different settings. Confidence grew across the system as the risk assessment process became more robust.

Case study What we've learnt from the response to COVID-19 in care settings

One of the biggest impacts of COVID-19 was felt in care homes, home care and other care settings and this was enormously challenging for residents, families and staff. Local care workers demonstrated enormous capacity, resilience and compassion in their response to the situation. Public health, adult social care, the UK Health Security Agency (UKHSA) and the NHS worked together more closely than ever before to coordinate and support these settings to reduce transmission and manage and prevent outbreaks.

Settings benefitted from structured, continuous support, communication, training and engagement. The local public health team constantly supported care homes, home care providers and other care settings to understand and implement ever changing guidance, complementing outbreak management support provided by UKHSA. Taking a friendly, kind approach helped in times of crisis and built trust with care homes and settings and with different partners. Ensuring support was ongoing was essential. From the start of the pandemic, NHS and council colleagues re-oriented their work to focus on the response and worked together building on existing strong relationships with settings. Examples of this include adult social care colleagues supporting roll out of the Covid19 testing programme and the Sussex Partnership Foundation NHS Trust dementia in-reach team directly supporting outbreaks in a setting with people with dementia and Sussex Community Foundation NHS Trust working alongside public health infection control nurses managing outbreaks and providing support.

Different waves of the pandemic resulted in changing guidance and approaches at different levels, across the city and in care homes and settings. Embedding the

guidance in training and practice helped staff in care settings to manage ongoing challenging situations.

From the start of the pandemic the public health team proactively worked with all care providers in the city regardless of how they were funded, with care providers that hadn't had cases and outbreaks to ensure they were ready should this happen, and with settings that had to build better prevention in everything they do.

Building the resilience of the workforce and looking after their health and wellbeing was a core part of our response as a city. It became particularly challenging for settings with staff shortages and a high turnover of staff to carry on working in extremely stressful and traumatic situations, maintain infection prevention control standards and for the impact of the outbreaks not to take its toll emotionally.

Services were supported by access to psychosocial and wellbeing support to help staff recover and keep mentally and physically well.

Strong partnership working was enabled via newly established regular management response meetings to coordinate support to cases and outbreaks and a strategic care settings response group was set up to help ensure future planning, coordination and quality improvement of the work.

Care settings now collaborate more frequently with each other, developing buddying arrangements and sharing lessons learnt. Infection prevention control Champion networks have been established for care and homeless settings for ongoing training. An example of good practice across Sussex has been the development of a risk assessment tool for care homes to support decision-making for actions during an outbreak, in particular regarding closures and admissions. Going forward the system needs to ensure learning and that the great joint working isn't lost, and resilience is maintained.

Anne Smith, Nurse, clinical lead, infection prevention and control, Brighton & Hove City Council

6. Communicating effectively

Throughout the pandemic we were all presented with a deluge of new information including national guidance to keep us safe; data on infection and hospitalisations; support to keep us healthy and prevent loneliness and social isolation; and information on testing and vaccination.

This was really important information for everyone to hear and understand but there was a risk of people being overwhelmed and confused.

How we kept people informed during times of uncertainty and worry

Locally we needed to communicate the national guidance effectively as well as inform our residents about the local situation in a way that everyone could understand.

From the start we worked closely with national partners to interpret and share the most important messages. Through using national branding and imagery we could ensure that the message was consistent.

Many of these messages were around compliance with regulations and guidance, and over time we complemented them with locally branded communications that encouraged everyone to think about how their behaviour can keep everyone safe.

We worked with city partners to disseminate messages to our different communities and get their feedback on how these were received so we could make changes to reach them more effectively.

We made use of different local channels to ensure our messages got through. Digital channels such as social media ads, e-newsletters, screen and digital posters, enabled us to quickly adapt to the rapidly changing guidance and situation. Block booking these channels meant that we were able to use them whenever we needed to.

While we know many more people made use of digital and social channels to keep connected with friends, family and to keep up-to-date on the news, there were still people who didn't have access to these channels.

Therefore, it was important to back-up our approach with advertising using local media outlets, radio advertising and hard-copy communications such as direct mailouts to all residents.

We developed comprehensive and clear webpages that became a source of up-to-date and trusted information for people to use. This included our COVID-19 dashboard which was updated daily to provide the latest data on new infections and hospitalisations. High use of this dashboard by the public demonstrates the appetite for using public health data if it is shared in an accessible way.

We published a weekly local Public Health statement that rounded up the latest advice and data alongside a key message agreed by our strategic and tactical leads. This was available on the council website but more importantly was proactively shared through a wide range of city networks and in our most-common languages.

Sharing information regularly and consistently in this way meant that it was picked up by local media outlets, could be shared across a wide range of channels in a variety of formats and languages, and was helpful to counter misinformation.

What we learned

Sharing accurate and up-to-date local information that strengthens national messaging but makes it relevant to a local audience, is key to maintaining public confidence.

Adding a local and trusted voice with the right tone and understanding of the local situation helps to ensure messages are received well by different audiences.

It's important to seek out the channels that are being used by the audiences and communities we want to reach. We need to use what we have learnt about the most effective channels, networks and formats in communicating about future public health issues.

Recommendation

For the NHS and the council to systematically collect community insight and feedback to make sure health information reaches local communities in the best way for them

Case study 'Thank you for' campaign shortlisted for a national media award

When public opinion and compliance in testing, vaccination and mask wearing was beginning to become more challenging, our 'thank you for' campaign helped to foster a sense of local trust with a simple message and importantly some reasoning for doing it.

The campaign featured local people who reflected the diversity of our city. It gave a positive thank you message to complement the stark national instructions being shared.

The aim was to change the public's attitudes, and in turn actions, to help protect themselves and others, and of the public health workers, doctors, nurses, friends, colleagues, and family who took their own individual actions to help them along the way.

The artwork was showcased through a range of media including digital bus stops and screens, on social media, in printed ads and even as the council's Christmas card.

It supported the national messaging while giving a unique Brighton & Hove flair to capture the spirit of the city.

The campaign was shortlisted for a national outdoor media award in the community social impact award category.

OMA 2022 Winners³.

Case study Reaching local voices with Radio Euro-Mernet

Radio Euro-Mernet is a Brighton-based weekly community radio show that aims to be 'the global voice of the local communities and the local voice of the global communities'.

³ [Internet]. 2022. [Cited November 2022]. Available from: <http://view.ceros.com/clear-channel/oma-2022-winners/p/7>

From the first days of the pandemic, the show and its networks supported the city's response.

"We had to follow our principles of love, peace and solidarity and share everything with our communities through all means available".

"When the council released posters back in February 2020 we started to put them up in places including community cafes and launderettes".

"Our volunteers gave verbal briefings, particularly for those who are newly arrived and older so that they would receive information about Covid in a way they might understand".

"Our friends at Sussex Interpreting Services provided some of the information in different languages. We also talked about mental health and wellbeing around 'its ok not to feel ok, its ok to ask for help'".

"Every week on the radio show we used information from the council's weekly briefings so that we could share the main messages, information on vaccinations, transport options and then discuss any questions afterwards."

Umit, presenter of Radio Euro-Mernet's weekly community radio show

Practical information such as the vaccination sites were promoted and Public Health joined one of the shows to share the latest on the situation in the city, where and how to get your vaccine and answer questions.

The show also helped build confidence and wellbeing in the community by making arts and culture available for people to enjoy, such as through a community film club and poetry events.

The radio station has more than 300 regular listeners and broadcasts 40-50 shows a week and reaches a wider audience who listen as a podcast.

Having a regular slot on a local community radio show around health and wellbeing did make a difference to people following and understanding the advice and shows what an asset it is to keep in touch with community and voluntary groups and keep asking what and how to do better.

Radio Euromernet⁴

⁴ [Internet] [cited November 2022] Available from: www.euromernet.org/radio

7. Helping to keep the city safe and open

Council teams, including Economic Development, Events, Environmental Health and Public Health, worked closely with businesses throughout the pandemic.

They focused on the need to ensure current regulations and guidance were followed to keep people safe whilst recognising the vital importance of the economy to the city, including sectors such as the visitor economy, arts and leisure and events. When restrictions started to be lifted it was important to welcome visitors and residents back in a Covid-secure way.

Local Authorities were granted powers to close individual premises, public outdoor spaces and prevent events in response to “a serious and imminent threat to public health”. In Brighton & Hove, we adopted a preventative approach to Covid-secure measures based on the principles of the four Es: to engage, explain, encourage and enforce.

Businesses in the city looked to the council for support and it was necessary for the council to respond rapidly. This was particularly important as many of the city’s businesses, for example our visitor economy, are public facing. The impact of the stop-start nature of the pandemic made it even more challenging for local businesses. The council was robust as well as flexible in its approach redeploying staff and services, to distribute grants to businesses.

How we helped to keep the city open – businesses

Our Environmental Health team already had considerable experience in engaging with local businesses and built on their relationships to convey messages to protect health as well as in managing the council’s responsibilities under Public Health legislation.

Like other sectors, the implications of the pandemic on business developed over several distinct stages, including periods of lockdown and opening up. A Covid Information Team was established to support businesses to navigate these phases. Examples of how they worked to prevent transmission included:

- Assistance with messaging, signage and layout to maintain social distancing, PPE provision and ventilation to protect customers and staff and implement Covid-secure environments
- Tailored updates and webinars were provided for different sectors when the national guidance changed
- Advice and support for businesses to assist safe reopening, taking the form of distribution of advice, physical inspections, audits and advisory visits
- Following up to provide advice when concerns had been raised by customers.

Any outbreaks associated with specific businesses were followed up to ensure that appropriate measures were taken to control the onward spread of infection and learn lessons for the future.

How we helped to keep the city safe – events and public places

Brighton & Hove is known nationally and internationally for its visitor economy and vibrant events. Sadly, the pandemic had a seismic impact on the sector and resulted in the cancellation of community events such as Pride and the Burning of the Clocks, as well thousands of sporting events, festivals, concerts, gigs and conferences.

Outside of lockdown, the local Safety Advisory Group, consisting of emergency services and council officers, met regularly to assess the safety of events including whether they complied with current guidelines and had considered potential risks. The group worked closely with the Sussex Resilience Forum to ensure a consistent approach to events was taken across the county.

The council was also responsible for making sure that public spaces were Covid-secure. A regular joint working group shared intelligence on high-risk locations, potential enforcement issues and planning for a staged opening up of the city.

A particular concern was how to help people to use our open spaces as safely as possible, including the busy seafront area. During lockdown, when gyms were closed and many clubs were not running, we also encouraged residents to get the exercise they needed by promoting the use of local open spaces for walks and exercise.

To help residents access public places and maintain social distancing, Covid Marshals were employed to support people in busy areas to maintain social distancing.

What we learned

The pandemic showed how public health and the economy are inextricably linked.

We've seen first-hand how a health crisis can cause an economic crisis and increase both economic and health inequalities. It illustrated how, at a national and international level, health is a vital asset that is essential for our economic prosperity.

A thriving and fair economy is essential for a healthy population and businesses play a vital role in enabling this. Protecting businesses and livelihoods is about protecting the health and wellbeing of communities.

Recommendation

For the council to continue to make the link between good health and a strong and fair economy through the refreshed citywide partnership structures.

Case study Environmental health support for local businesses

As some of the first cases of COVID-19 nationally were in Brighton & Hove, we had to hit the ground running. There were no national guidelines, and none of the protocols and posters that became so familiar to us were available.

Within 48 hours we had contacted thousands of businesses and organisations to share the key prevention messages and shared posters such as "Catch it, Bin it, Kill it".

Later, a dedicated Covid Information Team, made up of environmental health officers and a team of 'boots on the ground' officers, was established to support businesses to reinforce the latest guidance.

With every change in the legislation the team made practical sense of the guidance to make it easier for businesses to navigate the rules. We provided information and support through websites; checklists; email newsletters; posters and floorplans; ensuring translated materials were available where English was not a first language for businesses or for customers.

One of the most challenging periods was keeping on top of rules and enforcement when pubs and restaurants could open but with complex restrictions: some could only operate outdoors and many had hastily constructed outdoor structures; you could only drink if eating; food businesses had to close at 10pm; takeaways could open to deliver but not to go indoors.

“The drive for our work, in the main, was to support businesses by ensuring they had the latest guidance in an easy-to-read format. This then meant they had a better opportunity to stay open in line with the rules/restriction at that time.”

Frankie Yallop, environmental health officer

8. Bringing it all together – delivering the vaccination programme

The introduction of safe and effective COVID-19 vaccines proved to be a game-changer that saved thousands of lives and helped us return to a more normal life.

A key aim of the national programme was to achieve high and equitable vaccine uptake. To do this we needed to use data to consider local health needs, gaps in uptake, engage with partners to ensure the programme met the needs of our communities and communicate information clearly and in ways that could reach as many people as possible.

1. Scaling up rapidly is possible with the right resources

In December 2020, the first sites were stood up to deliver vaccinations quickly, and on a scale not seen before in the city.

The programme was led by the NHS and involved all local health providers and commissioners (including NHS Sussex, NHS Trusts, Primary Care Networks (PCN), Here (a local healthcare social enterprise) and local pharmacies), but was only possible with support from volunteers, community and voluntary organisations, businesses (including venues, taxi companies to provide transport, Brighton & Hove Buses and water companies to provide fridges and furniture) and council teams, including communities and engagement, estates, parks, adult social care and public health.

Infographic: More than 1,000 volunteers and staff were recruited to help deliver the vaccination programme across Sussex between December 2020 and 2022.

Infographic More than 223,300 people in Brighton & Hove received at least one vaccineⁱⁱⁱ.

Vaccination services were delivered from NHS sites and other venues such as the Brighton Centre and Churchill Square (managed by Sussex Community Foundation NHS Trust), and Brighton Racecourse (managed by Here). Outreach models were used to reach people experiencing homelessness and areas and groups with lower uptake, and a roving team visited care homes, other care settings and housebound residents.

Flexible approaches to workforce were adopted to enable rapid recruitment and training, and matching staff availability to shifts, while at the same time ensuring processes were in place to ensure a safe service was provided.

2. Collaboration enables action, continual learning and quality improvement

Collaborative system-wide working was established in a way that had not been seen before. GP practices and NHS Primary Care Networks (PCNs) worked together and established a new delivery partnership with Here to support delivering the programme at scale. Local organisations shared staff, sites and vaccines as required and collaborated to deliver joint communications and work with local communities.

Delivery was made possible by robust programme management at a Sussex level, and a Brighton & Hove board, supported by working groups, ensured continuous improvements were made to our local programme.

As the programme developed, we built effective relationships, good communication routes, and robust governance arrangements, which meant it was possible to quickly

adapt delivery in response to newly identified community needs, as well as changes to the national programme.

3. Using data and community feedback to inform delivery

Each week we used data, alongside community insight and feedback, to tell us where mobile vaccination units should be placed for maximum benefit. This took into account people and communities who were finding it difficult to access vaccinations.

Wherever possible, service locations were chosen to:

- Reach neighbourhoods and groups with lower uptake. Mobile units targeted locations such as further education colleges, university campuses and dedicated community spaces such as the Black & Minority Ethnic Community Partnership venue
- Fit around residents' needs and lifestyles, including locations close to work or education settings, shops, and leisure facilities, as well as being run at times to suit working patterns, and in locations that were easy to access
- Be located in environments that were familiar to people, or where they felt comfortable, safe and welcome to visit, such as dedicated quiet sessions for people with learning disabilities or sessions in safe spaces for LGBTQ+ residents, or where interpreters were available for those who needed them.

4. Doing things differently delivered results

Historically, vaccination uptake in Brighton & Hove has been lower than the national average. Uptake of the COVID-19 vaccine was slow in some parts of the city in the early months of the programme. It was clear that innovative mobile and outreach solutions would be needed.

A collaboration between the NHS Primary Care Networks, Here (a local healthcare social enterprise in partnership with NHS Sussex), St John's Ambulance and Brighton & Hove Buses, built on the homeless outreach service that Arch Healthcare had developed so that different communities across the city could benefit from this approach

Service providers shared learning and supported each other to set up the mobile service as well as rapidly establish GP practice sites around the city, which supported the larger vaccination sites. The programme adopted a wholly collaborative approach to delivery, working with communities, volunteers, peer educators, neighbourhood groups, businesses, as well as the NHS and council.

Mobile vaccination units, where people could book or walk in for their vaccine, visited 45 different locations across the city. Regular sessions were established so that people knew when to expect the service, and this proved more effective than one off visits.

Unvaccinated people were proactively invited for vaccinations alongside enhanced engagement delivered by community groups and peer educators within neighbourhoods. People who were not registered with a GP could still get vaccinated and opt to register with a GP practice via the mobile vaccination unit.

The number of weekly mobile vaccination unit deployments in the city grew from 2 to 14 by August 2022.

Infographic: More than 33,342 vaccinations or boosters were delivered through 816 mobile vaccination unit deployments across Brighton & Hove, between April 2021 and December 2022

5. Engagement and communication are essential to improving access and uptake

Communications evolved from sharing national messaging with added local information, to a more enhanced 'wrap around' approach which learnt from engagement, and shared information in targeted ways to meet the needs of the different audiences in our communities.

Regular feedback between decision makers, delivery partners and representatives from community groups enabled quick and effective changes to be made to delivery and communications.

The NHS Sussex website provided up-to-date information so residents could find where to find accurate information about vaccinations and sessions. This could be quickly shared through social media and texting and was backed up by paper-based information (leaflets and posters), advertising at bus stops and screens in the city. Staff and volunteers in communities had conversations with local residents through door-knocking, at community events, and during training sessions to reach those who didn't have access to online information. Translated materials were also made available quickly and in different places.

We tried to avoid making assumptions about people's understanding and decision making around getting vaccinated. We listened to feedback to ensure information was delivered in different ways and by different people and groups who people trusted. People often like to hear from people like them or directly from health professionals, rather than corporate information from the NHS or local authority.

In addition, mobile vaccination units also needed to be easily seen in communities, identifiable and easy to find and get to with good signage.

Feedback from our communities led to trusted community group members meeting, greeting and briefing the security and vaccination teams and helped to make residents feel welcome, comfortable and safe. And by providing time for discussion during the vaccination sessions it also gave people an opportunity to ask questions even if they didn't want to get vaccinated.

Local community and voluntary sector partners, the Trust for Developing Communities and the Hangleton & Knoll Project, delivered enhanced engagement work in communities with low vaccination uptake. Peer Educators attended mobile units and carried out additional engagement with their communities and other groups. A vaccine engagement worker helped to establish sites to reach further into communities; some of the more innovative locations included construction businesses, car boot sales and gyms.

9. Summary

As we face new health and wellbeing challenges, we must not forget what we have learned as we worked together in the city to keep residents safe during the COVID-19 pandemic.

We must take forward the learning and use it to improve the health & wellbeing of local people and reduce health inequalities.

1. For the city's partnership structures to be reviewed and refreshed to build on citywide collaboration to improve health and wellbeing outcomes.
 2. For the council and the local NHS to make public health data easier to find and use, to empower residents, public services, the community and voluntary sector and businesses to take action to improve health and wellbeing.
 3. For the council and NHS to ensure that local programmes, strategies and plans promote health and wellbeing, prioritising communities and groups with the greatest needs.
 4. For the Health and Wellbeing Board to continue to develop local partnerships that have been strengthened during the pandemic and ensure that local communities are listened to and actively involved in planning and delivering action to improve health and wellbeing.
 5. For the NHS and the council to systematically collect community insight and feedback to make sure health information reaches local communities in the best way for them.
 6. For the council to continue to make the link between good health and a strong and fair economy through the refreshed citywide partnership structures.
-



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 Children
Partnership Annual Report
2021-22

Date of Meeting: 07 March
2023

Report of: The
Independent Scrutineer
and Chair of BHSCP

Contact: Giles
Rossington, Senior Policy,
Partnerships & Scrutiny
Officers

Tel: 01273 295514

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

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

Health & Wellbeing Boards (HWB) are required to receive for information the annual reports of local children's and adult safeguarding partnerships. This report presents the annual update from the Brighton & Hove Safeguarding Children's Partnership (BHSCP).



1. Decisions, recommendations and any options

- 1.1 That the Board notes the information contained in this report and its appendix (BHSCP Annual Report 2021-22)

2. Relevant information

- 2.1 The Brighton & Hove Safeguarding Children Partnership (BHSCP) is independently chaired and consists of three key agencies who collectively hold statutory responsibilities for keeping children and young people safe: the Local Authority (through Families, Children and Learning), Health (through NHS Sussex ICB) and Sussex Police.
- 2.2 The BHSCP's objectives are to:
- Co-ordinate local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people
 - Ensure the effectiveness of that work
- 2.3 Chris Robson, BHSCP's independent scrutineer, chairs the Partnership and is responsible for considering how effectively the local safeguarding arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership.
- 2.4 Health & Wellbeing Boards are required to receive for information and discussion annual reports/updates from the relevant local safeguarding children's partnership. The BHSCP Annual Report 2021-22 is included as **Appendix 1** to this report.

3. Important considerations and implications

Legal:

- 3.1 As described in the body of this report Health & Wellbeing Boards (HWB) are required to receive for information the annual reports of local children's and adult safeguarding partnerships. The report is for noting only.

Lawyer consulted: Sandra O'Brien

Date: 13/02/23

Finance:

- 3.2 There are no financial implications as a result of the recommendations of this report.

Finance Officer consulted: David Ellis Date: 13/2/23

Equalities:

- 3.3 Information on how the BHSCP focuses on equalities issues are detailed in the BHSCP Annual Report (Appendix 1)

Sustainability:

- 3.4 None identified in this report to note.

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

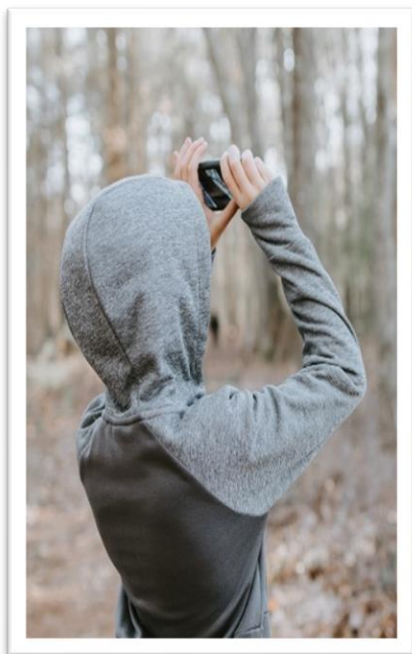
- 3.5 The BHSCP membership includes representatives from social care, children's services and health. The BHSCP Annual Update (Appendix 1) includes more information on all of these areas

Supporting documents and information

Appendix1: BHSCP Annual Report 2021-22

Brighton and Hove Safeguarding Children's Partnership

Annual Report 2021-22



Safeguarding is Everyone's Responsibility

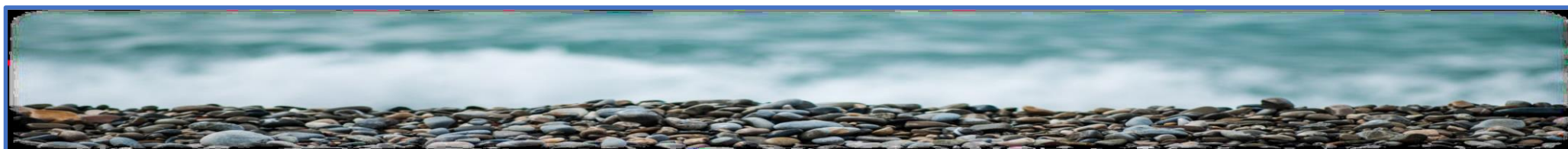


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This annual report charts the work of our safeguarding children partnership during a year of challenges and achievements; we led the partnership whilst the country transitioned from full lockdown towards post-pandemic normality. Our partners continued supporting and protecting children, young people, and their families through another year of changes. We know disrupted education and restricted mobility impacted on the mental health and wellbeing of many. The impact of hidden harms such as domestic abuse and criminal exploitation evidenced emerging pictures of acute need and concern.

In Brighton & Hove we had rapidly adapted our practice methods to provide targeted support for families and children most in need of help and protection. Brighton & Hove City Council co-ordinated multi-agency and organisational networks to focus on meeting immediate and intermediate needs. As the government's 'roadmap' progressed we saw restrictions pulled back, with the vaccination programme being introduced in the spring of 2021 - we continued to focus on our most vulnerable families, sharing real time updates across partner agencies.

The year demonstrated the tremendous resilience of our frontline staff and our partners in the community and voluntary sector organisations. The response in Brighton and Hove demonstrated our ability to respond imaginatively in unprecedented times; we are grateful and proud for all they have achieved and continue to achieve as we move forward. Much of our core delivery moved on to virtual platforms during the height of the pandemic and this provided some positives such as greener ways of working, travel efficiencies, and online engagement. We also saw impacts in terms of social isolation and reduced understanding of the families we want to engage with. We have moved to a more hybrid way of working which acknowledges the benefits of virtual delivery but highlights the continued need for frontline delivery of services for our most vulnerable and the wider community. The continued development and future implementation of a new early help strategy will tackle disadvantage and provide opportunities to improve life chances for all our children and young people.

During 2021-22 we implemented Sir Alan Wood's recommendations from his review of multi-agency safeguarding recommendations. The Partnership is now well established including improvement subgroups; whilst the Steering Group and Partnership Board, chaired by the Independent Scrutineer, provides oversight. Safeguarding Partnerships need to demonstrate the impact of their work and provide assurance to residents. The subgroups, Steering Group and Board bring together strategic leaders and practitioners; the aim is to be a learning partnership designed to develop safeguarding services through training, reflection, evaluation, and challenge. Our vision to improve the lives of children and young people remains at the heart of what we do.



Naomi Ellis, Director of Safeguarding & Clinical Standards, NHS Sussex

Naomi Ellis



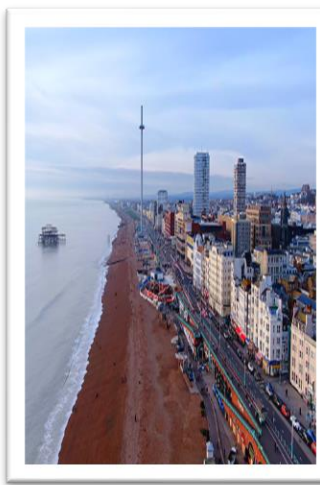
Deb Austin, Executive Director, Families Children & Learning, Brighton & Hove City Council

Deborah Austin

Jon Hull, Detective Superintendent, Public Protection, Sussex Police



Jon Hull



Brighton and Hove – The city population is estimated to be 291,700 in 2020. Between 2020 and 2030 the population is expected to rise by 3.9%. This projected growth is similar South East (4.1%) but slower than England (4.7%). The latest population estimates for 2020 indicated that 15% of the population are aged 0-15 years. Ethnicity estimates indicate that 21% of children and young people aged 0-15 years are from BME groups. In 2020, 19% of the city's residents were born outside of the UK, of which 55% were born in the EU. Between 11% and 15% of the population aged over 16 is estimated to be lesbian, gay, or bisexual.

The most recent Indices of Deprivation data published in 2019 by The Department for levelling up, Housing & Communities show that the city is ranked 160 out of 317 local authority districts and ranked 211 for Education, but less favourable rankings overall in living environment (87/317) and crime (150/317). It is ranked 100 overall in terms of the proportion of the 10% of neighbourhoods with the highest levels of deprivation.

Due to Covid-19 the government decided not to publish its annual school or college level data. According to the latest Department for Education 2019 data, 67% of primary school pupils reached the expected standard of attainment, above the 65% average for England. 47% of secondary students achieved Grade 5 or above in English and maths GCSEs, compared to a 40% average for England. [brighton-and-hove-population-jsna-dec-2021.pdf](https://www.brighton-and-hove-population-jsna-dec-2021.pdf) ([bhconnected.org.uk](https://www.bhconnected.org.uk))

The Brighton & Hove Safeguarding Children Partnership (BHSCP) is independently chaired and consists of three key agencies who collectively hold statutory responsibilities for keeping children and young people safe: the Local Authority (through Families, Children and Learning), Health (through Brighton & Hove Clinical Commissioning Group) and Sussex Police.

Objectives: Co-ordinate local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people
Ensure the effectiveness of that work

Core Values:

- ✚ A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.
- ✚ Safeguarding is everyone's responsibility: for services to be effective each citizen, practitioner and organisation should play their part.
- ✚ Promoting preventative and early help approaches for outcomes to be improved there should be timely identification of a problem; the earlier the better to secure maximum impact and greatest long term sustainability.
- ✚ Always alert to transition points: for outcomes to be improved known transition points should be planned for in advance

Our Principles

- ✚ To work in partnership
- ✚ To commit to genuine engagement: listening to, and acting, on what our community tells us
- ✚ To be a learning partnership
- ✚ To ensure all activity is characterised by an attitude of constructive professional curiosity and challenge
- ✚ To be flexible to respond to emerging threats and risks.



Thank you for taking the time to read Brighton and Hove Safeguarding Children Partnership (BHSCP) Annual Report. This document should give you an open, honest view of how the Partnership works to safeguard our children and young people in Brighton and Hove. As the Independent Chair and Scrutineer of the BHSCP I have the responsibility for scrutinising this report and making sure it is accurate and provides the information you, the reader, requires. I hope that it meets your expectations, provides you with the information you need and above all gives you complete confidence in the way the Partnership strives to safeguard our children.

I want to start by thanking all the organisations, individuals and communities who have contributed towards safeguarding children and young people in Brighton and Hove.

Sometimes when we read these reports it can be easy to forget the one act of courage or kindness from a person that results in such a positive impact for a child and their family. Many of you go 'above and beyond', providing dedicated, professional input that has a positive impact on lives.

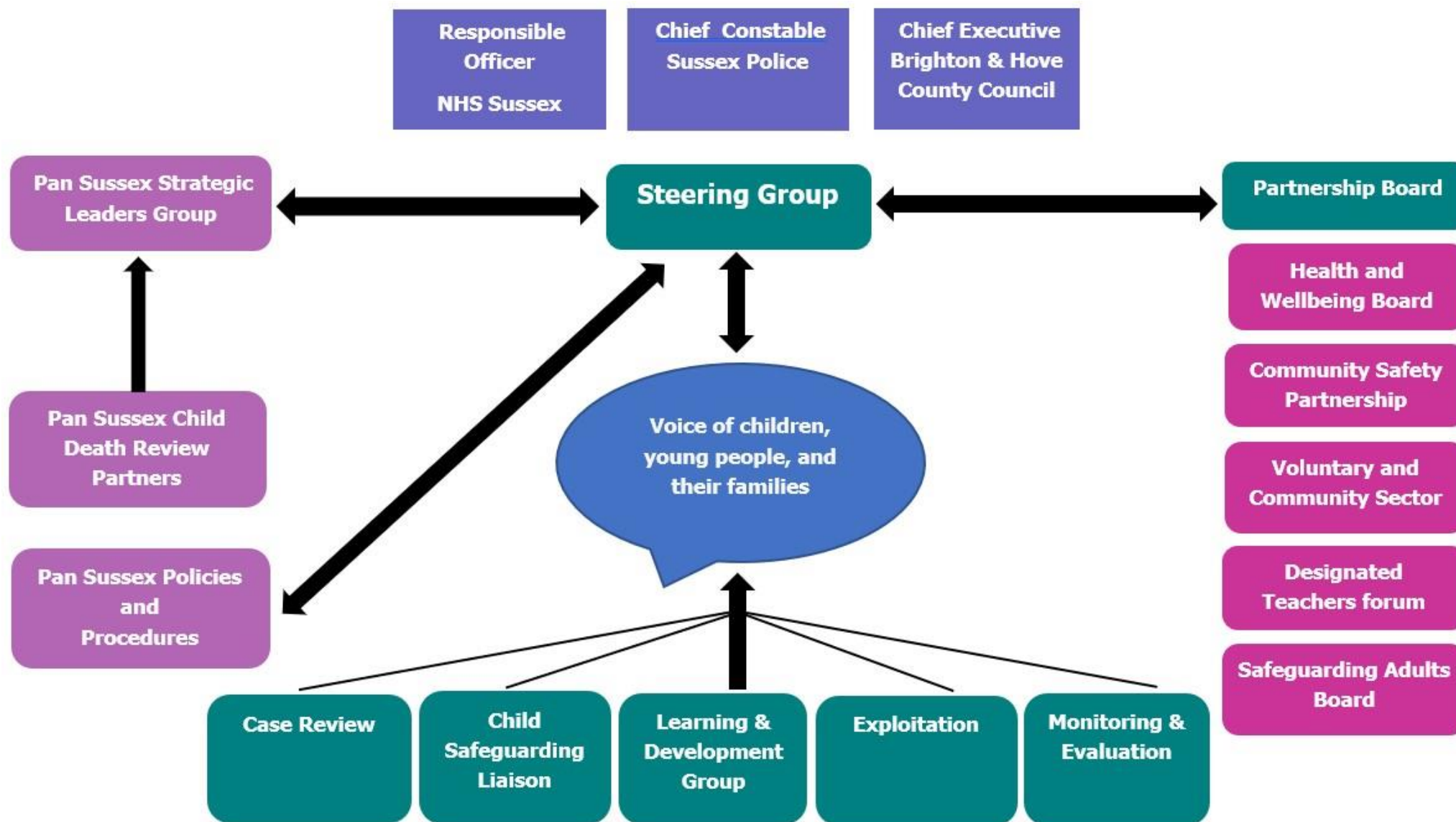
We are of course still dealing with a world that is recovering from a pandemic. This has brought challenges for us and the real impact on safeguarding continues to be assessed. Children's mental health, the impact of lock down on children and families and the stark fact that some children remained hidden from the view of those who can safeguard them are all matters that the Partnership has considered and continue to deal with. Other challenges have developed, a significant proportion of our families are coming under huge financial pressures and this in turn can lead to increased safeguarding concerns. It is important that we continue to harness the help and support that our communities have given us, so as you read this report, please remember that safeguarding is everybody's responsibility. We have learned is that we need to engage with our communities and seek their help to safeguard our children. This was a positive aspect of covid and as a Partnership we need to ensure we maintain the links we developed.

We continue to work hard to achieve in our priority areas and the Partnership is and strategic leads are updated regularly on progress in each of them. You can read about these priorities in this report. It is important to recognise that whilst these are key areas for us, we continue to address all other areas of safeguarding. B&HSCP is mature in its approach and will flex and respond to any other safeguarding threat.

I continue to scrutinise the safeguarding partnership, challenging partners to provide the best possible service to children and families. The maturity of the Partnership means that any scrutiny is always received in a positive manner. Leaders acknowledge that learning is key to improved outcomes for children and work hard to improve. B&HSCP works in a culture that seeks to continually improve. Finally, I would like to thank those who have contributed to this report. I believe this report is fair, informative, and balanced and I hope it goes some way to illustrating the work your partnership does to safeguard children in Brighton and Hove

A handwritten signature in black ink, appearing to read 'Chris Robson'.

Chris Robson, Independent Chair & Scrutineer



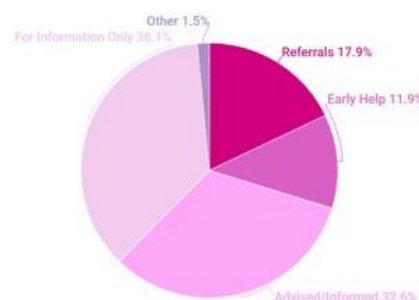
This section demonstrates some of the key statistical indicators used to guide the Partnership's priority safeguarding areas including children missing from education, referrals to Front Door for Families (FDfF) and Community Adolescent Mental Health Services (CAMHS), and children identified as being at risk of exploitation.

Initial Contacts, Referrals and Assessments year ending 31 March 2022



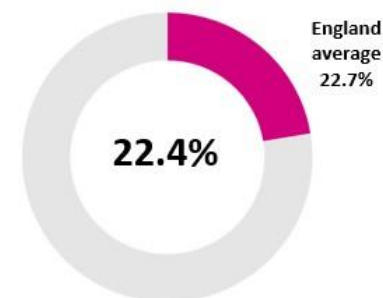
The above chart shows the number of Initial Contacts to Front Door for Families, the number of Initial Contacts that were passed to Children's Social Care and the number of Strengthening Family Assessments completed during the year ending 31 March 2022

Initial Contacts to Front Door for Families by Outcome year ending 31 March 2022



The above chart shows Initial Contacts to Front Door for Families during the year ending 31 March 2022 by outcome

Re-Referrals to Children's Social Care year ending 31 March 2022



A re-referral is where a child has been referred within 12 months of a previous referral.



592

Early Help Assessments completed year ending 31st March 2022



651

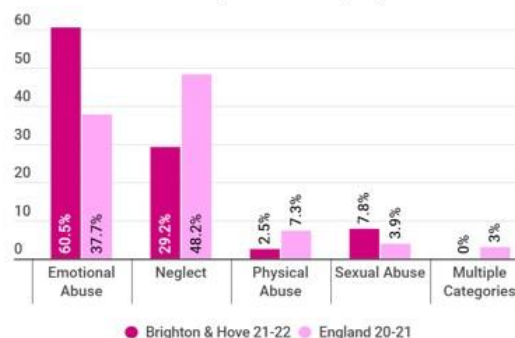
Children and young people open to Early Help Services at 31st March 2022



281

Children subject of a child protection plan at 31st March 2022, up from 273 at 31st March 2021

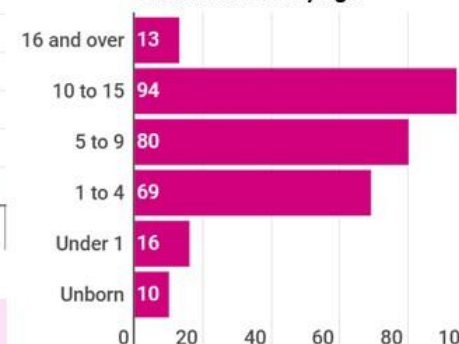
Children Subject of a Child Protection Plan at 31 March 2022 by Initial Category of Abuse



When a child becomes the subject of a child protection plan, the initial category of abuse is recorded.

The above chart compares the percentage of children subject of a child protection plan at 31 March 2022 by initial category of abuse with the England average at 31 March 2021

Children Subject of a Child Protection Plan at 31 March 2022 by Age



Priority 1 – Partnership Engagement and Accountability

Lead Agency – Brighton & Hove City Council:

Strategic Objectives:

- 1.1 Assure the efficacy of the new safeguarding arrangements and mechanisms for partners to be held to account for their safeguarding practice.
- 1.2 Strengthen the governance interface between the BHSCP and other key strategic forums across the city and pan Sussex.
- 1.3 Understand and provide robust and timely strategies/responses to address external factors which may impact on safeguarding Brighton & Hove.
- 1.4 Involve and consult children and young people in the process of helping them to stay safe and promote their wellbeing.
- 1.5 Engage with voluntary, charity, social enterprise (VCSE) and faith groups in training, challenge, and consultation.
- 1.6 Promote an anti-racist ethos through identification, an acknowledgement of the existence and impact of racism, and reparative work where needed to change systems and practice, thereby ensuring race equality for children, young people, and their families across the city.

Priority 2 – Safeguarding children from violence and exploitation

Lead Agency – Sussex Police

Strategic Objectives:

- 2.1 Develop a profile analysis for each of the elements of complex safeguarding to target interventions.
- 2.2 Organisations and agencies have the skills and knowledge to recognise and undertake high quality assessments regarding exploitation delivering interventions for children, young people, and families at all levels of need.
- 2.3 Target intervention where children and young people are deemed to be at risk of extra-familial harm.
- 2.4 Prevent the exploitation of children through raising awareness, building young people's resilience, providing appropriate diversionary activities. and upskilling practitioners across the partnership.

Priority 4 – Mental Health and Emotional Health and Wellbeing

Lead Agency – NHS Sussex

Strategic Objectives:

- 4.1 Evaluate the availability and impact of services and resources on the safety of young people experiencing emotional and mental health issues.
- 4.2 Strengthen the governance interface between the BHSCP, NHS Sussex and Public Health on the local suicide prevention strategy and action plan.

Priority 3 – Reducing Neglect

Lead Agency – Brighton & Hove City Council

Strategic Objectives:

- 3.1 Strengthen the governance of partnership arrangements to further support a co-ordinated and multi-agency response to neglect.
- 3.2 BHSCP in partnership with the Voluntary, Community Sector to ensure role out and use of neglect tools and strategies in order to ensure early prevention and detection of neglect.
- 3.3. The Partnership is assured that an effective whole family approach to assessing neglect, as well as planning and monitoring interventions is embedded city wide across agencies and organisations.

Latest BHSCP Business Plan is available from - <https://www.bhscp.org.uk/safeguarding-partnership-documents/business-plan-and-strategies/>

Every Safeguarding Children Partnership (SCP) has a Business Plan to outline priorities and how we are going to tackle key safeguarding areas.

Our vision is that children and young people in Brighton & Hove live a life free from fear, harm, abuse, and exploitation, enabling every child in every part of the city to achieve their potential. As part of business planning, we identified four priority areas to enable this vision – these are set out above showing the lead agency for each one. It is important each priority has a different lead agency to demonstrate how we work collaboratively to safeguard the children and young people of Brighton and Hove. The current Business Plan covers April 2020-March 2023 and was written as the first plan under the new safeguarding children partnership arrangements; the priorities are delivered through Subgroup activity.








The following section provides an overview of the Business Plan and our priorities, identified challenges, and multi-agency achievements.

Priority 1 – Partnership Engagement and Accountability – Lead Agency – Brighton and Hove City Council.

Aims: Embed the principles of safeguarding children citywide.



Progress made –

-  Well attended Partnership Board meetings held quarterly with Lead Partner attendance.
-  Practice improvement – embedded new approach to monitoring and evaluation (M&E) work – focussing on practice to drive improvement in multi-agency working. Independent M&E Scrutineer appointed in November 2021.
-  Independent Scrutiny - A Review of BHSCP Arrangements – One Year On presented to Executive Steering Group in May 2021: identified progress made with some challenges to be addressed, but overall concluded: 'The Partnership is mature and has built on existing relationships. Partners scrutinise each other's contributions, challenging and offering support'.
-  Three new Lay Persons were appointed and inducted in 2021.
-  Development starts on a new Pan-Sussex Section 11 Audit Tool - In contrast to previous audits, the Partnerships want agencies and organisations to use 2022-24 Section 11 audit as a tool for improvement rather than compliance.
-  The Early Years - work started with the Virtual school to assess how Children in Care/Children previously in care, and those with a social worker are identified and supported in Early Years settings. This includes a service review (currently in progress) for council run nurseries to assess need, actions and impact.
-  Over 600 families used council nurseries during the reporting period. All vulnerable families were prioritised for nursery places during Covid restrictions.

Challenges identified –

- Individual agencies previously reported ways in which they worked with the 'voice of the child' via their Section 11 Audit responses (demonstrated in BHSCP Annual Report 2020-21). We are hopeful that Section 11 returns in 2022 will continue to demonstrate this position. However, **Voice of Children and Young People** remains an active development area for the Partnership and will feature as part of our forward planning.
- Covid 19 restrictions reduced during the reporting period however the transition period continued to impact on partner agencies and delivery of business priorities.



Priority 2 – Safeguarding Children from Violence and Exploitation – Lead Agency – Sussex Police

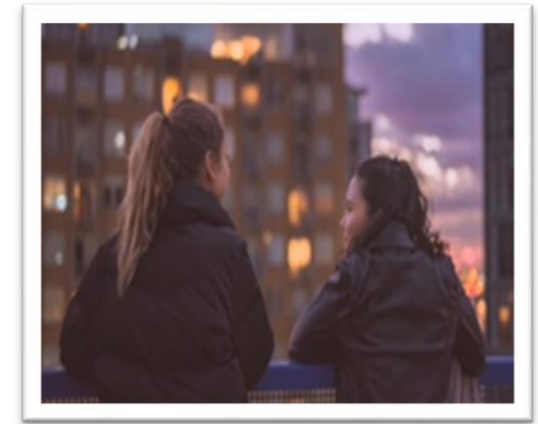
Aim: Ensure there is a clear understanding of the scale of complex and contextual safeguarding within Brighton & Hove and that the needs of children and young people affected by any form of violence, from any source, are identified and assessed effectively resulting in timely and appropriate intervention.

Progress made –

- B&H has recently sought to build upon the Adolescent Vulnerability Risk Management (AVRM) with the addition of the AVRM Escalation process whereby red AVRM cases are assessed and allocated to a Detective Inspector owner who is responsible for targeting and disrupting exploiters.
- During 2021-22, the focus of the BHSCP Exploitation Subgroup was to act as a strategic governance multi-agency group overseeing the Exploitation Action Plan as part of the Community Safety & Crime Reduction Strategy 2020-23 with a real focus on children, young people, transitional and contextual safeguarding.
- Criminal exploitation task and finish group reviewed Waltham Forest SCR (Child 'C') and NCSRP **'It was Hard to Escape'**, identifying transitional safeguarding and leadership culture as two key areas to develop. The outcome of this task and finish group informed the work of the Exploitation Subgroup and **Exploitation Action Plan** for most of the year. A short-term transitional safeguarding working group was established to review the current transitions processes for people who are being exploited and the development of action learning sets to support an improved multi-agency risk management approach.
- A mapping exercise was completed to better understand where issues related to child exploitation, drug harm and serious violent crime are discussed to reduce duplication.

Challenges identified –

- ✎ Some progress was made to develop a performance dashboard with key indicators of exploitation. This work was overtaken by a parallel piece of work within the Sussex Violence Reduction Partnership – as a result this piece of work was paused to avoid duplication of efforts
- ✎ It was acknowledged that the identity and function of the Exploitation Subgroup had become confused. Therefore, in 2021-22 Q4 the Subgroup membership reviewed governance and purpose. It was agreed to re-focus the group as a tactical/operational group using the 4P approach identified by College of Policing to help re-engage and re-purpose the group (e.g. looking at Preparation, Prevention, Protection and Pursue).
- ✎ The key focus for 2022-23 is to continue the work to re-form the Exploitation Subgroup with a clearer identity and purpose with a greater focus on delivering task and finish pieces of work that better supports the work of the Partnership to reduce child exploitation.



Priority 3 – Reducing Neglect – Lead Agency – Brighton and Hove City Council.

Aim: To ensure the needs of children and young people affected by neglect are identified and assessed effectively resulting in timely and appropriate intervention.

Progress made –

- ✎ Multi-agency Neglect Audit completed in 2021 to evaluate the effectiveness of arrangements to safeguard children at risk of harm from neglect – key findings and recommendations discussed later in this report.
- ✎ 247 professionals attended multi-agency GCP2 training courses during 2021-22.
- ✎ Neglect Strategy reviewed in 2021-22.
- ✎ Sussex Police - The force has run a series of communication pieces and CPD aimed at improving the recognition of our first responders of the signs and indicators of neglect.

Challenges identified –

- ✎ Despite 247 professionals completing training during 2021-22 and positive feedback post-training only 2 assessments have been recorded as completed on Eclipse (Children's Social Care recording platform).

Future planning – Partnership and GCP2 Lead Practitioner to complete *deep dive* audit of cases to identify potential barriers to use of assessment tool.

Priority 4 – Mental Health and Emotional Health and Wellbeing – Lead Agency – Clinical Commissioning Group (NHS Sussex Integrated Care Board)

Aim: Consistently good service provision for children who need support for emotional and mental health issues.

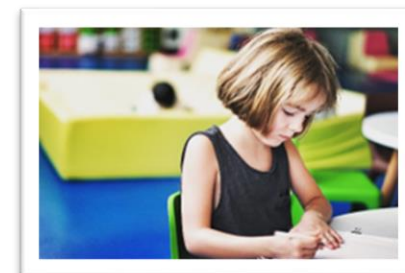
Progress made –

- Public Health Leads met in May 2021 to scope work which needs to be undertaken to address concerns.
- Pan Sussex Self-harm Learning Network – workshops for education staff and parents on responding to children and young people who self-harm.
- E-wellbeing self-harm webpages have been created.
- Toolkit in the event of an unexpected death or suicide in the school community – Final Toolkit will be ready Sept 22 and provide schools with a holistic framework for prevention and postvention
- Self-harm guidance and flowchart for schools – provided to all statutory schools in the city – this will be sent to all independent schools during the summer term of 2022.
- Suicide prevention 'Assist' training provided free to schools this year by Grassroots, funded by Public Health and coordinated by the Schools Wellbeing Service.
- Schools Wellbeing Service added to the consent to share safety plan for CYP who have presented at hospital with self-harm – the Service now follows up with schools and provides support to ensure school response is coordinated with the Primary Mental Health Worker.
- Families Children and Learning key team working with and in schools providing support to pupils, schools, and parents.
- Schools Wellbeing Service – Primary Mental Health Worker team working with school staff in secondary and sixth form settings providing range of 1:1 and groupwork offer alongside support for parents.
- Mental Health Support Team – Providing mental health interventions for children in primary school as part of the Schools Wellbeing Service – four qualified practitioners will be joined by four new trainees in September 2022.
- Mental Health and Wellbeing became a specific focus for Early Years/council nurseries as a result of children returning to nursery after lockdowns, and children starting nursery who were born in the pandemic. Some council nursery staff participated in Emotion Coaching training which is now reflected in nursery policies. Curriculums focus on personal, emotional, and social development for children when first starting a nursery place

Challenges identified –

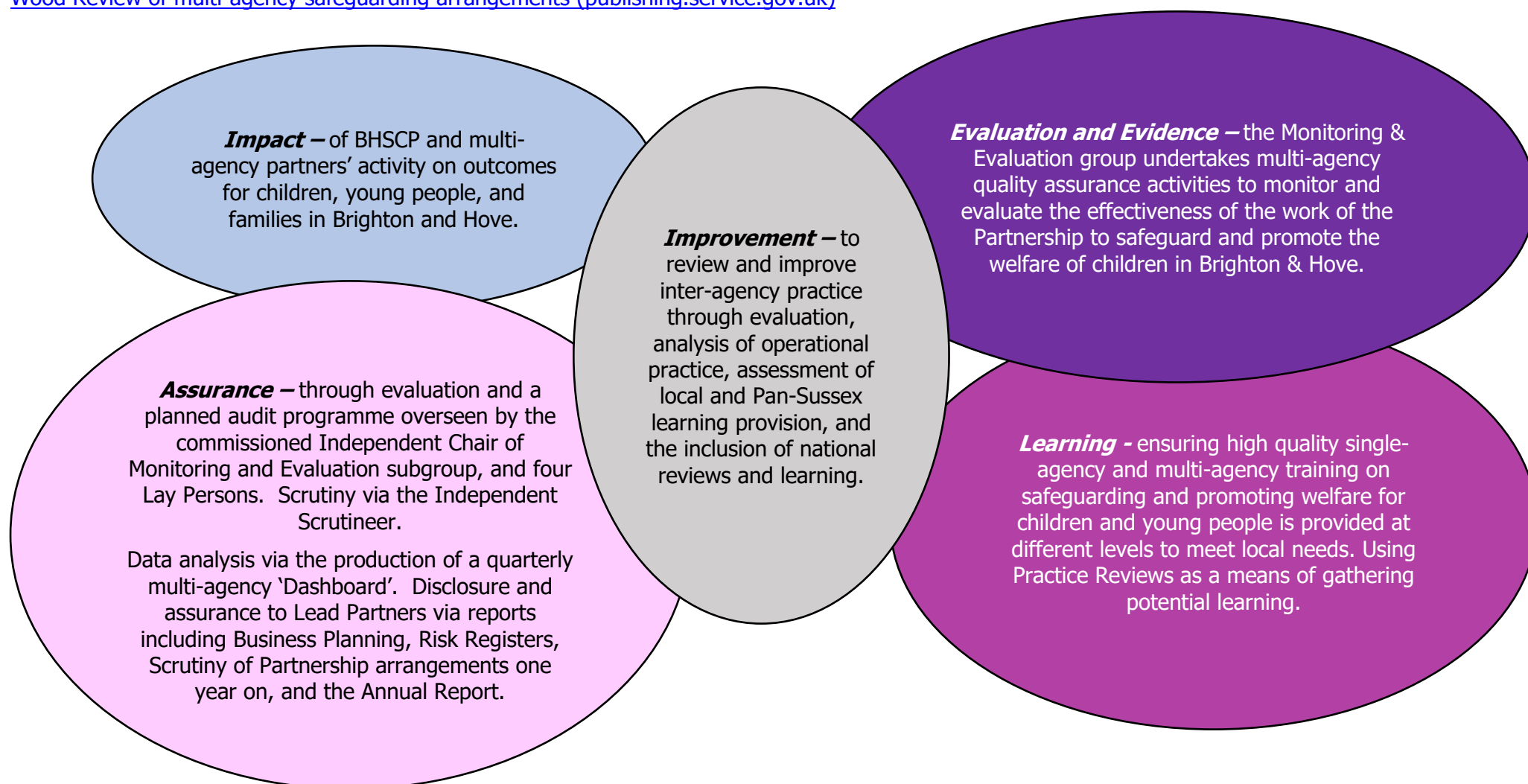
- Mental health and well-being of children and young people remains a priority area for agencies despite restrictions lifting throughout the reporting period.
- The work strands detailed above have provided some mitigation, but the Partnership and agencies will continue to monitor especially where children are not accessing school premises as electively home educated or missing from education.

Future planning – Pan-Sussex Elective Education Audit planned for May 2022.



The Wood Review (2021) of new multi-agency safeguarding arrangements states: 'Safeguarding partners have introduced a wide range of new measures to ensure independent scrutiny and challenge of the new arrangements. This includes peer challenge, Independent Scrutineers, commissioned external reviews, ... engaging lay members and the use of local authority scrutiny and health and wellbeing committees. We need to draw together a secure evidence base for the impact of independent challenge and scrutiny on the outcomes for children.'

[Wood Review of multi-agency safeguarding arrangements \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



Steering Group – This group oversees the strategic direction and work of the Partnership as set out in the Children and Social Work Act 2017 and Working Together to Safeguard Children (2018). The Steering Group is attended by Lead Partners, agency Leads, and is Chaired by the Independent Scrutineer.

Purpose

To ensure the BHSCP is fulfilling its statutory duty to monitor and challenge the effectiveness of the local multi-agency response to safeguarding children and young people.

To oversee strategic activity undertaken across the Partnership to safeguard and promote the welfare of the children and young people.

To analyse data and intelligence to be fully appraised of the effectiveness of help, including early help, being provided to children and their families.

Partnership Board – The Children and Social Work Act 2017 in conjunction with statutory guidance, Working Together to Safeguard Children 2018 requires partner agencies, to work together to safeguard children, young people, and their families effectively and to promote their emotional health and wellbeing.

The role of the Partnership Board is to bring together wider partners from across Brighton and Hove to ensure the strategic direction as set by the Steering Group and BHSCP Subgroups is taken forward and operationalised in all organisations.

The Partnership Board should ensure that all agencies and organisations have access to and an understanding of the full scope of the BHSCP's work and how they contribute to working together to safeguard children and promote their wellbeing across the city.

Purpose

The main purpose of the Partnership Board is to:

- Operationalise the strategic aims of the Steering Group
- Raise issues put forward by Steering Group
- Engage the wider safeguarding community

The Partnership Board is attended by Lead Partners, agency Leads, wider agency representatives; and is Chaired by the Independent Scrutineer.

[Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/working-together-to-safeguard-children)

Lay Members – Lay Members play a crucial role in the Partnership as they provide an independent voice to the decision making processes and provide a unique perspective as members of the public living in Brighton and Hove. During 2021-22 the Partnership had four very committed Lay Members supporting Subgroups and partners agencies.

Plans for 2022-23 – The Partnership currently has vacancies for Lay Members after we said farewell and thank you to two of our four Lay Members. We are also exploring the possibility of recruiting a Young Persons' Lay Member/Advisor who would bring another voice and perspective to the Partnership.

'I have been a lay member since September 2021 serving on the case review group (CRG). I have benefited from training to develop my knowledge and ability to provide support and challenge in the group. I have been impressed by the strength of partnership working and the eagerness that individual agencies work together to understand evidence and to learn from it. The CRG has been listening hard, alert to risks for children and working beyond institutional boundaries and organisational constraints. High profile reviews have been diligently tracked and managed so that action plans are clear and capable of being implemented. There is healthy scrutiny, support, and challenge across professions. There is focus on specific details and potential for strategic change. At all times I have observed clear determination to learn and improve outcomes for children and young people in the City.'

(Lay Member for Case Review Group 2021 – present)

Independent Scrutiny is detailed in Working Together to Safeguard Children 2018 where it states:

The role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases. This independent scrutiny will be part of a wider system which includes the independent inspectorates' single assessment of the individual safeguarding partners and the Joint Targeted Area Inspections.

Whilst the decision on how best to implement a robust system of independent scrutiny is to be made locally, safeguarding partners should ensure that the scrutiny is objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement.

The independent scrutineer should consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership and agree with the safeguarding partners how this will be reported.

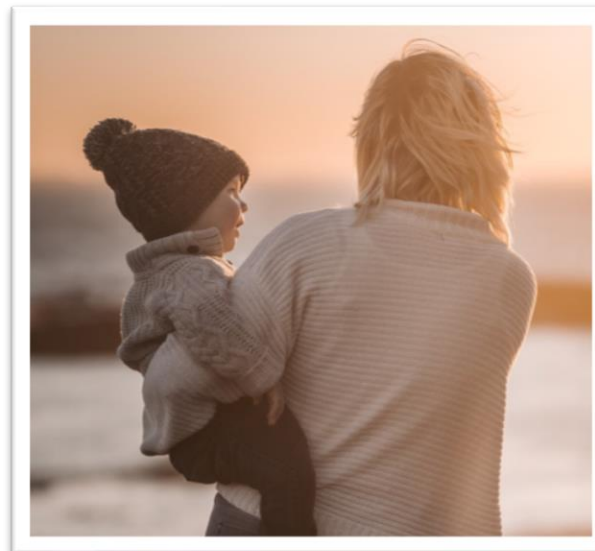
Independent Scrutiny of BHSCP – The Independent Scrutineer provides challenge and scrutiny of Lead Partners' and Lead Agencies' effectiveness as the Chair of the Steering Group and the Partnership Board.

The Scrutineer provides scrutiny and recommendations via several platforms including written reports such as 'BHSCP Arrangements – One Year On' towards the end of 2021 and maintaining oversight of Annual Reports and Business Planning with the Partnership Business Manager, in meetings as the Independent Chair, and as the objective voice amongst partners - for example at crucial points throughout the case review process.

The Independent Scrutineer was joined by the Independent Chair of the Monitoring and Evaluation (M&E) Subgroup in November 2021. Both act as the Partnership's 'critical friend', providing constructive challenge and reflective questioning of all partners to promote continuous improvement across all agencies and organisations.

The M&E Chair has provided scrutiny of the performance mechanisms used to provide assurance to the Partnership Leads. The introduction of new processes and quality assurance mechanisms will provide early identification of and the analysis of emerging threats, reflective challenge, and the opportunity for all partners to implement practice improvement through learning.

Recommendation for 2022-23 – Encouraging partners to capture the voice of the child in key areas of work within the Partnership and individual agencies i.e. Lay Member scrutiny.



Monitoring and Evaluation (M&E) Subgroup – The BHSCP has a key role in achieving high standards in safeguarding and promoting welfare, not just through co-coordinating, but also by evaluation and continuous improvement. Under Working Together to Safeguarding Children 2018 the purpose of BHSCP local arrangements is to support and enable local organisations and agencies to work together in a system where:

- Children are safeguarded, and their welfare promoted
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- Organisations and agencies challenge appropriately and hold one another to account effectively
- There is early identification and analysis of new safeguarding issues and emerging threats
- Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- Information is shared effectively to facilitate more accurate and timely decision making for children and families

[Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



The M&E subgroup supports the Brighton & Hove Learning and Improvement Framework to strengthen and support a learning culture across partner agencies in Brighton & Hove to safeguard and promote the welfare of children in the city. This group, through its scrutiny and challenge role, is instrumental in assisting the Partnership to create a culture of openness and facilitate effective and regular challenge to all partner agencies.

Key M&E Achievements and Challenges in 2021-22 -

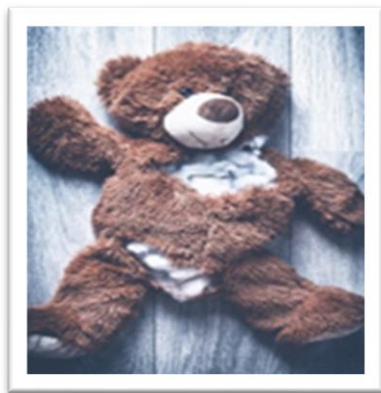
Pan-Sussex Audit – Safeguarding Children who are Electively Home Educated – The B&H report has been written and incorporated into the Pan Sussex report. The B&H action plan has been developed and is due to be agreed by the subgroup in September 2022.

Additional Information / Assurance Requests – We have formalised how partner agencies provide additional information / assurance to the Partnership. A process, report template and standard email have been developed and this new approach is being trialled with the two most recent issues identified.

Visibility of Single Agency Quality Assurance Activity – We do not currently have sight and visibility of single agency Quality Assurance activity and learning, which is needed to provide another level of assurance.

Frontline Practitioner Voice in Multi-agency Audits – The involvement of frontline practitioners in our current multi-agency audit methodology is limited. This means that while we can identify what happened in practice, we do not always have a good enough understanding of why things happened the way they did.

Plans for 2022-23 – Partners have committed to sharing single-agency frameworks, development of Performance Dashboard, we will be trialling practitioner events in as part of Q3/Q4 multi-agency audits, and increased emphasis on learning and improvement for Section 11 audits.



Reducing Neglect – Neglect Audit completed in Q4 2021 by Monitoring & Evaluation Subgroup –

The purpose of the audit was to evaluate the effectiveness of arrangements to safeguard children who are at risk of neglect with a focus on children under 4yrs. A total of 51 audits were completed by 13 agencies - the rationale for focusing on under 4s was as follows:

- Younger children are at increased risk of harm during (Covid-19) lockdown (ref: Ofsted have reported that there has been an increase in Non-Accidental Injuries (NAIs) for under 1s during lockdown).
- CDOP has highlighted the link between NAIs and other neglect issues.
- Learning from recent Safeguarding Practice Review around child sexual abuse (CSA) and links to neglect amongst younger children.

Key findings –

- Parental mental health was recognised as a factor in 8 cases.
- Children's Social Work found that in some cases the presenting superficial issues were being addressed without always understanding or addressing the underlying and complex reasons for neglect.
- It was also recognised that there was a need for a more in-depth assessment of the reasons behind parental issues around mental health or the mistrust of services.
- A theme highlighted by Brighton and Hove Schools (for the older siblings in the cases audited) was whether we are listening sufficiently to the voice of the child especially when the focus shifts to the parents' issues and needs.
- There was evidence of effective joint working across agencies
- Schools in particular, reported that professional challenge was area of difficulty and that they were not fully aware of how to challenge other professionals e.g. how to seek a formally recorded professional's meeting. Professionals were reminded of the [7.2 Professional conflict resolution | Sussex Child Protection and Safeguarding Procedures Manual](#) in the Audit Report (published July 2021)

Recommendations –

- The application of thresholds and assessments to take into account the history and the cumulative impact of neglect.
- The underlying causes of neglect, and not just the presenting issues to be understood to ensure that interventions are effective.
- The impact of neglect and the interplay with the child's developmental needs to be considered in assessment and planning.
- Professionals to be involved in decisions to close/'step across' a CiN Plan - decisions to be clearly communicated to partner agencies.
- The focus within planning and reviews to be on whether the actions completed can evidence change including an improvement in the child's daily lived experience/child outcomes.

Working Together to Safeguard Children 2018 sets out agencies and organisations' responsibilities under Section 11 of the Children Act 2004; namely it places duties on a range of organisations, agencies, and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

BHSCP undertook their first Pan-Sussex Section 11 Audit with East and West Sussex Safeguarding Children Partnerships (SCP) in 2020. This continued a two-year cycle of activity which occurred under the previous Local Safeguarding Children Boards' (LSCBs') audit in year 1 and scrutiny of action plans in year 2 of the cycle.



Agencies and organisations across Sussex were asked to complete a self-assessment return using an audit tool which enabled them to assess their level of compliance with statutory guidance and address areas requiring development. S11 activity also provides an opportunity to identify and share good practice.

The self-assessment return was updated in 2020 to include a suite of indicators around children who are looked after (CLA), some were new (7) and some added to existing standards (6). This contributed to an overall 16% increase in the number of standards to be assessed in 2020: from 80 (in 2018) to 93 in 2020. Findings and recommendations were published and reported by individual SCP and as a Pan-Sussex working group to all three Steering Groups.

As part of the 2020-22 S11 Audit process it was agreed that we should review and redevelop the S11 process for 2022-24. Agencies were asked to report against 93 standards in 2020-22; an 86% increase since 2012 of standards/indicators which raised a question around quality versus quantity of responses. A review of the standards was agreed to: (i) support agencies and organisations to undertake a proportionate audit and (ii) enable the SCPs to focus on their energies on core safeguarding children functions.

Plans for 2022-24 – In contrast to previous audits, the Pan-Sussex SCP want organisations to use the 2022-24 Section 11 audit as a tool for improvement rather than compliance. We want agencies, when completing the tool, to reflect on how well the standard is embedded into frontline practice, as this is often the gap, we identify in case review and audit work. The process in 2022-24 will still include Peer Challenge, and Peer Scrutiny but there will also be an opportunity for frontline practitioners to contribute by completing a Section 11 Staff Survey using an online platform. Audit tools and guidance notes will be circulated to Pan-Sussex agencies and organisations at the beginning of the autumn term 2022.

A key function of the Partnership is to reflect on systems and practice following a serious child safeguarding incident. A Local Child Safeguarding Practice Review (LCSPR) is undertaken when a child dies, or the child has been seriously harmed. The purpose of a practice review is for agencies and individuals to learn lessons to improve the way in which they work individually and collectively, to safeguard and promote the welfare of children and young people, and ultimately to deliver improved outcomes for them.

The Case Review Group (CRG) undertakes work which identifies areas for consideration to drive improvement to services delivered to local children, young people, and their families. During 2021-22 the BHSCP Case Review Group –

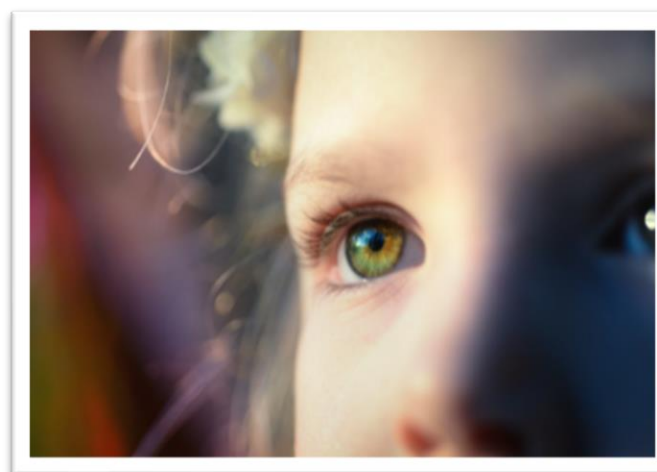
- Continued to work on a review commissioned in 2020-21 – One review is on-going and due for publication in October 2022.
- A Rapid Review was completed in April 2021, and it was agreed that a full practice review was required. However, due to parallel process we have needed to hold the review until the criminal investigations conclude. The CRG are hopeful that the review will restart in autumn 2022.
- Learning Review (published anonymously on the [National case review repository | NSPCC Learning](#)) - Reflection and Impact Workshop. The Case Review Group approved a proposal in December 2019 to hold a multi-agency workshop with the author of the Learning Review. The workshop was delayed due to Covid 19 and the national restrictions. The workshop was facilitated in-person in May 2022.

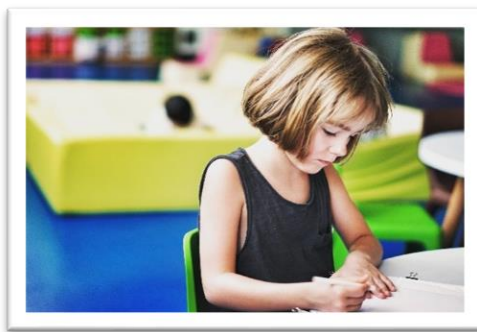
Attendees were asked by the author to discuss and assess the following -

- Impact of the review on agency systems and practice.
- How our learning review activity has improved outcomes for children and families across the city.

The CRG also holds the responsibility to –

- Monitor BHSCP's action plans following the publication of local and national practice reviews or completion of another type of review – [Child Safeguarding Practice Review Panel - GOV.UK \(www.gov.uk\)](#) .
- Seek assurance that partner agencies have developed and delivered action plans arising from local and national practice reviews or completion of another type of review.
- Use the learning from local and national practice reviews to inform policy, practice and the BHSCP learning and development programme.





The Child Safeguarding Practice Review Panel's annual report 2020 (Published 2021) notes that SCPs should have ***'Evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families.'***

Sir Alan Wood's Report: Sector expert review of new multi-agency safeguarding arrangements (May 2021) states ***'We need to draw together a secure evidence base for the impact of independent challenge and scrutiny on the outcomes for children.'***

In December 2021 the Case Review Group (CRG) agreed a proposal to host the first Safeguarding Practice Review Reflection and Impact Workshop to establish the impact on practice of the Baby Alex Learning Review.

The Workshop – May 2022 –

Attended by 22 practitioners from Sussex Police, SECAmbs, Early Help, SCFT, University Hospital Sussex, and Children's Social Care. A follow-up session was held for managers in the same agencies.

The participants discussed the Learning Review with the Review author including the findings, recommendations, and identified learning in the context of their own agencies.

Participants worked in groups to discuss challenges, improvements to practice/policy/procedure, further improvements, and key messages.

Key Learning –

- Reflection & Impact Workshops provide an opportunity to 'check back' and evaluate whether learning continues to inform practice.
- Workshops also provide peer scrutiny and challenge between agencies which potentially provides further improvement opportunities.
- Learning and key themes/points from reviews to inform L&D decisions i.e. identification of 'gaps' in current programme or promotion of existing training offer in response to review findings.

Next Steps –

- We will explore the potential to include Workshops as part of all Safeguarding Practice Reviews.
- We will explore the potential to include Reflection & Impact Workshops as part of the Terms of Reference for future Practice Reviews.
- We will share our learning from this process with East and West Sussex Safeguarding Children Partnerships as Pan-Sussex learning.
- Existing BHSCP Learning Briefings to be updated with additional learning and recirculated to all safeguarding partners as a commitment to continued improvement.

[The Child Safeguarding Annual Report 2020 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Wood Review of multi-agency safeguarding arrangements - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

BHSCP Multi Agency Training Programme – We provide multi-agency training & development for staff to help them safeguard and promote the welfare of children and young people. **Our training supplements the single agency training provided by partner agencies.**

The purpose of multi-agency training is to help practitioners:

- Work together effectively with colleagues across organisations
- Share knowledge & expertise
- Understand each other's roles and responsibilities
- Understand how different agencies operate
- Know what services are available locally for children & families
- Recognise the value of multi-disciplinary working in safeguarding & promoting the welfare of children.
- Consider and hear the voice of the service users they work with.

During 2021-22 we continued to provide virtual training in line with Covid restrictions but re-introduced some in-person courses where possible with reduced numbers. Safeguarding Children 1 training continued to be delivered via eLearning with Day 2 and 3 being delivered in person towards the end of the year.

This table shows BHSCP provided training for **1315** practitioners across all courses including three practitioner learning events and a Pan-Sussex conference. Courses were attended by all agencies including – **526** practitioners from the local authority, **166** from health partners, **21** from Sussex Police, **299** from the education sector, **113** from community partners, and **91** from fostering and adoption. From March 2022 continued to increase as BHSCP re-introduced more in-person courses as the in-person training programme continued to return.

Next Steps –

- Re-introduce all courses virtually or in-person.
- Extend offer available through Multi Agency Training Programme 2023-24.

Course	Attendances
Graded Care Profile Training and Child Neglect	288
Safeguarding Children 2: Assessment Referral & Investigation	92
Safeguarding Children 3: Child Protection Conferences & Core Groups	60
The Impact of Domestic Violence and Abuse	47
Harmful Sexual Behaviours	15
Harmful Practices	33
The Impact of Parental Substance Misuse	38
Consent, Sex and Young People	38
Child Sexual Exploitation	31
BHSCP - Trauma Informed Approaches	166
Mental Health and Well-being, and Fabricated and Induced Illness	48
Exploitation	106
Safeguarding in a Digital Age and Online Safety	126
Safeguarding Children with Disabilities	23
Pan Sussex Safeguarding Children Conference	78
Practitioners Event - Child Sexual Abuse (CSA)	22
Practitioners Event - Working with Female Offenders	15
Practitioners Event - CSA Pathway	10
Difficult or Evasive Behaviour	20
Sussex Statutory Child Death Review Process	7
Professional Difference and Challenge	7
Improving Outcomes for Children who are Looked After	38
Multi-Agency Public Protection Arrangements MAPPA	6
Not known	1
	1315

Pan-Sussex Safeguarding Under 5s Virtual Conference – As part of our commitment to providing training delivered jointly with safeguarding children partnerships in East and West Sussex BHSCP co-delivered the virtual conference in November 2021.

The conference was attended by over 200 pan-Sussex delegates including 78 from Brighton and Hove. Local and national learning indicates that babies and young children are particularly vulnerable to abuse and neglect. Nationally, babies under 12 months continue to be the most prevalent group notified to the national safeguarding panel following serious incidences, with around 40% of serious case reviews involving children aged under 1. There were also a high proportion of cases involving non-accidental injury and sudden unexpected infant death. In these cases, parental and family stressors were the most significant factor in escalating risk. Learning from the Pan Sussex Child Death Overview Panel (CDOP) also highlighted the need for a multi-agency response to the number of incidences of sudden and unexplained infant deaths where modifiable factors were identified.

The conference included speakers on: Out of Routine - a review of SUDI (Sudden Unexpected Death in Infancy), safer sleeping, the 'Myth of Invisible Men' (national safeguarding review panel report) - safeguarding children under 1 from non-accidental injury, and peri-mental health and infant mental health. Sudden Infant Death in Infancy, the Myth of Invisible Men and Family Hubs, and ICON are featured in the Learning and Improvement section below.

SUDI – In their 'Out of Routine' report the Safeguarding Practice Review Panel reported that out of the 568 serious incidents reported to them between June 2018 – August 2019, 40 involved infants who had died unexpectedly making this one of the largest groups of children identified. The report highlighted several factors for consideration including deprived socio-economic background. However, many of the recognised SUDI risk factors overlapped with those associated with neglect and child abuse.

The report concluded that most of these deaths are preventable, risk factors are well recognised, and the steps parents can take to reduce the risk have been delivered to parents as part of the clear, consistent, and evidence-based safer sleep messages for many years. The report also highlighted that SUDI prevention should be embedded within all relationship based safeguarding practice to be effective.

Key findings and recommendations –

- A better understanding of parental perspectives enables flexible and responsive partnerships with parents to develop supportive but challenging relationships to develop more effective safer sleeping discussions.
- The need for better links between SUDI and strategies for responding to neglect, issues related to deprivation and socio-economic factors, domestic violence, substance misuse, and parental mental health. This needs to be an all agency response not just within health agencies.
- Agencies need to explore use of behavioural insights and models of behaviour change to inform parents of risks and modifiable factors.

[Out of routine: A review of sudden unexpected death in infancy \(SUDI\) in families where the children are considered at risk of significant harm \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



“The Myth of Invisible Men”

Safeguarding children under 1
from non-accidental injury caused
by male carers
September 2021

‘The Myth of Invisible Men - Safeguarding children under 1 from non-accidental injury caused by male carers’ was published in September 2021 by the Safeguarding Practice Review Panel looked at the following areas –

- What does incidence data highlight about patterns in situations where children have suffered serious harm or died because of non-accidental injury (NAI) and where their fathers/stepfathers/male carers are the identified as the perpetrator.
- What we can learn from interviews with men convicted of abuse about their individual histories, behaviours, and psychologies, and how these affected the perpetrated abuse.
- What was happening in the period before the abuse - how did these men manage their anger/frustration thresholds.
- Links between the abuse with domestic abuse, substance misuse, mental ill-health, parents being young and/or who are care leavers.
- How contextual issues such as race and ethnicity, culture and poverty may have affected what happened.
- What can we learn about the effect of good information sharing and information seeking.

The Child Safeguarding Review Panel report outlined the urgent need to engage with fathers and male carers more effectively:

- Commissioning services and practitioners need to ‘... to make the seemingly invisible visible and the hidden known.’
- The report recommends more should be done to engage, support and challenge fathers and male carers in order to prevent more babies suffering the harm detailed in the report.

[The Myth of Invisible Men \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

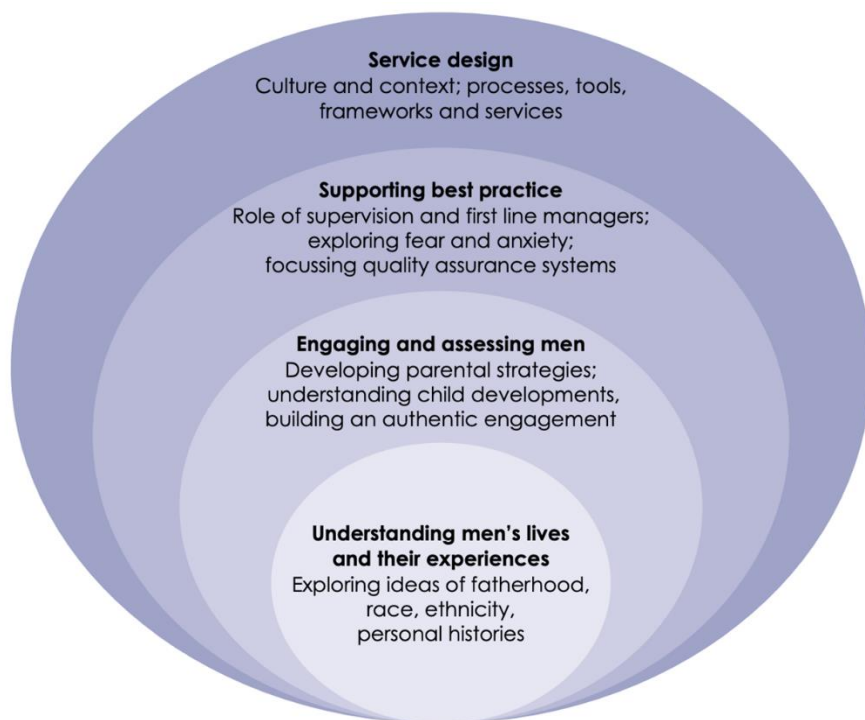
[Summary of "The myth of invisible men": safeguarding children under one from non-accidental injury caused by male carers \(bhscp.org.uk\)](https://bhscp.org.uk)

Findings and Recommendations –

1. Funding to develop models of good practice – dissemination of learning should clearly identify ‘what worked with who and why’.
2. Pilot areas to be identified and funded by Government to develop ‘end-to-end’, multi-agency integrated service re-design to address the issues identified in the review.
3. Research to be commissioned by government to enable a better understanding of the psychology and behaviour patterns of men who have abused babies through NAI.

Impact on Practice – According to the report men are more likely the perpetrators of abusive head trauma, including more fathers and stepfathers. Contextual factors such as the pressures of living in poverty, worklessness, racism, and being a young or care-experienced parent can all be contributing factors.

1. Finding, engaging, assessing, and working with fathers and male carers is key.
2. The Child Safeguarding Practice Review Panel's report builds on existing guidance to include the findings from their research and sets out a four tier model to help improve the engagement and assessment of fathers.
3. The model tiers are interlinked, and each should be implemented systematically to make the kind of step change necessary in working with fathers and protecting babies.



Child Safeguarding Practice Review Panel - Four Tier Model (Sept 2021)

Family Hubs – The report identifies the development of Family Hubs as one of five existing policy areas which could, with some minor changes, address many of the issues raised by the Myth of Invisible Men Report.

Family Hubs are currently central to the review and development of early help services in Brighton and Hove. Family Hubs will offer seamless support to the whole family, services for children and young people from pregnancy onwards.

Family Hub Networks will deliver strengthened targeted services whilst maintaining the preventative universal services currently accessed via Children's Centres.

Family Hubs Networks will bring together GP services, midwifery, CAMHS, social work, health visiting, mental health services, speech and language services, reducing parental conflict teams, housing and financial support services, and early years settings – potentially addressing some of the contextual contributing factors linked to NAI/abusive head trauma.

Brighton and Hove Family Hubs will adopt a system-wide model of relationship based practice already successfully implemented across social work services. This will be underpinned by a trauma-informed approach, currently promoted by the Safeguarding Partnership.

ICON – Babies cry, you can cope! – Research suggests that some parents and care givers can lose control when a baby's crying becomes too much for them. Some go on to shake a baby with devastating consequences for the child, the parents, and the rest of the family. Abusive Head Trauma (AHT) causes catastrophic brain injuries, which can lead to death, or significant long-term health and learning disabilities.


ICON was adopted by health and social care organisations in Brighton & Hove, across Sussex and nationally to provide information about infant crying, including how to cope, support parents and carers, reduce stress and prevent abusive head trauma in babies.

ICON was launched in Brighton and Hove in 2020 following a local learning review where a young baby had suffered significant non-accidental injuries. Partner agencies and organisations led by NHS Sussex looked at opportunities to talk to parents and care givers about prevention of AHT.

[ICON – Babies Cry, You Can Cope \(iconcope.org\)](https://iconcope.org)

I Infant crying is normal and it will stop

C Comforting can sometimes soothe the baby – is the baby hungry, tired, or in need of a nappy change?

 It's **O**kay to walk away if you have checked the baby is safe and the crying is getting to you. After a few minutes, when you're feeling calm, go back and check on the baby;

N Never shake or harm a baby; it can cause lasting damage or death

**If you need support, speak to someone such as:
your family, friends, Midwife, Health Visitor or GP**



DadPad®

ICON is an evidence based preventative programme designed to provide support to parents and carers with a crying baby. ICON was commissioned Sussex-wide as part of the learning from NAI serious case reviews / practice reviews across Sussex. Apart from preventing AHT, most people would appreciate some advice about how to comfort a crying baby and how to cope when it goes on for a long time.

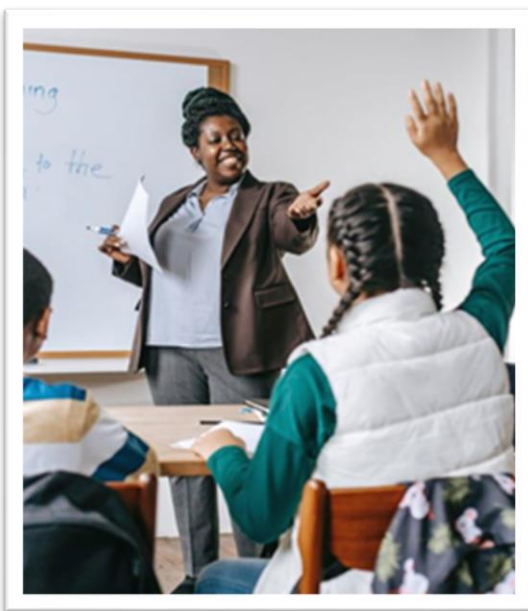
Evaluation of impact for preventative programmes can be difficult but nonetheless the partnership decided to support the ICON programme further by commissioning DadPad in 2022.

DadPad provides fathers and male partners with the practical skills they need at a time when many new parents can feel completely overwhelmed. The app includes advice on feeding, holding, changing, sleeping and getting to know your baby. Information on supporting relationships and each other's mental health during this challenging time is also available. The app has information on the reasons babies cry and how to cope when the crying won't stop. It also contains the ICON messaging.

[DadPad | The Essential Guide for New Dads | Support Guide for New Dads \(thedadpad.co.uk\)](https://thedadpad.co.uk)

The Learning and Development (L&D) Subgroup is currently Chaired by a Designated Nurse for Safeguarding Children - NHS Sussex, who is also the Chair of L&D Subgroups across the pan-Sussex area. The Subgroup meets three times per year to review the training programme, analyse training data such as attendance and evaluation feedback, and to develop the training programme with the L&D Officer.

The role of the Subgroup also includes consideration of BHSCP Learning Briefings from audit outcomes and child safeguarding practice reviews including national reports which link to training and learning. The Subgroup comprises of representatives from the wider partnership including Health, Children's Services, Police and Education.



Key L&D Achievements and Challenges in 2021-22

The Subgroup has developed clearer links with the other BHSCP Subgroups and pan-Sussex Safeguarding Children Partnerships (SCP). Currently the L&D Chair, Business Managers and Training Leads meet at least twice a year to develop shared learning opportunities. The Training leads across Sussex meet bi-monthly to undertake the development of training opportunities.

Rollout of NSPCC Neglect GCP2 training to frontline practitioners. Following the impact of Covid-19, this had been delayed. This is now supported by a working group and more key professionals have been identified to receive full training to ensure continuity and embedding into multi-agency practice.

Demand on frontline services due to high awareness of complex child safeguarding concerns and staffing issues resulted in some training being cancelled at short notice due to the availability issues within the Training Pool members.

The BHSCP training offer is supported by a 'pool' of experienced practitioners from across the Partnership who give their time and expertise as part of their continuing professional development at no additional cost. The training pool are supported by the L&D Officer and can access accredited adult learning course to recognise and thank them for their commitment to learning.

The Partnership remain committed to providing a robust learning offer by commissioning external trainers; working closely with our neighbouring local authorities to share expertise and developing alternate learning mediums such as podcasts and 9 Minute Briefings.

During 2021-22, the focus of the Exploitation Subgroup was to act as a strategic governance multi-agency group overseeing the Exploitation Action Plan as part of the Community Safety & Crime Reduction Strategy 2020-23 with a real focus on children, young people, transitional and contextual safeguarding.

The multi-agency Subgroup developed a Criminal Exploitation Task and Finish Group to review the Waltham Forest Child C Serious Case Review and National Child Safeguarding Practice Review - 'It was hard to escape', identifying transitional safeguarding and leadership culture as two key areas to develop.

A mapping exercise to better understand where issues related to child exploitation, drug harm and serious violent crime were discussed to reduce duplication.

Key Exploitation Achievements and Challenges in 2021-22 –

The outcome of the Criminal Exploitation Task and Finish Group informed the work of the Exploitation Subgroup and Exploitation Action Plan for most of the year. A short-term transitional safeguarding working group was established to review the current transitions processes for people who are being exploited and the development of action learning sets to support an improved multi agency risk management approach

A key achievement was acknowledging that the identify and function of this Subgroup had become confused. Therefore, Q4 of this year has been spent reviewing governance and purpose. It was agreed to re-focus the group as a tactical/operational group using the 4P approach identified by College of Policing to help re-engage and re-purpose the group (e.g. looking at preparation, prevention, protection and pursue). It is hoped this will reduce the previous difficulty in moving pieces of work forward effectively.

Some progress was made to develop a performance dashboard with key indicators of exploitation. This work was overtaken by a parallel piece of work within the Sussex Violence Reduction Partnership, so this piece of work was paused to avoid duplication of efforts.

Plans for 2022-23

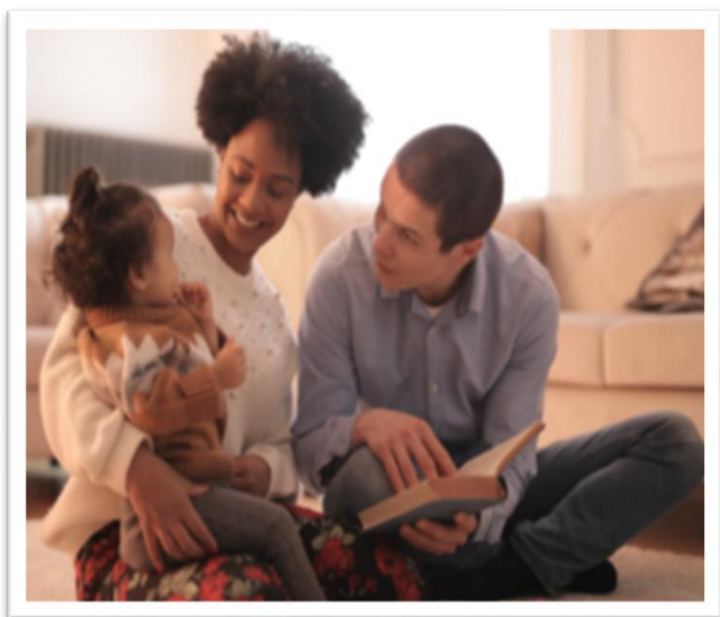
The key focus for 2022-23 will be to continue the preparations to re-form the Subgroup with a clearer identity and purpose with a greater focus on delivering task and finish pieces of work that better support the work of the Partnership to reduce child exploitation.



The Child Safeguarding Liaison Group (CSLG) is an interagency forum who meet regularly, usually monthly, to review and improve joint working practice in respect of inter-agency Child Protection processes. This includes analysis of examples of operational practice within the context of Child Protection enquiries and investigations. The Subgroup work together to challenge practice and, where necessary, bring matters to the attention of relevant managers and agencies on behalf of the Partnership with the aim of organisational and partnership learning.

Two key areas of work during 2021-22 for CSLG were –

- Mental health pathways including suicide responses and suicide cluster considerations.
- Escalation and professional difference



Key CSLG Achievements and Challenges in 2021-22 –

Key achievements during 2021 and into 2022 include maintaining active engagement and participation in CSLG. Maintaining an engaged and open-minded participation in learning from complex cases where existing processes are brought into question can be challenging at times, but the group embraced this way of working from the start.

Development of practice notes for services. Issues discussed include CSA, SUDI, complex health care packages and Mental Health pathways from custody.

Supporting the development of the Subgroup Chairs Forum to facilitate discussions around issues across the sub groups and ensure smoother running of the partnership functions.

The main challenge for the group was maintaining engagement with a virtual meeting. The group has a large number of participants so in the months following Covid-19 in-person meetings have not been an option.

Plans for 2022-23 – The group has started to include plaudits and cases where things have gone well. The aim to ensure the Partnership learns from cases of excellence as well as where things have not gone well. Professional feedback of CSLG continues to be very positive. Agencies are engaged and see CSLG as a productive forum in which to explore multi-agency learning – the plan for 2022-23 is to maintain this level of participation and to review the group often to ensure the group develops.

Sussex Partnership Foundation Trust (SPFT) – Mental Health Trust delivering a range of clinical services to children and young people and adults with caring responsibilities. SPFT also have specialist services such as Perinatal, forensics, and Early Intervention.

Example of key child safeguarding achievement between April 2021 and March 2022 – SPFT benefited from increased funding during the past financial year and created new roles. SPFT maintained a full and thorough service throughout the global pandemic. We identified the continued offer of clinical consultation with staff and the support this offers as a real achievement of this reporting period. This had a marked influence on outcomes for children with the interface with partner agencies and was a real benefit. SPFT continued to offer specialist and CORE training throughout.

A review of our pan-Sussex data over the last 3 years demonstrates a significant increase in activity in safeguarding consultations and in engagement with our internal team and partner agencies.

- 2019/2020 **621** Safeguarding Children consultations.
- 2020/2021 **809** Safeguarding Children consultations, 30% up on the year before.
- 2021/2022 **1167** Safeguarding Children consultations, 44% up on the year before.

Achievements and Challenges –

- BAME audit in 2020-21 raised the importance of this work in practice; SPFT are committed to improving inequalities.
- Partnership working is central and core business for us in safeguarding aligned to partnership priorities and prevention strategies. Local example is the QI project for children who are not brought to appointments.



- SPFT appointed a PREVENT practitioner role to work across teams and operational services to enhance the understanding, training, and awareness of radicalisation.
- As a pan Sussex organisation one challenge is linked to the implementation of different locality strategies. A pan-Sussex approach would help us to standardise systems/processes and audit activity, to optimise the support we offer to the service user.
- A key challenge has been the impact of the global pandemic and the effect on children and young people and safeguarding. The focus on child and adolescent suicide has been a priority for operational and safeguarding teams. We acknowledge the impact the pandemic has had on vulnerabilities and thresholds.

Sussex Police – One of the three statutory partner agencies within BHSCP.

Example of key child safeguarding achievement between April 2021 and March 2022 – The creation and expansion of the *Crewmate App*.

- Sussex Police, as all forces are nationally, are engaged in delivering on the Governments manifesto pledge to recruit 20,000 more constables over a four year period. As a consequence, the service level of our front-line responders has declined sharply.
- Recognising this the force has sought to equip officers with at scene access to an array of incident and specific guides to assist them in identifying risk and responding appropriately.
- While this list is ever being revised and expanded it currently contains safeguarding information relating to – child abuse, neglect, County Lines, Child Sexual Abuse and Exploitation reports, CSE guide, Police Protection, sudden death child and infant, unaccompanied migrant child.

- Relationships created by the SCP structure and approach has resulted in live information with regards an immediate threat to a young person being passed directly to the most appropriate officer who was able to rapidly deploy resources to effectively mitigate that risk.
- Sussex Police received a high number of complaints relating to harmful sexual behaviour (HSB from a number of educational establishments in B&H, a number of which showed signs of escalation. We worked through the partnership and specifically with the third sector to fund and design a bespoke mentoring programme that could be delivered within educational establishments with the objective of challenging HSB at the earliest point. This was piloted within a local school with some promising early indications.
- One challenge for Sussex Police continues to be linked data sharing protocols –
 - Sussex Police developed the *Child to Notice Dashboard* in conjunction with East Sussex Safeguarding Children Partnership. This dashboard contains a wide array of data supplied by partners within that partnership and is used to better identify and assess the risk experienced by children.
 - We have been working with partners in B&H and West to expand this dashboard to include data from these respective areas but while existing information sharing agreements are in place challenges in respect of IT and movement to a cloud based system mean that the dashboard remains unintegrated.

Brighton and Hove City Council Early Years and Childcare – Provider of Early Help for Families with Children under 5 years including Council Nurseries providing places for high numbers of vulnerable children and placements for children with a social worker. Early Years and Childcare also provide training for Early Years staff across private, voluntary, and independent sector, and quality assurance re safeguarding in childcare settings.

Example of key child safeguarding achievement between April 2021 and March 2022 - The Holiday Activities and Food (HAF) team introduced quality assurance for safeguarding policies of commissioned holiday club providers. They identified that 80% of the providers needed support with updating and strengthening their safeguarding policies and procedures. Training was commissioned through Safety Net to for all providers to attend.

Impact – Excellent take up of training places. All providers involved reported increased confidence to identify and respond appropriately to safeguarding concerns. Safeguarding concerns were picked up through HAF providers during school holiday periods that would not previously have been identified.

Achievements –

- Graded Care Profile 2 working group and roll out of training. Children's Centre service manager has been part of the working group who planned and rolled out this training.
- The Children's Centre service and council nurseries staff have received GCP2 training, including all designated Safeguarding Leads. All those attending have reported how useful this tool will be to frame discussions around neglect with families. Some safeguarding leads have started to use the tool. One safeguarding lead will be joining the training pool in 2022.
- The Early Years consultant and Development Officer have started work with the Virtual school to assess how CIC/Children previously in care and those with a social worker are identified and supported in Early Years settings. This includes a service review (in progress) for council run nurseries to assess need, actions, and impact.

How did Early Years and Childcare focus with the Partnership on prevention and Early Help –

- Through distribution of the Household Support Fund the Children's Centre service supported 274 families in financial crisis/inadequate housing and food poverty through casework, emergency supplies, and food voucher distribution. On closing cases 85% of families reported their home circumstances to be a bit or a lot better after evaluation of the service received.
- Over 600 families used council nurseries during this 2021-22. All vulnerable families where prioritised for nursery places during Covid restrictions.





Sussex Community Foundation Trust (SCFT) – SCFT is committed to the promotion of the welfare of children and the protection of them from abuse and neglect at all levels within the organisation. SCFT can demonstrate compliance by fulfilling its duty to meet the safeguarding requirements of Section 11 of the Children Act 2004.

SCFT offers a range of Children Community health services which includes the Healthy Child Program (HCP) 0-19 years which is delivered by Health Visitors and school Nurses offering a Universal, Universal Plus and Universal Partnership Plus service to children and their families. Other services within the SCFT Brighton footprint include Community Children's Nursing Team, Child Development services and therapists such as Physio, Audiology and Occupational Therapy.

The Sussex wide Children's Sexual Assault Referral Centre (CSARC) is operationally managed by a SCFT Consultant Community Paediatrician and nursing service delivered by the Looked After Children nursing team.

Examples of key child safeguarding achievements between April 2021 and March 2022 – SCFT Safeguarding Team supported a business case lead by the Clinical Commissioning Group (CCG - now Integrated Care Board - ICB) to increase the health staffing resource within Front Door for Families (FDfF). This included facilitating recruitment and management of short-term Specialist Nurse and administration roles, data collection to evidence need, and contributing to the narrative by highlighting and evidencing the need for specialist health input into multi-agency safeguarding decision for children.

This was achieved via monthly KPI data returns to the CCG. The Head of Safeguarding and Named Nurses facilitated the transfer of service from SCFT to the CCG (now ICB) to ensure a seamless provider transfer of such a crucial service; this included a new SCFT and ICB Information sharing agreement. Health staff in FDfF continue to have direct access to children's SCFT held electronic health records. The new increased service provision was operational within the ICB on 1 April 2022.

Impact – An increase in staffing will ensure more cases open in FDfF will have specialist nurse oversight will information sought in a timelier and more cases can be screened by health.

SCFT are an active member of the CSLG; one referral made within this year was highlighting a child who was subject to MARAC and recorded as perpetrator of harm. This discussion supported professionals to identify child as victims within a domestic abusive context and should not be viewed as the perpetrator.

Impact – For this child the MARAC referral was removed from records; and replaced with wording that supported the status as victim within the situation. MARAC process also changed as a result to ensure cases similar as corrected agenda.

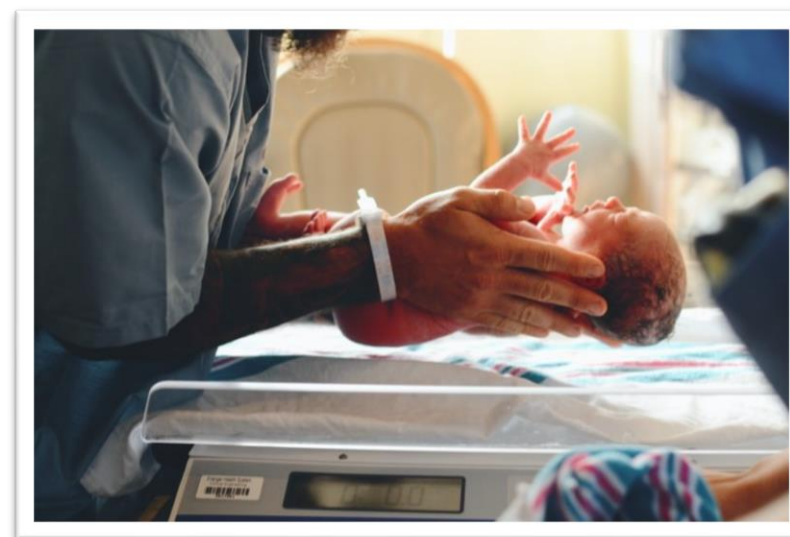
Achievements and Challenges –

- **Key challenge for 2021-22** – Health Visitor vacancy in the HCP (Healthy Child Programme). For most of this year staffing within the Health Visiting service was on the organisation risk register and modifications to some core contacts made, including moving to virtual contact for universal families – whilst those requiring a more targeted or enhance service were seen face to face.
- **Key BHSCP achievement** – Challenge/escalation statement added to Pan-Sussex procedures and shared at all multi-agency meetings. This adds robustness and promotes positive change within the Partnership – SCFT leads are actively represented in the Pan-Sussex Policy and Procedures Subgroup. This was an outcome from mock JTAI of FdF which SCFT were involved in representing Multi Agency Safeguarding Hub (MASH) Health and HCP services.
- **Key SCFT achievement** – Specialist Nurses in MASH (provided by SCFT) have improved sharing of health information with social care & Sussex Police ensuring decisions are based on a broader picture at an early stage and by ensuring police domestic abuse notification forms (SCARF/SIGNS) are sent out to health practitioners in a timely manner. This information sharing function continued without covid impact other than peaks of increase in demand, as per peak in domestic abuse reporting via the Police.

Brighton and Sussex University Hospitals – Safeguarding children and young people remains a priority within Brighton and Sussex University Hospitals Trust (BSUH), which is the main acute hospital in the area, through a continued commitment to promoting safeguarding as an integral component of practice and keeping the child or young person at the centre of safeguarding decision making.

Partnership Working continues to be strong as BSUH is represented by the Named Nurse & Doctor at key strategic groups both internally and externally. This includes participation case reviews, in the audit programmes and the dissemination of the learning from reviews and audits.

In April 2021 Brighton and Sussex University Hospitals Trust (BSUH) amalgamated with Western Sussex Hospitals Foundation Trust (WSHT) to become University Hospitals Sussex Foundation Trust. The commitment to safeguarding children and young people will continue to be a high priority within the new Trust.



Community and Voluntary Services (CVS) – This sector plays a very significant and highly valued role in protecting and promoting the emotional health and wellbeing of children young people and families in Brighton and Hove. Representatives from a number of CVS are active members of Subgroups and the Partnership Board.

CVS organisations provide services from Universal Level to Specialist Services to address Acute & Chronic Need for young people in Brighton & Hove. They provide early recognition and intervention, referral to partner agencies and Front Door for Families. The large and diverse reach of charities, community groups, clubs and not for profit organisations is a cornerstone of good safeguarding practice.

Achievements and Challenges –

- o The CVS organisations experienced significant negative impact through the pandemic because it restricted their ability to fund raise and deliver services.
- o Organisations such as RISE and Safety Net have collaborated on the roll out of ICON and neglect best practice. This has widened knowledge across the sector and improved opportunities to intervene earlier.
- o For some organisations this has improved reporting and for RISE this aligns well with the legislation change which now considers children as victim/survivors domestic abuse in their own right.
- o Across the VCS organisations noted increased complexity of cases. Concerns often include multiple issues and often affect multiple people. Subsequently, safeguarding concerns are taking more of organisational capacity and increased waiting lists.
- o The VCS responded swiftly to support those most at risk in Covid-19 putting in place a coordinated response intended to reach the most vulnerable – the flexibility of the sector created a strong safety net wrapping around the statutory services

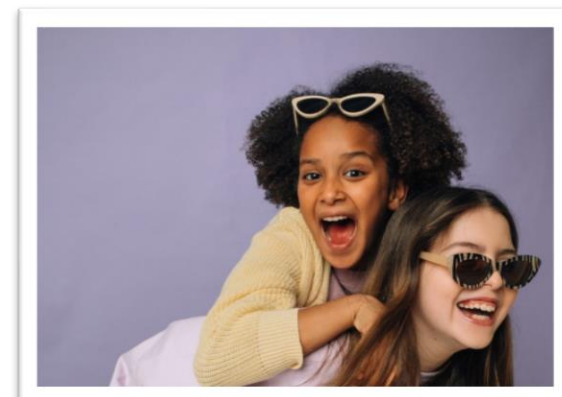


East Sussex Fire & Rescue Service (ESFRS) – This service delivers an emergency response function as well as a wide range of prevention activities, many aimed specifically at children and young people, in order to reduce risk of injury due to fire, road and water related incidents.

Achievements and Challenges –

- o The development of an online version of ***Safe Drive, Stay Alive*** presentation was developed to deliver the same safety messages to young people about considering consequences before taking to the wheel or being a passenger being driven by a young person. The message, of make an informed decision, is backed up through the story board that demonstrates the impact on families, friends and the emergency services and includes the story provided by a young man imprisoned for causing death by dangerous driving that, because of his disposition, we found that young people could relate to.

- ESFRS used a series of 12 TikTok videos to emphasise the message of making informed decision before entering the water as part of their online version of **Water Savvy, Water safe**. Aimed at educating young people about how to stay safe in the water including check the depth before 'tomb-stoning' and awareness of cold water shock. These videos have had over a million views worldwide!
- In-person presentations returned as the Covid restriction were lifted but inline versions continue as they proved successful.
- **Safety in Action** is delivered to children aged 10-11 years in-person in schools. This initiative allows children to experience risky situations in controlled conditions. Online content was developed during Covid but there is now a concern that a cohort of children may have missed out on this educational opportunity described by RoSPA as life-long learning.



Key areas of work with BHSCP and Partners –

- ESFRS broadened its engagement with other agencies, specifically CAHMS, to tackle an increase in mental ill- health.
- ESFRS inked with Police Schools Prevention Officers to provide support and intervention around fire setting as well as their **Watch** scheme that supports young people on the cusp of offending or being excluded into a structured series of visits to fire stations.
- Through engagement with Sussex Police Children and Young People Strategic Oversight Board ESFRS has increased its knowledge of the wider risks relating to young people and broadened its offer to provide mentoring and prevention support in appropriate cases.
- ESFRS worked with the Home Office to offer prevention education content to young asylum seekers placed in hotels in East Sussex and Brighton & Hove through the **Home Office Dispersal Scheme**.
- ESFRS deliver **home safety visits** to people who are particularly vulnerable to fire. This includes families with fire setters, victims of domestic abuse, children on a child protection plan as well as other families who are referred to ESFRS by other services. Staff are all trained in safeguarding through a mandatory annual training programme and **officers are often able to identify neglect** which is reported through an established referral route.
- ESFRS continues to work with a local school to develop a **Fire Cadet unit in Brighton and Hove to bring Fire Cadets to the city**. ESFRS established their first units in East Sussex in 2020 and now have 3 operational units – these have had a profound impact on the young people, aged 13 – 17 years, who have joined.

All activities in 2021-22 were undertaken in a Covid secure manner, but ESFRS are widening engagement as communities and services have opened up after the pandemic. During Covid ESFRS didn't stop their interventions, they just became more challenging to deliver in a covid-secure manner.

What would ESFR like to see happen in the Partnership in 2022-23 – Increased awareness of all member agencies and how collaborations could enhance the experience for young people.

BHSCP works closely with Safeguarding Children Partnerships in East and West Sussex. Many of the partner agencies are Pan-Sussex and as a result it is prudent to ensure child protection and safeguarding procedures are developed across the county.

The Pan-Sussex Policies and Procedures working group reviews, updates, and develops safeguarding and child protection policies and procedures in response to local and national issues, changes in legislation, practice developments, learning from practice reviews, and quality assurance activities including audits completed by the Monitoring and Evaluation Subgroup.

Since March 2020 approximately 95 policy/procedures/protocols/guidance documents have been reviewed by the group; some have been reviewed more than once in this timeframe. Since March 2021, several new policies and procedures have been published including:

- A new procedure which sets out the actions to be taken in the event of children and families moving across local authority boundaries, either on a temporary or permanent basis.
- A policy in relation to safeguarding children in hospital.
- A Children Missing Education Procedure.
- Responding to a potential cluster of suicides for those aged under 18.



The group also focuses on the re-drafting of existing policies and procedures including:

- Bringing together existing guidance around criminal and sexual exploitation with serious organised crime and gangs.
- An updated Safeguarding Children impacted by Domestic Abuse policy, following the Domestic Abuse Bill receiving Royal Assent.
- An updated Fabricated or induced illness (FII) and Perplexing Presentations (including FII by carers) policy following learning from local pan-Sussex cases.

A short briefing note is disseminated to the working group for onward cascading across their agencies to front line professionals after every meeting. The Pan-Sussex Child Protection and Safeguarding Procedures website includes professional briefing notes, and current policies and procedures.

The webpage is publicly accessible via [Welcome to your Pan Sussex Child Protection and Safeguarding Procedures Manual | Sussex Child Protection and Safeguarding Procedures Manual](#)

Pan Sussex LCSPR Procedures – Working with a Pan-Sussex perspective provides continuity but also assurance. Work is currently progressing on the development of a Pan Sussex procedure for conducting Safeguarding Practice Reviews. Local CRG reps have had sight of the proposed procedures and have been given opportunity to comment on the drafts; edits to be made to final version and we hope to be able to progress this further in 2022-23.

Safeguarding Children Under 5 – The three Safeguarding Children Partnerships worked together to deliver a very successful 'Safeguarding Under 5s' virtual conference in November in which nearly 200 professionals attended – the conference is discussed fully in Learning section of this report.

The three Partnerships have worked together to support two publicity campaigns: "**ICON Week**" held at the end of September 2021 and '**It's Your Call Campaign**', including working with the NSPCC to promote community and wider partnership awareness of safeguarding children.

Pan-Sussex Learning & Development opportunities:

- *2021/22 training:* Multi-Agency Public Protection Arrangement (MAPPA), Improving Outcomes for Looked After Children, Harmful Practices. Suicide Prevention is a Pan Sussex offer via Grassroots – four sessions, two looking at under 16 year olds and two at 16-18 year olds.
- *Planned training in development:* Cultural Competency



Suicide Prevention and Emotional Health and Wellbeing – There is an emerging picture of increased pressure on already pressed CAMHS and acute services across Sussex. Acute hospital settings have also seen a rise in self-harm presentations. A Sussex Public Health Led Strategic Self-Harm and Suicide Prevention group has been established to take forward a Pan-Sussex strategy and take responsibility for actions arising from a spike in child suicides during May/June 2021.

A Self-Harm Learning Network has been established providing workshops for education staff and parents on responding to children and young people who self-harm. Other Pan-Sussex initiatives include - E-wellbeing self-harm webpages, and Schools Well-being Service including Primary Mental Health Workers providing 1:1 support in schools. Schools Wellbeing Service has been added to the 'consent to share safety plan' for children and young people who have presented at hospital with self-harm – the Service now follows up with schools and provides support to ensure school response is coordinated with the Primary Mental Health Worker. A cluster response plan was developed by West Sussex County Council to address local risks.

Future developments include - Self-harm guidance and flowchart for schools – for all statutory schools, a Toolkit in the event of an unexpected death or suicide in the school community – the final toolkit will be ready September 2022 and will provide schools with a holistic framework for prevention and postvention.

The local Child Death Overview Panel (CDOP) – Child Death Review Partners review the death of every resident child aged under 18 in West Sussex, East Sussex and Brighton and Hove. The death of a child is a devastating loss and one that profoundly affects all those involved. In April 2008, it became a legal requirement in England that Child Death Overview Panels (CDOP) conduct a review for all child deaths (including live-born babies of any gestation) up to the age of 18 years. The role of the review is to identify learning arising from the review process that may prevent future child deaths and to make recommendations. The Panel produce an Annual Report, so this report does not intend to reproduce all but the key points. This section will be used to draw together some key points relevant to Brighton and Hove and Pan-Sussex.

Between April 2021 and March 2022 CDOP were notified of 83 deaths of children living in Sussex. This was higher than in 2020/21 when the covid pandemic meant that deaths were lowest ever reported. A lower number of deaths in 2020/21 was also seen at a national level and is the year with lowest child mortality on record within England.

In 2021/22 CDOP reviewed a total of 70 child deaths - 9 for Brighton and Hove, 25 for East Sussex and 36 for West Sussex. From the 70 deaths reviewed by CDOP 31 (44%) of the cases had modifiable factors identified. CDOP noted in their 2021-22 Annual Report that there appears to be a general upward trend in deaths where a modifiable factor has been identified – for Pan-Sussex reviews and those in England generally. Some CDOP reviews are delayed beyond recommended timescales because of parallel processes or because they are subject to a Children Safeguarding Practice Review.

The CDOP report states children are most at risk of death in their first 12 months of life - over half of all deaths reported are infants under 1 year. Of the deaths notified to CDOP in 2021/22 -

- 40% were for babies less than 28 days old,
- 18% for babies 28-364 days old
- 14% for children aged 1-9 years old,
- 28% were for young people aged 10-17 years.
- At both a national and Sussex level the largest category of death is perinatal/neonatal event (33% for Sussex, 37% for England).
- This is followed by chromosomal, genetic and congenital anomalies (21% for East Sussex, 24% for England).
- Cancers are the third most common cause of death (10% for Sussex, 9% for England).

BHSCP partners continue to work closely with CDOP colleagues.

[CDOP annual reports - Sussex Health and Care \(ics.nhs.uk\)](https://ics.nhs.uk)

Learning and Development Subgroup –

- BHSCP to host an Anti-racist Practice conference as part of BHSCP Safeguarding Week 2022. Thematic workshops to cover some of the key disadvantages faced by children, young people, and their families in Brighton and Hove.
- Train the Trainer programme - offer refresh to existing pool members and to recruit more trainers from across agencies.
- Identify what support/development opportunities would help support training pool members in their training delivery role.
- Embed GCP2 and re-focus on neglect following the Covid-19 pandemic.
- Review BHSCP website - research, guidance, procedures, tools, and good practice case studies. Consider using a neglect 'toolkit' approach.
- Professional curiosity training to be reviewed in light of national Arthur and Star review. Professional curiosity to 'explore reported allegations as credible until proved otherwise'.
- April 2023 – new training programme – use this as an opportunity to complete training needs analysis to introduce new training courses.

Monitoring and Evaluation Subgroup –

- Continue work on BHSCP Performance Dashboard, additional information requests, and single agency frameworks.
- Refocus emphasis of Section 11 from compliance to improvement. Include staff survey as part of challenge/scrutiny events.

Case Review Group –

- Introduce Pan-Sussex Safeguarding Practice Reviews procedures and templates for all reviews from Rapid Review to full practice review.
- Introduce Reflection and Impact Workshops to Terms of Reference and process.

CSLG –

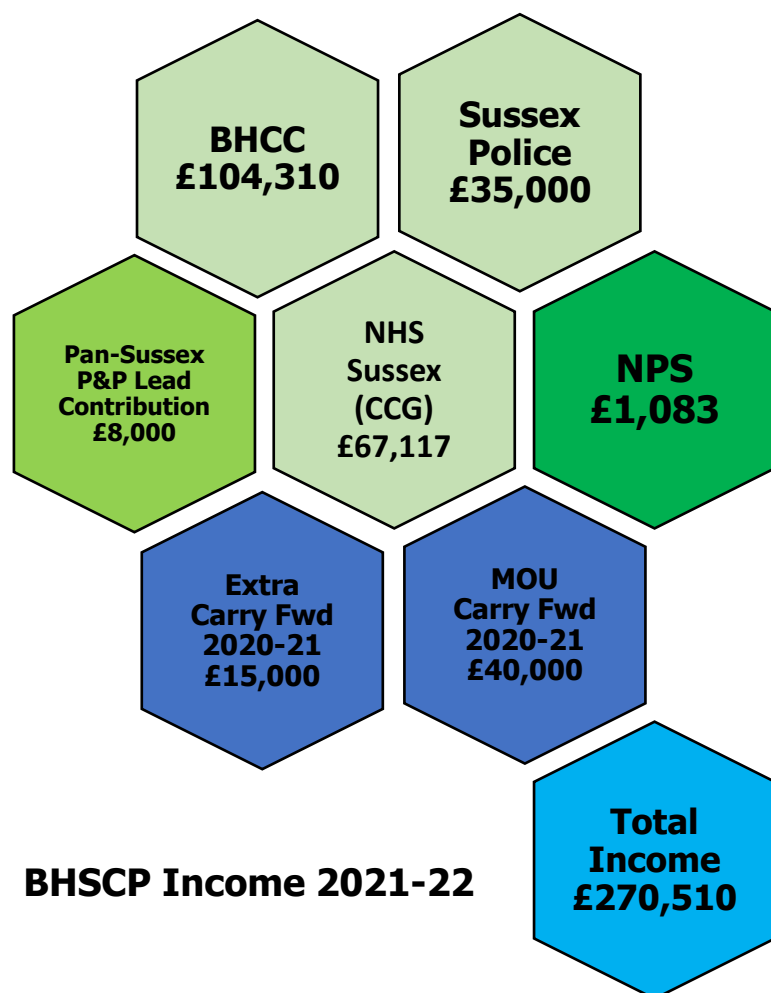
- Embed positive professional feedback in CSLG agenda/practice to ensure we learn through good practice as well as when things go wrong.

Independent Scrutiny –

- Capture the voice of the child in all workstreams and as part of scrutiny programme. Recruit two Lay Members.
- Refresh Learning and Improvement Framework – consider how scrutiny and the voice of the child could improve practice in Brighton and Hove.

Exploitation Subgroup –

- Continue preparations to re-form the Subgroup with a clearer identity and purpose with a greater focus on Prepare/Prevent/Protect/Pursue, to reduce child exploitation



BHSCP Expenditure – Headline Costs 2021-22

Staffing	£139,497.85
Independent Scrutiny	£11,959.36
Training	£10,688.31
Learning Reviews (on-going)	£9,827.50
IT/Equipment & Resources	£3,531.40
Miscellaneous Costs – Miscellaneous Income	£432.05
Consultancy Costs (outside of SPR costs)	£3,850.00
Total Expenditure	£179,786.47
MOU Carry Forward to 2021-22	£40,000.00
Additional allocated funding to be carried forward to 2021-22 as agreed at Steering Group	£50,723.53
Total Expenditure including carry forwards	£270,510.00

Working Together to Safeguard Children 2018 states 'the safeguarding partners should agree the level of funding secured from each partner, which should be equitable and proportionate, ... to support the local arrangements ... and sufficient to cover all elements of the arrangements, including the cost of local child safeguarding practice reviews.'

Contributors – with thanks to all who contributed towards this Annual Report

Lead Partners	Deb Austin, Naomi Ellis, D/Supt Jon Hull
Independent Scrutineer	Chris Robson
Subgroup Chairs	Justin Grantham, Rachel Egan and Sharon Ward, Emma Gilbert, Louise Jackson, DI Jon Gillings and Jo Player
Business Team	Sarah Smart, Daisy Piatt, Tom Edwards
Agency Leads	Martin Ryan and Jayne Bruce, Jo Gough, Helen Cowling, Sam Tyler, David Kemp, DI Jon Gillings, Jo Tomlinson, Michael Newman

References and Websites

Population data	brighton-and-hove-population-jsna-dec-2021.pdf (bhconnected.org.uk)
Latest BHSCP Business Plan is available from -	https://www.bhsc.org.uk/safeguarding-partnership-documents/business-plan-and-strategies/
The Wood Review 2021 - Child Safeguarding Review Panel	Wood Review of multi-agency safeguarding arrangements (publishing.service.gov.uk)
Working Together 2018 - Child Safeguarding Review Panel	Working together to safeguard children - GOV.UK (www.gov.uk)
Pan-Sussex Procedures website for professionals	7.2 Professional conflict resolution Sussex Child Protection and Safeguarding Procedures Manual
NSPCC Repository	National case review repository NSPCC Learning

Child Safeguarding Review Panel

[Child Safeguarding Practice Review Panel - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Child Safeguarding Review Panel

[The Child Safeguarding Annual Report 2020 \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

The Wood Review 2021 - Child Safeguarding Review Panel

[Wood Review of multi-agency safeguarding arrangements - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Out of Routine – Child Safeguarding review Panel

[Out of routine: A review of sudden unexpected death in infancy \(SUDI\) in families where the children are considered at risk of significant harm \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

The Myth of Invisible Men – Child Safeguarding Review Panel

[The Myth of Invisible Men \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

The Myth of Invisible Men – Child Safeguarding Review Panel

[Summary of "The myth of invisible men": safeguarding children under one from non-accidental injury caused by male carers \(bhscp.org.uk\)](http://bhscp.org.uk)

ICON

[ICON – Babies Cry, You Can Cope \(iconcope.org\)](http://iconcope.org)

DadPad – Support Guide for New Dads

[DadPad | The Essential Guide for New Dads | Support Guide for New Dads \(thedadpad.co.uk\)](http://thedadpad.co.uk)

Pan-Sussex Procedures website for professionals

[Welcome to your Pan Sussex Child Protection and Safeguarding Procedures Manual | Sussex Child Protection and Safeguarding Procedures Manual](#)

Child Death Overview Panel

[CDOP annual reports - Sussex Health and Care \(ics.nhs.uk\)](http://ics.nhs.uk)





Agenda Item 41

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:	Joint Health and Wellbeing Strategy - Outcome measures update		
Date of Meeting:	7 March 2023		
Report of:	Alistair Hill, Director of Public Health		
Contact:	Caroline Vass, Consultant in Public Health	Tel: 07717 303300	
Email:	caroline.vass@brighton-hove.gov.uk		
Wards Affected:	All		
FOR GENERAL RELEASE			
Executive Summary			
<p>Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment.</p> <p>The Brighton & Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019. It sets out the vision: ‘Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life’.</p> <p>This paper provides:</p> <ul style="list-style-type: none">• An update on the agreed outcome measures identified in the Health and Wellbeing Strategy• Advises on the programme of updates for subsequent Health and Wellbeing Boards			
Glossary of Terms			
JHWS - Joint Health and Wellbeing Strategy			

1. Decisions, recommendations, and any options

- 1.1 That the Board notes the current trend status of the Joint Health and Wellbeing Strategy outcome measures
- 1.2 That the Board notes that they will receive future updates at each meeting to reflect different 'Wells' at each meeting accompanied by a brief narrative to provide a more integrated council-wide understanding of the outcomes

2. Relevant information

- 2.1 Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA).
- 2.2 The Brighton & Hove Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2019. It is a high-level, strategy that sets out the vision of the Board for improving health and wellbeing and reducing health inequalities in Brighton & Hove.
- 2.3 The vision of the Boards is that: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'.
- 2.4 The strategy states our overarching ambition that by 2030:
 - People will live more years in good health (reversing the current falling trend in healthy life expectancy) and
 - The gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city will be reduced.
- 2.5 To deliver the ambition, the strategy identifies a number of outcomes for local people that are reflected under four key areas known as the 'Wells': starting well, living well, ageing well, and dying well.
- 2.6 The Board agreed the outcomes measures for each of the four Wells in July 2021 and minor amendments in October 2022. This paper provides an update on the current outcome measures, including a reflection of activity against England average outcomes

Development of the outcome measures

- 2.7 The initial outcome measures were based on the needs set out in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy vision and ambition. The criteria for inclusion are:
 - 7.1.1. where they are population level outcomes (not system/process indicators)
 - 7.1.2. where Brighton & Hove performs poorly against defined comparators
 - 7.1.3. where there are significant inequalities within the city, and

7.1.4. now also include where the Covid-19 pandemic response is likely to have had a significant impact eg: physical activity.

- 2.8 The outcome measures are predominantly taken from: the Public Health Outcomes Framework; NHS Outcomes Framework; Adult Social Care Outcomes Framework; and Office for Health Improvement and Disparities (OHID) Wider Impacts of Covid-19 dashboard.
- 2.9 The choice of outcome measures was informed by the engagement carried out on the Joint Health and Wellbeing Strategy in 2018/19 and by discussions across Public Health, Adult Social Care, Families Children and Learning and the NHS.

Monitoring the outcome measures

- 2.10 At the November 2022 Health and Wellbeing Board meeting it was agreed to monitor progress of our Health and wellbeing Strategy by agreed 'direction of travel' of each outcome measure, for example: '**increase** rates of year 6 healthy weights', '**reduce** rates of alcohol use in under 15 year olds', etc. This is reflected in the terminology in this report.

Outcomes measures update

- 2.11 Appendix 1 presents the key outcome measures dashboard and shows trends in the outcome measures, including the latest published data.
- 2.12 Tables 1-5 below show the current status of the outcome measures with the corresponding direction of travel and comparison to England average data.

Table 1: Overarching outcomes

	Improving trend	Static trend	Worsening trend
Better than England			
Similar to England		<ul style="list-style-type: none">Male healthy life expectancy at birthFemale healthy life expectancy at birth	
Worse than England			

Note: An update on inequality in healthy life expectancy at birth within LAs is expected in 2023 as the detailed Census data required becomes available

Table 2: Starting well

	Improving trend	Static trend (*no trend could be calculated)	Worsening trend
Better than England		<ul style="list-style-type: none"> Average attainment 8 score (15-16 years)* 	<ul style="list-style-type: none"> % of children achieving a good level of development at 2-2.5 years Year 6: prevalence of overweight, including obesity
Similar to England	<ul style="list-style-type: none"> % children achieving a good level of development at the end of reception 	<ul style="list-style-type: none"> % children with free school meal status achieving a good level of development at the end of reception % of physically active children and young people Average attainment 8 score of children in care (15-16 years)* 	
Worse than England		<ul style="list-style-type: none"> MMR vaccination (two doses in 5 years olds) Hospital admissions as a result of self-harm (10-24 years) 	

LOCAL MEASURES, for which there is no national comparison:

Improving trend: The percentage of pupils in years 10-11 who have ever tried alcohol; The percentage of pupils in years 10-11 who smoke

Worsening trend: Percentage of pupils who feel happy; Percentage of pupils who feel sad

Static trend: Having tried cannabis (Year 10-11)

Table 3: Living well

	Improving trend	Static trend (*no trend could be calculated)	Worsening trend
Better than England	<ul style="list-style-type: none"> Admissions for alcohol-related conditions (narrow definition) 	<ul style="list-style-type: none"> Virological success in adults accessing HIV care* 	
Similar to England	<ul style="list-style-type: none"> % of adults overweight or obese* % of adults walking for travel at least three days per week % of adults cycling for travel at least three days per week Domestic abuse related incidents are increasing, we want to increase reporting so this indicator will always require some narrative 	<ul style="list-style-type: none"> Smoking prevalence - all adults* Smoking prevalence - those in routine and manual occupations* % of physically active adults* % of physical inactive adults* Gap in employment rate – physical or mental health condition; learning disability and; in contact with mental health services* People with a low happiness score* % of cancers diagnosed at ages 1 and 2 Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV* 	
Worse than England	<ul style="list-style-type: none"> Sexually Transmitted Infection (STI) diagnoses – higher than England** Flu immunisation – at risk individuals 	<ul style="list-style-type: none"> People with a high anxiety score* Hospital admissions as a result of self-harm (20-24 years) Suicide rate (persons)* Deaths from drug misuse* 	<ul style="list-style-type: none"> HIV testing coverage (see para 2.13 below)

Sexually Transmitted Infection** – in this case, we have an improving trend in diagnoses rates, ie: they are going down, but we still have higher rates than the England average, however the data need to be reviewed critically because we know that during the Covid pandemic testing went down and so did diagnoses.

Table 3: Ageing well

	Improving trend	Static trend (*no trend could be calculated)	Worsening trend
Better than England	<ul style="list-style-type: none"> Population vaccination coverage for flu 65+ 	<ul style="list-style-type: none"> Emergency readmissions within 30 days of discharge from hospital 	
Similar to England		<ul style="list-style-type: none"> U75 mortality from: cardiovascular diseases and cardiovascular disease considered preventable U75 mortality from: cancer and cancer considered preventable Social isolation: percentage of adult social care users who have as much social contact as they would like* Social isolation: percentage of adult carers who have as much social contact as they would like* 	
Worse than England		<ul style="list-style-type: none"> Emergency hospital admissions due to falls in people aged 65 and over Permanent admissions to residential and nursing care homes 65+ 	

Dying well

The percentage of deaths that occur at home is increasing in Brighton & Hove and similar to England. However, place of death has been affected by Covid19 pandemic.

- 2.13 In Brighton & Hove we have one worsening trend which is also lower than the England average and that is for HIV testing. However, the data accuracy for this is being explored because we know that HIV testing coverage broken down by men, women, and men who have sex with men (MSM) is higher in Brighton & Hove than regionally or nationally.

The programme of JHWS updates to the Health and Wellbeing Board

- 2.14 Subsequent reports will reflect the 'Wells' as follows:
- 14.1.1. Starting Well will be reflected in the first report of the new administration
 - 14.1.2. Living Well will be second
 - 14.1.3. The third report will comprise Ageing Well and Dying Well
- 2.15 It should be noted that there will be some overlaps between outcomes in Living and Ageing Well sections
- 2.16 Where there are outliers or notable trends in an outcome measure, then a narrative will be provided to elucidate the plans, activity, and outcomes.

3 Important considerations and implications

Legal:

- 3.1 The Health and Wellbeing Board is required to publish a joint Health and Wellbeing Strategy pursuant to the Health and Social Care Act 2012 Section 193.

Lawyer consulted: Sandra O'Brien Date: 15/02/23

Finance:

- 3.2 The Health and Wellbeing Strategy informs priorities, budget development and the Medium Term Financial strategy of the Council, Health and other partners. This will require a joined up process for future budget setting in relation to all local public services where applicable. This will ensure that the Council and NHS have an open, transparent and integrated approach to planning and provision of services. Where applicable organisations will align their budget procedures whilst adhering to individual financial governance and regulations.

Finance Officer consulted: Sophie Warburton Date: 15/02/23

Equalities:

- 3.3 The strategy, and the outcomes measures set out within this paper, includes a strong focus on reducing health inequalities. The strategy and its delivery is underpinned by the data within our Joint Strategic Needs Assessment which takes the life course approach identifying specific actions for children and young people; adults of working age and older people; and key areas for

action that reflect specific equalities issues including inclusive growth and supporting disabled people and people with long-term conditions into work. An Equalities Impact Assessment is not required for the strategy itself but should be completed for specific projects, programmes and commissioning and investment decisions taking forward the strategy, as indicated within this delivery plan.

Supporting documents and information

Appendix 1: Brighton & Hove Joint Health and Wellbeing Strategy: Key outcomes measures update January 2023

Brighton & Hove Joint Health and Wellbeing Strategy

Key outcome measures dashboard

Update January 2023

Public Health Intelligence team, Brighton & Hove City Council



Overarching outcomes measures

Overarching

- People will live more years in good health (reversing the current falling trend in healthy life expectancy).
- The gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city will be reduced

Outcomes by life course

Starting well	Living well	Ageing well	Dying well
<ul style="list-style-type: none"> • The gap in having a good level of development at end of reception between pupils eligible for Free School Meals (FSM) and other pupils is reduced • Immunisation rates increased (MMR two doses by five years) • Increase in good level of development at 2/2½ • Year 6 healthy weight is increased • <i>The rates of smoking, alcohol and drugs use in 15 year olds are reduced – Amended to:</i> • The percentage of pupils in years 10-11 who have ever tried alcohol is reduced (LOCAL*) • The percentage of pupils in years 10-11 who smoke is reduced (LOCAL) • The percentage of pupils in years 10-11 who have ever tried cannabis is reduced (LOCAL) • NEW Physical activity in children and young people is increased • Educational attainment at 16 is increased for all pupils and children in care • The percentage of pupils who often/sometimes feel happy increases and often/sometimes feel sad decreases (LOCAL) • Hospital admissions self harm (10-24 year olds) are reduced 	<ul style="list-style-type: none"> • The gap between the overall employment rate and the rates for those with long-term health conditions, learning disabilities and in contact with mental health services are reduced • People having enough money after bills to live (LOCAL) City Tracker not taken place since 2019 • Increase the percentage of physically active adults • Increase the percentage of adults who travel by walking and cycling at least 3 days per week • NEW Reduction in adults who are overweight or obese • NEW The percentage of physically inactive adults is reduced • The adults smoking prevalence, and the gap between routine and manual workers and other groups, are reduced • Alcohol related admissions to hospital are reduced • Drug related deaths are reduced • Sexually transmitted infections are reduced • HIV – proportion of the population tested; receiving prompt antiretroviral therapy; responding well to treatment are increased • The percentage of cancers detected at an early stage (Stage 1 or 2) is increased • Domestic abuse related incidents are reduced • The percentage of adults with high levels of happiness is increased and with high levels of anxiety is reduced • NEW Emergency hospital admissions for self harm (all ages) are reduced • Deaths from suicide and undetermined injury are reduced 	<ul style="list-style-type: none"> • Percentage of adult social care users with as much social contact as they would like • Good quality of life for carers is increased • Flu vaccination rates are increased • Repeated admission to hospital is reduced • Hospital admissions due to falls are reduced • Permanent admissions to residential and nursing homes are reduced • U75 mortality from CVD and cancer are reduced 	<ul style="list-style-type: none"> • People dying at home is increased *Note this indicator has been affected by Covid19 pandemic <p>LOCAL represents a local indicator which does not have comparative data</p>

Overarching outcomes

	Improving trend	Static trend	Worsening trend
Better than England			
Similar to England		<ul style="list-style-type: none">• Male healthy life expectancy at birth• Female healthy life expectancy at birth	
Worse than England			

Note: An update on inequality in healthy life expectancy at birth within LAs is expected in 2023 as the detailed Census data required becomes available

Starting well outcomes

	Improving trend	Static trend (*no trend could be calculated)	Worsening trend
Better than England		<ul style="list-style-type: none">Average attainment 8 score (15-16 years)*	<ul style="list-style-type: none">% of children achieving a good level of development at 2-2.5 yearsYear 6: prevalence of overweight, including obesity
Similar to England	<ul style="list-style-type: none">% children achieving a good level of development at the end of reception	<ul style="list-style-type: none">% children with free school meal status achieving a good level of development at the end of reception% of physically active children and young peopleAverage attainment 8 score of children in care (15-16 years)*	
Worse than England		<ul style="list-style-type: none">MMR vaccination (two doses in 5 years olds)Hospital admissions as a result of self-harm (10-24 years)	

LOCAL MEASURES:

Improving trend: The percentage of pupils in years 10-11 who have ever tried alcohol; The percentage of pupils in years 10-11 who smoke

Worsening trend: Percentage of pupils who feel happy; Percentage of pupils who feel sad

Static trend: Having tried cannabis (Year 10-11)

Living well outcomes

	Improving trend	Static trend (*no trend could be calculated)	Worsening trend
Better than England	<ul style="list-style-type: none"> Admissions for alcohol-related conditions (narrow definition) 	<ul style="list-style-type: none"> Virological success in adults accessing HIV care* 	
Similar to England	<ul style="list-style-type: none"> % of adults overweight or obese* % of adults walking for travel at least three days per week* % of adults cycling for travel at least three days per week* Domestic abuse related incidents are increasing, we want to increase reporting so this indicator will always require some narrative 	<ul style="list-style-type: none"> Smoking prevalence - all adults* Smoking prevalence - those in routine and manual occupations* % of physically active adults* % of physical inactive adults* Gap in employment rate – physical or mental health condition; learning disability and; in contact with mental health services* People with a low happiness score* % of cancers diagnosed at ages 1 and 2 Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV* 	
Worse than England	<ul style="list-style-type: none"> Sexually Transmitted Infection (STI) diagnoses – higher than England** Flu immunisation – at risk individuals 	<ul style="list-style-type: none"> People with a high anxiety score* Hospital admissions as a result of self-harm (20-24 years) Suicide rate (persons)* Deaths from drug misuse* 	<ul style="list-style-type: none"> HIV testing coverage

**direction of travel is informed by local and national knowledge of testing rates and trends. During Covid-19 testing went down and so did diagnoses. In these circumstances we would want to work towards an increase in rates to reflect improved testing. When we have high rates of testing we would want to see lower rates of diagnoses

Ageing well outcomes

	Improving trend	Static trend (*no trend could be calculated)	Worsening trend
Better than England	<ul style="list-style-type: none">Population vaccination coverage for flu 65+	<ul style="list-style-type: none">Emergency readmissions within 30 days of discharge from hospital	
Similar to England		<ul style="list-style-type: none">U75 mortality from: cardiovascular diseases and cardiovascular disease considered preventableU75 mortality from: cancer and cancer considered preventableSocial isolation: percentage of adult social care users who have as much social contact as they would like*Social isolation: percentage of adult carers who have as much social contact as they would like*	
Worse than England		<ul style="list-style-type: none">Emergency hospital admissions due to falls in people aged 65 and overPermanent admissions to residential and nursing care homes 65+	

Dying well outcomes

● Lower ● Similar ● Higher ○ Not applicable

Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing ⬇ Decreasing

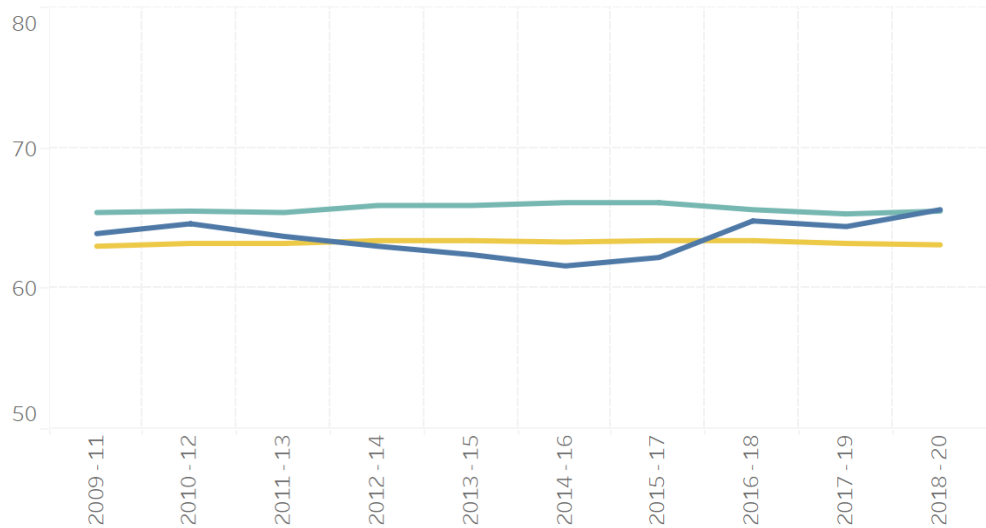


Indicator	Period	Brig & Hov			Region England			England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest	
Percentage of deaths that occur at home (Persons, All ages)	2021	⬆️	691	30.3%	27.0%	28.7%	23.0%		35.1%	
Percentage of deaths that occur at home (Persons, <65 yrs)	2021	➡️	203	44.0%	35.9%	37.1%	26.4%		59.5%	
Percentage of deaths that occur at home (Persons, 65-74 yrs)	2021	⬆️	139	37.5%	32.6%	34.5%	23.6%		43.9%	
Percentage of deaths that occur at home (Persons, 75-84 yrs)	2021	➡️	151	27.5%	27.3%	28.9%	21.9%		35.2%	
Percentage of deaths that occur at home (Persons, 85+ yrs)	2021	⬆️	198	22.0%	21.9%	22.7%	15.8%		37.4%	
Percentage of deaths that occur in care homes (Persons, All ages)	2021	➡️	544	23.8%	23.7%	20.2%	4.5%		30.3%	
Percentage of deaths that occur in hospital (Persons, All ages)	2021	➡️	877	38.4%	40.6%	44.0%	34.6%		57.7%	
Percentage of deaths that occur in hospice (Persons, All ages)	2021	⬇️	109	4.8%	6.1%	4.4%	0.6%		11.9%	

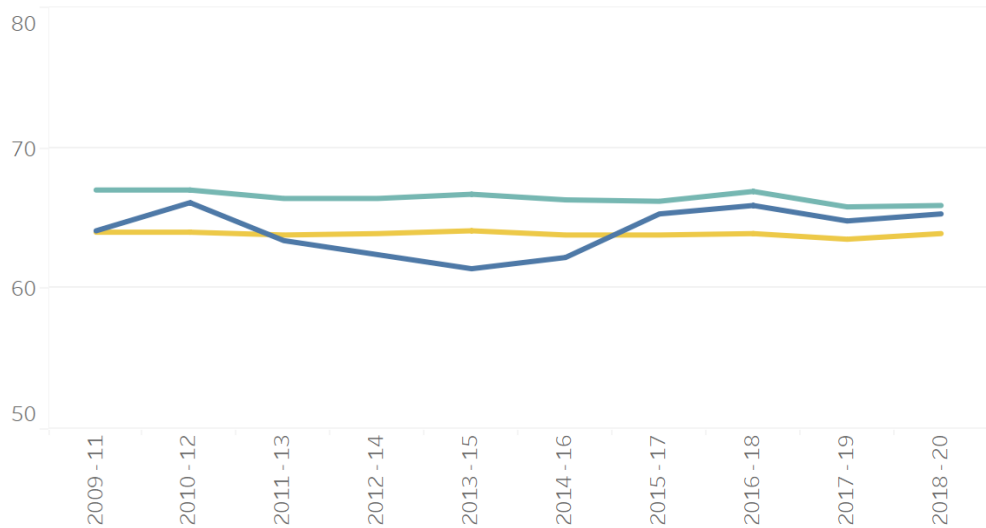
High-level strategy trends

Brighton and Hove England South East

Healthy life expectancy at birth (Male)



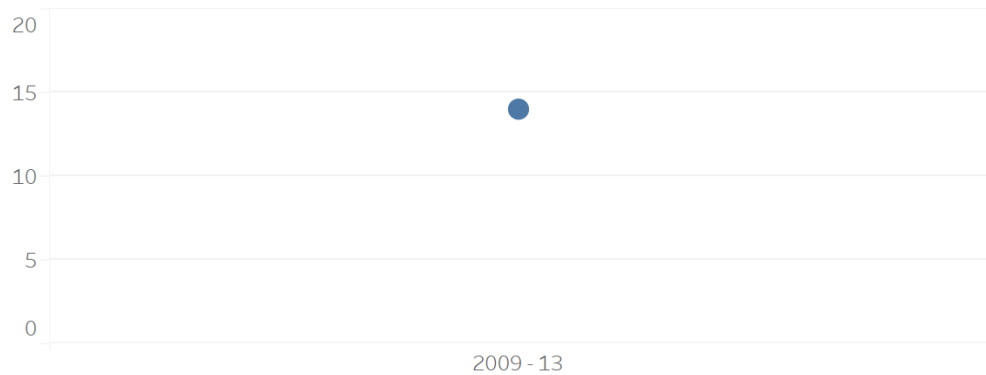
Healthy life expectancy at birth (Female)



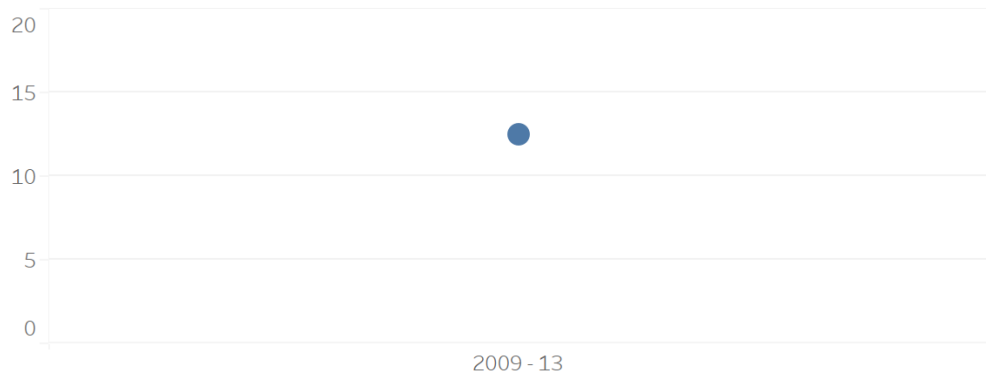
The inequality indicator measures inequalities in healthy life expectancy within local authorities. It shows how much healthy life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within the local authority and summarises this in a single number. This represents the range in years of healthy life expectancy across the social gradient from most to least deprived.

For males born in the most deprived area of Brighton and Hove they have a healthy life expectancy of 14 years less than males born in the least deprived area. For females this is 12.5 years.

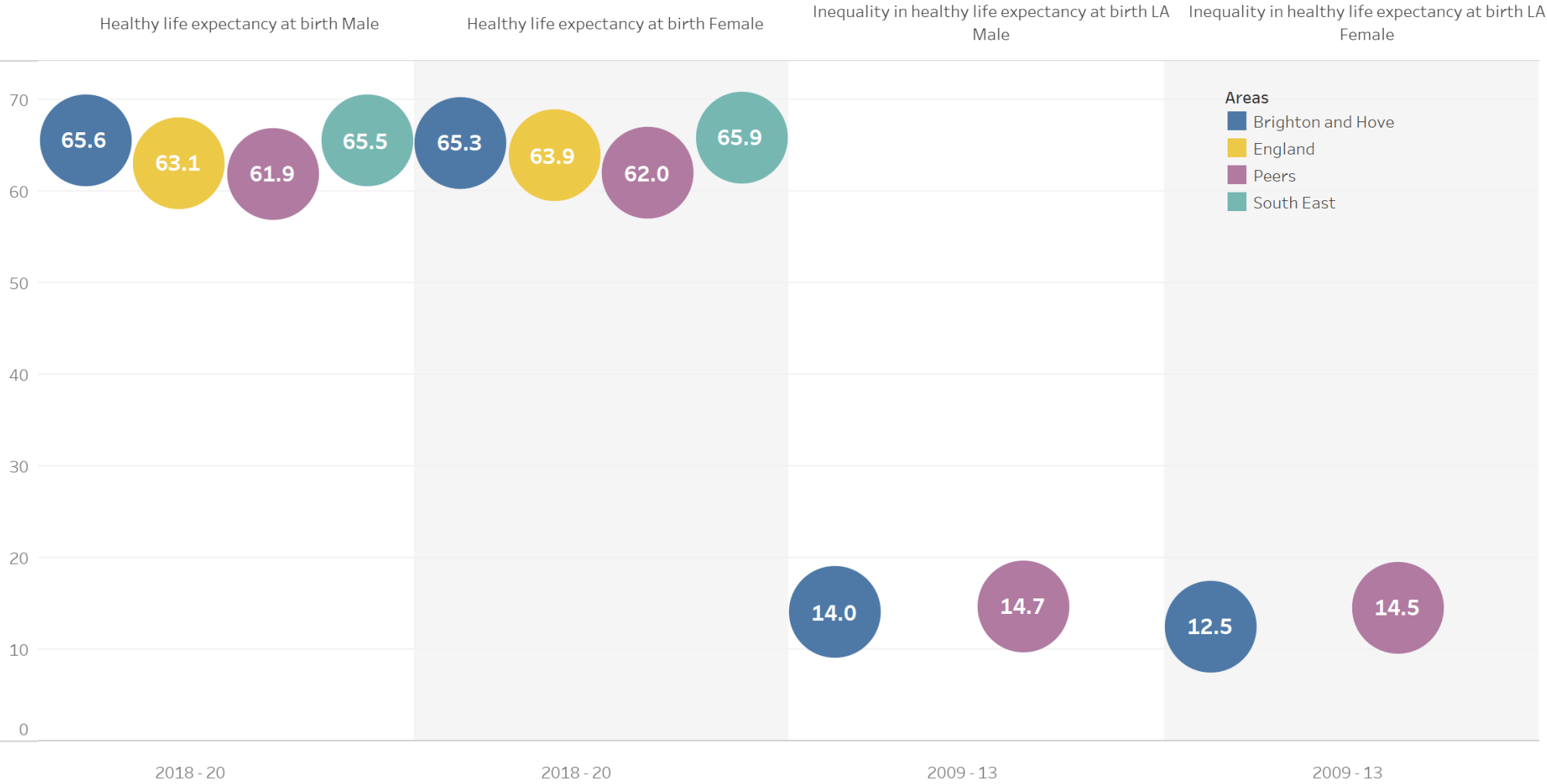
Inequality in healthy life expectancy at birth LA (Male)



Inequality in healthy life expectancy at birth LA (Female)



High-level strategy - latest comparison



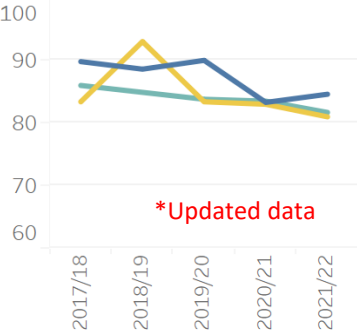
Compared to England

Healthy life expectancy at birth Male	Healthy life expectancy at birth Female	Inequality in healthy life expectancy at birth LA Male	Inequality in healthy life expectancy at birth LA Female
Similar	Similar	Not compared	Not compared

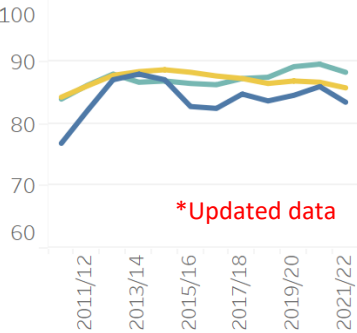
Starting Well trends

Brighton and Hove England South East

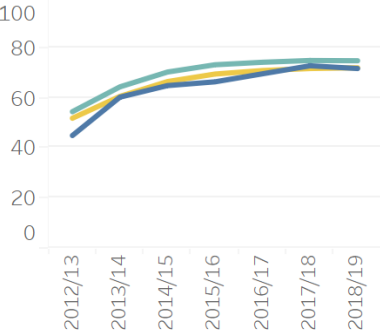
Child development: percentage of children achieving a good level of development at 2 to 2½ years



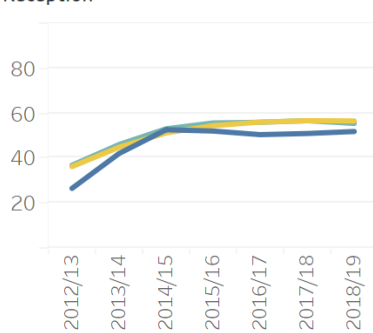
Population vaccination coverage: MMR for two doses (5 years old)



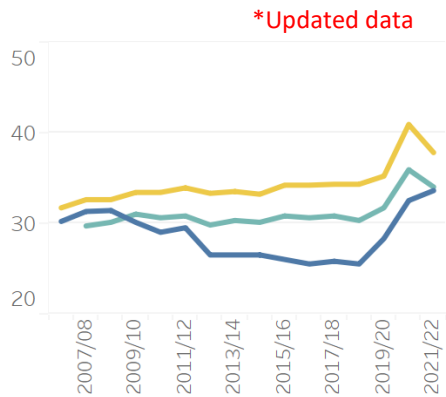
School readiness: percentage of children achieving a good level of development at the end of Reception



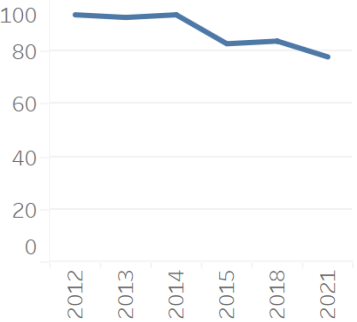
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception



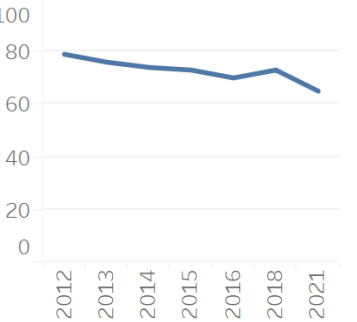
Year 6: Prevalence of overweight (including obesity)



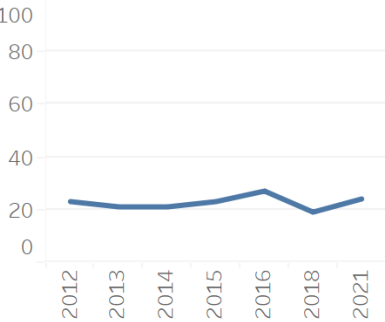
Percentage of pupils who feel happy



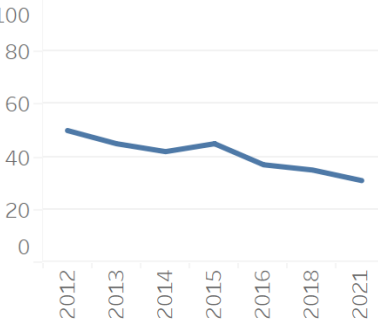
Alcohol prevalence Year 10 & 11



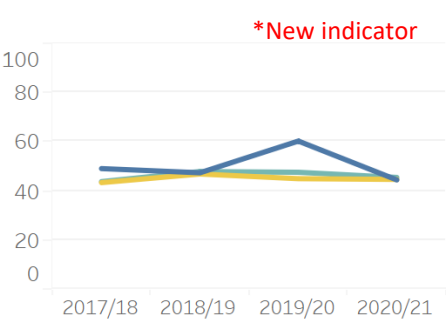
Cannabis prevalence Year 10 & 11



Smoking prevalence Year 10 & 11



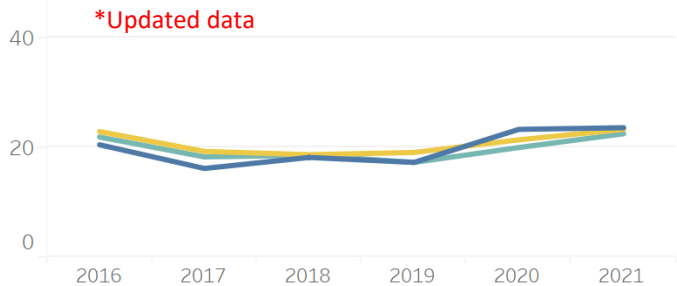
Percentage of physically active children and young people



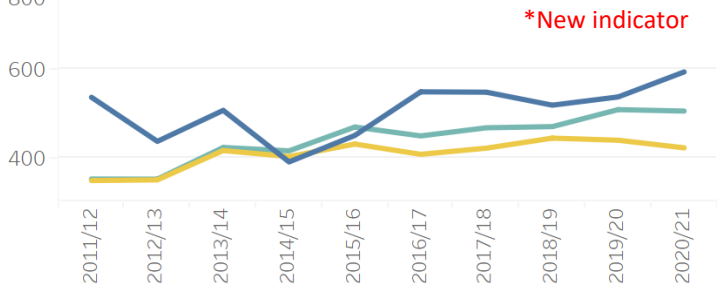
Average Attainment 8 score

Trend chart is not displayed as the way GCSE grades were awarded changed during the Covid-19 pandemic. 2019/20 and 2020/21 data should not be directly compared to attainment data from previous years for the purposes of measuring changes in student performance.

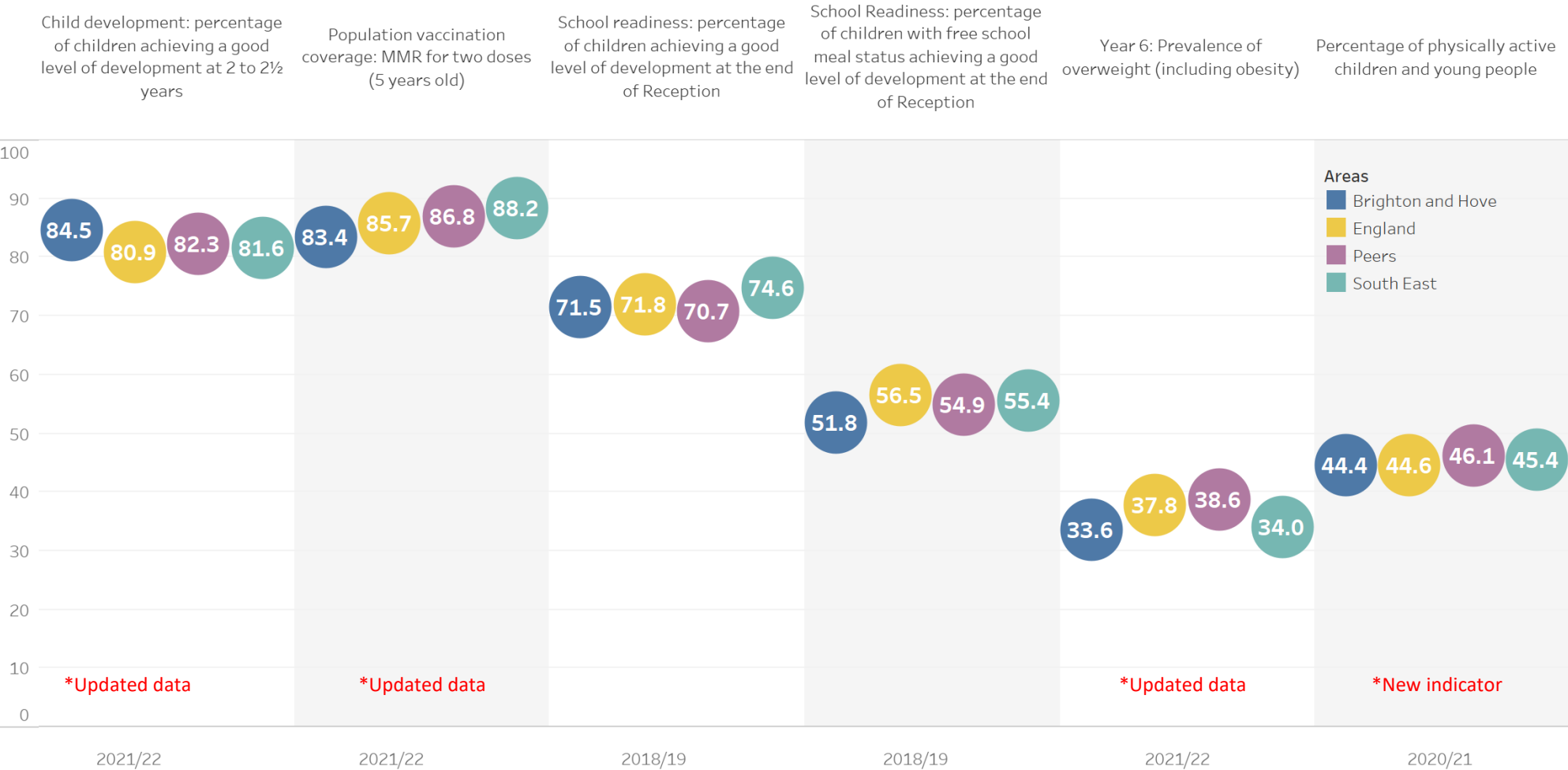
Average Attainment 8 score of children in care



Hospital admissions as a result of self-harm (10-24 years)



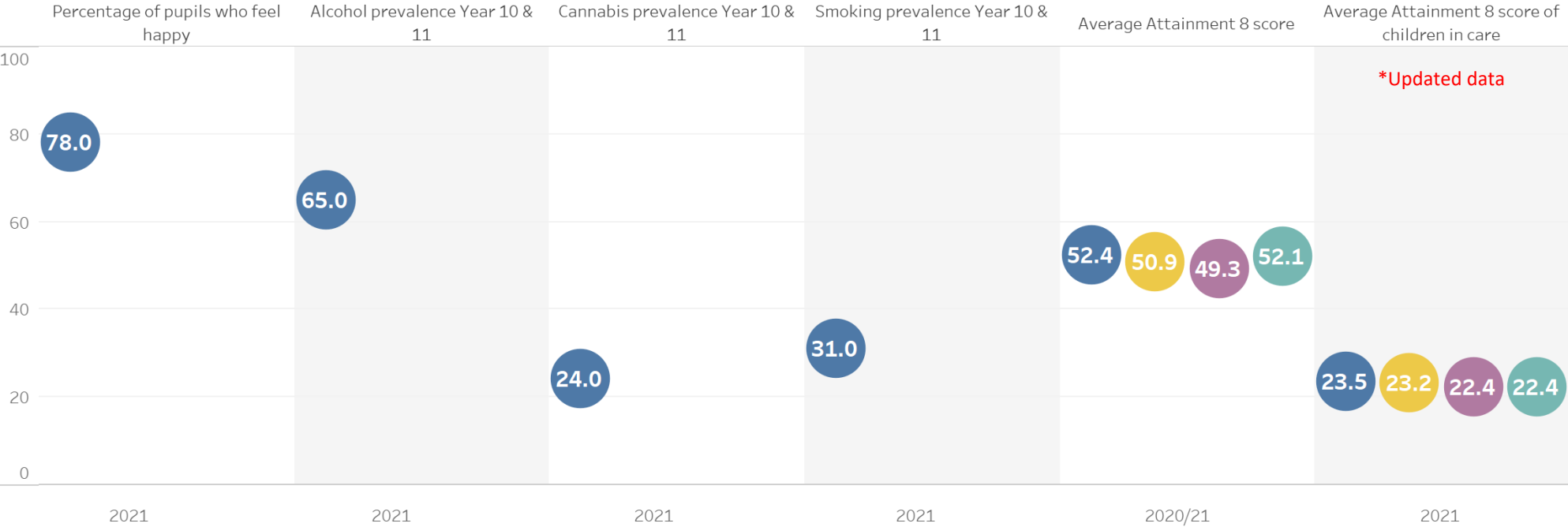
Starting Well - latest comparison



Compared to England

Child development: percentage of children achieving a good level of development at 2 to 2½ years	Population vaccination coverage: MMR for two doses (5 years old)	School readiness: percentage of children achieving a good level of development at the end of Reception	School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Rec..	Year 6: Prevalence of overweight (including obesity)	Percentage of physically active children and young people
Better	Worse	Similar	Similar	Better	Similar

Starting Well - latest comparison



Compared to England

Percentage of pupils who feel happy	Alcohol prevalence Year 10 & 11	Cannabis prevalence Year 10 & 11	Smoking prevalence Year 10 & 11	Average Attainment 8 score	Average Attainment 8 score of children in care
Not compared	Not compared	Not compared	Not compared	Better	Not compared



Compared to England

Hospital admissions as a result of self-harm (10-24 years)
Worse

- Areas
- Brighton and Hove
 - England
 - Peers
 - South East

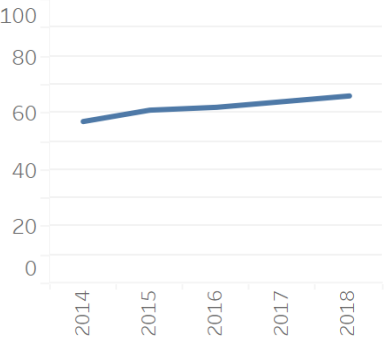
Living Well trends

Brighton and Hove

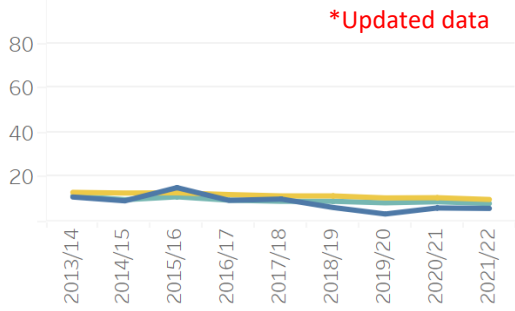
England

South East

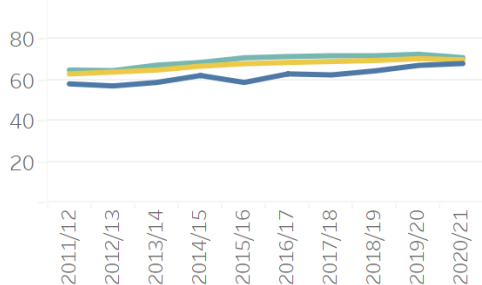
Percentage having enough money to live after bills



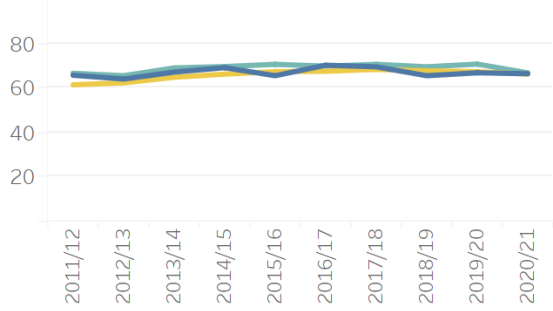
Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate



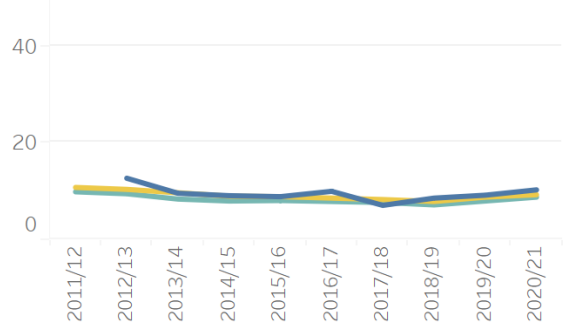
Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate



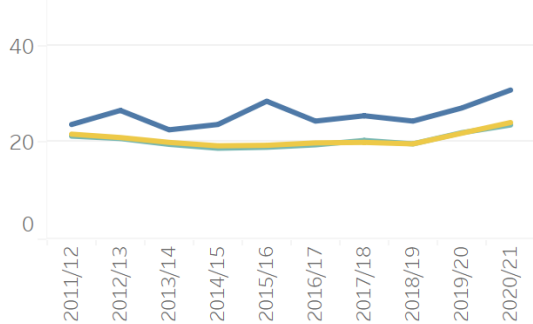
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate



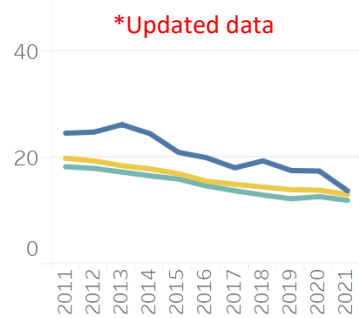
Self reported wellbeing: people with a low happiness score



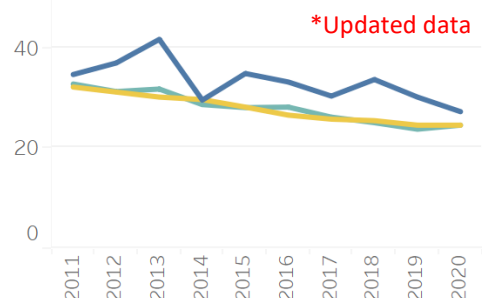
Self reported wellbeing: people with a high anxiety score



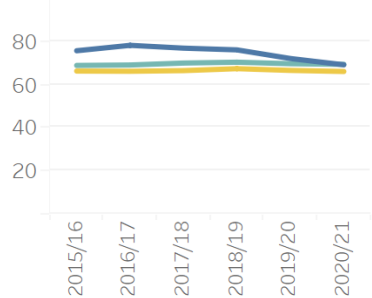
Smoking Prevalence in adults (18+) - current smokers (APS)



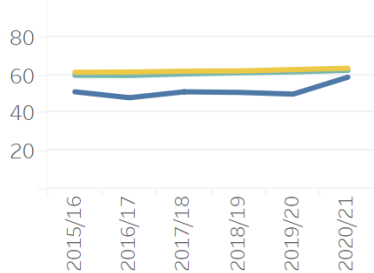
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)



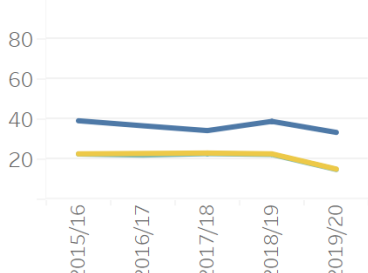
Percentage of physically active adults



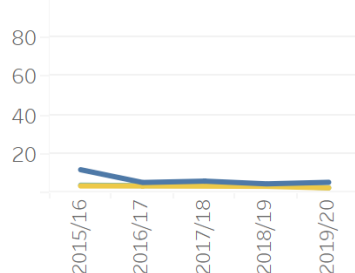
Percentage of adults (aged 18+) classified as overweight or obese



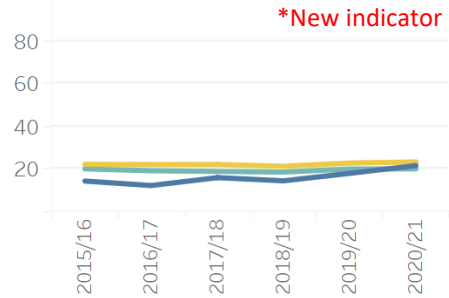
Percentage of adults walking for travel at least three days per week



Percentage of adults cycling for travel at least three days per week



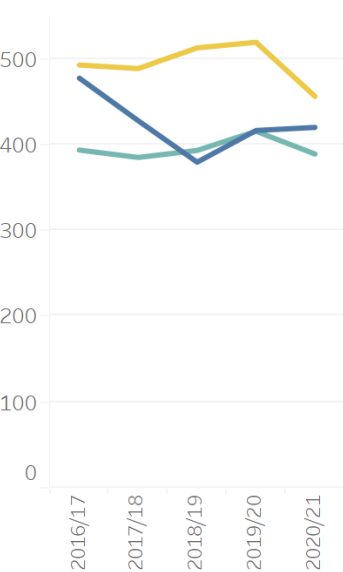
Percentage of physically inactive adults



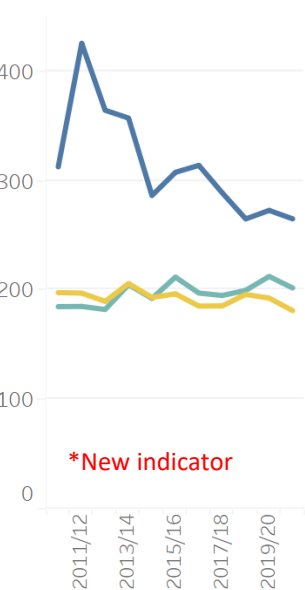
Living Well trends

Brighton and Hove England South East

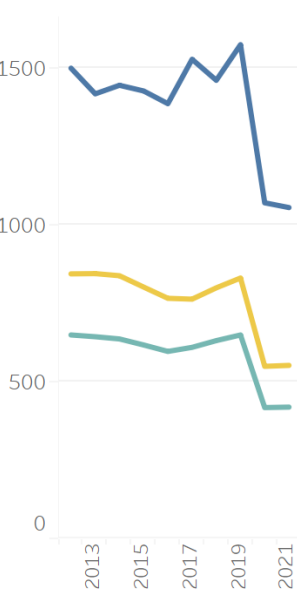
Admission episodes for alcohol-related conditions (Narrow)



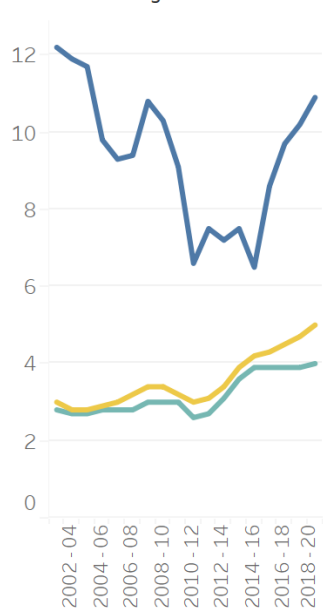
Emergency Hospital Admissions for Intentional Self-Harm



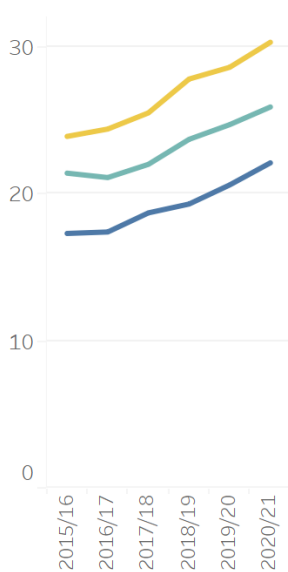
All new STI diagnoses rate per 100,000



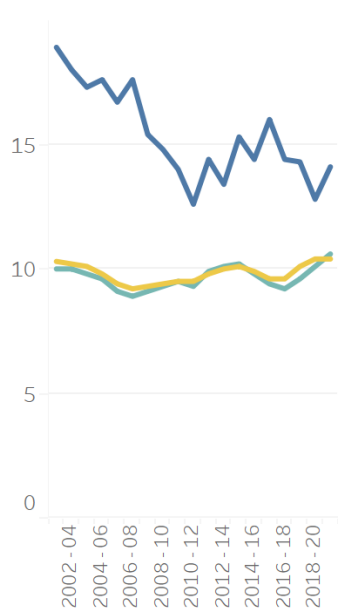
Deaths from drug misuse



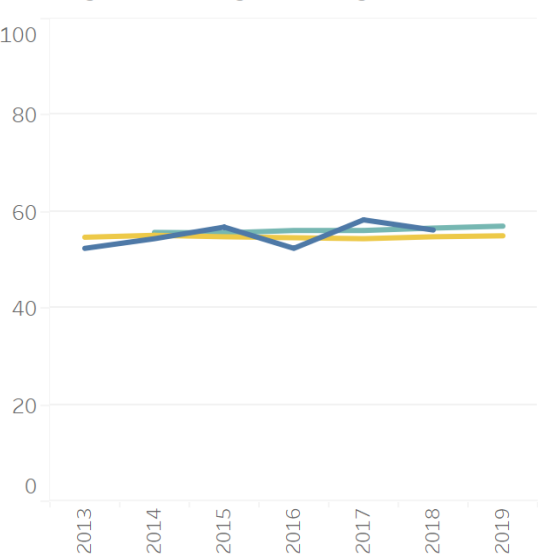
Domestic abuse related incidents and crimes



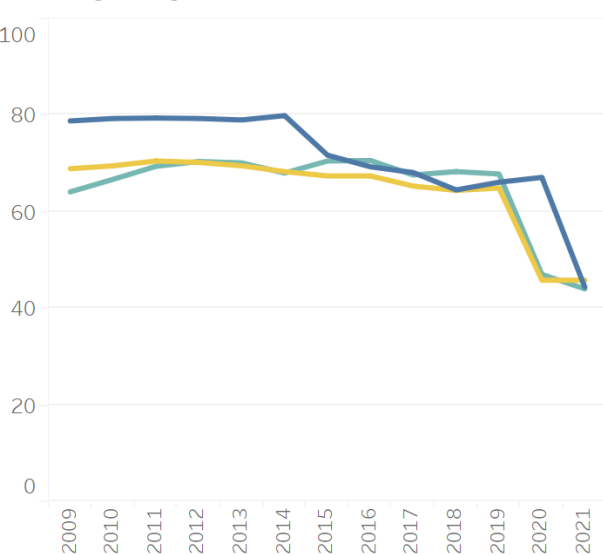
Suicide rate



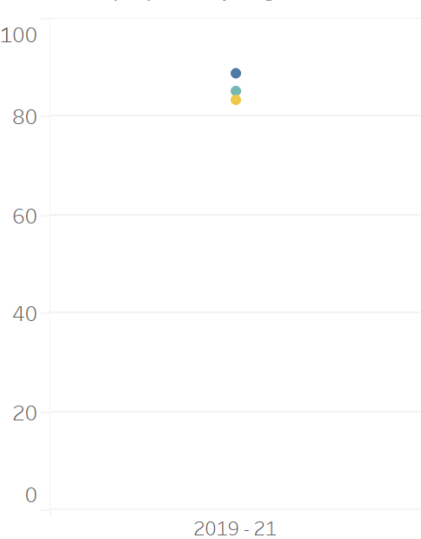
Percentage of cancers diagnosed at stages 1 and 2



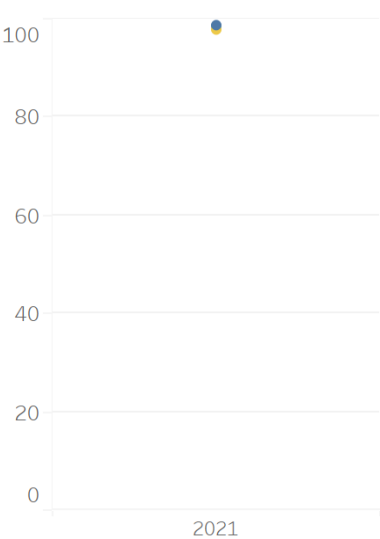
HIV testing coverage, total



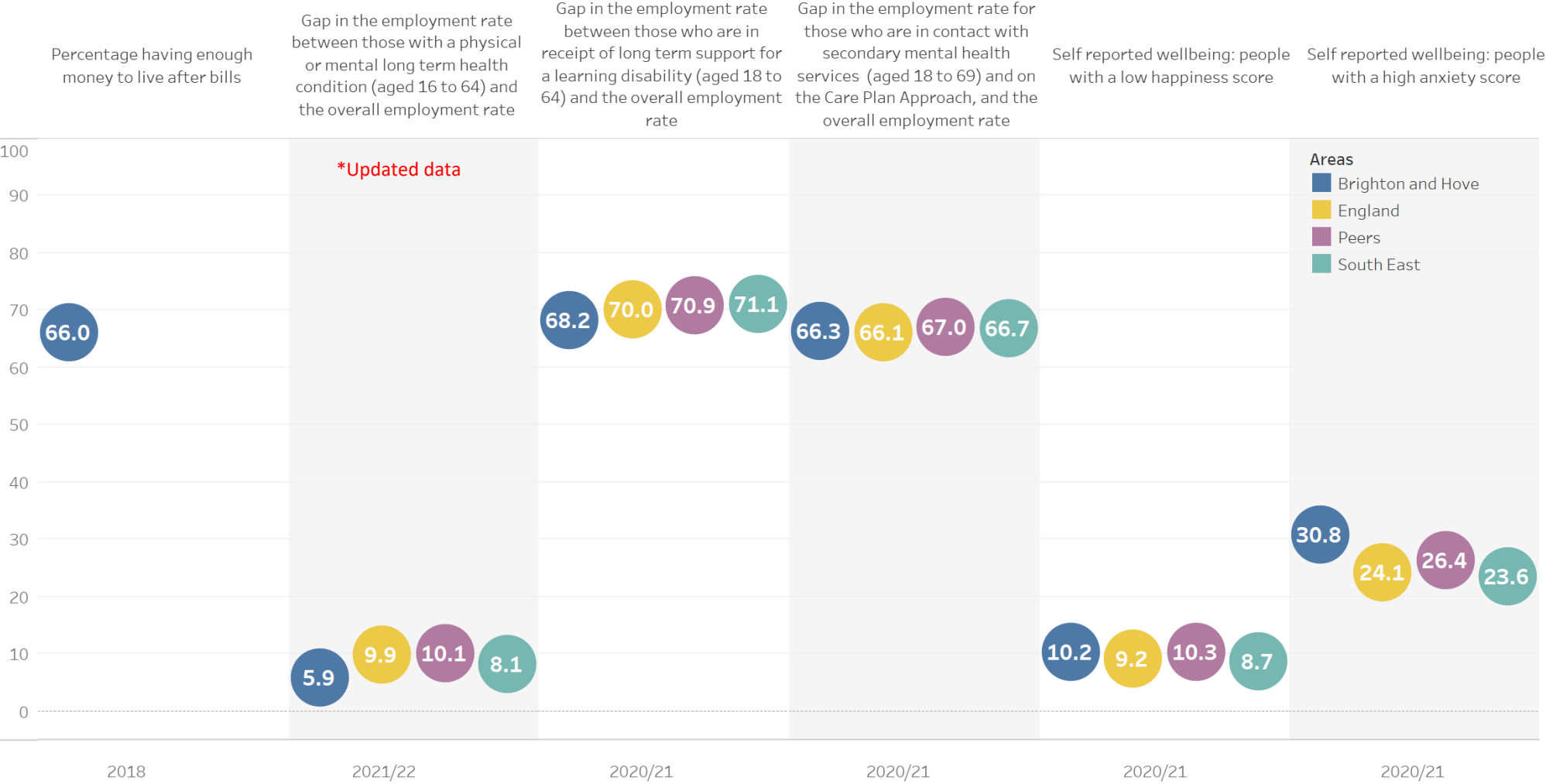
Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV



Virological success in adults accessing HIV care



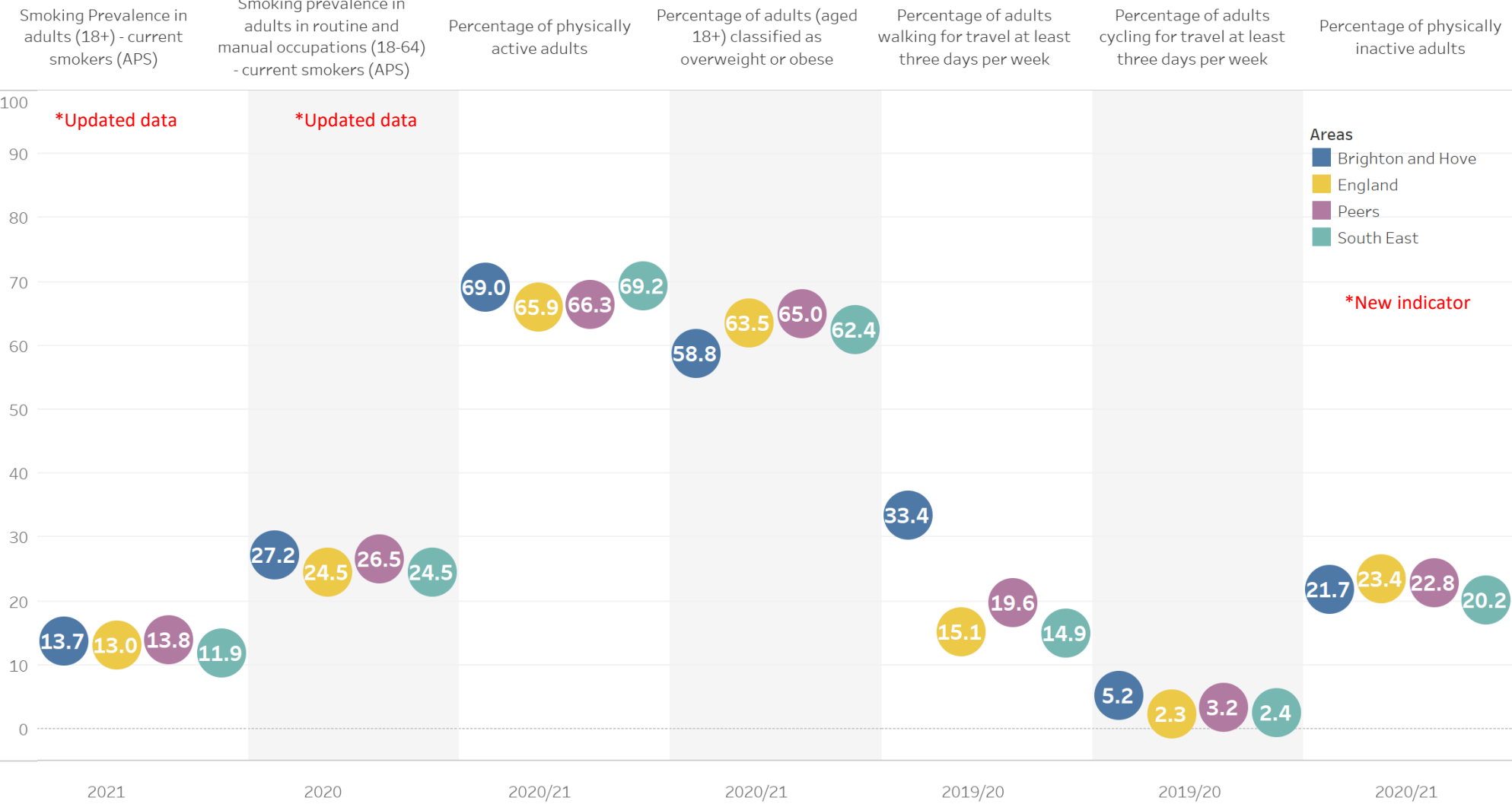
Living Well - latest comparison



Compared to England

Percentage having enough money to live after bills	Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate	Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	Self reported wellbeing: people with a low happiness score	Self reported wellbeing: people with a high anxiety score
Not compared	Similar	Similar	Similar	Similar	Worse

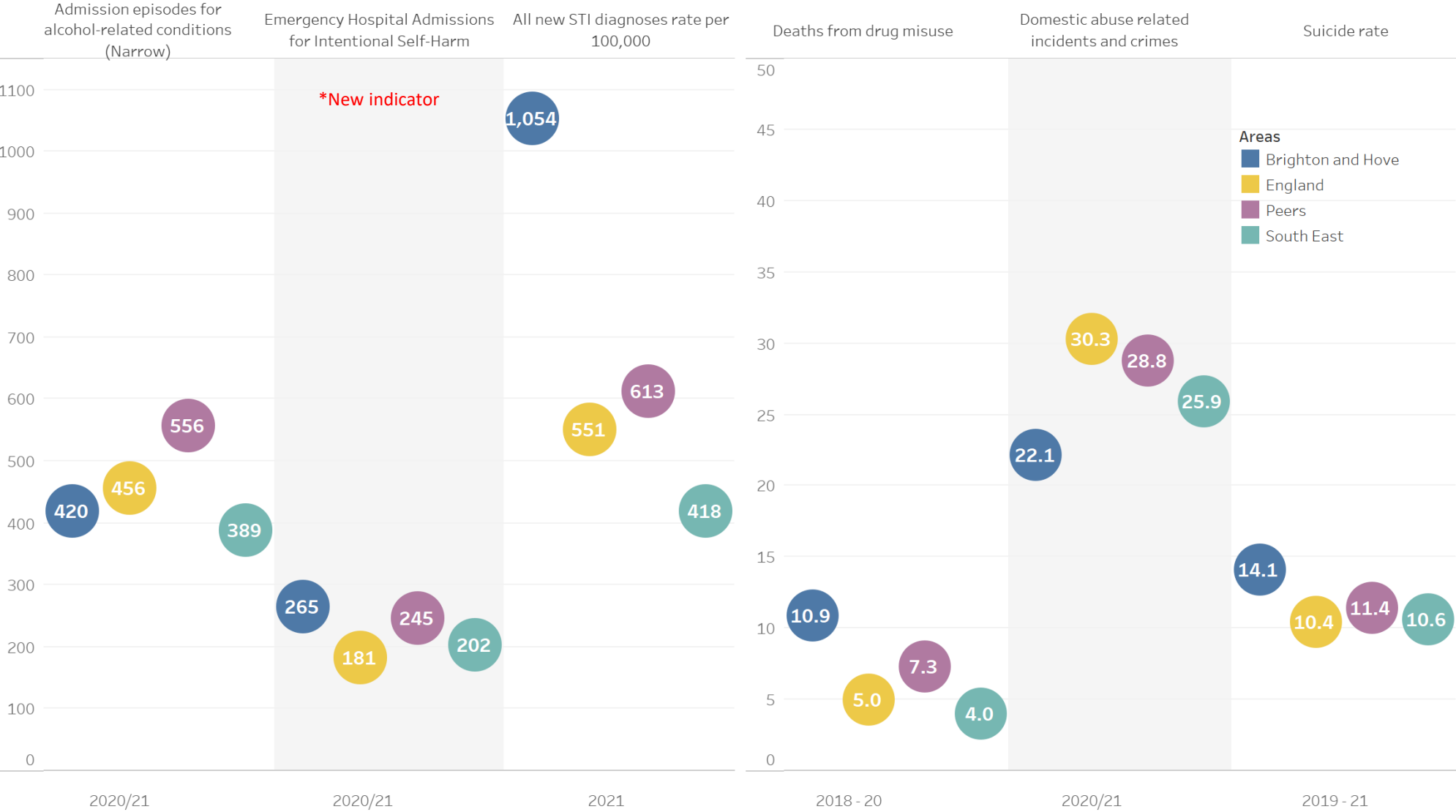
Living Well - latest comparison



Compared to England

Smoking Prevalence in adults (18+) - current smokers (APS)	Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	Percentage of physically active adults	Percentage of adults (aged 18+) classified as overweight or obese	Percentage of adults walking for travel at least three days per week	Percentage of adults cycling for travel at least three days per week	Percentage of physically inactive adults
Similar	Similar	Similar	Better	Better	Better	Similar

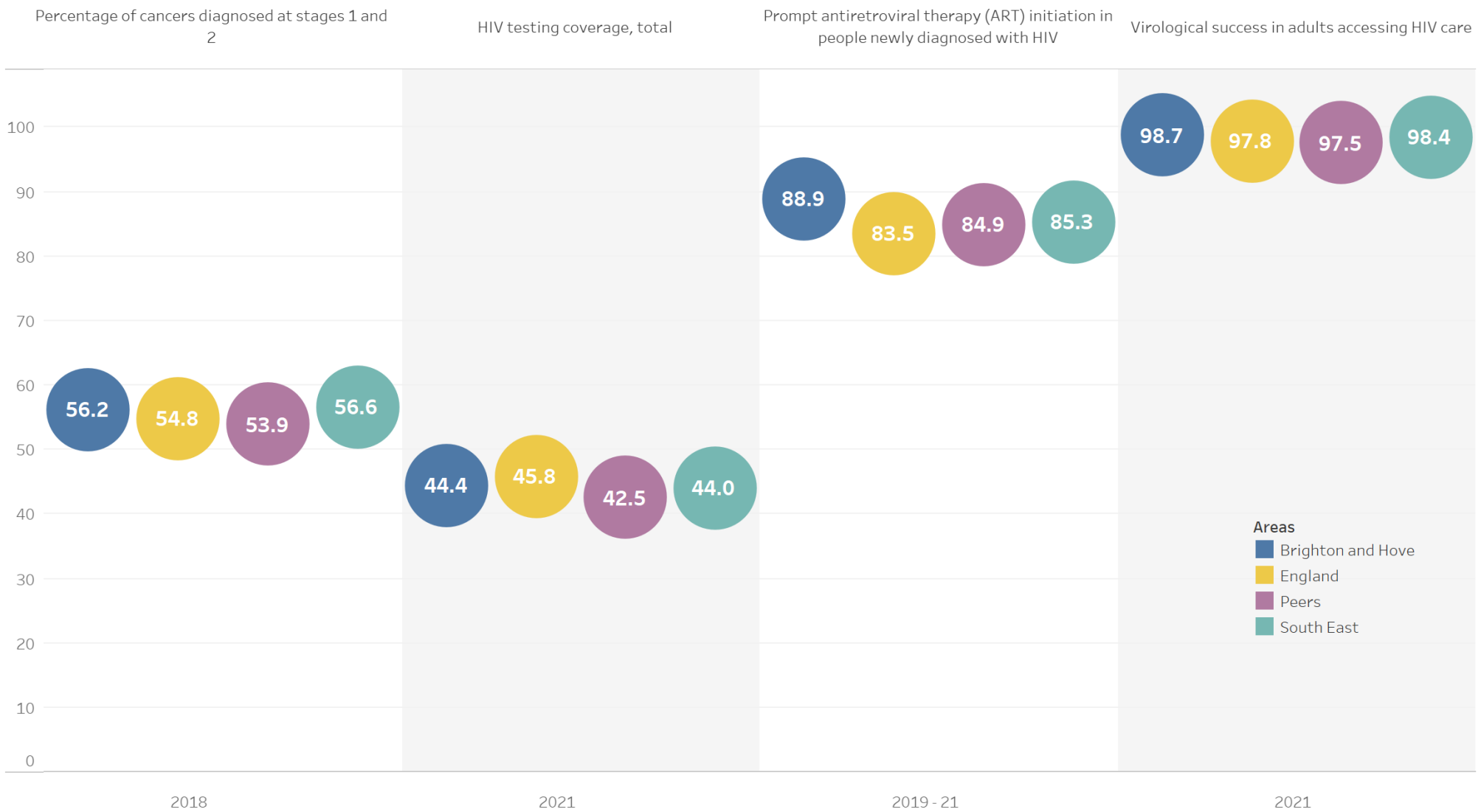
Living Well - latest comparison



Compared to England

Admission episodes for alcohol-related conditions (Narrow)	Emergency Hospital Admissions for Intentional Self-Harm	All new STI diagnoses rate per 100,000	Deaths from drug misuse	Domestic abuse related incidents and crimes	Suicide rate
Better	Worse	Higher	Worse	Not compared	Worse

Living Well - latest comparison



Compared to England

Percentage of cancers diagnosed at stages 1 and 2	HIV testing coverage, total	Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV	Virological success in adults accessing HIV care
Similar	Worse	Similar	Better

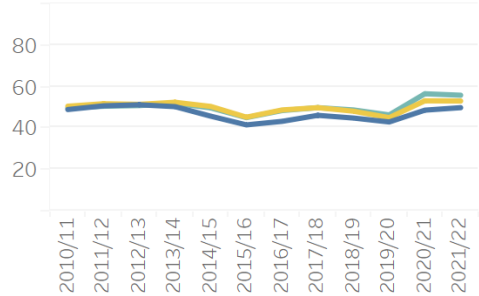
Ageing Well trends

Brighton and Hove

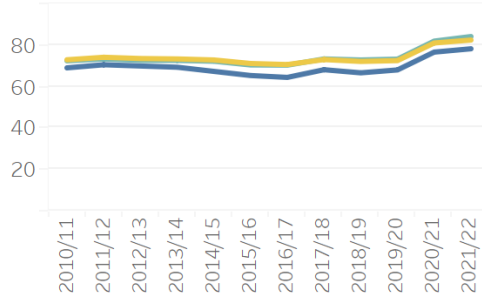
England

South East

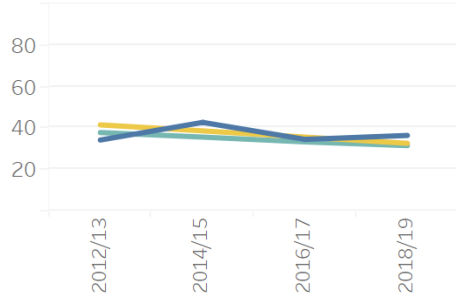
Population vaccination coverage: Flu (at risk individuals)



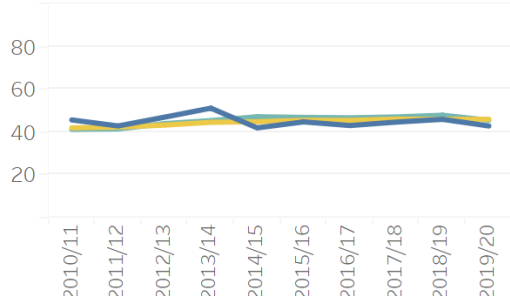
Population vaccination coverage: Flu (aged 65 and over)



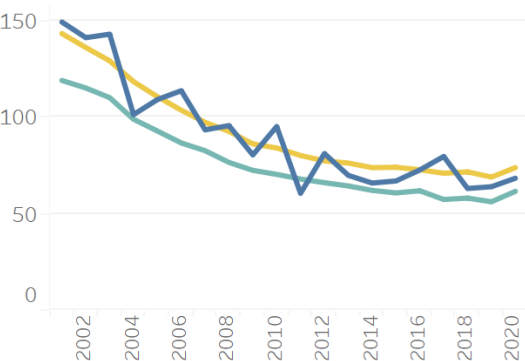
Social Isolation: percentage of adult carers who have as much social contact as they would like



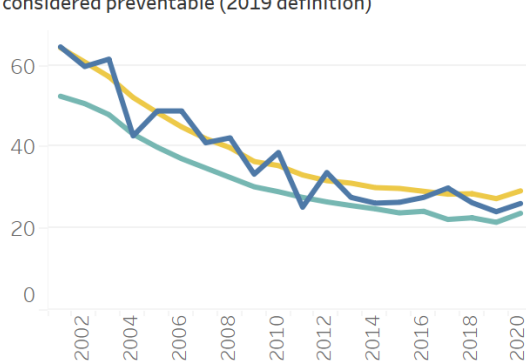
Social Isolation: percentage of adult social care users who have as much social contact as they would like



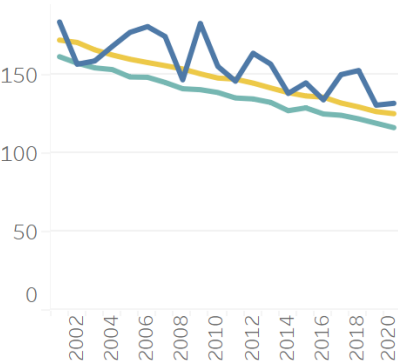
Under 75 mortality rate from all cardiovascular diseases



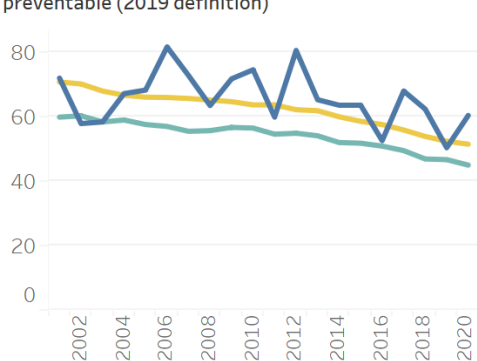
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)



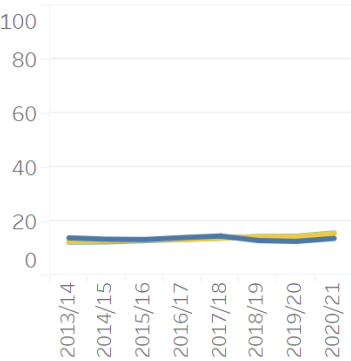
Under 75 mortality rate from cancer



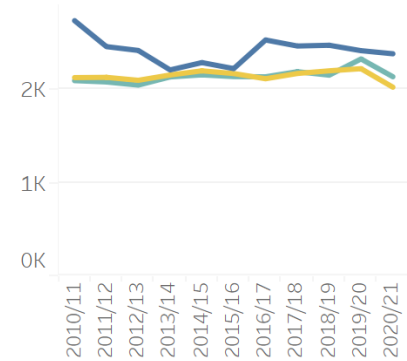
Under 75 mortality rate from cancer considered preventable (2019 definition)



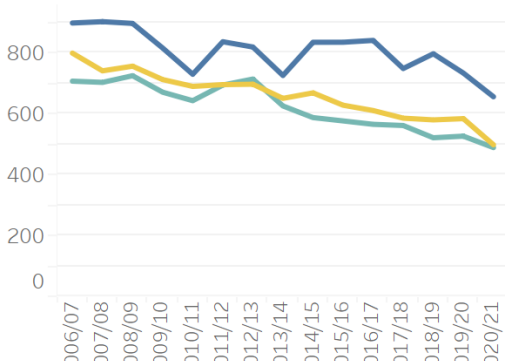
Emergency readmissions within 30 days of discharge from hospital



Emergency hospital admissions due to falls in people aged 65 and over

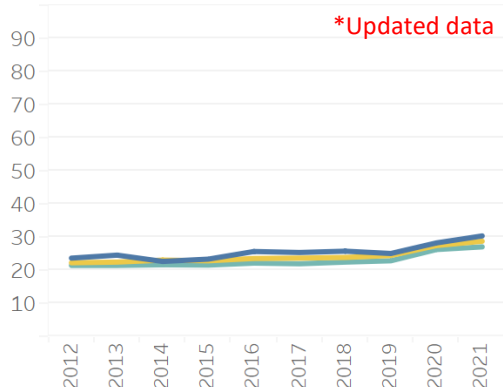


Permanent admissions to residential and nursing care homes per 100,000 aged 65+



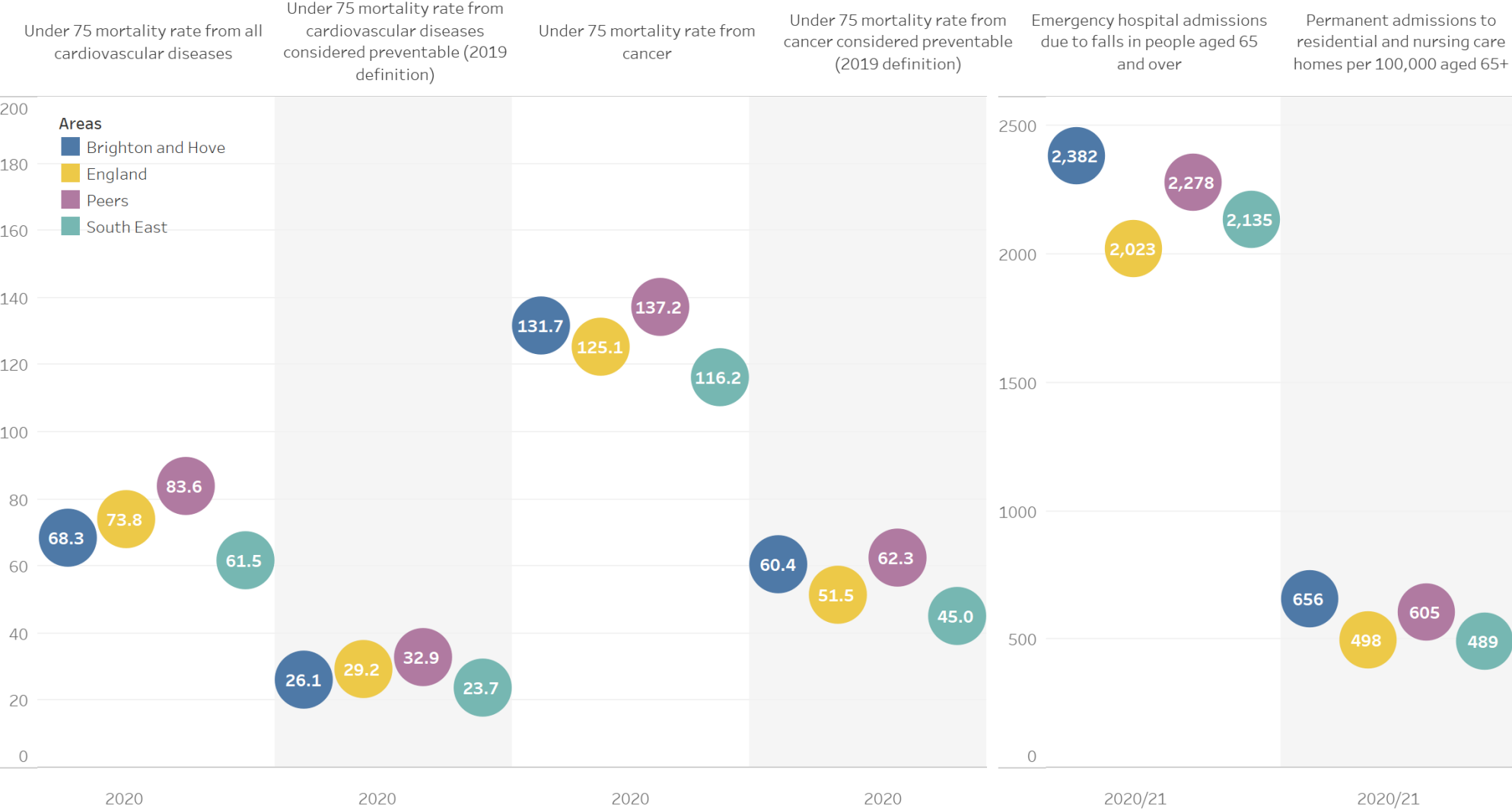
Dying Well trends

Percentage of deaths that occur at home



*Updated data

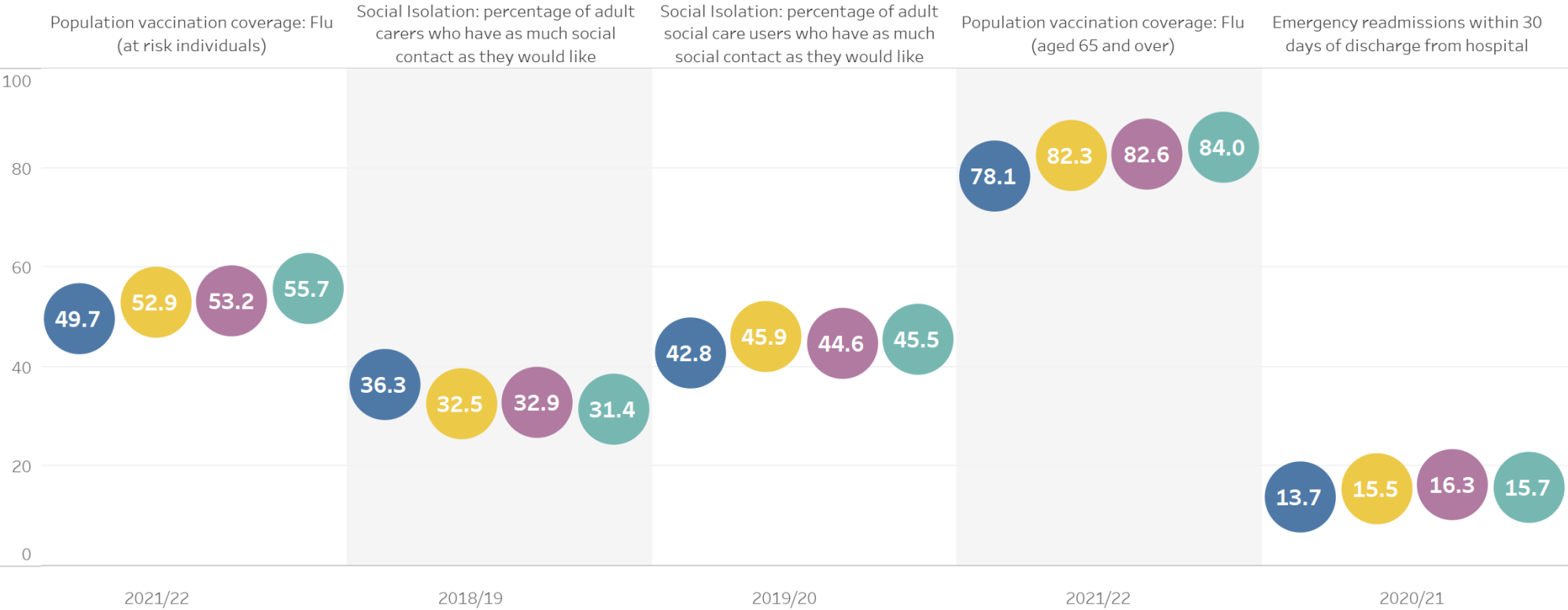
Ageing Well - latest comparison



Compared to England

Under 75 mortality rate from all cardiovascular diseases	Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	Under 75 mortality rate from cancer	Under 75 mortality rate from cancer considered preventable (2019 definition)	Emergency hospital admissions due to falls in people aged 65 and over	Permanent admissions to residential and nursing care homes per 100,000 aged 65+
Similar	Similar	Similar	Similar	Worse	Worse

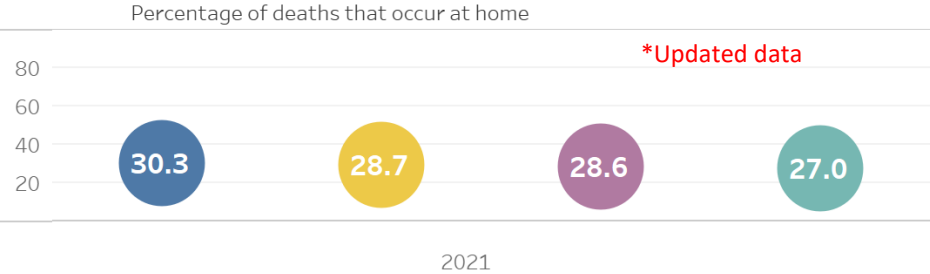
Ageing Well - latest comparison



Compared to England

Population vaccination coverage: Flu (at risk individuals)	Social Isolation: percentage of adult carers who have as much social contact as they would like	Social Isolation: percentage of adult social care users who have as much social contact as they would like	Population vaccination coverage: Flu (aged 65 and over)	Emergency readmissions within 30 days of discharge from hospital
Worse	Similar	Similar	Worse	Better

Dying Well - latest comparison



Compared to England

Percentage of deaths that occur at home
Similar

- Areas
- Brighton and Hove
 - England
 - Peers
 - South East

Appendices

Current values for High-level strategy indicators

Indicator Name	Time period	Recent Trend	Comp to Eng	Value	
Healthy life expectancy at birth Male	2018 - 20	Cannot be calculated	Similar	65.6	Years
Healthy life expectancy at birth Female	2018 - 20	Cannot be calculated	Similar	65.3	Years
Inequality in healthy life expectancy at birth LA Male	2009 - 13	Cannot be calculated	Not compared	14	Years
Inequality in healthy life expectancy at birth LA Female	2009 - 13	Cannot be calculated	Not compared	12.5	Years

Current values for Starting Well indicators

Indicator Name	Time period	Recent Trend	Comp to Eng	Value	
Child development: percentage of children achieving a good level of development at 2 to 2½ years	2021/22	Decreasing and getting worse	Better	84.5	%
Population vaccination coverage: MMR for two doses (5 years old)	2021/22	No significant change	Worse	83.4	%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	Increasing and getting better	Similar	71.5	%
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	2018/19	No significant change	Similar	51.8	%
Year 6: Prevalence of overweight (including obesity)	2021/22	Increasing and getting worse	Better	33.6	%
Percentage of pupils who feel happy	2021	Cannot be calculated	Not compared	78	%
Alcohol prevalence Year 10 & 11	2021	Cannot be calculated	Not compared	65	%
Cannabis prevalence Year 10 & 11	2021	Cannot be calculated	Not compared	24	%
Smoking prevalence Year 10 & 11	2021	Cannot be calculated	Not compared	31	%
Average Attainment 8 score	2020/21	Cannot be calculated	Better	52.4	Score
Average Attainment 8 score of children in care	2021	Cannot be calculated	Not compared	23.5	Score
Hospital admissions as a result of self-harm (10-24 years)	2020/21	No significant change	Worse	594.7	per 100,000
Percentage of physically active children and young people	2020/21	Cannot be calculated	Similar	44.4	%

Current values for Living Well indicators

Indicator Name	Time period	Recent Trend	Comp to Eng	Value	
Percentage having enough money to live after bills	2018	Increasing	Not compar..	66	%
Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employme..	2021/22	Cannot be calculated	Similar	5.9	Percentage points
Gap in the employment rate between those who are in receipt of lon..	2020/21	Cannot be calculated	Similar	68.2	Percentage points
Gap in the employment rate for those who are in contact with secon..	2020/21	Cannot be calculated	Similar	66.3	Percentage points
Self reported wellbeing: people with a low happiness score	2020/21	Cannot be calculated	Similar	10.2	%
Self reported wellbeing: people with a high anxiety score	2020/21	Cannot be calculated	Worse	30.8	%
Smoking Prevalence in adults (18+) - current smokers (APS)	2021	Cannot be calculated	Similar	13.7	%
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2020	Cannot be calculated	Similar	27.2	%
Admission episodes for alcohol-related conditions (Narrow)	2020/21	No significant change	Better	419.7	per 100,000
Percentage of physically active adults	2020/21	Cannot be calculated	Similar	69	%
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	Cannot be calculated	Better	58.8	%
Percentage of adults walking for travel at least three days per week	2019/20	Cannot be calculated	Better	33.4	%
Percentage of adults cycling for travel at least three days per week	2019/20	Cannot be calculated	Better	5.2	%
Percentage of physically inactive adults	2020/21	Cannot be calculated	Similar	21.7	%
Emergency Hospital Admissions for Intentional Self-Harm	2020/21	Decreasing and getting better	Worse	265.1	per 100,000
All new STI diagnoses rate per 100,000	2021	Decreasing	Higher	1053.7	per 100,000
Deaths from drug misuse	2018 - 20	Cannot be calculated	Worse	10.9	per 100,000
Domestic abuse related incidents and crimes	2020/21	Cannot be calculated	Not compar..	22.1	per 1,000
Percentage of cancers diagnosed at stages 1 and 2	2018	NA	Similar	56.2	%
Suicide rate	2019 - 21	Cannot be calculated	Worse	14.1	per 100,000
HIV testing coverage, total	2021	Decreasing and getting worse	Worse	44.4	%
Prompt antiretroviral therapy (ART) initiation in people newly diagnosed with HIV	2019 - 21	Cannot be calculated	Similar	88.9	%
Virological success in adults accessing HIV care	2021	Cannot be calculated	Better	98.7	%

Current values for Ageing Well indicators

Indicator Name	Time period	Recent Trend	Comp to Eng	Value	
Population vaccination coverage: Flu (at risk individuals)	2021/22	Increasing and getting better	Worse	49.7	%
Under 75 mortality rate from all cardiovascular diseases	2020	No significant change	Similar	68.3	per 100,000
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	2020	No significant change	Similar	26.1	per 100,000
Under 75 mortality rate from cancer	2020	No significant change	Similar	131.7	per 100,000
Under 75 mortality rate from cancer considered preventable (2019 definition)	2020	No significant change	Similar	60.4	per 100,000
Social Isolation: percentage of adult carers who have as much social contact as they would like	2018/19	Cannot be calculated	Similar	36.3	%
Social Isolation: percentage of adult social care users who have as much social contact as they would like	2019/20	Cannot be calculated	Similar	42.8	%
Population vaccination coverage: Flu (aged 65 and over)	2021/22	Increasing and getting better	Worse	78.1	%
Emergency readmissions within 30 days of discharge from hospital	2020/21	Cannot be calculated	Better	13.7	%
Emergency hospital admissions due to falls in people aged 65 and over	2020/21	No significant change	Worse	2382.2	per 100,000
Permanent admissions to residential and nursing care homes per 100,000 aged 65+	2020/21	No significant change	Worse	656.1	per 100,000

Current values for Dying Well indicators

Indicator Name	Time period	Recent Trend	Comp to Eng	Value	
Percentage of deaths that occur at home	2021	Increasing	Similar	30.3	%

References

The Peers value has been calculated as an average of the values for each of the statistical nearest neighbours

Local Authority (LA) nearest neighbours

Bournemouth
Bristol
Coventry
Leeds
Medway
Newcastle upon Tyne
North Tyneside
Nottingham
Plymouth
Portsmouth
Sheffield
Southampton
Southend-on-Sea
Swindon
York

Statistical nearest neighbours are provided to give context to help interpret indicators.

The LA nearest neighbours are similar areas based on population, output area density, output area based sparsity, tax base per population, unemployment, retail premises density, housing benefit caseload, people born outside UK and Ireland, households with less than four rooms, households in social rented accommodation, persons in lower NS-SEC (social) groups, standardised mortality ratio, authorities with coast protection expenditure, non-domestic rateable value per population, properties in different tax bands and an area cost adjustment (other services block). Chartered Institute of Public Finance and Accounting. NNM 2015 - England Authorities [Internet]. Available to CIPFAstats+ subscribers from: <https://www.cipfa.org/services/cipfastats/nearest-neighbour-model>