



## Who are we?

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

## Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 18 July, starting at 4.00pm. It will last about two hours.

There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website.

## What is being discussed?

There are **xxx** main items on the agenda

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**Health & Wellbeing Board**  
**18 July 2023**  
**4.00pm**  
**Council Chamber, Hove Town Hall**

Who is invited:

**B&HCC Members:** Oliveira (Chair), Burden, Galvin, Hogan and West

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

**Non-Voting Members:** Deb Austin (Statutory Director of Children's Services), Alistair Hill (Director of Public Health), Tom Lambert (Community & Voluntary Sector Representative), Alan Boyd (Healthwatch), Joanna Martindale (Community & Voluntary Sector Representative), Annie Callanan (Independent Chair, Safeguarding Adults Board) and Rob Persey (Statutory Director for Adult Care)

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# AGENDA

## Formal matters of procedure

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

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#### **1 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.

#### **2 MINUTES**

**9 - 22**

To consider the minutes of the last meeting held on the 7 March 2023 and the minutes of the special meeting held on 28 June 2023.

#### **3 CHAIR'S COMMUNICATIONS**

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

#### **4 CALL OVER**

Items 9-12 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.

#### **5 FORMAL PUBLIC INVOLVEMENT**

To consider the following:

- (a) Petitions – to consider any petitions received by 4 July 2023;
- (b) Written Questions – to consider any written questions received by noon on 12 July 2023;
- (c) Deputations – to consider any deputations received by noon on 12 July 2023, including any referred from Full Council.

#### **6 FORMAL MEMBER INVOLVEMENT**

To consider the following matters raised by Councillors:

- (a) Petitions: to receive any petitions notified by the due date of 4th



- July 2023;
- (b) Written Questions: to consider any written questions;
- (c) Letters: to consider any letters;
- (d) Notices of Motion: to consider any Notices of Motion submitted directly to the Board.

## **7 ITEMS REFERRED FROM COUNCIL**

To consider the following matters raised by members of the public and referred from the last full council meeting:

- (a) Petitions: to receive any petitions;
- (b) Deputations: to receive any deputations;
- (c) Petitions for debate: to receive any petitions that were debated at the full council meeting.

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|-----------|---|------------------|
| <b>8</b>  | <b>SPORT &amp; PHYSICAL ACTIVITY PRESENTATION</b>   | <b>23 - 40</b>   |
|           | Presentation of the Director of Public Health.  |                  |
| <b>9</b>  | <b>JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) REVIEW</b>   | <b>41 - 62</b>   |
|           | Report of the Director of Public Health.<br><i>Ward Affected: All Wards</i>   |                  |
| <b>10</b> | <b>JOINT HEALTH AND WELLBEING STRATEGY – OUTCOME MEASURES UPDATE</b>  | <b>63 - 72</b>   |
|           | Report of the Director of Public Health.  |                  |
| <b>11</b> | <b>SAB ANNUAL UPDATE 2022-23</b>  | <b>73 - 112</b>  |
|           | Report of the Independent Chair of the Brighton and Hove Safeguarding Adults Board (BHSAB).   |                  |
| <b>12</b> | <b>BETTER CARE FUND 2023-25</b>   | <b>113 - 148</b> |
|           | Report of the Executive Director – Health & Adult Social Care and Deputy Managing Director, NHS Sussex Brighton & Hove & East Sussex. |                  |
| <b>13</b> | <b>HEALTHWATCH BRIGHTON &amp; HOVE ANNUAL REPORT PRESENTATION</b>   | <b>149 - 198</b> |
|           | Presentation of the Chief Executive, Healthwatch Brighton & Hove.   |                  |

## **WEBCASTING NOTICE**

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Electronic agendas can also be accessed through our meetings app available through [www.moderngov.co.uk](http://www.moderngov.co.uk)

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

### **Public Involvement**

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

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





## 1. Procedural Business

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

**(b) Declarations of Interest:**

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

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

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

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

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

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



**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**2.00pm 7 MARCH 2023**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Shanks (Chair)

**Also in attendance:** Councillor Nield (Deputy Chair), Robins (Opposition Spokesperson), Brown (Group Spokesperson) and Appich

**Other Voting Members:** Ash Scarff (NHS Commissioners); Mike Jennings (Sussex Partnership NHS Foundation Trust); Lola Banjoko (Sussex Partnership NHS Foundation Trust); Ben Stevens

**Non-Voting Members Present:** Alan Boyd (Healthwatch Brighton & Hove); Annie Callanan (Brighton & Hove Safeguarding Adults Partnership); Chris Robson (Brighton & Hove Safeguarding Children 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**

**30 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**30(a) Apologies & Declaration of Substitutes**

30.1 It was noted that voting members, Dr Jane Padmore and Andrew Heeps had sent their apologies.

30.2 Ben Stevens was in attendance in place of Siobhan Melia.

**30 (b) Declarations of Interests**

30.3 There were none.

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

30.4 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.

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

### 31 MINUTES

- 31.1 **RESOLVED** – That the minutes of the meeting held on 8 November 2023 be agreed as a correct record.

### 32 CHAIR'S COMMUNICATIONS

- 33.1 The Chair, Councillor Shanks, gave the following communications:

#### **Provision – Community Equipment Service**

“We are pleased to announce that NRS Healthcare have been successful in their bid to continue to provide the Community Equipment service across Brighton & Hove.

They provide daily living equipment and minor adaptations to people living in their own homes or within care settings and the new contract will start on 1<sup>st</sup> April and run for 5 years with the option to extend for 2 years.

The service is jointly funded by the Council and NHS Sussex who were both very satisfied with the NRS bid which met all of the quality and price requirements and will provide added value with a full fleet of electric vans, an improved digital offer for customers alongside the usual phone service, and a dedicated customer liaison role to engage with people who use the service and develop social value initiatives including; employability workshops, carer training and sponsorship of local charities.

#### **Pharmaceutical Needs Assessment – Planned closure of Lloyds pharmacy in Sainsburys, Lewes Road, BN2 3QA**

The Pharmaceutical Needs Assessment (PNA) for Brighton and Hove was approved by the Health and Wellbeing Board (HWB) and published October 2022. The PNA is a comprehensive statement of the need for pharmaceutical services of the population in its area. The Health and Wellbeing Board is responsible for developing and updating the PNA and it informs “market entry” for any new pharmacies. HWBs have the requirement to publish supplementary statements stating any changes to the PNA and if there is considered to be a gap in local pharmaceutical

services. A supplementary statement is not required if no gap has been identified. NHS England jointly with NHS Sussex hold the contract for community pharmacy. The provision of NHS Pharmaceutical Services in community pharmacies is a controlled market. If an applicant wants to provide NHS pharmaceutical services, they are required to apply to NHS England (NHSE) to be included on a pharmaceutical list. NHSE and NHS Sussex will use the PNA when making decisions on applications.

On 31<sup>st</sup> January 2023 Brighton and Hove City Council (BHCC) were notified of Lloyds pharmacy in Sainsburys closing with effect from end of the day 22<sup>nd</sup> April 2023. Closure of Lloyds pharmacies in Sainsburys is happening nationally and throughout the South-east of England.

An extraordinary PNA Steering Group was held 9<sup>th</sup> February 2023 to discuss the impact the closure might have on access to pharmaceutical services. At the meeting East Sussex Local Pharmaceutical Committee, the representative body for community pharmacies reported that pharmacies that dispense a low volume of prescriptions per month will struggle to be financially viable and that approximately 6700 prescriptions dispensed per month is average for a pharmacy in England. This Lloyds pharmacy at Sainsburys had been dispensing approximately 1500 prescriptions per month.

Currently Lloyds in Sainsburys opening hours are 8.30am – 20.00 Monday – Wednesday, 8.30am – 21.00 Thursday – Friday, 8.00am – 20.00 Saturday and 11.00 – 17.00 Sunday. The pharmacies that are close by are: Weston's (Coombe Terrace) a 5min walk to the north and Kamsons (1A Lewes Rd) a 9min walk to the south. All of the NHS and BHCC commissioned services provided by Lloyds are also provided by Weston's. Overall, the opening hours for both pharmacies are shorter, Kamsons (1A Lewes Road) closes at 18.30 Monday - Friday and opens 9.00am – 13.00 on Saturday and Weston's closes 18.00 Monday – Friday and opens 9.00am – 13.00 Saturday. Following the closure of Lloyds, there will be no pharmacy in the city open between 8 and 9pm on Thursday and Friday.

The nearest pharmacy to Lloyds open on Saturday afternoons is Ross Pharmacy, 3 York Place (18min walk, or on frequent bus routes) open until 5.30pm. For weekend provision the Asda pharmacies (Marina and Hollingbury) are open 9.00 – 20.00 Saturday and on Sundays 11.00 – 17.00 (Marina) and 10.00- 16.00 (Hollingbury) and Boots George Street opens 9.00 – 17.00 Saturday and 10.00 – 16.00 Sunday, and Boots North Street opens 9.00 – 18.00 Saturday and 11.00 – 17.00 Sunday and Boots St James Street opens Saturday 9.30am – 12.00 and 13.00 – 18.00.

Outside of the city approximately 1.5 miles to the west the Tesco pharmacy at Holmbush shopping centre, Shoreham is open until 8pm six days a week.

There is no activity related to the award of an NHS community pharmacy contract. The PNA regulations stipulate that it must consider issues relating to current provision and whether or not there are identified current or future needs, improvements or better access requirements.

The recommendation in the PNA for the evening and weekend access to be reviewed by NHSE and NHS Sussex is ongoing. NHS Sussex is exploring options regarding access at evenings and weekends as outlined in the PNA including a putting in place a pharmacy rota service where there are gaps identified.

The PNA Steering group concludes that the closure of the Lloyds pharmacy in Sainsburys on Lewes Road results in reduced pharmacy hours 20.00 – 21.00 Thursdays and Fridays. The PNA Steering Group recommends for NHSE and NHS Sussex to review whether the reduction in hours proportionately affects pharmacy access and the mitigating actions required to reduce the impact of the closure.

33.2 **RESOLVED** – That the content of the Chair's Communications be noted and received.

### 33 CALLOVER

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

### 34 FORMAL PUBLIC INVOLVEMENT

#### 34(a) Petition(s)

34.1 There were none.

#### 34(b) Public Question(s)

#### **Provision of Care for People with Learning Disabilities and Autism, Beaconsfield Villas**

34.2 It was noted that one question had been received from Ms England on behalf of the Parent Carers' Council, Brighton (PaCC), as set out below:

"PaCC ask what action has BHCC and health undertaken to improve the care for people with learning disabilities and autism at Beaconsfield Villas following the recent CQC inspection which found the home to be inadequate? What assurances can you give the community that the issues identified by the CQC aren't common to residential provision in the city?"



34.3 The Chair, Councillor Shanks gave the following response:

“We recognise that the recent Inspection outcome for 83 Beaconsfield Villas raises concerns about quality and safety across the Service. We want to reassure the board that we have taken the concerns highlighted within this report very seriously, we have been and continue to take robust action to ensure that all of the issues raised within the report are addressed as quickly as possible.

We can confirm that with the support of the Council’s Fire Safety, Premises Team, Property Surveyor and a specialist cleaning agency to ensure the property is safe, clean and fit for purpose for the needs of the residents. The remedial action highlighted by CQC has already been completed and there is a schedule of weekly health and safety checks now in place and monthly medication audits now in place.

All the residents at the service have received a Social Work review to ensure that needs assessments are up to date and the expectations of the service are clear. Similar to many providers both locally and nationally our service faces recruitment and retention challenges across our staffing resource, which has had an impact on our ability to deliver the service. However, there has been a renewed focus on ensuring that safe and suitable staffing levels are in place to ensure that residents are kept safe and engaged in activities of choice to promote wellbeing. Staff training and wellbeing has been prioritised and we are pleased to report that recent recruitment has been successful.

A Registered Manager is now in place and all families have been contacted to offer the opportunity to discuss the outcome of the inspection and agree how they wish to be involved and communicated with moving forward.

With the support of the Council’s Quality Monitoring Team, we are continuing to invest time and resource into ensuring these positive changes are progressed and that standards of care continue to improve.

Residential services for adults with learning disabilities in the city where placements are commissioned by the Council have oversight from the Quality Monitoring Team, Commissioning. and Assessment Teams, alongside oversight from CQC as the social care regulator. Where issues are identified that affect the quality and performance of the service and/or a services ability to meet individuals needs these are addressed in a number of ways including; quality monitoring audits and reports, contractual meetings with providers to discuss performance, where appropriate oversight by the council’s service improvement panel, undertaking of social care reviews if needed and safeguarding procedures as required. The Council also works closely with the CQC in terms of gathering and reporting intelligence around provider performance.”

34.4 It was noted that prior notification of a supplementary question appertaining to the same subject had been received:

34.5 “Board members will be aware that sub-standard support for our community is symptomatic of the broader social care crisis and that a national strategic response is long overdue. However local focus must be achieved. We ask how will the Board

scrutinise the steps BHCC and health are taking to review provision and plan for the future, ensuring this most vulnerable cohort of residents remain in the city, have decent homes to live in with the care and support they need, and how will this be communicated to service users and the community to restore confidence.”

34.6 The Chair gave the following response:

“The Health and Wellbeing Board will receive an annual report of the progress of the priorities set out within the Adult Learning Disability Strategy and the work being undertaken by the 6 working groups, one for each of the priority areas; 1. Health and Wellbeing, 2. Relationships Friendships and Feeling Safe, 3. Activities Work and Learning, 4. Housing and Support, 5. Transitions and 6. Information and Advice.

The working groups where appropriate have representation from the Council and Health partners, as well as from our Provider market, with links to other related strategies including the SEND Strategy and the Autism Strategy (currently being developed). Progress of the strategy is also overseen by the Learning Disability Partnership Board and is fed back to the Learning Disability Provider Forum. Work is currently taking place to consider how best to share minutes and reports relating to the strategy, partnership board and provider forum externally for all interested stakeholders to be able to access.”

34.7 **RESOLVED** – That the public question and the Chair’s response be noted and received.

#### **34(c) Deputations**

34.8 There were none.

#### **35 FORMAL MEMBER INVOLVEMENT**

35.1 There were no items of Member involvement.

#### **36 ITEMS REFERRED FROM COUNCIL**

36.1 There were no items.

#### **37 PRESENTATION - PRIMARY CARE NETWORKS**

37.1 This item was deferred for consideration at a future meeting at which time it would be possible to give a full update.

#### **38 SUSSEX INTEGRATED CARE STRATEGY AND JOINT FORWARD PLAN**

38.1 The Board considered a joint report of the Executive Managing Director NHS Brighton & Hove and the Executive Director Health & Adult Social Care. It was explained that Brighton and Hove City Council and Sussex Health and Care Assembly had 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.

- 38.2 The Department for Health & Social Care had 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 included Joint Health and Wellbeing Board Strategies. The Board was asked to note the proposed direction of travel of the Shared Delivery Plan going forward and to agree the report recommendations.
- 38.3 **RESOLVED –** (1) That the Board Notes the update on the development of the Shared Delivery Plan for Sussex and the deadline set for first submission by 30 March 2023 to provide a high-level response to Integrated Care Strategy and Place based programme focussed in adults with compound needs;
- (2) Notes 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;
- (3) Agrees 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 and Wellbeing Strategy priorities; and
- (4) Notes the role of the Health Overview and Scrutiny Committee in holding NHS Sussex and partners to account for the ongoing delivery of the SDP.

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

- 39.1 The Board considered the report prepared by the Director of Public Health detailing the strategies which had been developed and put into place in response to the pandemic and the valuable lessons and enhanced collaborative working which occurred. Also strategies which had been developed and were in place which had built in resilience to respond to further future pandemics or public health issues.
- 39.2 It was explained that it was a statutory requirement for the Director of Public Health to produce an independent annual report and for the local authority to publish it. The purpose of these reports was 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. One of the main aims of the report was 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 included case studies to illustrate the broad range of work and innovation. It had identified key learning and recommendations which would 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 were local decision-makers as well as local people who have an interest.
- 39.3. The report and accompanying detailed presentation were commended by Board Members, particularly in outlining the valuable co-operative inter-disciplinary working

which had taken place within the organisation and with health and other partners. Noting the strategies which were in place which had built in future resilience.

- 34.4 **RESOLVED** - That the Board notes the contents of the report and the detailed presentation which accompanied it.

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

- 40.1 The Board considered the Annual report of the Brighton & Hove Safeguarding Children Partnership 2021-22 detailing the work carried out by the Partnership during that period, highlighting the key findings from the Partnership's work and setting out its proposed future programme of work.
- 40.2 It was explained that Brighton & Hove Safeguarding Children Partnership (BHSCP) was independently chaired and consisted of three key agencies who collectively held 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.
- 40.3 The BHSCP's objectives were 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
- 40.4 Chris Robson, BHSCP's independent scrutineer, chaired the Partnership and was responsible for considering how effectively the local safeguarding arrangements were working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership. Health & Wellbeing Boards were required to receive for information and discussion annual reports/updates from the relevant local safeguarding children's partnership. Chris Robson gave a presentation detailing the work carried out during the period covered by the report and going forward and invited questions. Input was also given by the Director of Children's Services. It was explained that the report related to historical work undertaken and that there was a time therefore consequentially a time lag with these reports.
- 40.5 **RESOLVED** - That the Board notes the information contained in the report and its appendix (BHSCP Annual Report 2021-22).
- 41 JOINT HEALTH & WELLBEING STRATEGY (JLHWS) OUTCOME MEASURES: UPDATE MARCH 2023**

- 41.1 The Board considered a report of the Director of Public Health providing the Joint Health & Wellbeing Strategy Outcome Measures Update.
- 41.2 It was explained that 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. The Brighton & Hove Health and Wellbeing Strategy 2019-30 had been approved by the Board in March 2019. It set out the vision: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'. The overarching outcomes measures were to enable people to live more years in good health (reversing the current falling trend in healthy life expectancy) and to reduce the gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city.

The purpose of this paper was to provide:

- 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.
- 41.3 Councillors Appich and Robins commended the report, stressing that they considered it was important going forward to continue to provide these regular updates so that it was clear how they dovetailed with the council's other overarching strategies.
- 41.4 Councillor Shanks, the Chair, concurred explaining that it was with that aim in view that it was intended that the Board will receive future updates at each meeting to reflect different "wells" .
- 41.5 **RESOLVED** - (1) That the Board notes the current trend status of the JH&WS outcome measures; and
- (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.

The meeting concluded at 5.00pm

Signed

Chair

Dated this

day of



**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**5.00pm 28 JUNE 2023**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Oliveira (Chair)

**Also in attendance:** Councillor Burden, Galvin, Hogan and West

**Other Members present:** Rob Persey, Deb Austin, Alistair Hill, Will Tuckley, Lola Banjoko, Ash Scarff, Joanna Martindale, Tom Lambert, Alan Boyd

**PART ONE**

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

1.1 There were no substitutes.

1.2 (a) Cllr De Oliveira declared a personal interest as his partner works for a local NHS Trust.

(b) Cllr West declared a personal interest as his partner works as a community pharmacist.

1.3 RESOLVED – that the press and public be not excluded from the meeting.

**2 CHAIR'S COMMUNICATIONS**

2.1 The Chair explained that a special meeting had been called because the Shared Delivery Plan needed to be submitted by 30 June, so could not wait until the scheduled Board meeting on 18 July.

**3 FORMAL PUBLIC INVOLVEMENT**

3.1 There was none.

**4 FORMAL MEMBER INVOLVEMENT**

4.1 There was none.

**5 SUSSEX INTEGRATED CARE STRATEGY SHARED DELIVERY PLAN (SDP)**

- 5.1 The item was introduced by Rob Persey, BHCC Executive Director, Health & Adult Social Care; and by Lola Banjoko, NHS Sussex Managing Director (Brighton & Hove). Ms Banjoko explained the development and the purpose of the Sussex Integrated Care Strategy, *Improving Lives Together*. The Strategy identifies long term improvement priorities that will benefit local people and the health and care workforce.

It reflects and responds to national policy and guidance and aims to provide one single vehicle for delivery and focus for our system. This is a framework that has been informed by JSNAs and Joint Health & Wellbeing strategies for each of our respective places. The plan will be reviewed and revised before the start of each financial year or in-year if considered necessary.

The plan incorporates four delivery areas. The four delivery areas are not mutually exclusive; they support and interrelate with each other with the collective aim of making improvements over the next five years.

To support the delivery of the Shared Delivery Plan, the statutory organisations responsible for health and care will work together in a new way across four different levels – System level, NHS provider level, Place level, and Local Community Level.

A set of supporting public communications will be published alongside the publication of the full plan to ensure that the information is accessible to a wide range of audiences.

- 5.2 In response to a question from Cllr Galvin on multiple compound needs, Mr Persey explained that this connected to the Government funded Changing Futures programme.
- 5.3 Cllr West stated that he had anticipated more detail and metrics to measure outcomes in the Plan. Ms Banjoko responded that there would be much more detailed planning, including performance metrics, sitting below the Plan.
- 5.4 In response to a query from Cllr West on how the SDP delivers JLHWS priorities, Ms Banjoko outlined how the SDP place priorities link to the JLHWS 'wells'.
- 5.5 Replying to a query from Cllr Hogan on integrated community teams, Ms Banjoko told the Board that developing teams is a long-term ambition, but that this is an evidenced model that has been delivered locally before.
- 5.6 In response to a query about frailty from Cllr Hogan, Ms Banjoko explained that frailty is a key element in urgent & emergency work, in discharge planning and in work on multiple long term conditions.
- 5.7 Alan Boyd welcomed the Plan, noting that there were restrictions on what was possible given the challenging timescale. In future iterations he would like to see the Plan be more public facing, more evidently reflective of patient voice, to have involved partners in target setting, to ensure more targets are baselined, and to see a greater prominence given to adult social care. In response, Mr Persey noted that there would be more prominence given to adult social care in future iterations. However, it needs to be born in mind that the SDP contents reflect the fact that local NHS organisations are accountable to NHS England, while adult social care is accountable to elected members of the city council.



- 5.8 Joanna Martindale welcomed the SDP's ambitions for the community & voluntary sector and the Plan's focus on children and young people. Ms Banjoko stressed the key role the sector will play in bringing services together.
- 5.9 In response to a query from Tom Lambert about carers, Ms Banjoko acknowledged that the importance of carers does need to be emphasised more, and that this should include reference to carers as part of the health and care workforce.
- 5.10 Cllr West commented that the SDP lacks sufficient detail. The Plan is also extremely optimistic and seems rather divorced from the reality of service provision and from the financial challenges the system is facing. One example of the Plan's lack of detail is its failure to explore the challenges being faced by community pharmacies, with many branches closing in recent months. Neither does the Plan set out any real ambitions for supporting services through the enhanced use of pharmacies.
- 5.11 The Board resolves to:
- (1) note the Sussex Shared Delivery Plan, which is a five year plan to implement the shared ambition and priorities set out in the Sussex Integrated Care Strategy and Joint Brighton & Hove Health and Wellbeing Strategy;
  - (2) note the recommended planning milestones which also form the basis of the Brighton & Hove Place contribution to the Sussex Shared Delivery Plan (SDP), and;
  - (3) agree that the SDP takes account of HWB Strategy priorities, and supports delivery of place-based objectives.
- 5.4 Cllr West declined to note (1) and (2) above and declined to agree (3).

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of



# Let's talk *Active for Life*



[www.brighton-hove.gov.uk/active-for-life](http://www.brighton-hove.gov.uk/active-for-life)

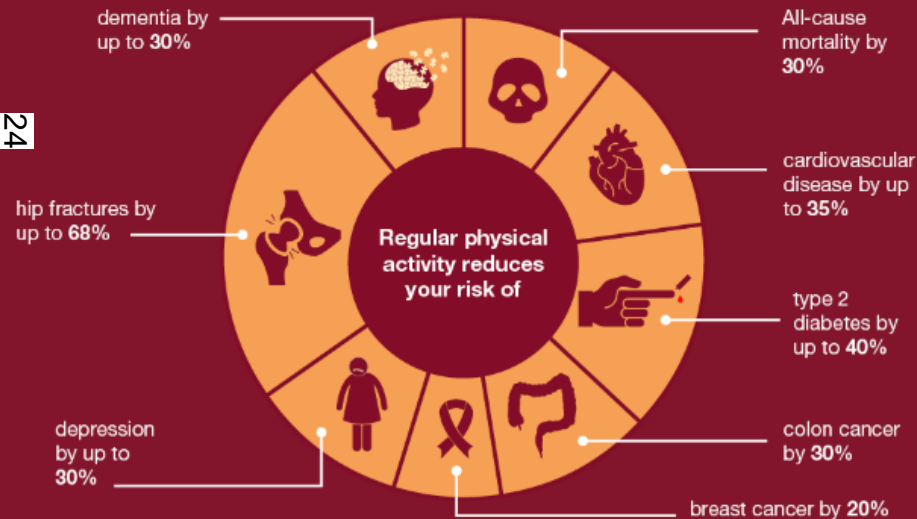


## Sport & Physical Activity in Brighton & Hove

Katie Cuming, Julie Stacey, Ryan Edwards

# The Wonder Drug

## What are the health benefits of physical activity?



**If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat.”.....” CMO 2019**

# The whole city

**Health and wellbeing Strategy - not just health / healthy lifestyles / sports facilities**

**Being an active city is everyone's business**

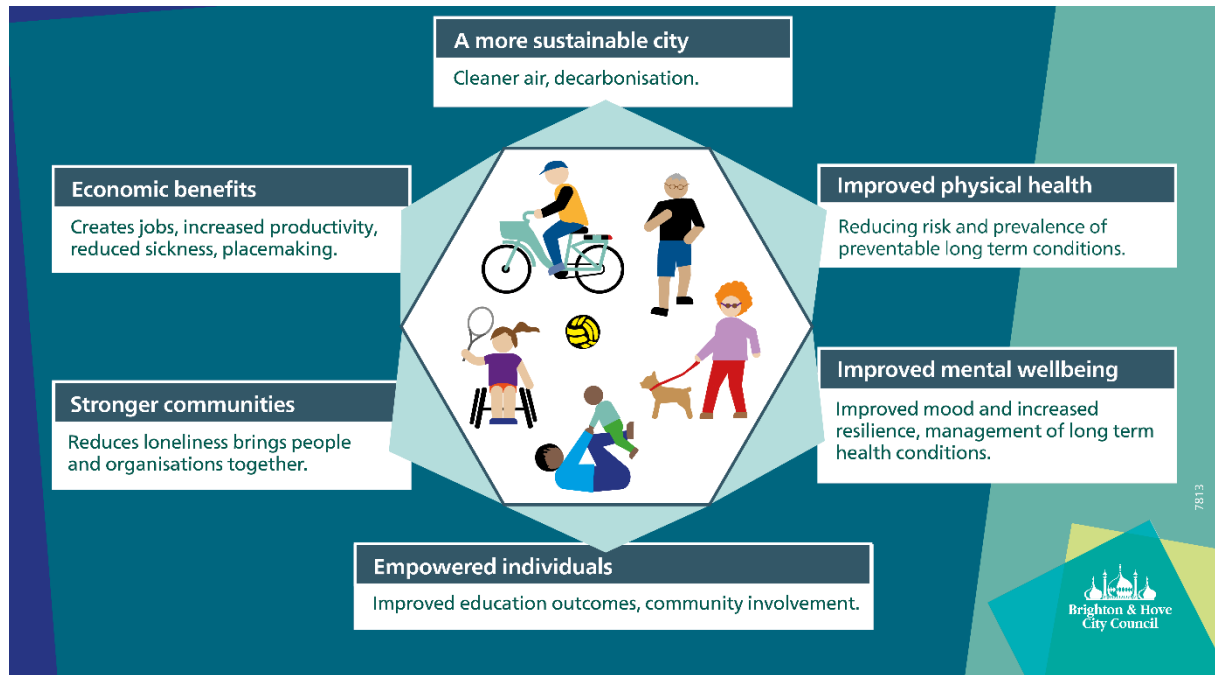
- ✓ **Parks and green spaces, our beautiful blue spaces**
- ✓ **Transport systems and urban design with safe and welcoming walking or cycling spaces... affordable public transport**
- ✓ **Buildings, workspaces, and businesses... design and policies**
- ✓ **Schools, preschools and universities**

**And so much more....**



**Brighton & Hove  
Joint Health &  
Wellbeing Strategy  
2019-2030**

# Why moving matters...



7813

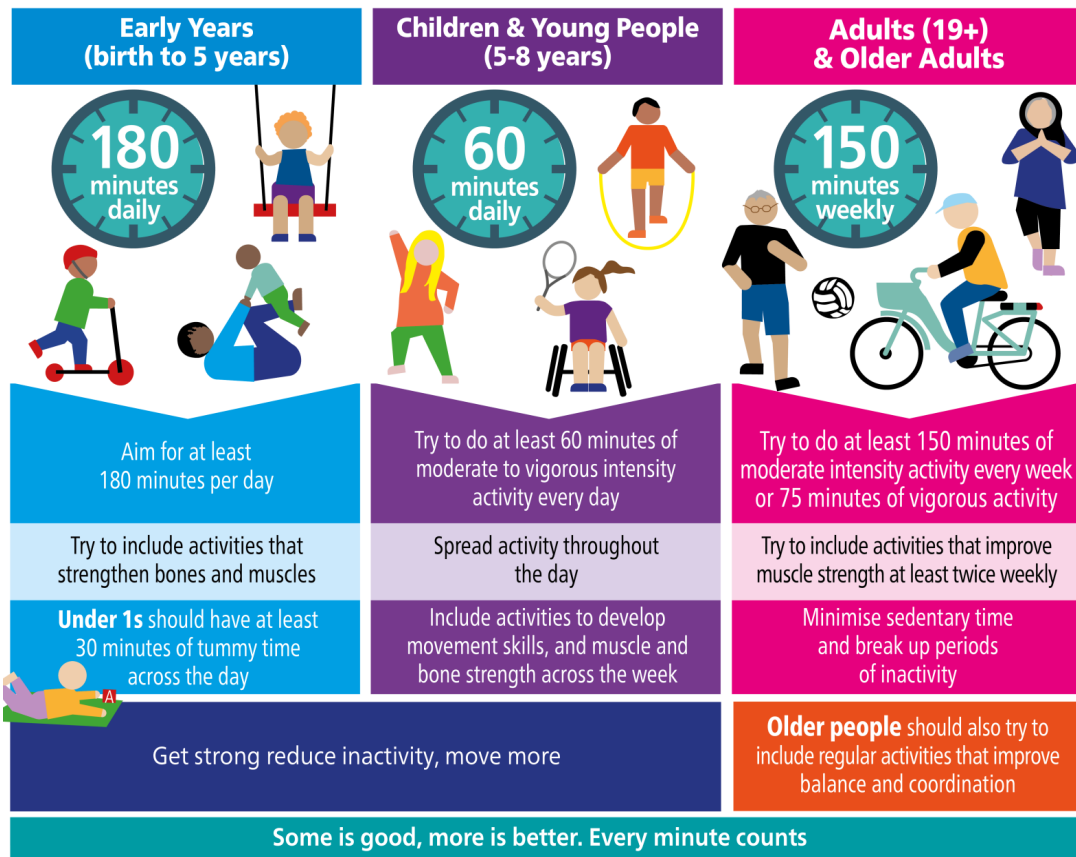
Brighton & Hove  
City Council

✓ *We know that the greatest benefits of physical activity are experienced by those who are the least active but simply start moving more throughout the day*

# How much?

✓ **The key message is that simply moving more and spending less time being inactive has huge benefits to our health and wellbeing**

✓ **Moving more every day in any way we can is recommended for all of us; all movement counts**



# Brighton & Hove; an active city

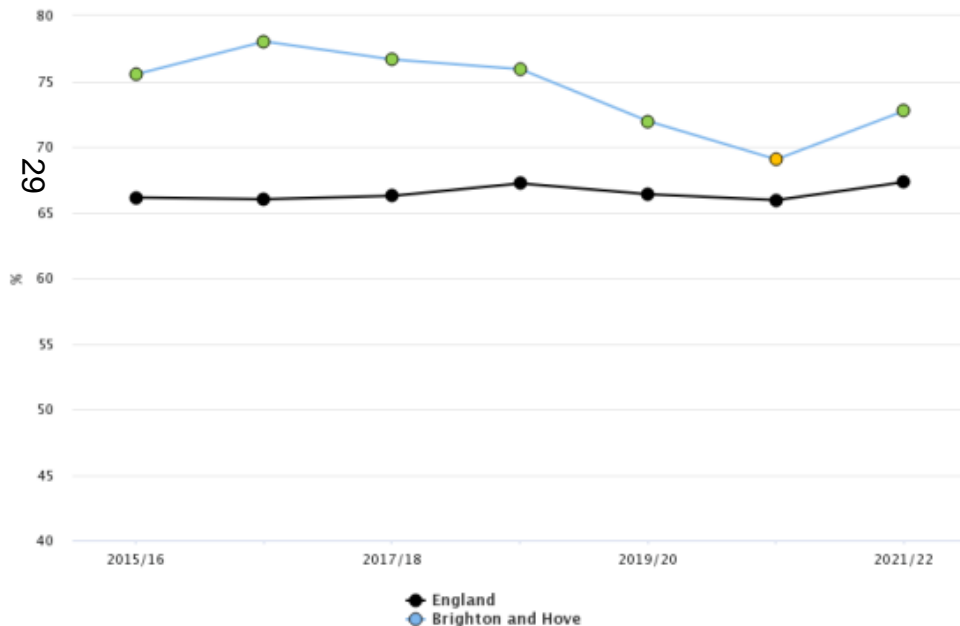
- *A city rich in green blue spaces*
- *City wide events – Marathon, TakePart, Dance Active plus many more*
- *Brighton & Hove Albion, Sussex Cricket, South East Dance*
- 28 • *Vibrant community & voluntary sector*
- *A culturally diverse & vibrant city*
- *Committed stakeholders working with Public health team/BHCC*





# But how active are we?

Percentage of physically active adults for Brighton and Hove



- 72.7 % of adults in the city are classified as **physically active** (150 mins)
- 18.8% are **physically inactive** (less than 30 mins)
- **Less than half of children** in the city are active enough (U16s doing 60 minutes daily)

Source: Office for Health Improvement and Disparities  
(based on the Active Lives Adult Survey Nov 21-22  
Sport England)

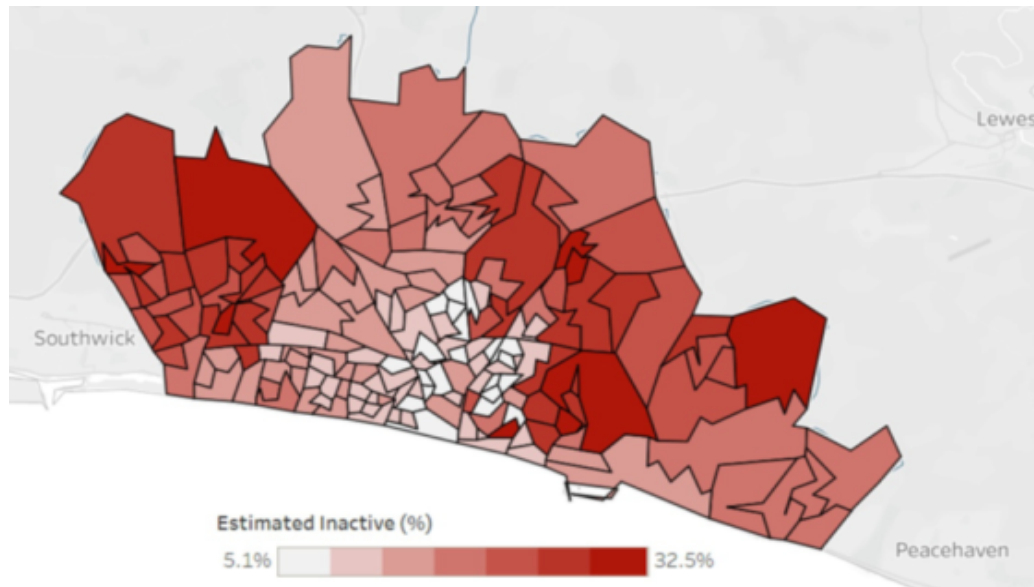


## Inequalities; those for whom activity is more challenging

- **Unemployed** only 60% are active against 72% who work
- **Older adults** – only 55% active aged 75-84 and only 32% aged 85 plus
- **Females** – only 65% are active against 70% male
- **Disability of impairment** - only 53% of those with disability active against 72% without
- **Ethnicity** – only 57% Asian, 56% black, 63% Chinese are active compared with white british/white other 69% & mixed 69%

*Data shown for England. Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey Nov 21-22 Sport England)*

# Inactivity levels by neighbourhood



31

**Physical inactivity varies  
across the city:**

- **Less than 12% of adults in central Brighton are inactive**
- **However, over 25% of adults in MSOAs of Whitehawk, Bevendean and Hangleton are inactive**

# Sport & Physical Activity Strategy (timeline)

2021	<b>Physical Activity Working Group formed</b>
May/July 2022	<b>Let's Talk Active for Life Consultation:</b> 437 adults online survey, 314 at pop up events, 98 older people survey, 6 focus groups, 35 in stakeholder workshops, 1252 visits to portal, 21,208 social media activity, 884 shared their views
September 2022	<b>Data Analysis following consultation</b>
2022/23	<b>PAWG work formulating strategy using insight, data, WHO recommendations</b>
Autumn 2023	<b>Strategy to be presented to the Health &amp; Wellbeing board</b>

# Insight from consultation

**Physical activity is important to people in Brighton & Hove.** 57% felt there were lots of opportunities in the city. However only 47% agreed that opportunities were easy to access.

Some groups felt this more than others; **those with long-term health conditions/disabilities, carers and those from the LGBTQ+ community**

## Key issues identified:

- The ongoing impact of covid 19, cost of living
- The accessibility of local opportunities
- The quality and availability of facilities
- Making the city safe for walking and cycling



## What would help?

### Most common responses from the least active



- **Lower activity costs**
- **Increasing my motivation**
- **Activities that cater for my needs (age, ability, health needs)**
- **Knowing what is available**
- **More opportunities near to where I live**

# Where we want to be

## City Sport & Physical Activity Strategy 23-33

35 ***Our mission:*** *To make Brighton & Hove one of the nation's most active cities with each of us having the chance to move more in a way that we enjoy*

***Our vision:*** *Brighton & Hove; a city where everyone has the opportunity, the encouragement, and the environment to move more, live well and be healthy*

# Five Areas of focus

<b>1. Active culture</b>	To ensure that everyone moving more for healthy living is a central part of the culture of Brighton & Hove
<b>2. Active People</b>	To develop opportunities that help people to move more and remain active throughout their lives
<b>3. Active communities</b>	To empower local communities to influence and develop opportunities that help people lead active lifestyles in the city
<b>4. Active Environments</b>	To ensure facilities, parks, open spaces and built environments offer safe, accessible spaces that encourage people to be more active.
<b>5. Active System</b>	To improve knowledge, understanding and collaboration across the city to have the greatest impact on activity levels



# Our approach

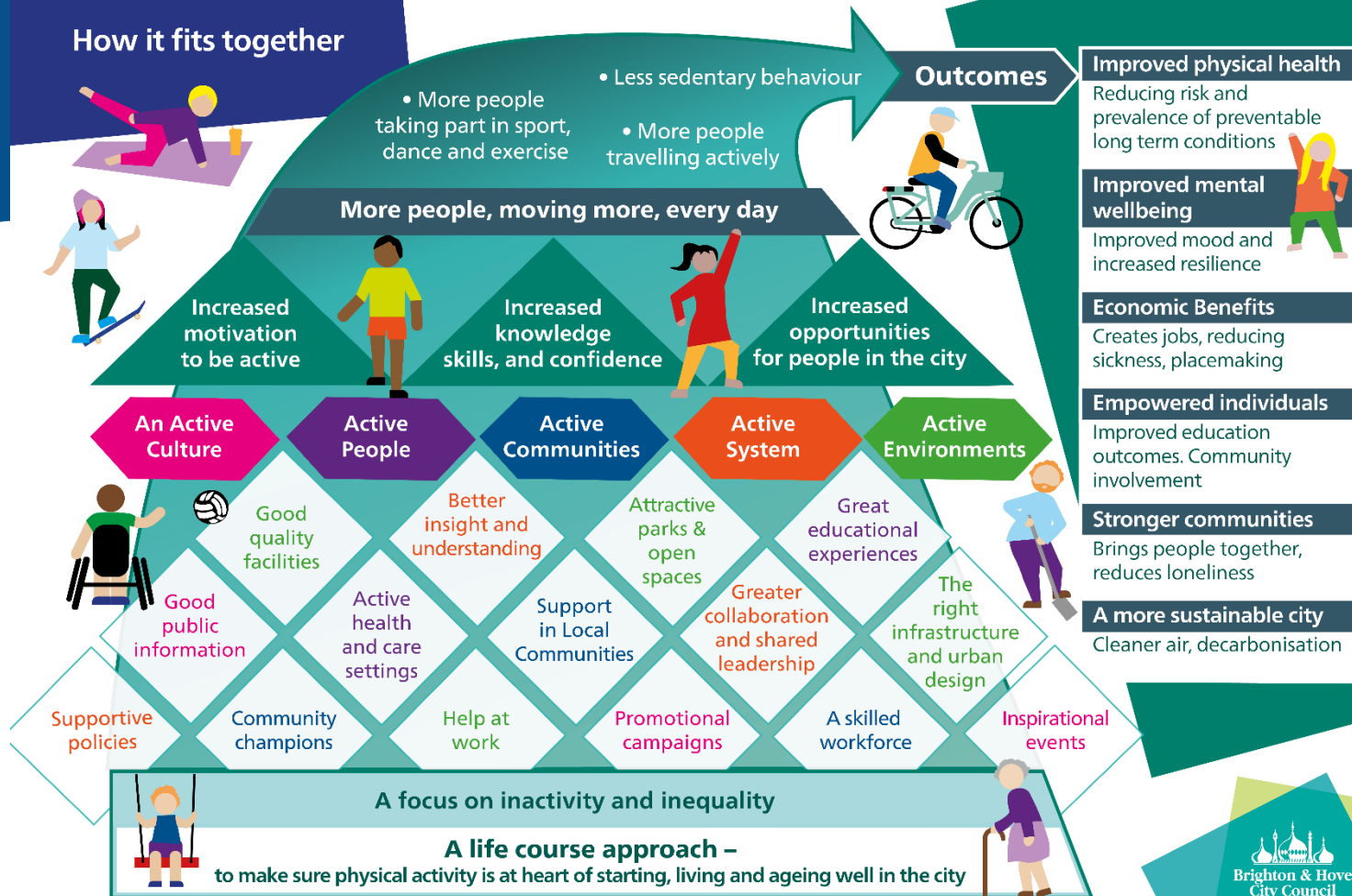
- ✓ **Working together**
- ✓ **A “whole system” approach**
- ✓ **Empowering our communities**
- ✓ **People focused**
- ✓ **Championing equality, inclusion and diversity**
- ✓ **Driven by insight**

## **Governance:**

Strategic leadership group driving forward change supported by Activity Alliances to support life course approach and address inequalities

# Let's talk Active for Life

## How it fits together



What opportunities do you believe there are in the city to increase activity levels and decrease inactivity?

How can we support those who experience barriers to participation to move more?



## Find out more....

Have a look at the Physical Activity Needs Assessment to find out more about who is active in the city, where and how....

Document available at: [www.brighton-hove.gov.uk/active-for-life](http://www.brighton-hove.gov.uk/active-for-life)

Contact: [healthylifestyleteam@brighton-hove.gov.uk](mailto:healthylifestyleteam@brighton-hove.gov.uk)



Title:	Joint Strategic Needs Assessment review and 3 year programme of needs assessments		
Date of Meeting:	18/07/2023		
Report of:	Director of Public Health, Alistair Hill		
Contact:	Head of Public Health Intelligence, Kate Gilchrist and Louise Knight, Senior Public Health Intelligence Specialist	Tel: 01273 296580	
Email:	<a href="mailto:Kate.gilchrist@brighton-hove.gov.uk">Kate.gilchrist@brighton-hove.gov.uk</a> and <a href="mailto:Louise.knight@brighton-hove.gov.uk">Louise.knight@brighton-hove.gov.uk</a>		
Wards Affected:	All		
<b>FOR GENERAL RELEASE</b>			
<b>Executive Summary</b>			
<p>Since April 2013, local authorities and NHS Clinical Commissioning Groups (now Integrated Care Boards) have had equal and explicit statutory obligations to prepare a Joint Strategic Needs Assessment (JSNA). The JSNA provides a comprehensive analysis of the current and future needs of local people and is used to inform commissioning of services that will improve health outcomes and reduce inequalities. Their outputs are used to help to determine what actions the Council, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The JSNA informed the development and delivery of our Joint Health and Wellbeing Strategy</p> <p>This duty is discharged by the Health &amp; Wellbeing Board and overseen by the city-wide Joint Strategic Needs Assessment Steering Group.</p> <p>In July 2022 the Board agreed that the Steering Group should review the JSNA structure and propose a three year programme of needs assessments.</p> <p>This paper summarises the review and sets out recommendations for the development of the JSNA for the Board to approve. This paper also proposes a three year programme of needs assessments (2023/24 to 2025/26) for the Board to approve.</p>			

### Glossary of terms

- JSNA products refers to the public health intelligence products held on the JSNA website, including in-depth and summary needs assessments, data profiles and summaries, reports and briefings, and the Community Insight data mapping platform.
- JSNA stakeholders refer to users including, the Community and Voluntary Sector (CVS), NHS Sussex, the local authority, the general public, and other partners.
- 'Core20Plus5' populations refers to a focus on the 20% most deprived populations 'PLUS' ICS-determined groups experiencing poorer than average access, experience or outcomes from healthcare and '5' clinical focus areas with the greatest opportunities to narrow the current gap in life expectancy due to health inequalities.

## 1. Decisions, recommendations and any options

- 1.1 That the Board approves the proposed recommendations for JSNA development over the next three years (Section 5.1 and Appendix 3).
- 1.2 That the Board approves the proposed three year JSNA programme of needs assessments for 2023/24 to 2025/26 (Sections 6.4-6.5 and Appendix 5).

## 2. Relevant information

- 2.1 The current JSNA comprises a suite of products and resources held on the BH Connected Local Intelligence website ([LOCAL INTELLIGENCE | BH Connected](#)) including:
  - **Resources and outputs:** Including the JSNA executive summary, data snapshots, survey briefings and Annual Reports of the Director of Public Health
  - **A programme of in-depth needs assessments** on a specific theme or population group, approved by the Health and Wellbeing Board. Due to the resource requirements and partnership working involved, there are usually two in-depth needs assessments per year
  - **Summary needs assessments** which take the form of a range of products including data summaries, updated topic information, Census briefings, data profiles, and signposting to existing resources
  - **Community Insight**, an online resource providing a wide range of data mapped at small area level across the city as well as up to date reports for these areas.
- 2.2 In-depth needs assessments provide a comprehensive analysis for a specific topic of the current and future needs of local people to inform commissioners and providers how they can improve health outcomes and reduce inequalities.

They also ensure that health strategies are based on high quality evidence and are a valuable resource for community and voluntary sector organisations.

- 2.3 Evidence for the needs assessments usually includes: local demographic and service data; evidence from the public, patients, carers, service users and professionals; national research; and best practice. These elements are brought together to identify need, current services, service gaps and under-provision, unmet need, inequalities, and over-provision of services.
- 2.4 The JSNA informs the key Brighton & Hove and Sussex health and wellbeing strategies including:
- the Brighton & Hove Joint Health and Wellbeing Strategy, published in 2019, which sets out the vision of the Health and Wellbeing Board to improve the health and wellbeing of local people and reduce health inequalities, and
  - the Sussex Health and Care Partnership strategy 'Improving Lives Together', published in 2023, which sets out the ambition across health and care in Sussex over the next five years.
- 2.5 The JSNA is delivered by a partnership led by the Brighton & Hove City Council Public Health Team. The programme is overseen by the City-wide Joint Strategic Needs Assessment Steering Group which includes representatives from the council's Public Health, Adult Social Care, Families, Children and Learning, Housing, Sustainability, Policy, and Communities Equality & Third Sector teams; NHS Sussex; University Hospitals Sussex Foundation Trust; Healthwatch; Community Works; Sussex Police; and the two universities.
- 2.6 Due to the development of new integrated working arrangements including the Sussex Health and Care Partnership and new Place structures (Brighton & Hove) a JSNA review was proposed to ensure it is sustainable and continues to meet the needs of the city and stakeholders.
- 2.7 At its July 2022 meeting the Brighton & Hove Health and Wellbeing Board (HWB) agreed that a review of the JSNA should be undertaken.

### **3.0 The JSNA review**

- 3.1 The aims of the review were:
- To inform the development of the JSNA structure and products to ensure it meets the needs of stakeholders including the Community and Voluntary Sector (CVS), NHS Sussex, the local authority, the general public, and other partners
  - To explore opportunities to collaborate with East and West Sussex and the possibilities for alignment and 'read across' between the JSNAs
  - To maximise the influence of the JSNA to inform commissioning (including prevention and public health promotion) and delivery of services across Brighton & Hove
  - To raise awareness of the JSNA across stakeholders

- To ensure that stakeholders can contribute to the development of the JSNA
  - To provide recommendations for JSNA development resulting from the review and propose a three year programme of needs assessments and products.
- 3.2 The Steering Group was reconvened (it had not met since early 2020 due to the Covid 19 pandemic), and the Terms of Reference and membership was reviewed and agreed (See Appendix 1). The Steering Group signed off the review plan and met regularly over the review period to provide oversight. A task and finish group was formed to specifically advise on the stakeholder engagement methods.
- 3.3 Stakeholders were engaged through on-line surveys (a stakeholder and a separate public survey) and workshops (in-person and an evening on-line workshops).
- 3.4 Stakeholder feedback, JSNA document review, and a review of other local authorities' JSNA websites, and Steering Group discussion were used to inform the proposed recommendations.

#### **4.0 Stakeholder feedback**

- 4.1 A total number of 116 survey responses were received and 49 people attended the workshops. A summary of stakeholder feedback is provided in Appendix 2.
- 4.2 Half of the survey respondents were current users of the JSNA and were generally positive about the current products including the use of infographics, however wanted more timely updates.
- 4.3 Responders suggested Community Insight mapping tool could be improved with 'how to' videos and better use of benchmarking, user/patient voice and asset mapping.
- 4.4 Those that hadn't used the JSNA before said that "knowing about it" and "awareness of its use and its benefits" would encourage use in the future.
- 4.3 Workshop feedback highlighted the importance of developing the JSNA, including improving the promotion of the JSNA and stakeholder involvement.
- 4.4 Stakeholders tended to support the following revised structure:
- Healthy places (Community assets and the social and environmental building blocks of health)
  - Healthy people (Physical and mental health conditions, learning disability and neurodiversity)
  - Healthy lives (Risk and protective factors for health and wellbeing)
- with the 'four wells' incorporated across these heading (starting well, living well, ageing well and dying well).



## 5.0 Proposed recommendations for JSNA development

5.1 The proposed recommendations for approval are provided in Appendix 3. In summary, the review findings recommend the following 10 key areas where the JSNA programme can be strengthened:

1. **Joint Strategic Needs Assessment (JSNA) governance:** Ensuring oversight and assurance of the JSNA programme.
2. **Working with East and West Sussex:** exploring opportunities for read across Sussex to support the aims of the ICS and avoid duplication.
3. **Engagement, involvement and co-production:** Developing an inclusive engagement and involvement plan, building on good practice in in depth needs assessments across the JSNA programme, inclusion of intersectional equalities, and ensuring reporting back to communities.
4. **JSNA production:** refine tools, templates and processes.
5. JSNA framework and products: introduce the new framework for the JSNA with life course running throughout. Review of Community Insight.
6. **Website and JSNA webpages:** Redesign and webpages and move to Brighton & Hove City Council website.
7. **Accessibility of the JSNA website and products:** ensuring JSNA content meet accessibility standards, or accessible versions available.
8. **Promotion, communication and maximising use of the JSNA:** Rebrand and rename the JSNA; How to guides and videos and JSNA communication plan.
9. **Explore potential for additional resources to produce the JSNA:** with a focus on qualitative research, coproduction, mixed research methods and community-led research.
10. **JSNA needs assessments prioritisation process:** Development of 3-year work programme agreed by the Health and Wellbeing Board with an annual review and update to the Board.

## 6.0 JSNA programme prioritisation process and proposed 3 year programme (2023/24 - 2025/26)

6.1 Stakeholders were asked to explore the principles to consider when prioritising health and wellbeing topics to review. Feedback resulted in the six principles listed below (See Appendix 2 for more detail):

1. Aligned with local priorities
2. A high level of inequalities
3. A high impact on the population affected
4. A high prevalence/incidence of condition in the local population
5. A substantial gap in evidence that can be filled
6. Optimal timing, e.g., to inform commissioning or strategy and benefit across Sussex and organisations.

6.2 The Steering Group agreed the principles and process to prioritise topics (see Appendix 4).

6.3 The Steering Group agreed the proposed three year programme of needs assessments, including in-depth and summary products, detailed in Appendix 5 for approval by the Board. The topics are summarised in 6.4 and 6.5 below.

#### 6.4 In-depth needs assessments topics, by year:

2023/24:

1. Special Educational Needs and Disabilities (SEND), neurodiversity, and learning disabilities (children and young people aged 0-25)

2024/25:

1. Neurodiversity and learning disabilities (adults aged 18 and over)
2. To be agreed: The steering group received suggestions to explore a range of topics associated with women's health, including menopause, menstrual health, and period poverty, and wider fertility issues including pregnancy, pregnancy loss, and considered bringing these together. However, to avoid duplication and to be meaningful, the scope of this proposal will need to be considered further in line with the wider Sussex Women's Health Strategy work that is underway.

2025/26:

1. Young people transitioning between children's and adults' services (aged 16-25)
2. Pharmaceutical Needs Assessment (a statutory duty of the Health and Wellbeing Board that is published every 3 years)

In addition to the 2023/24 needs assessment highlighted above, the Health Counts survey, a large survey of the health and wellbeing of adults in Brighton & Hove, will take place in spring 2024. This survey is conducted locally approximately every 10 years and is an important resource in describing our local health and wellbeing needs.

#### 6.5 Summary product topics, by year:

**2023/24:** Childhood immunisations; Chronic respiratory disease; Equalities: Population groups facing social and cultural exclusion; Healthy places; Hypertension; Sensory impairments; Sexual health; UK armed forces current and past personnel and their families.

**2024/25 and 2025/26:** Draft topics are listed below; these will be further reviewed by the JSNA Steering Group in 2024 to consider timeliness and alignment with local service need and capacity and brought to the Board for final approval.

**2024/25:** Ageing well; Carers; Globally displaced communities; Sex workers; Healthy lives; Healthy people.

**2025/26:** Asthma (Children and young people); Children in Care and those who are Care Experienced; Diabetes (Children and young people); Epilepsy (Children and young people)

## 7.0 Important considerations and implications

- 7.1 Legal: The Health and Social Care Act 2012 (s196) requires the function of preparing a JSNA to be discharged by the Health and Wellbeing Board. Specifically, from April 2013, local authorities and Clinical Commissioning Groups (now Integrated Care Boards) have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities. The Health and Care Act 2022 replaces CCGs with Integrated Care Boards. S26 of the 2022 Act inserts new provisions into the 2012 Act requiring the formation of an integrated care partnership [comprising the Local Authority and Integrated Care Board] and for that partnership to develop and review its own integrated care strategy in light of local needs assessments, including the JSNA.

Lawyer consulted: Sandra O'Brien 23/06/2023

- 7.2 Finance: The resources required to support the production of the JSNA are funded by public health ring-fenced grant. The JSNA provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities. Future commissioning plans and delivery plans have to reflect these needs. Any subsequent reports and plans will need to individually assess their financial implications, the impact on the needs of the city and the intended outcomes.

Finance Officer consulted: Sophie Warburton 23/06/2023

- 7.3 Equalities: Needs assessments consider specific needs of groups with protected characteristics. The JSNA is a key data source to inform action to improve outcomes in all groups and meet the public sector equality duty (including Equality Impact Assessments).
- 7.4 Sustainability: No implications: Sustainability related issues are important determinants of health and wellbeing, and these are integrated in the summary. The JSNA will support commissioners to consider sustainability issues.
- 7.5 Health, social care, children's services and public health: The JSNA summary sets out the key health and wellbeing and inequalities issues for the city and so supports commissioners across the city in considering these issues in policy, commissioning & delivering services.

## Supporting documents and information

Appendix 1: City-wide JSNA Steering Group Terms of Reference

Appendix 2: [JSNA review stakeholder feedback](#)

Appendix 3: Proposed recommendations

Appendix 4: Summary prioritisation process for JSNA programme

Appendix 5: Proposed JSNA 3 year programme of needs assessments



## Appendix 1 City-wide JSNA Steering Group Terms of Reference

### 1. PURPOSE

- 1.1. To meet the current statutory duty of Brighton Hove and Brighton & Hove City Council (BHCC) and NHS Sussex to produce a Joint Strategic Needs Assessment (JSNA) and follow the draft national guidance on JSNA (2012).
- 1.2. To develop and propose a programme of JSNA outputs for the next 3 years.
- 1.3. To provide oversight and assurance of the JSNA programme.

### 2. Responsibilities

- 2.1. To produce and monitor a rolling programme of topic-based needs assessments informed by the priorities of the city, agreed by the Health and Wellbeing Board, ensuring an intersectional, accessibility and race-lens informed approach.
- 2.2. To approve the project initiation plans for topic-based needs assessments to ensure they meet locally agreed quality standards e.g. includes intersectional equalities and public and patient voice evidence, with a targeted focus on under-represented group voice and nuanced and intersectional lived experience/ qualitative insights
- 2.3. To reference protected characteristics and intersectionality in assessing the City-wide JSNA programme.
- 2.4. To assure the quality and accessibility of methodologies, quality standards and technical resources used.
- 2.5. To identify the training needs of commissioners and other partners involved in producing inclusive, accessible, and quality needs assessments.
- 2.6. To ensure the inclusive and accessible dissemination, support, and leadership of the City-wide JSNA programme.
- 2.7. To ensure consistency and congruence across partners and alignment of strategic aims to be reflected in the JSNA.
- 2.8. To provide expertise and feedback on specific perspectives, taking an intentional race-led and intersectional view considering differential layer of impacts, data, and experiences.

### 3. GOVERNANCE

- 3.1. The City-wide JSNA Steering Group will report on JSNA outputs to the Health and Wellbeing Board by means of an annual report.
- 3.2. The Health and Wellbeing Board will be asked to review and approve the JSNA planned rolling programme.
- 3.3. Governance arrangements will be reviewed annually, along with the TOR.

### 4. MEMBERSHIP

- 4.1. The steering group will comprise representatives from the following organisations. **Members will nominate a deputy if unable to attend.**

#### **Brighton & Hove City Council (BHCC)**

- Public Health
- Adult Social Care
- Families, Children and Learning
- Communities and Equalities
- Policy & Partnerships
- Communications
- Housing
- Sustainability – added April 2023

#### **NHS**

- Integrated Care Board Brighton & Hove (Performance and Intelligence; Community and Primary Care)
- Sussex Health and Care Partnership

#### **CVS organisations**

- Healthwatch
- Community Works

#### **Universities**

- Brighton and Sussex Medical School/University of Sussex
- University of Brighton

#### **Other Organisation**

- Sussex Police

### 5. MEETING FREQUENCY AND QUORACY

- 5.1. The steering group will meet approximately every six weeks until the review and 2023 programme planning is complete (approx. Q1 2023/24), and will meet quarterly after that.
- 5.2. The Chair may call additional meetings if deemed necessary.

5.3 Meetings will be quorate if the following are present:

- The Chair, or delegate
- Representation from the public health intelligence team and at least two other representatives from BHCC
- Representation from at least three other partner organisations
- Administrative support

## **6. Attendance**

- Members are required to send apologies, and delegate representation if unable to attend meetings.
- If members are unable to attend meetings they should provide a written update for the Steering Group where relevant.
- Apologies for meetings, requests for information and any papers necessary for the Steering Group meetings should be made to the Steering Group administrative support contact.

## **7. Resources**

- The Steering group will be administered by BHCC public health team.

**Date agreed: 16/01/2023**

**Date of review: January 2024**

## Appendix 2 JSNA review Stakeholder feedback

Please see link here: [JSNA review stakeholder feedback](#)

## Appendix 3: Proposed recommendations

Table 1: JSNA Review 2023: Proposed recommendations to strengthen the JSNA programme

Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
<b>1</b>	<b>Joint Strategic Needs Assessment (JSNA) governance</b>			
1.1	Ensure our City-wide Joint Strategic Needs Assessment Steering Group (SG) continues to provide oversight and assurance of the JSNA programme and reports to the Health and Wellbeing Board (HWB) annually. Terms of Reference provided in Appendix 1.	x	x	x
1.2	Review the Steering Group Terms of Reference annually and ensure membership includes representation of the JSNA stakeholders.	x	x	x
1.3	Ensure the JSNA programme priorities are reviewed annually by the Steering Group and any proposed changes taken to the Health and Wellbeing Board for approval.	x	x	x
<b>2</b>	<b>Working with East and West Sussex</b>			
2.1	Establish a JSNA relationship across Sussex to identify key areas for collaboration.	x		
2.2	Convene a Sussex JSNA working group to explore opportunities for product alignment and 'read across' of the three local authorities JSNAs.	x	x	x
2.3	Increase opportunities to share work across Sussex, avoid duplication, and support the aims of the ICS and the Shared Delivery Plans.	x	x	x



Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
<b>3</b>	<b>Engagement, involvement and co-production</b>			
3.1	Develop a JSNA Inclusive Engagement and Involvement plan that develops equitable partnerships.	x	x	
3.2	Work in partnership with Healthwatch, Community Works, and Community and Voluntary Sector organisations in to ensure good community stakeholder engagement, and co-production of products.	x	x	x
3.3	Engage with Community Works, Healthwatch, and relevant departments within the local authority (e.g., housing, schools) and NHS on methods to incorporate stakeholders feedback on how best capture evidence of the needs and assets from communities (Appendix 2).	x	x	x
3.4	Steering Group to receive project initiation plans for needs assessments to ensure they meet locally agreed quality standards e.g. includes intersectional equalities and public and patient voice evidence, with a targeted focus on under-represented group voice and nuanced and intersectional lived experience/ qualitative insights.	x	x	x
3.5	Ensure we are “closing the loop” by reporting back what happened as a result of involvement in the development of JSNA products, e.g. on our website.	x	x	x
3.6	Explore further how we engage with the public and how people might use or benefit from using the JSNA.	x	x	
<b>4</b>	<b>JSNA production</b>			
4.1	Strengthen the tools and processes to improve quality assurance, accessibility, equalities and intersectionality considerations at all stages of development and production, e.g. templates for needs assessments, checklists and involvement.	x		

Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
4.2	Pilot JSNA production tools and processes and refine.		x	x
<b>5</b>	<b>JSNA framework and products</b>			
5.1	Refine the agreed framework for the JSNA (e.g. how the JSNA is organised under sections headings on the webpages).	x		
5.2	Incorporate stakeholders' feedback into the JSNA products (Appendix 3).	x	x	x
5.3	Review of Community Insight data and mapping site to ensure it meets user needs, including convening a user group	x	x	
5.4	Explore opportunities for more interactive JSNA products with greater automation of updates.		x	x
<b>6</b>	<b>Website and JSNA webpages</b>			
6.1	Migrate current JSNA website on BHconnected to the Brighton & Hove City Council website.	x		
6.2	Design and implement webpage changes.	x	x	x
<b>7</b>	<b>Accessibility of the JSNA webpages and products</b>			
7.1	Complete the migration of the JSNA pages to the Brighton & Hove City Council website, which meets the required accessibility standards.	x		
7.2	Consider accessibility with any proposed change to JSNA webpages.	x	x	x

Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
7.3	Ensure products developed are fully accessible, or signpost to accessible versions.	x	x	x
7.4	Add a statement on our webpage to explain any 'limited accessibility features'.	x		
7.5	Explore developing/commissioning visuals and products to make them more accessible to different cultures, different levels of ability, and different access requirements to increase engagement.		x	x
<b>8</b>	<b>Promotion, communication and maximising use of the JSNA</b>			
8.1	Rebrand and rename the JSNA to make it more engaging for different audiences to understand.	x		
8.2	Clarify and provide clear explanations on what the JSNA is and the products that form the JSNA, reflecting the range of methods used and how intelligence products can be combined to give a picture of health and social needs and assets.	x		
8.3	Update the webpages with what's new, how to guides and videos.	x	x	x
8.4	Develop a JSNA Communications plan for internal and external stakeholders.	x	x	
8.5	Schedule routine JSNA updates and encourage onward promotion (including the use/benefits) of JSNA webpages and products through external networks, e.g. at stakeholder local events and meetings, features in Heathwatch and Community Works newsletters, and ensure wider sharing via varied networks. Ensure timely internal communication and promotion through directorate business managers and with commissioning colleagues.	x	x	x

Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
<b>9</b>	<b>JSNA resources</b>			
9.1	Deliver the JSNA programme of work and the JSNA review recommendations implementation within current resources over the next 3 years.	x	x	x
9.2	Explore opportunities and funding for qualitative research and additional expertise on approaches and methods to answer specific research questions and effective communication of results, e.g. co-production, using mixed methods (use of qualitative and quantitative information), and community-led research.	x	x	x
<b>10</b>	<b>Prioritisation process for JSNA programme of in-depth needs assessments</b>			
10.1	Share the prioritisation process and JSNA planned programme of work 2023/24 to 2025/26 on the JSNA webpage (Once agreed by the Health and Wellbeing Board).	x		

## Appendix 4: Summary prioritisation process for JSNA programme

The following process was agreed by the City-wide JSNA Steering Group.

1. Stakeholders asked what principles are most important to consider when prioritising the JSNA needs assessment topics over the next 3-year programme (in surveys and workshops)
2. Steering Group agreed the principles and assessment method to prioritise topics (See Table 1: Prioritising JSNA topic areas: Six principles and assessment method, on the next page)
3. Public Health Intelligence Team reviewed local priorities and collated information on topics
4. Stakeholders are given the opportunity feedback if they thoughts a local priority topic was missing
5. The Steering Group agreed the proposed topics for the next 3-year JSNA programme.

Table 1: Prioritising JSNA topic areas: Six principles and assessment method

Nr	Principles	Data provided for assessment of proposed topic areas	Assessment
1	Aligned with local priorities	Topics and populations in current BHCC and NHS strategies and plans: Health & Wellbeing strategy, Our Sussex Population Health Strategy (Adults and Children & Young People) 'Core20Plus5' populations, Brighton and Hove Health and Care Partnership Plan (place based plan), JSNA Executive summary 2021/22	Yes or no.
2	There is a high level of inequalities	A summary of what's known and not known about current inequalities: What has been quantified (e.g., % by sub-groups, including those with shared protective characteristics), are there estimated trends and projections, for example widening gaps. What does qualitative data highlight around inequalities. Where are the gaps in data. Includes equalities considerations.	Yes or no.  Consider Highest importance
3	The issue has a high impact on the population affected	A summary of what's known and not known about current impacts: What is known/not known about the short, medium, and long term consequences on individuals, families, and societies in terms of health and wellbeing and socioeconomic outcomes.	Yes or no.
4	There is a high prevalence/incidence of condition in the local population	A summary of what's known and not known about current prevalence or incidence in B&H: What has been quantified (e.g., total % or other measure, and within age groups, sex, other important groups), include trends and projections.	Yes or no
5	There is a substantial gap in evidence that can be filled	Summarise if there is a substantial gap in evidence that can be filled, or lack of recent evidence synthesis, on the topic or a population group. Include dates of last needs assessments and other synthesis.	Yes or no
6	Optimal timing, e.g., to inform commissioning or strategy and benefit across Sussex and organisations	Outline the timing of relevant commissioning rounds and what's happening across Sussex /other organisations that should be taken into account.	Yes or no

## Appendix 5: Proposed JSNA 3 year programme of needs assessments

There are multiple products and outputs that make up the JSNA, some are very detailed and comprehensive (in-depth), and some are lighter touch (summary needs assessments). The programme and description of needs assessments is as follows:

- The Health Counts 2024 population based survey and Safe and Well at School Survey (SAWSS) (2023 and 2025) analysis and data summaries will provide detailed and rich local evidence for a range of needs assessments over the 3 year programme.
- In-depth needs assessments will take an intersectional and inclusive approach and include sections on protected characteristics, equalities, our Core20plus5 populations, other groups facing social and cultural exclusion, and wider determinants of health, e.g. housing, environment, employment and education.
- Some topic areas, like mental health, have had a recent in-depth needs assessment and so are not included in the current programme. Published needs assessments are available at [JSNA webpage](#)
- The following products are in progress:
  - In-depth needs assessments: Drugs and Alcohol
  - Summary product topics: Healthy Child Programme; Gypsy, Roma and Travellers; and Census briefings
  - The JSNA executive summary is updated regularly.
- The joint approach to needs assessments requires a time commitment from partners, the lead commissioner(s)/specialist(s), and the Public Health Intelligence team. The Public Health Intelligence team has capacity to produce 1 or 2 in-depth needs assessments and 3 to 5 summaries per year, possibly more depending on the scope and data accessibility.
- The Public Health Intelligence team may be able to provide guidance to departments wishing to commission their own needs assessments, which sit outside the agreed programme, via external agencies.
- We will take a developmental approach to needs assessments. Priority sections will be produced and published with additional sections added when survey or other data become available.
- The programme of topics and outputs proposed (Table 1) reflect: Brighton & Hove City Council (BHCC) and NHS priorities, strategies and plans, e.g. Core20Plus5 groups; have been based on evidence against the agreed principles; compiled in discussion with stakeholders and overseen by the City-wide JSNA Steering Group.

- One in-depth needs assessment for 2024/25 and summary products for 2024/25 and 2025/26 are to be confirmed and taken to the Board for approval in 2024.

**Table 1: JSNA proposed 3 year programme of needs assessments: year, topic and type**

Year	Topic	Type
<b>2023/24</b>		
In-depth:		
1	Special Educational Needs and Disabilities (SEND), neurodiversity and learning disabilities (children and young people aged 0-25*)	An in-depth look at needs and assets overseen by a Steering Group that represents key stakeholders. To include: collation of currently available data; new data collection (e.g. qualitative data); views of stakeholders, those with lived experience/patients/service users and the public; service mapping and access to services; evidence reviews on inequalities, needs and assets, effective interventions/models of care, and makes recommendations.
Summary products:		
1	Childhood immunisations	Rapid summary of immunisation uptake trends and links to existing qualitative data, to complement a Health Equity Audit that is also planned 2023/24.
2	Chronic respiratory disease	Signpost to a collection of related data sources that are managed and updated by other organisations.
3	Equalities: Population groups facing social and cultural exclusion	Data profiles will be updated as part of our core programme of work, including on: Ethnicity/Race; Gypsy, Roma and Traveller; Migrant communities; Carers; Students; UK armed forces current and past personnel and their families; Sexual orientation; Gender identity; Gender equality, Religion/faith/belief; Sex workers; Children in Care; Learning disabilities; Physical disabilities and impairment.
4	Healthy places	Iterative data and evidence summary that includes whole system indicator mapping and automated dashboard management. Across the 3 year programme.
5	Hypertension	Signpost to a collection of related data sources that are managed and updated by other organisations.
6	Sensory impairments	Summary update (refresh the current 2016 summary)
7	Sexual health	Rapid summary that can be updated with population and school based survey data when available in 2024/25.



8	UK armed forces current and past personnel and their families	Summary (work split across Sussex) based on national modelling, available data (including in the census) and evidence review.
Year 2024/25	Topic	Type
In-depth:		
1	Neurodiversity and learning disabilities (adults aged 18 and over*)	An in-depth look at needs and assets overseen by a Steering Group that represents key stakeholders. To include: collation of currently available data; new data collection (e.g. qualitative data); views of stakeholders, those with lived experience/patients/service users and the public; service mapping and access to services; evidence reviews on inequalities, needs and assets, effective interventions/models of care, and makes recommendations.
2	<i>To be confirmed.</i> Menstrual health, period poverty and gynaecological conditions Fertility, pregnancy, pregnancy loss and postnatal support. Menopause.	Set of summaries or as the second in-depth needs assessment 2024/25. Title and scope to be refined and further discussed with consideration of the Sussex Women's Health Strategy work that is underway.  To be confirmed.
Summary products:	<i>To be confirmed</i>	
1	Ageing well	Short summary (refresh of 2018). Data from the Health Counts survey is a key source of evidence.
2	Carers	Short summary, data from the Health Counts survey and Safe And Well at School Survey (SAWSS) are key sources of evidence.
4	Globally displaced communities	Summary with focus to be confirmed following consultation, different communities' considerations, recent evidence and data availability (last in-depth needs assessment on international migrants 2018).
5	Sex workers	Engage with stakeholders and consult community groups to explore evidence gaps (Last summary 2016).
6	Healthy People	Iterative data and evidence summary that includes indicator mapping and potentially automated dashboard. Across the 3 year programme.

Year 2025/26	Topic	Type
In-depth:		
1	Pharmaceutical Needs Assessment	Statutory (every 3 years)
2	Young people in transition between services (aged 16-25*)	The scope to be confirmed but to include: Children and young people with long term health conditions (e.g. diabetes, epilepsy, asthma), mental health needs, disability, care leavers.
Summary products:	<i>To be confirmed</i>	
1	Asthma (Children and young people)	Data summary.
2	Children in Care and those who are Care Experienced	Summary. Potential for including in the “Young people in transition between services” in-depth needs assessment. This is under discussion. Primary qualitative data collection is likely required.
3	Diabetes (Children and young people)	Data summary, with potential to including other evidence.
4	Epilepsy (Children and young people)	Data summary.

\* Note that there will be overlap between ages groups across the in-depth needs assessments that reflect the clinical and service provision differences across ages. We will take a life course approach to our needs assessments.



*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:	18 July 2023		
Report of:	Alistair Hill, Director of Public Health		
Contact:	Caroline Vass	Tel: 07968 049106	
Email:	Caroline.vass@brighton-hove.gov.uk		
Wards Affected:	All		
<b>FOR GENERAL RELEASE</b>			
<b>Executive Summary</b>			
<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 (JSNA).</p> <p>The Brighton &amp; Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019. It sets out the vision: ‘Everyone in Brighton &amp; Hove will have the best opportunity to live a healthy, happy and fulfilling life’.</p> <p>To deliver the ambition, the strategy identifies a number of outcomes for local people that are reflected under four key areas in the Strategy known as the ‘Wells’: starting well, living well, ageing well, and dying well.</p> <p>This paper aims to provide the Board with:</p> <ul style="list-style-type: none"><li>• A brief overview of the Joint Health and Wellbeing Strategy</li><li>• A routine update on the outcome measures, including how the measures were agreed</li><li>• An update on the agreed way forward for the Board to receive a report at</li></ul>			

each Health and Wellbeing Board meeting which will focus on one of the 'Wells', including more narrative on that strategy area, rather than a single annual update.

The Board will be asked to note the update and consider the revised approach to receiving updates.

### **Glossary of Terms**

JHWS - Joint Health and Wellbeing Strategy

JSNA - Joint Strategic Needs Assessment

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

- 1.1 That the Board notes the current status of the Joint Health and Wellbeing Strategy outcome measures.
- 1.2 That the Board agrees the approach supported in a previous Health and Wellbeing Board for regular updates by 'Well' area to support a more integrated city-wide understanding of the outcomes and the action in place to improve them.

## **2. Relevant information**

### **The Joint Health and Wellbeing Strategy**

- 2.1 Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy (JHWS) to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA).
- 2.2 The JHWS was developed by a panel nominated from the Health and Wellbeing Board and in addition included representation from voluntary and community services, Brighton & Hove Chamber of Commerce, and the Brighton & Hove economic partnership.
- 2.3 The views of local people and organisations were instrumental in developing the strategy.
- 2.4 The Brighton & Hove JHWS 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. (Appendix 1)
- 2.5 The vision of the Board as set out in the JHWS is that: 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'.
- 2.6 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.

2.7 The strategy is underpinned by eight principles:

- Partnership and collaboration
- Health is everyone's business
- Health and Work
- Prevention and empowerment
- Reducing health inequalities
- The right care in the right place at the right time

2.8 The strategy details the challenges and health and wellbeing needs faced by the city: the growing population, and the predicted change to the age profile with greater proportion of older people.

2.9 It considers the health and wellbeing needs of the population and the corresponding health and care services and focuses on improving health and wellbeing outcomes for local residents across the key stages of life reflected as the four 'Wells': starting well, living well, ageing well, and dying

2.10 The strategy provides a bridge between local health and care services' plans and strategies which will impact on health and wellbeing, where partners across the city understand that we all have a part to play in ensuring that everyone in Brighton & Hove has the best opportunity to live a healthy, happy and fulfilling life.

## **Development of the outcome measures**

2.11 The Board agreed an initial set of outcome measures against which to monitor the delivery and impact of the strategy.

2.12 These were updated in July 2021 with minor amendments in October 2022.

2.13 The criteria for inclusion as an outcome measure are:

- where they are population level outcomes (not system or process indicators)
- where Brighton & Hove performs poorly against defined comparators
- where there are significant inequalities within the city, and
- now also include where the Covid-19 pandemic response is likely to have had a significant impact eg: physical activity.

2.14 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.

- 2.15 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**

- 2.16 The outcome measures are presented to reflect the trend of that indicator, i.e: whether the trend is worsening or improving, and the progress of the strategy should be considered by preferred 'direction of travel', for example, that year 6 healthy weights are increased.
- 2.17 For this report it is not possible to reflect trends for all indicators. This is due to the re-basing of Office of National Statistics (ONS) mid-year population estimates following the 2021 census.
- 2.18 The current data use the new ONS population estimates to understand the rates of outcomes, but the historic population data has not yet been updated. When the historic population data are updated trend data will be reinstated.
- 2.19 Where cohorts are sampled, for example where data are taken from the Safe and Well at School Survey, then the denominator data will not be affected by the ONS changes and so these outcomes will continue to show trend data.

### **Outcomes measures update**

- 2.20 Appendix 2 presents the key outcome measures dashboard reflecting the overarching ambition and for the four 'Wells'. Where possible the trend data are also shown, noting that for a number of measures historic trend data are not currently available.
- 2.21 Tables 1-4 below summarises the current status of all agreed outcomes and identifies where they are significantly better than, worse than, or similar to England. The appendix compares Brighton & Hove not only with England, but also our local neighbours in the South East and our 'CIPFA' neighbours (ie: localities which are statistically similar in their characteristics).

## 2.22 Table 1 – overarching outcomes

	Improving trend	Static trend	Worsening trend	Trend cannot be calculated
Better than England				
Similar to England				<ul style="list-style-type: none"> <li>Healthy life expectancy at birth – males</li> <li>Healthy life expectancy at birth - females</li> </ul>
Worse than England				
Comparison not available				<ul style="list-style-type: none"> <li>Inequality in healthy life expectancy at birth – males</li> <li>Inequality in healthy life expectancy at birth - females</li> </ul>

Table 2 – Starting Well

	Improving trend	Static trend	Worsening trend	Trend cannot be calculated
Better than England			<ul style="list-style-type: none"> <li>Increase in good level of development at 2/2½ years</li> <li>Year 6 healthy weight is increased</li> </ul>	
Similar to England		<ul style="list-style-type: none"> <li>School readiness: % of children with a good level of development at end of reception - all pupils</li> </ul>		<ul style="list-style-type: none"> <li>Physical activity in children and young people is increased</li> </ul>
Worse than England		<ul style="list-style-type: none"> <li>Immunisation rates increased (MMR two doses by five years)</li> </ul>		<ul style="list-style-type: none"> <li>School readiness: % of children eligible for Free School Meals with a good level of development at end of reception</li> <li>Hospital admissions for self-harm (10-24 year olds) are reduced</li> </ul>
Comparison not available				<ul style="list-style-type: none"> <li>Educational attainment at 16 is increased for all pupils</li> <li>Educational attainment at 16 is increased for children in care</li> </ul>

**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 often/sometimes feel happy

**Static trend:** Having tried cannabis (Year 10-11)

Table 3 – Living Well

	Improving trend	Static trend	Worsening trend	Trend cannot be calculated
<b>Better than England</b>	<ul style="list-style-type: none"> <li>Alcohol related admissions to hospital are reduced</li> </ul>			<ul style="list-style-type: none"> <li>Increase the percentage of adults who travel by walking and cycling at least 3 days per week</li> <li>Reduction in adults who are overweight or obese</li> <li>Virological success in adults accessing HIV care</li> </ul>
<b>Similar to England</b>		<ul style="list-style-type: none"> <li>The percentage of cancers detected at an early stage (Stage 1 or 2) is increased</li> <li>Increase the percentage of physically active adults and reduce the percentage of physically inactive adults</li> <li>Adult smoking prevalence is reduced – all adults and routine and manual workers</li> <li>Prompt antiretroviral therapy initiation in people newly diagnosed with HIV</li> </ul>		<ul style="list-style-type: none"> <li>Gap in overall employment and rate for those with: long-term health conditions; learning disabilities or in contact with mental health services</li> <li>The percentage of adults with low levels of happiness is reduced</li> </ul>
<b>Worse than England</b>	<ul style="list-style-type: none"> <li>Sexually transmitted infections are reduced</li> </ul>		<ul style="list-style-type: none"> <li>HIV testing coverage</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of adults with high levels of anxiety is reduced</li> <li>Emergency hospital admissions for self harm (all ages) are reduced</li> <li>Deaths from suicide and undetermined injury are reduced</li> <li>Drug related deaths are reduced</li> </ul>
<b>Comparison not available</b>				<ul style="list-style-type: none"> <li>Domestic abuse related incidents are reduced</li> </ul>

Table 4 – Ageing and Dying Well

	Improving trend	Static trend	Worsening trend	Trend cannot be calculated
<b>Better than England</b>				<ul style="list-style-type: none"> <li>Percentage of adult carers with as much social contact as they would like is increased</li> <li>Emergency readmission to hospital is reduced</li> </ul>
<b>Similar to England</b>	<ul style="list-style-type: none"> <li>Percentage of deaths occurring at home is increased</li> </ul>			<ul style="list-style-type: none"> <li>Under 75 years mortality rate from cancer considered preventable is reduced</li> <li>Under 75 years mortality rate from cardiovascular diseases is reduced</li> <li>Under 75 years mortality rate from cardiovascular diseases considered preventable is reduced</li> <li>Percentage of adult social care users with as much social contact as they would like is increased</li> </ul>
<b>Worse than England</b>	<ul style="list-style-type: none"> <li>Flu vaccination rate for those aged 65 years or over is increased</li> <li>Flu vaccination rate for those at risk is increased</li> </ul>			<ul style="list-style-type: none"> <li>Under 75 years mortality rate from cancer is reduced</li> <li>Hospital admissions due to falls in people aged 65 or over are reduced</li> </ul>
<b>Comparison not available</b>	<ul style="list-style-type: none"> <li>Permanent admissions to residential and nursing homes are reduced</li> </ul>			

## 2.23 To summarise:

- Our overarching ambition for healthy life expectancy is statistically similar to England.
- Our ambition to reduce inequality across Brighton & Hove is not reflected as a trend because we are waiting for ONS population data, and there is no comparator to England as this reflects local inequalities.



## Starting Well

- For the indicators where we can compare to England, we compare poorly for: school readiness and a good level of development at the end of reception for children eligible for free school meals; MMR immunisation rates; and, hospital admissions for self harm in 10-24 year olds.
- We perform significantly better than England for a good level of development at 2½ years, and year 6 healthy weight, however, we can see a worsening trend in these indicators.
- In our local indicators, for which there is no England comparison, we have: improving trends in the percentage of pupils who are smoking or trying alcohol; we show no improvement reducing the percentage of pupils who try cannabis; and, we have a reduction in the percentage of pupils who feel happy.

## Living Well

- For most indicators in this section it is not possible to provide trend data.
- In comparison to England, we are performing well in: reducing alcohol related admissions to hospital; reducing percent of adults who are overweight or obese; increasing active travel (walking and cycling); and, virological success for HIV treatment.
- We are improving our sexually transmitted infection rate but are still performing poorly compared to England.
- The data suggest that we have a worsening trend for HIV testing coverage at our sexual health service. However, it should be noted that this is affected by including all presentations to the sexual health service, not just the eligible population. Where data are broken down by gender and men who have sex with men (MSM) we compare very favourably to England rates.

## Ageing Well and Dying Well

- It is not possible to show trend data in all cases, but we compare well to England for both the percentage of adult carers increasing social contact, and reducing emergency readmissions to hospital.
- Hospital admissions due to falls, and under 75 mortality from cancer compares poorly to England rates.
- Although our flu vaccination rates also compare less well to England rates, we are improving uptake and meet the threshold targets for vaccination coverage in over 65 year olds.

## City-wide approach to monitoring the JHWS and receiving updates on the outcome measures.

- 2.22 At the Health and Wellbeing Board in November, the Board opted to receive updates on the JHWS outcome measures at each Board meeting, rather than as a single annual update. This would take the form of focussing on one of the 4 'Wells' areas at each meeting.

- 2.23 The rationale for this was to enable the inclusion of a brief narrative of the specific 'Well' area to provide a more integrated city-wide understanding of the outcomes and the action in place to improve them. This will provide assurance to the Board that local programmes such as the Shared Delivery Plan and other local strategies are addressing the outcomes where there is the greatest need for improvement. It will also provide an opportunity for Board members to consider if more needs to be done in these areas.
- 2.24 In recognition of the revised membership of the Health and Wellbeing Board this paper supplies an overview of all four 'Wells' to introduce the JHWS and outcome measures. The Board is now asked to advise if they would like to receive reports on a more regular basis going forward, as stated in 2.22, starting with Starting Well in November 2023.

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

Legal:

- 3.1 The Health and Wellbeing Board has a duty to prepare and oversee the Health and Wellbeing Strategy

Lawyer consulted: Sandra O'Brien      Date 30 June 2023

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. There are no direct financial implications from this report. The strategies operate within the resources available.

Finance Officer consulted: Sophie Warburton      Date: 30/06/2023

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 Health Wellbeing Strategy 2019-2030.pdf](#)

Appendix 2:



JHWS indicators  
UPDATE 22052023 V







Brighton & Hove  
**SAB**  
 Safeguarding  
 Adults Board

# Brighton & Hove Safeguarding Adults Board Annual Report 2022-23





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## A Message from our Independent Chair

I am very pleased to introduce my second Annual Report as Independent Chair of the Brighton and Hove Safeguarding Adults Board (BHSAB). This year's report details the work carried out during 2022-23 to improve services for vulnerable people in Brighton and Hove during a period of continued challenge for both the Board and our partner agencies.

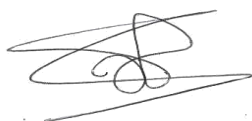
Despite these challenges I am pleased to say that the BHSAB has been able to deliver on many of our objectives over the last year. We held our first BHSAB Development Event where we examined our progress to date and agreed our future priorities, leading to the publication of our new strategic plan for 2022-25. A new BHSAB Constitution was developed that improves governance and accountability processes and new members have joined both the full board and some of our subgroups. These actions strengthen the knowledge base and diversity of the Board.

Other achievements you will find in the report include developing and updating learning resources that take in existing pan-Sussex SAB Protocols, as well as a range of audio and visual guidance on topics such as Professional Curiosity, Making Safeguarding Personal, Modern Slavery, and learning from reviews.

The two Safeguarding Adults Reviews (SARs) we published during 2022-23, 'Andrew' and a Thematic Learning Review, cut across many safeguarding themes. These include multi-agency information-sharing and communication, knowledge and application of relevant policies and procedures, the challenges around supporting women with multiple and compound needs, and the need for a systemic trauma-informed approach. The learning from both these reviews are being taken forward through wide-ranging and comprehensive Action Plans.

Reduced staffing capacity has meant that we haven't been able to achieve all of the identified aims and as our SAR activity continues to increase we acknowledge that there is more to do this coming year.

Finally I would like to acknowledge the engagement and continued commitment of all our partners for their ongoing work on behalf of the board.



**Annie Callanan**

**Independent Chair, Brighton and Hove Safeguarding Adults Board**

## A Message from Healthwatch

I am very pleased to provide commentary on this Annual Report, my first since being appointed as Chief Executive of Healthwatch Brighton and Hove in March 2023.

Healthwatch Brighton and Hove has continued to work closely with the Brighton and Hove Safeguarding Adults Board (BHSAB). Over the last year, our Healthwatch representative, Brigid Day, has continued to act in the capacity of Chair of the Safeguarding Adults Review subgroup (SAR) which reports into the BHSAB. Brigid has demonstrated excellent leadership and collaboration and her role ensures independent scrutiny of the Group's work.

The SAR group has seen an overall trend of increased activity 2022-23 with a total of 7 SAR referrals.

This report underpins the critical work of the SAB supporting both city-level and Sussex-wide priorities to tackle health inequalities, reach those communities most at risk of poorer health outcomes and support those who are most vulnerable. It supports the Brighton and Hove Joint Health Wellbeing Strategy (2019-2030) aim that *"We want everyone to be safe from avoidable harm, taking particular care of our most vulnerable residents."* The Brighton and Hove Health and Care Partnership Executive Board has also prioritised children and young people and people living with multiple compound needs.

Healthwatch, therefore, supports the four specific priorities identified in this report, notably to *"Continue to develop the membership and work of the SAB to ensure it includes appropriate representation from adults, communities, professionals, and agencies involved in safeguarding to enable effective organisational change."* And that the *"The Brighton and Hove Safeguarding Adults Board have already identified that areas such as transitions and working with those who have complex and multiple needs, which primarily include younger adults, are priorities and we will continue to work with partners agencies to take this work forward in 2022-23."*

Healthwatch will continue supporting the role of the SAR and BHSAB by sharing what we are hearing from the vulnerable people and communities we engage with through our work.

The Brighton and Hove Safeguarding Adults Board continues to provide excellent leadership, coordination, and a focus for partnership to promote high standards of safety and quality in health and social care in our city. We fully support this Annual Report.

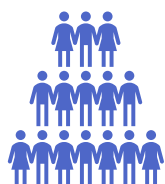


**Alan Boyd**

**Chief Executive Officer, Healthwatch Brighton and Hove**



## About Us



Brighton and Hove is a city and unitary authority in the South-East of England. It is home to 277,200 people (from the 2021 census). This is an overall increase of 1.4% from 273,400 in the 2011 Census, which is lower than the national average population increase of 6.2% across England.

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The most significant increase in population in the city has been in older age groups. The 48 to 62 age group has seen the largest increase, having increased by 32% (13,800 people). The number of adults aged 65 years and over has increased by 9.2% (3,300 people).

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There are an estimated 18,000 residents aged 75 or older, of which 59% (10,500 people) are female and 41% (7,400 people) are male. By the age of 90 or older the difference is more than two to one with 1,500 female (68%) to 700 male (32%) residents.

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According to the 2021 Census more than a quarter of residents are BME (non-White UK/British). Other White residents (26,812 people) are the largest BME group, one in ten of all residents (10%) and more than a third of BME residents (37%). Residents of mixed ethnicity (13,228 people) and Asian/Asian British residents (13,217 people) each make up one in twenty of all residents (4.8%). Black/Black British (5,458 people, 2.0%) and Arab (3,049 people, 4.2%)

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According to the 2021 Census, at least one in ten adults aged 16 or older (11%, 25,247 people) identified as gay or lesbian, bisexual or another sexual orientation. The highest proportion in any upper tier authority in England.

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In 2021 there are estimated to be 141,000 female (51%) and 135,400 male (49%) residents in the city. Apart from in the age range 19 to 21 (which is influenced by the student population) there is a relatively even distribution of males and females across all ages up until the age of 75 years.

The Brighton and Hove Safeguarding Adults Board (BHSAB) is a multi-agency statutory partnership that provides leadership and strategic oversight of adult safeguarding work across Brighton and Hove. There is a strong focus on working in partnership, and on a pan-Sussex basis where possible, to develop consistency across adult safeguarding arrangements.

Under the Care Act 2014 Safeguarding Adult Boards have three statutory duties; these are to publish both a Strategic Plan and an Annual Report as well as to arrange for Safeguarding Adult Reviews to be undertaken when the necessary criteria is considered to have been met. This is the eighth Annual Report that has been published by the BHSAB since the Care Act was introduced and it is for the period from 1st April 2022 to the 31st March 2023.

#### **Our Statutory Partners:**

- **Brighton and Hove City Council**
- **Sussex Police**
- **NHS Sussex**

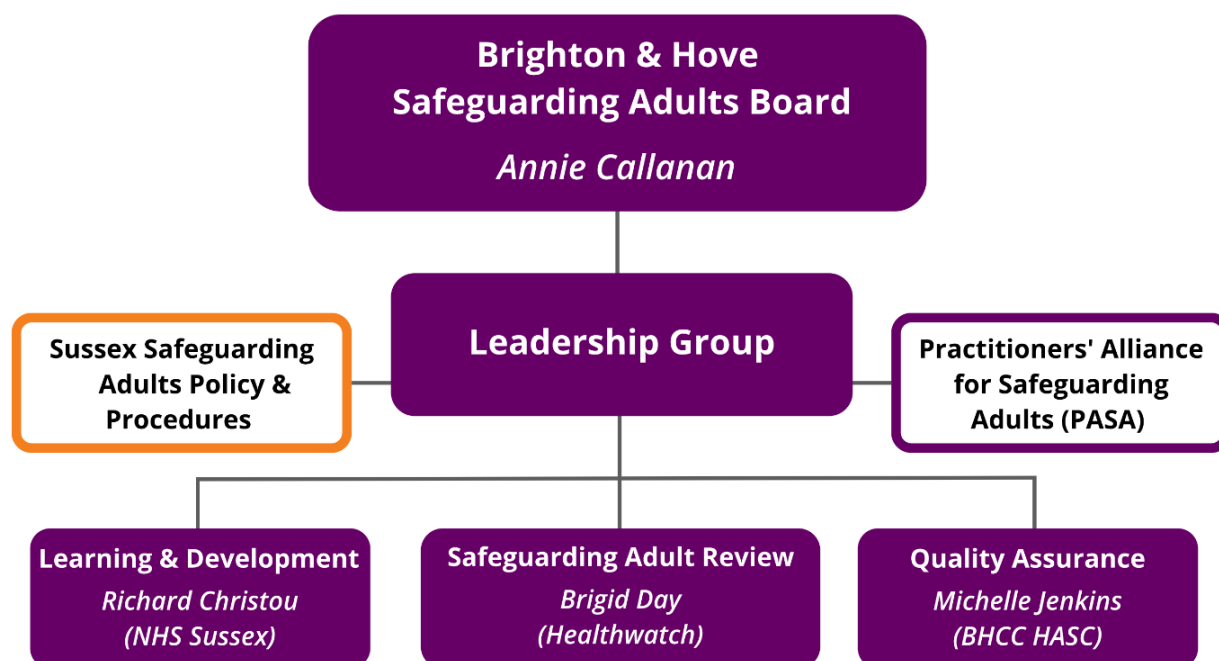
#### **The further partners of the Board are:**

- **University Hospitals Sussex NHS Trust**
- **East Sussex Fire and Rescue Service**
- **Healthwatch Brighton and Hove**
- **National Probation Service**
- **South-East Coast Ambulance Service NHS Foundation Trust**
- **Sussex Community NHS Foundation Trust**
- **Sussex Partnership NHS Foundation Trust**
- **Department of Work and Pensions**
- **Bridging Change**
- **Voluntary and Community Sector representation (represented by the Practitioners' Alliance for Safeguarding Adults)**
- **Brighton and Hove Safeguarding Children Partnership**

#### **In addition, the Board maintains links with the following:**

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

## Our Structure



## Our Priorities

The BHSAB's previous three-year Strategic Plan concluded at the beginning of this year. A Development Day Event was held with our partners to identify the issues and priorities for the partnership over the next three years, and this has formed the basis of the new BHSAB Strategic Plan.

This is the BHSAB's third Strategic Plan and will cover the period from 2022-25, whilst also being updated as required to reflect emerging themes and challenges. The first BHSAB Strategic Plan, from 2016-2019, embedded and tested compliance against the Care Act 2014. The second Strategic Plan, from 2019-2022, built on these foundations and broadened the focus of the SAB with six wide-ranging priority areas identified.

In this third Strategic Plan four specific priorities have been identified that are based on the previous priorities but seek to reduce overlap and duplication. There are four objectives in each priority area with the priorities having been identified by the multi-agency partnership through several processes. These include the SAB Development Day Event, the pan-Sussex Self-Assessment and Peer Challenge in 2021, as well as learning from BHSAB activities such as SARs and multi-agency audit processes.

## **Accountability and Leadership**

- Ensure there are effective and broad governance arrangements in place so that all Board members understand their roles and responsibilities under the Care Act 2014.
- Continue to develop, and review, relevant policies, procedures, and processes to support consistent and current safeguarding practice.
- Develop and strengthen arrangements with other Boards and Partnerships to share information and effectively respond to safeguarding themes, issues, and emerging trends.
- Ensure clear and transparent annual budget plans are in place for all SAB activities to enable the work of the Board to be undertaken.

## **Performance and Quality**

- Ensure learning from SAB activities such as SARs, other reviews, and multi-agency quality assurance audits is effectively communicated and embedded into practice to facilitate organisational change.
- Ensure there are effective quality assurance mechanisms in place to hold partners to account for safeguarding practice.
- Ensure effective arrangements are in place for the commissioning and undertaking of SARs to ensure these are proportionate, focused, and timely, following national guidance so as to shape learning and continuous improvement.
- Ensure the use of multi-agency safeguarding data to identify themes, issues and to respond to emerging trends which can then be used to influence future priorities and effect change where required.

## Promotion and Engagement

- Continue to develop the membership and work of the SAB to ensure it includes appropriate representation from adults, communities, professionals, and agencies involved in safeguarding to enable effective organisational change.
- Ensure that communication and engagement strategies are easily accessible and consider the diversity of local communities and reflect changing demographics.
- Develop a culture where all professional and agencies identify and respond to safeguarding issues effectively, using a preventative approach and engaging the adult and/or their representative appropriately about how best to progress concerns and achieve their desired outcomes.
- Support in the development of multi-agency safeguarding arrangements in response to increasing complexity of need and multiple disadvantage; including transitions, exploitation, and trauma-informed approaches.

## Integration and Workforce Development

- Continue to work with partner agencies to identify and develop a range of effective multi-agency learning resources in response to learning from SAB activities, and that promotes equality and diversity.
- Promote awareness of adult safeguarding, including the role and responsibilities of the SAB and SARs, offering professionals across organisations the opportunity to be involved in these activities.
- Explore the development of an updated pan-Sussex Learning and Development Strategy that provides a Sussex-wide approach to sharing training resources and learning from SAB activities.

The BHSAB has also developed three areas of focus that are derived from our strategic priorities. These link to the strategic priorities but are specific initial areas of focus identified by partner agencies that the SAB is seeking to progress.

- 1. Safeguarding those with multiple and intersectional needs.**
- 2. Evidencing and embedding learning from SAB activities.**
- 3. Inclusion, Equalities and Risk**

## **Our Budget**

The Brighton and Hove Safeguarding Adults Board has a pooled budget; Partner agencies contribute to the running of the board financially, and also by chairing and facilitating meetings, providing use of their buildings and facilities, and contributing time and expertise to learning events.

### **Income for 2022 - 2023**

Brighton & Hove City Council	£86,000
Sussex Police	£22,610
NHS Sussex	£26,600
<b>Total</b>	<b>£135,210</b>

The board carried forward some of the Brighton & Hove City Council and third-party income into the 2022/23 budget, with some again carried forward to 2023/24. There were significant expenses incurred during the previous year, principally review costs, which remain significant.

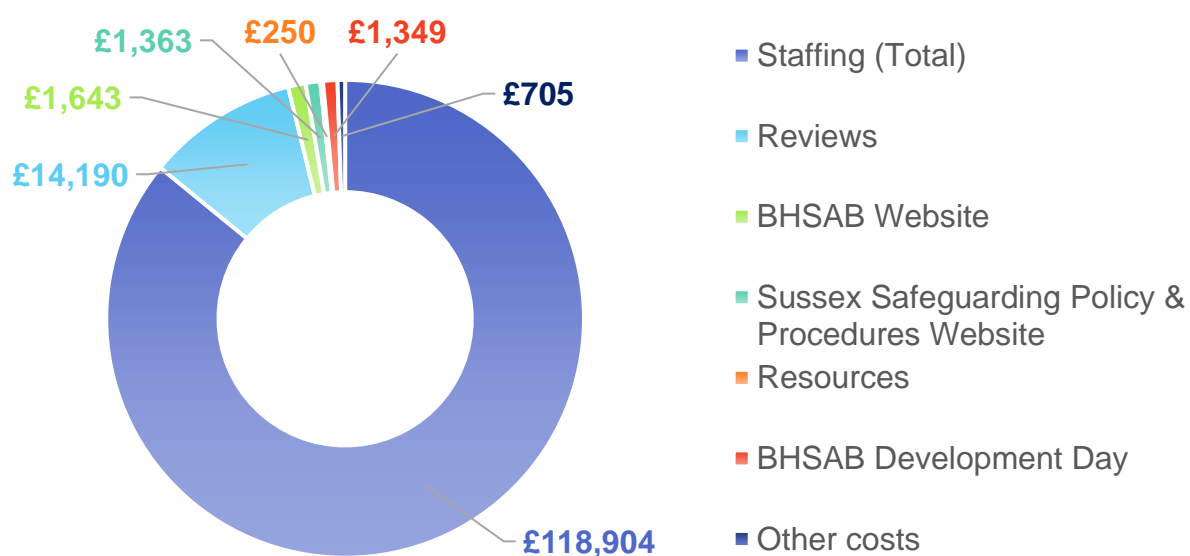
**During 2022-23 the overall number of visits to our Brighton and Hove**

**Safeguarding Adults Board website was 6,995.**

**In comparison with 2021-22 this was an increase of over 10%**

## Expenditure in 2022 - 2023

Item	Subtotal	Total
Staffing		£118,904
<i>Business Manager</i>	£67,612	
<i>Administrator</i>	£25,135	
<i>Quality Assurance / Learning &amp; Development Officer</i>	£17,157	
<i>Independent Chair</i>	£9,000	
Safeguarding Adult Reviews		£14,190
<i>Craig SAR</i>	£4,361	
<i>Charlie SAR</i>	£2,250	
<i>Thematic Learning Review</i>	£7,579	
BHSAB Website		£1,643
Sussex Safeguarding Adults Policy & Procedures Website		£1,363
<i>Annual Licence</i>	£883	
<i>Development Costs</i>	£480	
BHSAB Development Day		£1,349
Resources		£250
Other costs		£705
<i>Sundry costs</i>	£97	
<i>Apprenticeship levy</i>	£409	
<i>Mobile costs</i>	£199	
<b>Total</b>		<b>£138,404</b>



## Our Achievements

### Accountability and Leadership

During 2022-23 the BHSAB has made significant progress in respect of governance arrangements. A Development Day Event was held with partners, with an independent facilitator, to review the work of the board over the past three years and to establish future priorities. A new Strategic Plan has been published based on the outcomes from this, as well as learning from other activities.

Updated work plans based on the new Strategic Plan have been developed for each of the subgroups of the BHSAB to ensure that the four strategic objectives are aligned and progressed through specific tasks. The establishment of the BHSAB Leadership Group enables increased involvement from the Chairs of the subgroups in strategic decision-making and workflow between the various subgroups.

An updated BHSAB Constitution has been published that replaces the previous Constitution. This establishes clear governance arrangements in respect of the BHSAB's role and responsibilities in the local system, the role of the Independent Chair, expectations on board partners and subgroup members, as well as dispute resolution and complaints processes.

The BHSAB has continued to work with our SAB colleagues and partners across Sussex in developing, reviewing, and updating the Pan-Sussex SAB Protocols to ensure leadership and consistency around adult safeguarding arrangements. We have continued to develop pan-Sussex SAB learning resources, which includes podcasts, videos, learning briefings, posters, and a leaflet.

### Performance and Quality

The BHSAB has continued to progress our multi-agency audit programme with the Role of the Lead Professional Audit concluded and the learning from this contributing to other SAB activities. A multi-agency audit has also been undertaken into transitions and trauma based on one of the recommendations made in our Thematic Learning Review.



There is a detailed section on SARs further on in this Annual Report but in summary the BHSAB has published two SARs during 2022-23. The first, Andrew, is a desktop Executive Summary with the second a wide-ranging and comprehensive Thematic Learning Review. A SAR has been jointly commissioned with the East Sussex SAB and there is one further review currently in progress. The BHSAB is focusing on working with our partner organisations to share the learning and progress the recommendations made in these reviews.

The BHSAB has continued to develop and update learning resources and during 2022-23 this has included reviewing and updating existing pan-Sussex SAB Protocols as well as producing guidance on topics such as types of abuse and neglect, how to raise safeguarding concerns, Making Safeguarding Personal, and the Mental Capacity Act to support professionals working across the system.

The BHSAB has attended a range of webinars and virtual learning events held by the Local Government Association (LGA), CHIP (Care and Health Improvement Programme), Social Care Institute for Excellence (SCIE) and NHS Sussex. These have been on topics including transitions, homelessness, discriminatory abuse, trauma-informed practice, as well as SARs in Rapid Time and this learning will be integrated into future work to enhance performance and quality.

## Promotion and Engagement

The membership of the full board and our various subgroups and affiliated groups has continued to expand over the last year. This has included a new lay member and a representative from the Department of Work and Pensions joining the full board, the Chair of the Child Practice Safeguarding Review subgroup joining the SAR subgroup, and a new Chair of our Learning and Development subgroup. The membership of the Practitioners' Alliance for Safeguarding Adults has also increased during 2022-23.

We have continued to develop arrangements with the LeDeR (People with a Learning Disability and Autistic people) programme. Closer arrangements are also being developed with the Domestic Homicide Review programme to ensure effective information-sharing and communication across these statutory review programmes.

Case Studies have been introduced to full board meetings this year with board partners and others working across the system delivering short presentations on a range of safeguarding topics that have included trauma-informed practice in working with domestic abuse, safeguarding arrangements for refugees and migrants, and COVID-19 vaccinations for adults with learning disabilities.

The BHSAB have continued to produce a quarterly newsletter that shares not only updates and links to the work of the SAB but also updates from partners and colleagues. The distribution list for the newsletter has continued to increase over the last year.

## Integration and Workforce Development

In response to feedback the BHSAB have produced a range of new 'bitesize' audio-visual learning resources. These 'podcasts' have been developed with board partners on professional curiosity, Making Safeguarding Personal and Modern Slavery. A pan-Sussex SAB podcast has been produced in partnership with our Sussex SAB colleagues on Shared Learning from SARs. A video (adapted from the Norfolk SAB original) has also been produced for adults with learning disabilities and autism on identifying abuse and neglect entitled 'Tricky Friends'.

In addition to updating existing guidance on types of abuse and neglect and how to report safeguarding concerns the BHSAB has collaborated with our Sussex SAB colleagues to produce a pan-Sussex SAB Safeguarding leaflet as well as a range of posters. These are designed to be printed out and raise awareness on types of abuse and neglect, mental capacity and Making Safeguarding Personal, with details of pathways to support concerns being raised appropriately. A Safeguarding Competency framework page has also been developed to support continuing professional development.

The BHSAB has promoted awareness of adult safeguarding and the work of the SAB across the system during 2022-23. This has included presentations and facilitation at meetings and events held by Change Grow Live, Oasis, BHT Sussex, and a multi-agency Acquired Brain Injury Forum.

During 2022-23 there were **1,366** visits to our Pan Sussex Safeguarding Thresholds website page. This is an increase of over **200%** from 2021-22.

## Safeguarding Adults Reviews

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

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

The increased SAR activity seen within Brighton and Hove in recent years has continued during 2022-23. The BHSAB has received seven SAR referrals during the year, the primary issues covering:

- **Exploitation (Cuckooing)**
- **Self-neglect**
- **Organisational neglect**
- **Substance misuse**
- **Mental capacity**
- **Discriminatory abuse**
- **Information-sharing and communication (where adults move between local authority areas)**

In response one SAR has already been commissioned and further information is being gathered in relation to the other referrals. There are two SARs currently in progress, one of which is a joint review arranged with a neighbouring Safeguarding Adults Board, which will be published during 2023-24. A SAR was completed and published following the death of a man with a learning disability and a thematic review undertaken in relation to three women where there were common themes of abuse and neglect. See the boxes below for summaries of these.

The BHSAB has continued to develop our SAR subgroup arrangements over the last year and the group is well attended by the member organisations. The membership of the subgroup has recently increased with the addition of the Chair of the Brighton and Hove Safeguarding Children Partnership (BHSCP) Child Practice Safeguarding Review subgroup. This will enhance information and sharing across the BHSCP and BHSAB, as well as supporting ongoing work in relation to transitions in particular.

The BHSAB has worked together with the other Sussex SABs to produce a learning resource to raise knowledge and understanding of the themes seen in SARs across Sussex and the actions taken in response. We are continuing to develop the expectations and remit for Independent Reviewers to ensure that review reports are

of a sufficient quality and recommendations are specific, measurable, achievable, relevant and time bound.

A process has also been established whereby single-agency quality assurance issues identified in SAR referrals where the eligibility criteria are not met, are passed to the Quality Assurance subgroup for further consideration.

Below are summaries of the two Safeguarding Adults Reviews published during 2022-23.

## **Andrew**

Andrew was a 51-year-old gentleman who had a severe learning disability, in addition to a range of longstanding health difficulties that included existing concerns around nutritional intake and weight loss. He had been living in a local authority residential care home setting for over twenty years but was admitted to hospital after sustaining significant injuries following an assault by another resident. Andrew experienced further illness whilst in hospital and his weight loss continued. On discharge he returned to the Residential Care Home but was readmitted to hospital only ten days later and passed away shortly after this.

A Safeguarding Adults Review (SAR) was commissioned, in the form of a 'Desktop Review' to understand the circumstances leading up to the death of Andrew and to bring together the various investigative and enquiry processes undertaken by individual organisations. The Independent Reviewer grouped their findings into six categories and their conclusions included that the multi-agency post-discharge arrangements, particularly in relation to information-sharing and communication, were insufficient. They made six recommendations that include relevant statutory procedures and processes being reviewed and updated.

The BHSAB published an Executive Summary containing the findings and six recommendations that you can find [here](#). An Action Plan has been developed with partner agencies and is nearing completion.

**Since launching at the beginning of 2022-23 there have been**

**784**

**views of the videos and audio learning resources available on our Brighton and Hove Safeguarding Adults Board YouTube channel.**

## Thematic Learning Review

Mairead, Amy, and Miss C were all young women who had care and support needs and who died from drugs overdoses. There were a number of similar themes in their experiences and abuse and neglect was considered to be a significant factor in their deaths.

A discretionary Safeguarding Adults Review, in the form of a Thematic Learning Review, was undertaken to explore these issues, which included domestic abuse (coercion and control), mental health issues, substance misuse, having children removed from their care, and unstable housing situations.

This comprehensive and wide-ranging review has identified several areas where a review of, or changes to, current approaches may provide better outcomes and improved experiences for vulnerable women locally. These include language and terminology, multiple and compound needs, domestic abuse, and trauma-informed practice.

The review makes twelve learning points and ten recommendations, and these include a clear definition and accompanying terminology for multiple and compound needs, increased standardisation around trauma-informed practice, improved support accommodation options, and a local multi-agency risk management process.

You can find the full review report [here](#) and an Action Planning group is in the process of being established to enable these wide-ranging recommendations to be implemented.

## Our Board Partner's Data

### Brighton and Hove City Council's Health and Adult Social Care (HASC)

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. As part of this framework local authorities have a statutory duty to undertake safeguarding enquiries, or cause others to undertake them, when they think an adult with care and support needs may be at risk of, or experiencing, abuse or neglect. The objectives of an enquiry are to:

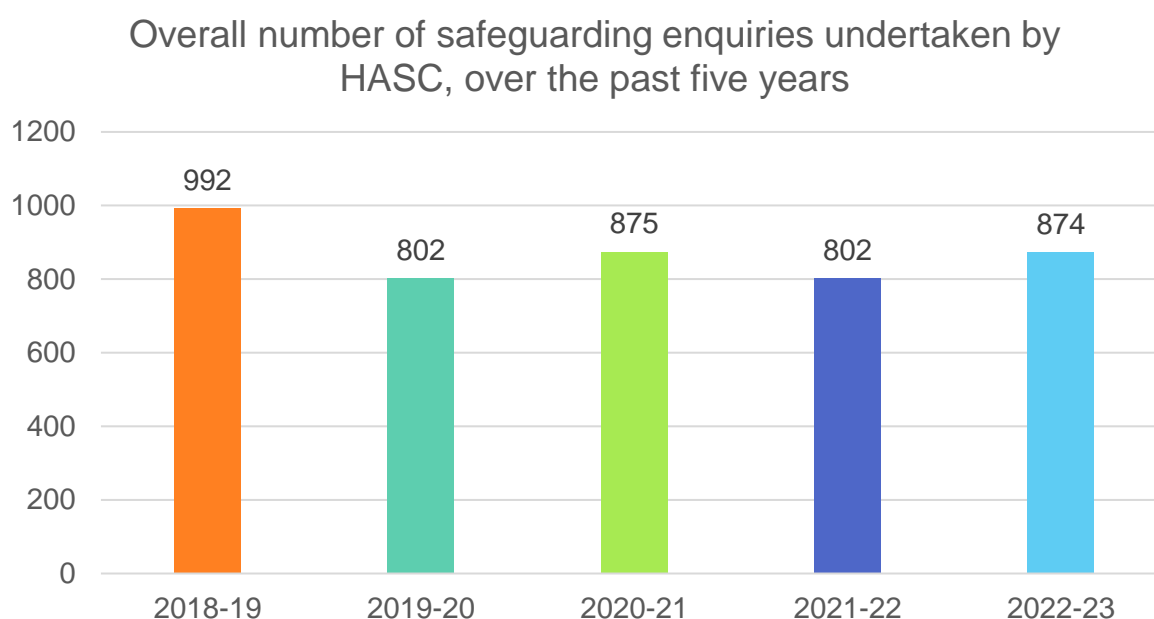
- establish the facts
- ascertain the adult's views and wishes
- assess the adult's needs for protection, support, and redress

- make decisions as to what further action should be taken with regard to the source of the concern, abuse, or neglect
- enable the adult to achieve resolution and recovery

The data provided by Brighton and Hove City Council's Health and Adult Social Care (HASC) reflects statutory safeguarding activity that took place during 2022-23, demonstrating a comparison with last year, and in some areas with previous years, to measure effectiveness, as well as identifying trends and emerging challenges.

The introduction of the Eclipse system means that the data provided by HASC is developing on a year-by-year basis as the opportunity arises for increased and improved analysis. The data analysis completed by HASC and shared with the BHSAB shows that they have provided increased safeguarding responses for people who have not received care and support provision or assessment previously.

During 2022-23, 874 safeguarding enquiries were opened by Health and Adult Social Care (HASC), which is a 9% overall increase upon the number of enquiries opened during 2021-22. The first table shows the overall number of safeguarding enquiries undertaken by Health and Adult Social Care (HASC) over the past five years and since 2019 (where there was a significant rise due to a change in recording processes) the numbers have been broadly consistent with fluctuation of 8-9% year on year.



The table below breaks down the overall number of safeguarding enquiries opened by abuse and neglect category over the past year, and in comparison with the previous year. The new recording system introduced by HASC from the beginning of last year allows more than one category of abuse or neglect to be recorded for each enquiry so the individual numbers total significantly more than the figure for the

overall number of enquiries opened. This reflects that abuse or neglect often relates to more than one single concern and may encompass several issues.

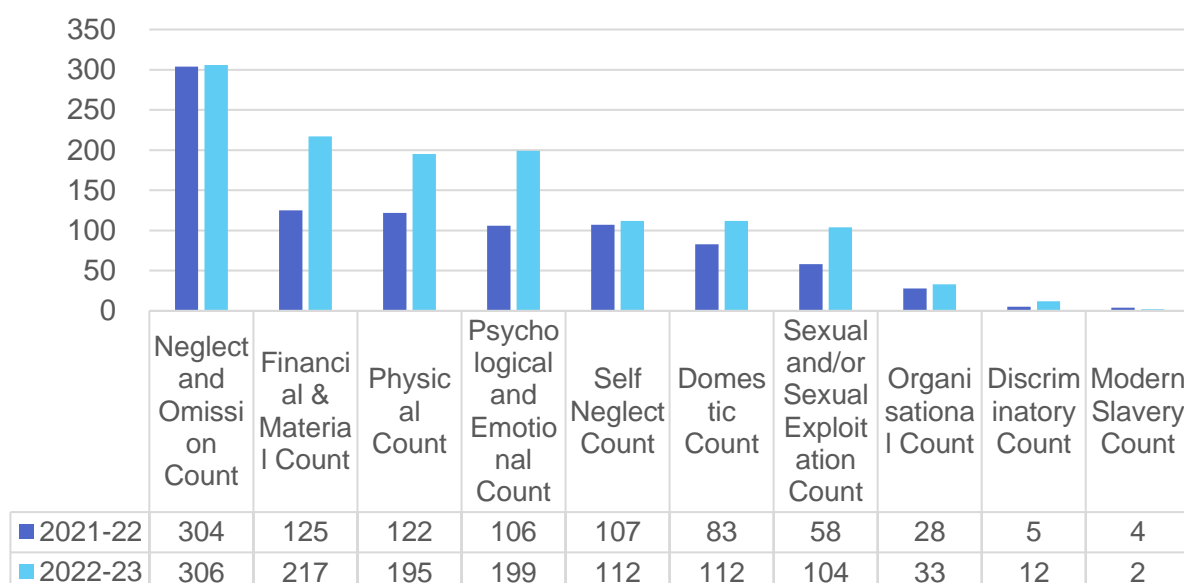
It can be seen that neglect and omission continues to be the category identified most often in safeguarding enquiries that were opened, and that the overall number has slightly increased again during 2022-23. Neglect and omission was a factor in 35%, or just over a third, of the total number of enquiries opened over the past year.

Whilst financial and material abuse continues to be the second highest category recorded the number of enquiries undertaken in relation to financial and material abuse has seen a sizeable increase. The number of enquiries undertaken has increased by 74% from the previous year. This can be seen to reflect Sussex Police data identifying fraud as the highest category of crime and whilst the BHSAB has developed guidance on fraud, scams, and cybercrime this is an area of continuing focus.

The number of enquiries undertaken in relation to physical abuse, psychological and emotional, self-neglect, and domestic abuse have also all increased and following on from neglect and omission and financial material abuse these continue to be the categories where the highest number of enquiries are undertaken.

Despite the work undertaken by the Brighton and Hove Safeguarding Adults Board (BHSAB) to promote modern slavery, with a podcast/video and learning briefing developed with partners, this continues to be the category with the lowest number of enquiries undertaken. The number of enquiries undertaken in relation to discriminatory abuse also remains very low and the SAB will seek to support the work undertaken by the Care and Health Improvement Programme (CHIP) in this area to further develop awareness during 2023-24.

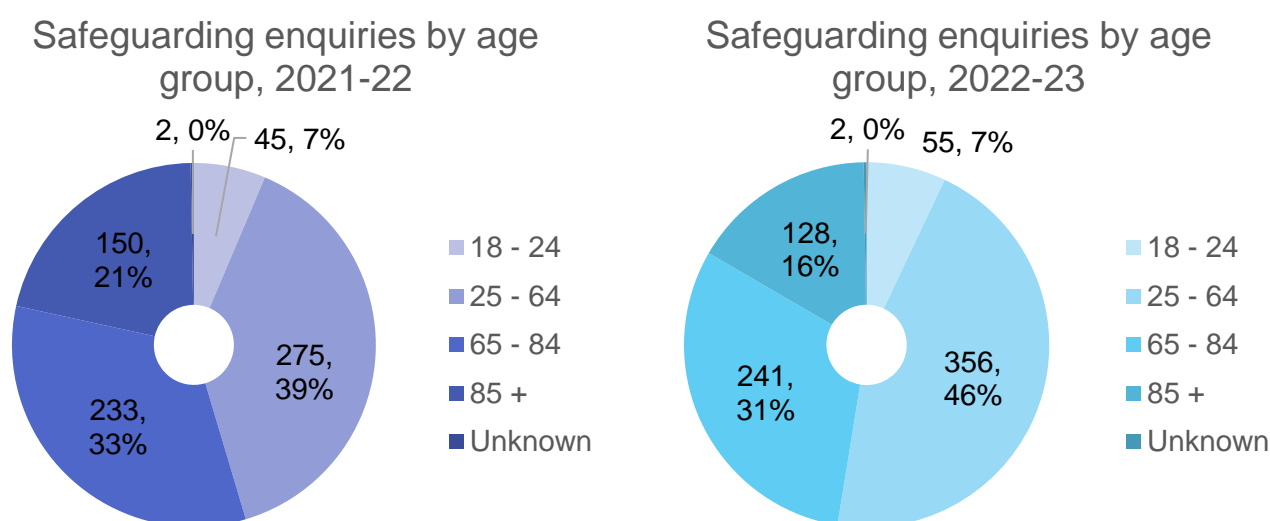
Overall number of safeguarding enquiries opened in 2022-23, by abuse and neglect category, with comparison to 2021-22





The following charts show enquiries undertaken in 2022-23, by age group, alongside those undertaken in 2021-22. It is evident that the proportion of safeguarding enquiries undertaken with younger adults (those aged 18-64) seen last year has continued to increase. The number of enquiries undertaken in relation to those aged 25-64 is the most significant increase, rising by 29% during 2022-23.

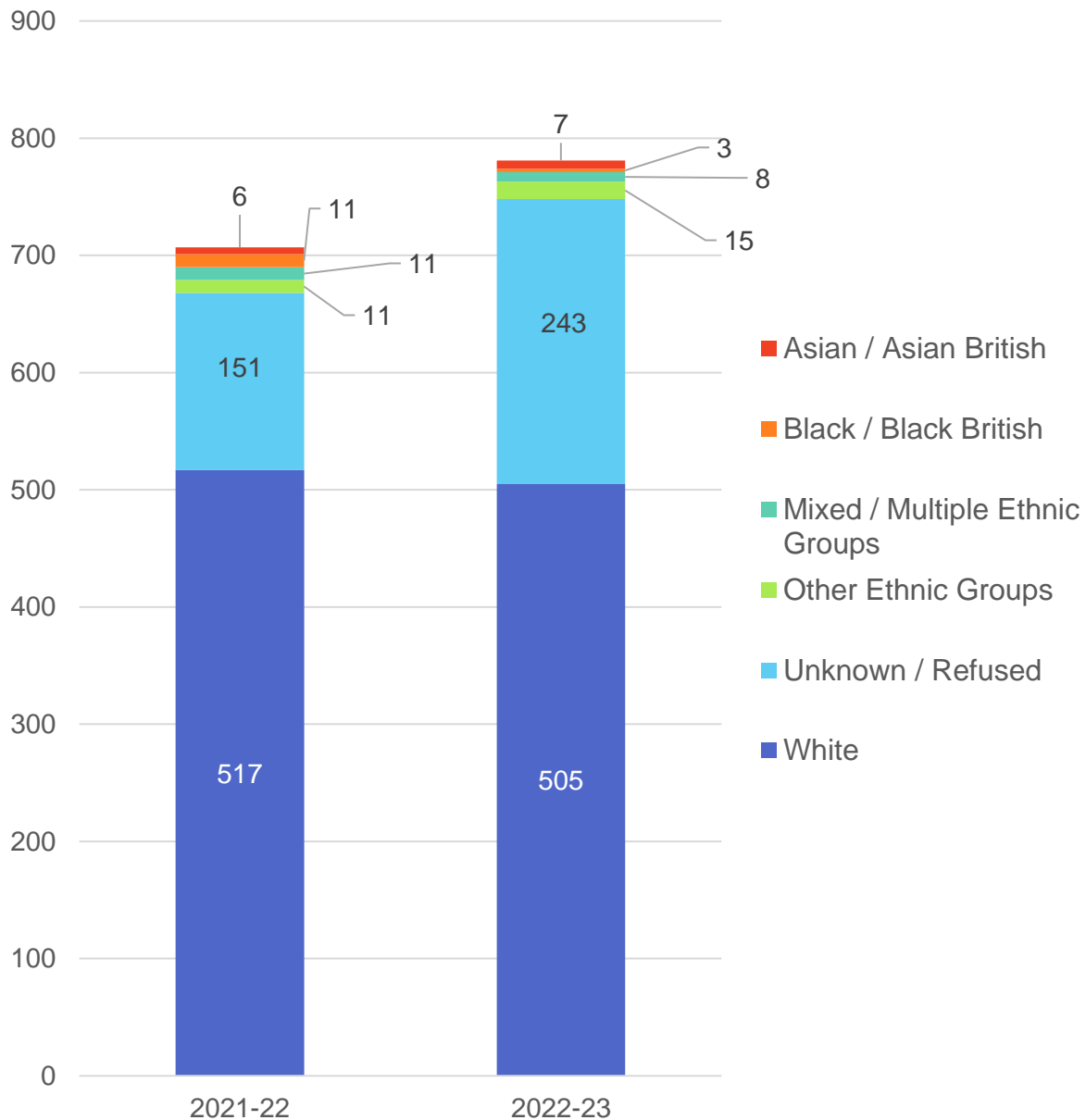
The Brighton and Hove Safeguarding Adults Board have recently published two reviews on younger adults that focus on associated areas, transitions and working with those who have multiple and compound needs. There are various related workstreams being taken forward in response to the learning from these reviews and we will continue to work with partner agencies on these in 2022-23.



This next table shows the number of enquiries opened during 2022-23, shown by ethnicity, with a comparison to the previous year. Whilst those who identified as white continue to represent the highest proportion, this has reduced from 73% last year to 65% this year. Although census data records 85% of the population in the city as white, which could suggest this number is comparatively low, the number of enquiries where ethnicity is not recorded or unknown has increased again. This is the second highest category and now comprises just under a third of the overall total recorded. HASC previously advised they intended to update their processes to support the increased identification of ethnicity in adult safeguarding, with the performance team leading on this in 2023-24 as a priority. This should support with gaining a more comprehensive picture of the number of safeguarding enquiries being undertaken with those from ethnic minorities and where further development need to be targeted in the future. Improved recording of ethnicity and special category data is expected through changes that have been implemented within the eclipse case management system.



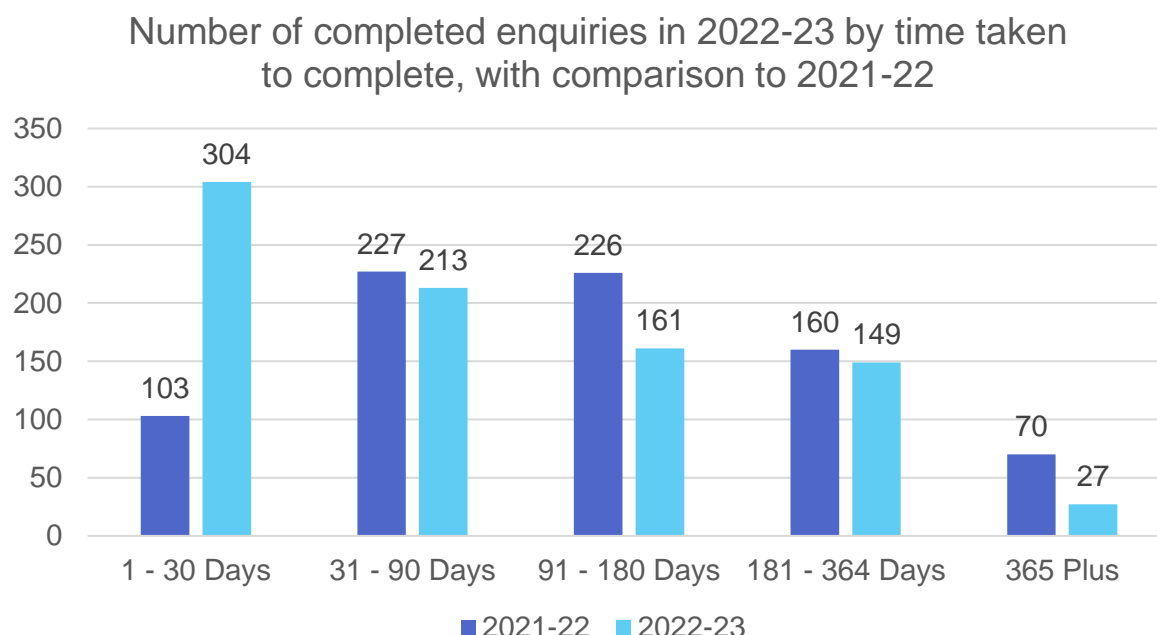
Number of people with enquiries open in 2022-23, by ethnicity, with comparison to 2021-22



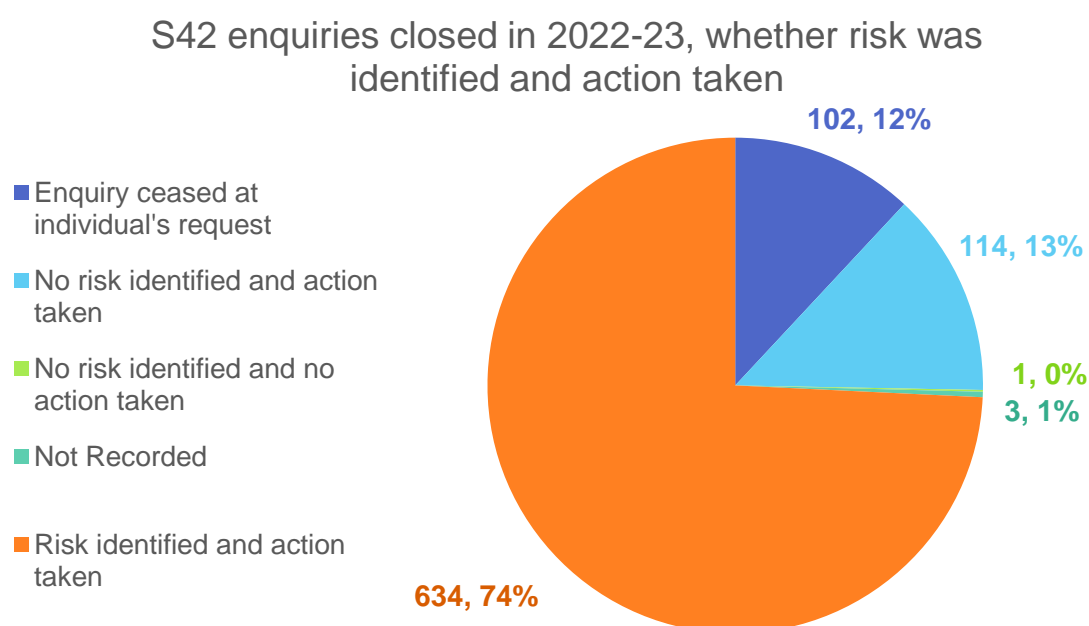
The next chart shows the time taken to complete safeguarding enquiries during 2022-23 in comparison to 2021-22. This shows a significant increase in the number of enquiries closed within a 30-day period, with over a third of safeguarding enquiries in the last year completed within a 30-day period. This is an increase from 2021-22 when only 13% were completed within this timeframe.

There has been a reduction in the length of time taken to complete longer enquiries; there has been a reduction in both the number of enquiries taking between 91 and 180 days to complete, the number of enquiries taking up to a year to complete, and the number of enquiries which took longer than a year to complete. This number has

reduced from 9% in 2021-22 to just over 3% in 2022-23 and these figures support an improvement in the timeliness of the statutory enquiries being undertaken.



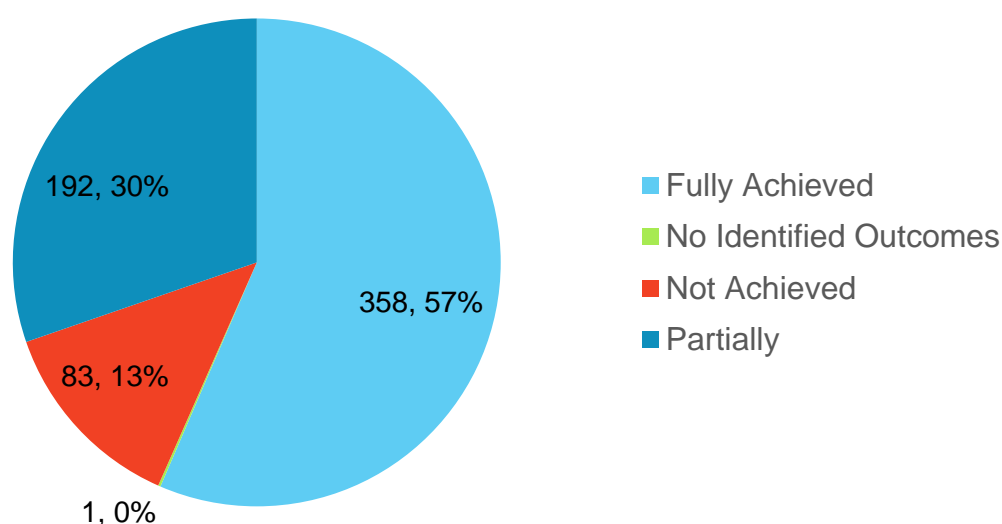
In the below chart HASC have recorded the proportion of safeguarding enquiries where risk was identified. From the total number of enquiries closed during 2022-23 (854) in 74% of these completed enquiries it is considered that there was risk identified and action taken in response. This is a slight increase of 4% from the previous year but broadly similar. Two areas of change worth noting are the number of enquiries closed at the individual's request, which has risen from 7% to 12%, and the number of enquiries where no risk was identified and no action was taken which has reduced from 11% to a single enquiry.



Making Safeguarding Personal (MSP) is central to adult safeguarding and continues to be an area of focus for the BHSAB. As such it is crucial that individuals are asked what outcomes they would like from a safeguarding enquiry and that achieving these is a key element of the enquiry.

Data collection in this area has changed in the last year so a direct comparison cannot be made. However, the chart below shows that in safeguarding enquiries that were opened where risk was identified and actions taken in response to this risk (which occurred in 634 of the 854 enquiries) the number of people who felt their outcomes were fully achieved was rounded to 57%. The number of individuals who felt their outcomes were partially achieved was 30% with 13% feeling their outcomes had not been achieved. There is a significant reduction from last year in the number of people not identifying any outcomes, which reduced from 126 to 78 this year, looking across all risk and outcome categories.

Outcomes from S42 enquiries closed in 2022-23,  
where risk was identified and action taken



HASC now report safeguarding performance via quarterly corporate key performance indicator (KPI), which is the percentage of safeguarding enquiries that fully or partially achieved their desired outcomes. This reflects practice where enquiries fully or partially achieved the person's identified outcomes. Latest available data shows that in 2021/22 the nearest statistical neighbour (CIPFA) average was 80.7%, the national average was 78%, the South-East average was 78.9%. Brighton and Hove's equivalent performance at that time was 76.6%, improving since to 81.4% and this includes the change to more robust practice which reflects the commitment to making safeguarding personal and ensuring quarterly corporate oversight.

HASC have improved focus and performance monitoring and reporting (monthly) on the number of fire safety service referrals made across operational areas including the Carelink Service. There are ongoing efforts with East Sussex Fire Service

working together as partners together to develop communication and performance on referrals awareness and completion. This will continue to be monitored by the directorate and further increased performance sought.

## **NHS Sussex (Integrated Care Board)**

NHS Sussex (also known as the local Integrated Care Board or ICB) became an organisation on 1st July 2022, taking on the commissioning functions previously carried out by the Clinical Commissioning Group<sup>1</sup> (which ceased to exist thereafter) and has continued to work alongside both statutory and the wider Safeguarding Adults Board to safeguard the local population. NHS Sussex is represented on all subgroups, and the leadership group, and continues to chair the Learning and Development Sub-Group.

In addition to fulfilling its statutory obligations, as per the NHS: Safeguarding accountability and assurance framework<sup>2</sup>, during the 2022-23 year, NHS Sussex have continued to undertake a number of actions to support strengthening safeguarding practice and arrangements across Brighton & Hove health landscape.

Some notable highlights this year have included:

Mental Capacity Act Reforms / Liberty Protection Safeguards (LPS) Readiness: In anticipation of the implementation of the Mental Capacity (Amendment) Act

- **Mental Capacity Act Reforms / Liberty Protection Safeguards (LPS) Readiness:** In anticipation of the implementation of the Mental Capacity (Amendment) Act 2019: Liberty Protection Safeguards<sup>3</sup> NHS Sussex set up a Sussex Wide LPS implementation Board, chaired by the Chief Nursing Officer, and a system wide LPS steering group. This was designed to be a supportive forum as well as bringing together Integrated Care System<sup>4</sup> colleagues across Sussex to coordinate and plan the implementation for the revised legislation across the local health economy.
- At the end of the 2022-23 year (April 2023), the Government announced that the delay to the implementation of the Liberty Protection Safeguards would be beyond the life of this Parliament. NHS Sussex remains committed in supporting to ensure that there is an appropriate understanding and implementation of the Mental Capacity Act within health settings, leading to improved patient experiences and outcomes. A number of training webinars regarding use of the Mental Capacity Act, using real case studies on putting theory into practice, have been scheduled to be held in 2023-24. Members of

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<sup>1</sup> NHS Sussex - Sussex Health and Care ([ics.nhs.uk](https://ics.nhs.uk))

<sup>2</sup> NHS England » Safeguarding children, young people, and adults at risk in the NHS: Safeguarding accountability and assurance framework

<sup>3</sup> Mental Capacity (Amendment) Act 2019: Liberty Protection Safeguards (LPS) - GOV.UK ([www.gov.uk](https://www.gov.uk))

<sup>4</sup> Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

the Sussex wide LPS Steering Group have also agreed a change to its Terms of References, becoming the Sussex Wide MCA Steering Group moving forward.

- **NHS Sussex Safeguarding Fortnight:** During Q3 2022-23, NHS Sussex delivered a fortnight of multi-agency learning events covering a wide range of topics including learning from statutory reviews, exploitation, domestic abuse, and trauma informed care.

The events reached approximately 1,165 attendees across the twelve sessions with representation from 120 different organisations (including from statutory, voluntary and the independent sector). Feedback from the fortnight indicates that the sessions were very well received, with attendees reporting that they were taking forward the related learning to embed into practice.

- **Revised Local NHS Sussex Safeguarding Arrangements (Place Based Leadership):** In consideration of the breadth of the revised organisational geography of NHS Sussex (when compared to the former individual CCGs) and in recognition of bespoke local safeguarding issues within Sussex, changes were made through the implementation of ICB 'place-based' Safeguarding leadership to support the system safeguarding work<sup>5</sup>.

Since Q3, there has been dedicated Designated and Named Safeguarding Professionals for Safeguarding Adults for Brighton & Hove. These have enabled our Safeguarding Professionals to work more consistently alongside multi-agency partners in identifying and support the development of local safeguarding needs, whilst maintaining the benefits of continuing to work as part of the wider Sussex system (such as sharing best practice / relevant learning from across the Integrated Care System).

- **Raising awareness of Serious Violence and Exploitation:** During Q4 2022-23, NHS Sussex hosted a virtual conference including sessions on 'cuckooing', tackling serious and organised crime and 'honour-based' abuse. The conference was very well attended by a wide range of professionals and has been well evaluated, with learning being shared and developed into practice.

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<sup>5</sup> [NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](#)

## Sussex Police

### Fraud

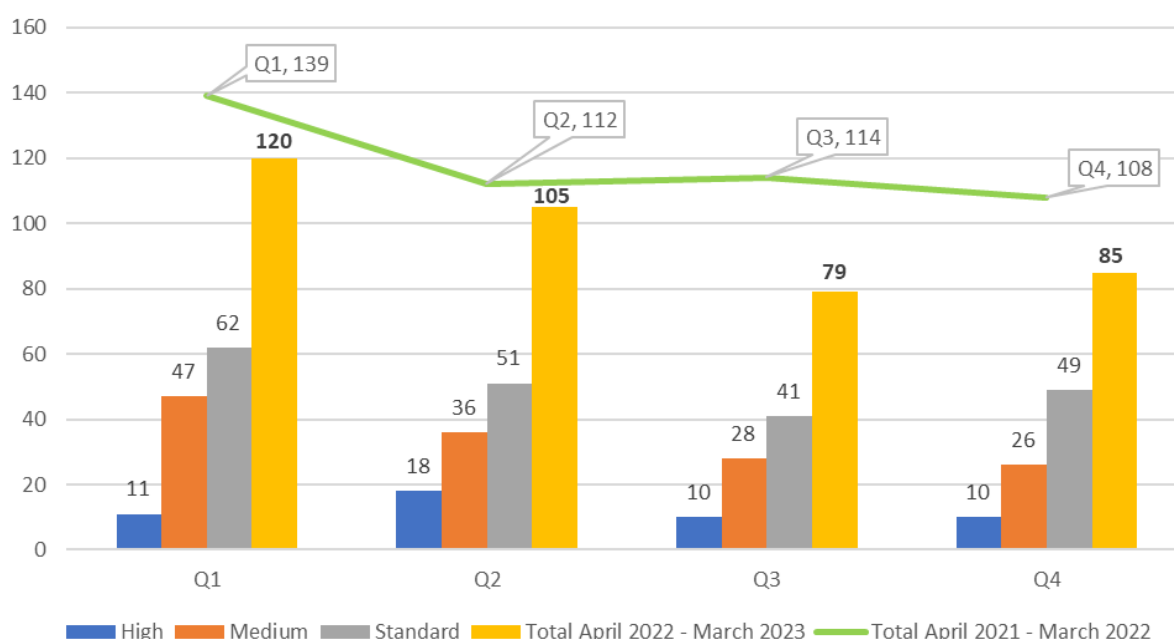
Operation Signature ensures that all vulnerable fraud victims receive a visit from a uniformed officer or PCSO, who provides reassurance, advice, and support, and makes referrals to, or signposts, other agencies who can help.

The data used in this report is taken from the Sussex Police Fraud Power BI dashboard. SCARFs (single combined assessment of risk forms) as part of Op Signature. In order to focus on vulnerable victims, this report uses Op Signature data unless stated otherwise.

As Sextortion is technically a 'blackmail' and not a fraud, this has not been included within the Brighton and Hove overview demographic data. This is to give a more accurate vulnerable fraud victim profile so it would not be adversely affected due to the inclusion of non-fraud data.

The data period in this report is inclusive of data between April 2022 – March 2023. There is also data from April 2021 – March 2022 included within this report, when comparing trends.

**Brighton & Hove Operation Signature Cases by Risk Level:  
April 2022 – March 2023 with Line Comparison for 2021 - 2022**



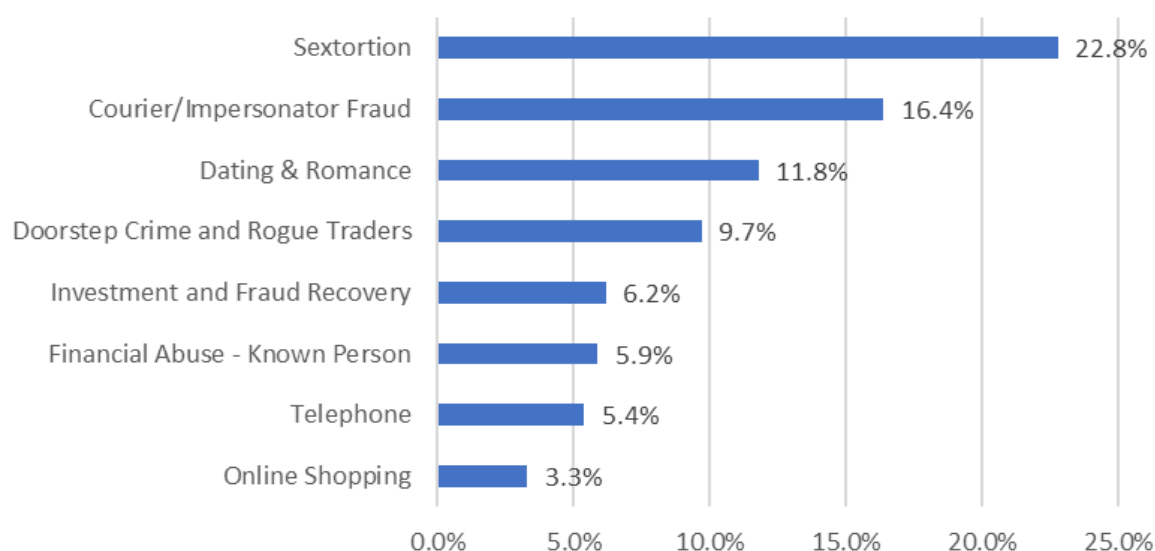
Op Signature cases in Brighton and Hove declined by 17.8% between April 2021 – March 2022 and April 2022 – March 2023. There was a slight increase in cases between Q3-2022-2023 and Q4-2022-2023 (6 actual cases, 7.6% increase).

Analysis of data between April 2022 – March 2023, identified that high-risk cases peaked in Q2, but declined in Q3 with a 0% change in the number of high-risk cases in Q4. Medium risk cases were the only risk level cases that continually declined

between Q1 and Q4. Standard risk cases decreased between Q1 and Q3, but increased slightly in Q4 (19.5%, 8 actual).

The total amount lost between April 2022 – March 2023 in Brighton and Hove was £20.17 million. This is a decrease in the total amount lost compared to April 2021 - March 2022 which recorded a loss of £23.05 million.

### Types of Fraud in Brighton and Hove: April 2022 - March 2023



In Brighton and Hove between April 2022 – March 2023, the most frequent types of fraud were Sextortion, Courier/Impersonator Fraud, and Dating & Romance Fraud. In comparison to April 2021 – March 2022, the top 3 frequenting fraud types differed to that of the last year; Courier/Impersonator Fraud was the most frequent fraud type (April 2021 – March 2022), followed by Dating and Romance Fraud, and Doorstep Crime and Rogue Traders.

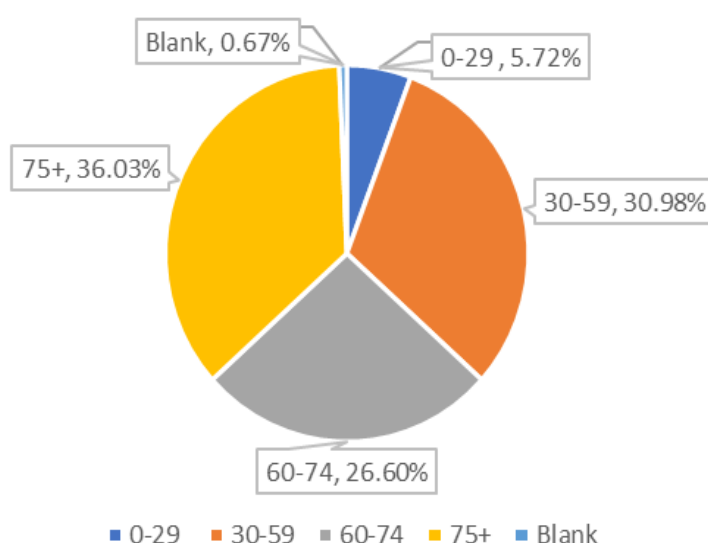
It is notable, that Sextortion which was the 4<sup>th</sup> most frequent fraud type in April 2021 – March 2022, but increased to the most frequent fraud type the following year (April 2022 – March 2023). The number of sextortion occurrences more than doubled between the two years, increasing by 122.5% - from 40 actual occurrences in April 2021 – March 2022, to 89 occurrences in April 2022 – March 2023. Nationally, there has been a significant increase in suicides in victims of this crime type, whilst the offence should be recorded as blackmail, it has been agreed to treat them as a vulnerable fraud victim, for the safeguarding visit purpose. Sextortion is a form of blackmail where a perpetrator threatens to reveal intimate images of the victim online unless they give in to their demands – these demands are typically for money or further images. Criminals might befriend victims online by using a fake identify and then persuade them to perform sexual acts in front of their webcam. Criminals will then threaten to share the images with the victims' friends and family which can make the victims feel embarrassed and ashamed and prevent them from coming forward to report the incident.

Between April 2022 – March 2023, 94.38% of victims of sextortion were male, compared to 5.62% of females. Those aged 0-29 years old were most frequently victims of sextortion, accounting for 75.28% of sextortion victims in Brighton and Hove during this period. It was more frequent that sextortion victims did not live alone (80.9%), compared to those who lived alone (19.1%).

Courier Fraud was the second most frequent offence between April 2022 – March 2023, and the number of occurrences decreased compared to the same period the previous year by 21.0% (-17 actual). Victims of this type of fraud were most frequently females (73.44%). Those age 75+ were most frequently victims of courier/impersonator fraud, accounting for 50% of courier/impersonator victims in Brighton and Hove during this period. During this time, 54.69% of victims lived alone.

Dating and Romance fraud was the third most frequent offence between April 2022 – March 2023 – the number of occurrences decreased compared to the same period the previous year by 23.3% (-14 actual). Victims of this type of fraud were most frequently female (56.2%) compared to males (43.48%). It was more frequent that dating and romance fraud victims did not live alone (56.52%), compared to those who lived alone (43.48%).

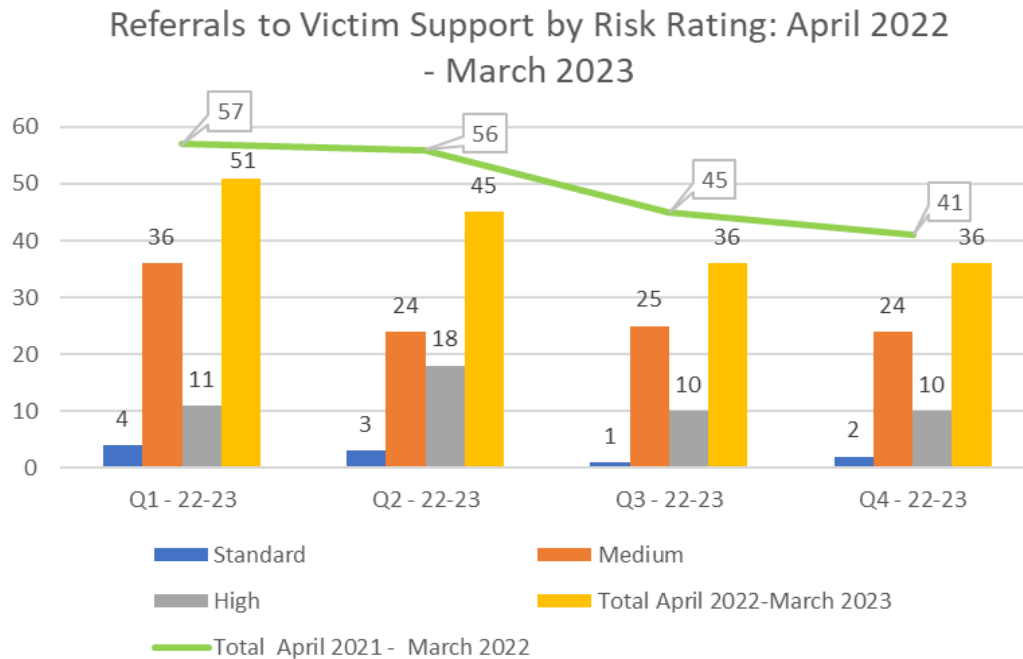
Age Groups who were Victims of Fraud in Brighton and Hove, April 2022 - March 2023



*NOTE: As Sextortion is technically a 'blackmail' and not a fraud, this has not been included within the Brighton and Hove overview demographic data (above). This is to give a more accurate vulnerable fraud victim profile so it would not be adversely affected due to the inclusion of non-fraud data.*

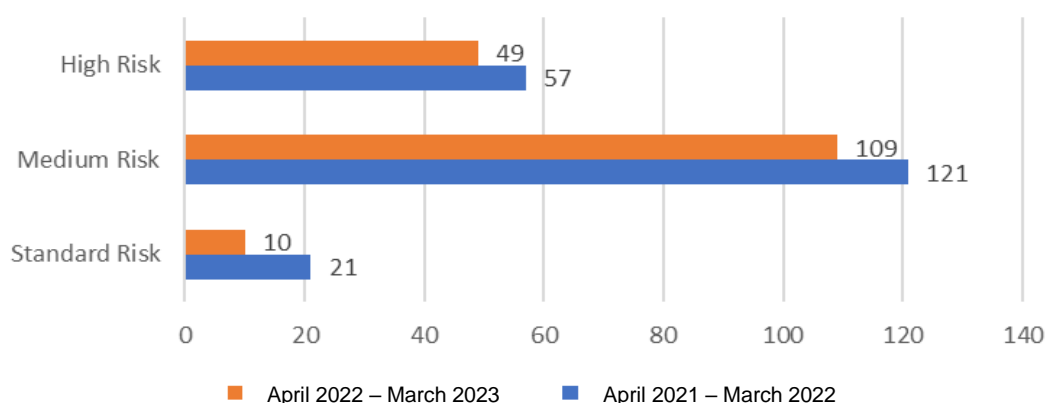
Between April 2022 – March 2023, 62.63% of victims were 60+ years old (187). The most frequent age group of fraud victims were those 75+, accounting for 36.03% of fraud victims in Brighton and Hove during this time. Compared to April 2021 – March 2022, 64.13% of fraud victims were over 60+ (270).





Between April 2022 – March 2023 the number of referrals to Victim Support continually declined between Q1 and Q3 and levelled between Q3 and Q4. There was a continual decline in the number of Victim Support referrals between Q1-Q4 from April 2021 – March 2022. The total number of referrals was greater in April 2021 – March 2023, compared to April 2022 – March 2023 (difference of 31 actual). Medium risk referrals were the most frequent referral risk rating.

### Referrals to Victim Support by Risk Rating, Comparison of April 2021 – March 2022 and April 2022 – March 2023



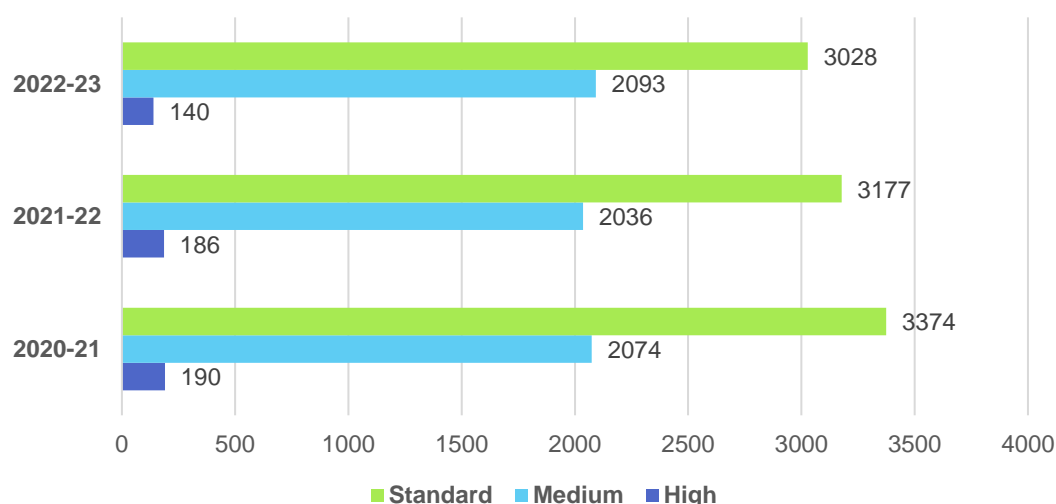
All referrals across each risk rating decreased between 2021/2022 and 2022/2023. The number of high-risk referrals decreased by 14.0% (8 actual), the number of medium risk referrals decreased by 9.9% (12 actual), and the number of standard risk referrals decreased by more than half (52.4% - 11 actual). Medium risk referrals were the most frequent risk rating in both 12-month periods.

## Domestic Abuse, Stalking and Harassment (DASH)

Incidents of Domestic Abuse are subject to a risk assessment using a Domestic Abuse, Stalking and Harassment (DASH) checklist. An officer from Sussex Police, with the victim, assesses the level of risk using this checklist and will take initial steps to manage the risk identified.

Below is a table showing the number of Domestic Abuse, Stalking and Harassment (DASH) referrals received in 2022-23 in comparison with the two preceding years. Sussex Police have seen a small decline in the number of reports of domestic abuse received over the last two years. While this is concerning, given that we know that there is always a level of under-reporting for this type of crime, it is also in the context of year-on-year increases up to and including 2020 where we saw the highest level of reporting ever. So on a historical basis, the last five years, including the last two years are all higher in terms of reports compared to any other year before it and current totals are almost three times higher now than they were in Brighton and Hove a decade ago. It should also be noted that according to the national policing lead there is a mixed picture across the UK, with about half of forces also seeing similar declines.

DASH referrals made by Sussex Police in Brighton & Hove in 2022-23, measured by risk, with comparison to previous two years



Although there is no clear evidence to demonstrate reasons behind the recent decline in reporting levels, we are cognisant of the impact on public confidence as a result of high-profile police failings in the area of Violence Against Women and Girls and we therefore continue to do all we can, working with partners to build that trust and confidence with domestic abuse survivors. An example of an area of growing demand is the Domestic Violence Disclosure Scheme where we have seen significant increases in the number of applications and, thanks to a redesign of how applications are processed, we have significantly increased the speed of disclosures made as a result.

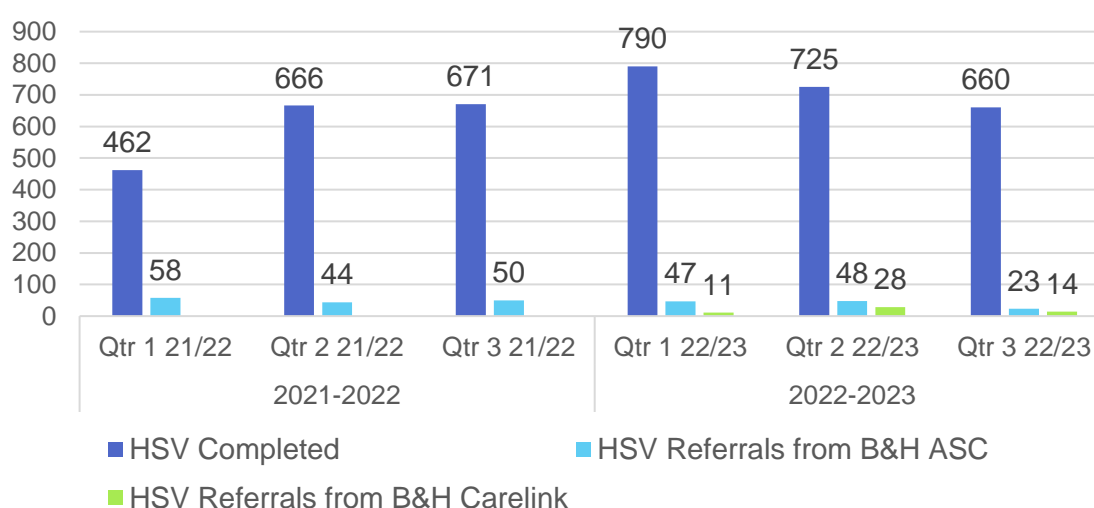
## East Sussex Fire and Rescue Service (ESFRS)

The table below shows the number of Home Safety Visits (HSV) conducted by East Sussex Fire and Rescue Service (ESFRS) in the first three quarters of 2022-2023, and for the same period in the previous year. The chart also includes the number of HSV referrals received from Brighton and Hove HASC, and Brighton and Hove Carelink. The data for Q4 2023 was not available at the time of reporting, which has also been the case in previous years.

It can be seen that in the first quarter of this year there was a significant increase in the number of home safety visits completed, which was higher than at any point on the last two years. This then gradually decreased over the next two quarters but the total number of HSV's undertaken was still significantly higher in the last year than in the previous year. ESFRS advise that these numbers do tend to ebb and flow and that they are very much reliant on referrals into the service rather than seeking their own referrals, with the latter not tending to target the highest vulnerability. They note that with regard to the highest number being in Quarter 1 they do deliver annual mandatory safeguarding training towards the end of the year and with refreshed knowledge staff are then more confident in identifying safeguarding concerns, which is a pattern each year since annual refresher training began.

In this year's data the referrals received from Brighton and Hove's Carelink service are separately recorded. However, Carelink is part of Health and Adult Social Care and when added together with the Access Point referrals the numbers are broadly similar to last year.

HSVs Completed and HSV referrals Q1-Q3 2022-2023 with comparison to previous year

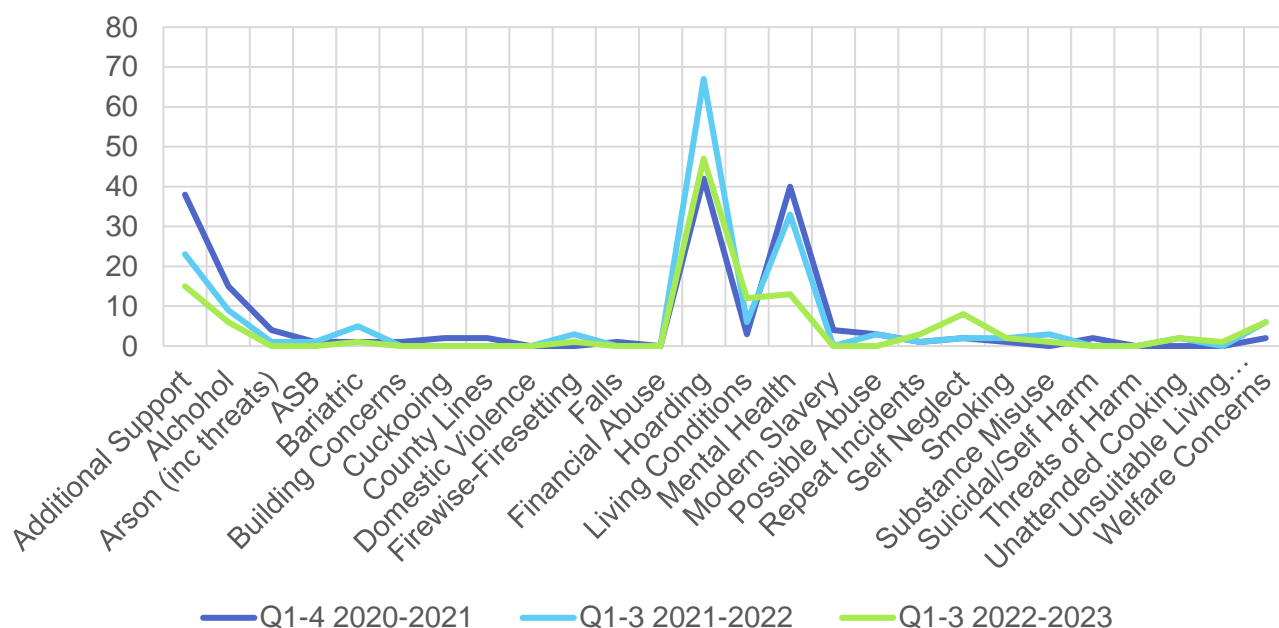


The table below shows the number of CTN (Coming to Notice) Safeguarding Concerns raised by ESFRS in Brighton and Hove over the past three years. This evidences that hoarding continues to be the category where the highest number of CTN's are raised, although the overall total has reduced from 2021-22. The BHSAB has been working with partner agencies to explore improvements to existing

Hoarding guidance, which aims to support an enhanced multi-agency response to hoarding behaviour.

The second highest category continues to be mental health although once again the total is reduced. There has been an increased number of CTN's in other related categories though, in particular self-neglect, living conditions, and welfare concerns.

Safeguarding CTNs Raised in Brighton & Hove in Q1-3 2022-2023, with comparison for previous years



## Sussex Partnership NHS Foundation Trust (SPFT)

### Adult Safeguarding Concerns Raised by SPFT with Brighton & Hove City Council

In August 2022, the Sussex Partnership NHS Foundation Trust moved to a new system for recording safeguarding concerns that are shared with local authorities. Safeguarding concerns now form part of the Trust's internal incident reporting and are recorded in its incident management system. The change provides a central database for the storage and analysis of the Trust's own safeguarding data. Prior to this system, the Trust relied on information from different sources, including local authorities, to understand its safeguarding activity.

Table 1 shows the number of safeguarding adult concerns that were shared by the Trust with Brighton and Hove City Council in 2022/23. (The total figures for the twelve-month period are extrapolated from the eight months of data from August 2022 to the end of March 2023. Future reporting cycles will be based on actual data across the twelve-month period.)

**Table 1 - 2022/23 Adult Safeguarding Concerns by SPFT in Brighton & Hove**

Categories of Abuse	Number
Physical	98
Sexual	17
Financial	27
Discriminatory	5
Domestic	24
Psychological/emotional	47
Neglect & acts of omission	44
Self-neglect	27
Organisational	5
Modern slavery	0
Total	294

### **Section 42 Enquiries**

Trust safeguarding enquiry information records twelve enquiries within Brighton & Hove where the Trust was believed to be the cause of risk. The majority of these enquiries were linked to inpatient mental health settings with a category of abuse of 'Neglect & acts of omission'. The integrated working of SPFT and Brighton & Hove City Council adult social care mental health teams enables close working to manage and complete these safeguarding enquiries.

(The number of Section 42 enquiries is lower than anticipated. Work is underway to improve the reporting of Section 42 enquiries in the Brighton & Hove area where the Trust is believed to be the cause of risk).

### **Safeguarding Adult Reviews**

The Trust participates in the Safeguarding Adult Review work of the Board. The Thematic Review published in February 2023 is especially relevant to the Trust as the women at the centre of the review had mental health problems. The Trust is engaged in the action planning from the review and embedding learning, which focusses around trauma informed care, domestic abuse policy and training, language, and terminology, and working with people with multiple compound needs/multiple disadvantage.

### **Safeguarding Initiatives & Projects**

**Domestic Abuse** - The Trust has updated its Domestic Abuse & Sexual Violence policy for working with patients and carers and created a new domestic abuse policy to respond to its own staff who are victims or perpetrators of domestic abuse. A working group has been started to update the Trust's mandatory domestic abuse training.

The Trust continues to provide mental health representation to Brighton & Hove MARACs.

**Safeguarding Policies** - The Trust's adult safeguarding and Prevent policies have been reviewed and updated. The updated Prevent policy now includes reference to

two new posts within the Trust to support its Prevent work. These are a Prevent Practitioner (Social Worker) and a Senior Clinical Lead for Prevent (Consultant Psychiatrist).

## University Hospitals Sussex NHS Foundation Trust (UHSussex)

University Hospitals Sussex NHS Foundation Trust (UHSussex) is one of the largest organisations in the NHS. It employs approx. 20,000 staff and serves a population of 1.8 million people across Sussex. The trust runs 7 hospitals across Brighton and Hove, West and Mid Sussex and part of East Sussex.

In 2022 UHSussex undertook a piece of work to review and update all policies relating to safeguarding practice. Trust wide policies are in place for Safeguarding Adults, Mental Capacity and DoLS and Prevent. The policies not only reflect the appropriate legislation and practice, but they also reflect the relevant processes across each Local Authority.

The data provided below specifically relates to safeguarding concerns raised by UHSussex on behalf of residents of Brighton and Hove who have attended the hospitals run by UHSussex in Brighton and Haywards Heath.

The recording structure within UHSussex allows for multiple categories to be recorded in relation to one safeguarding concern e.g., one safeguarding concern may be reported for neglect and also be recorded as physical and psychological depending on the information provided.

Figure 1 shows the comparative data for concerns raised and categories, over the last few years.

**Fig 1: Safeguarding Concerns Raised by UHSussex (RSCH/PRH)**

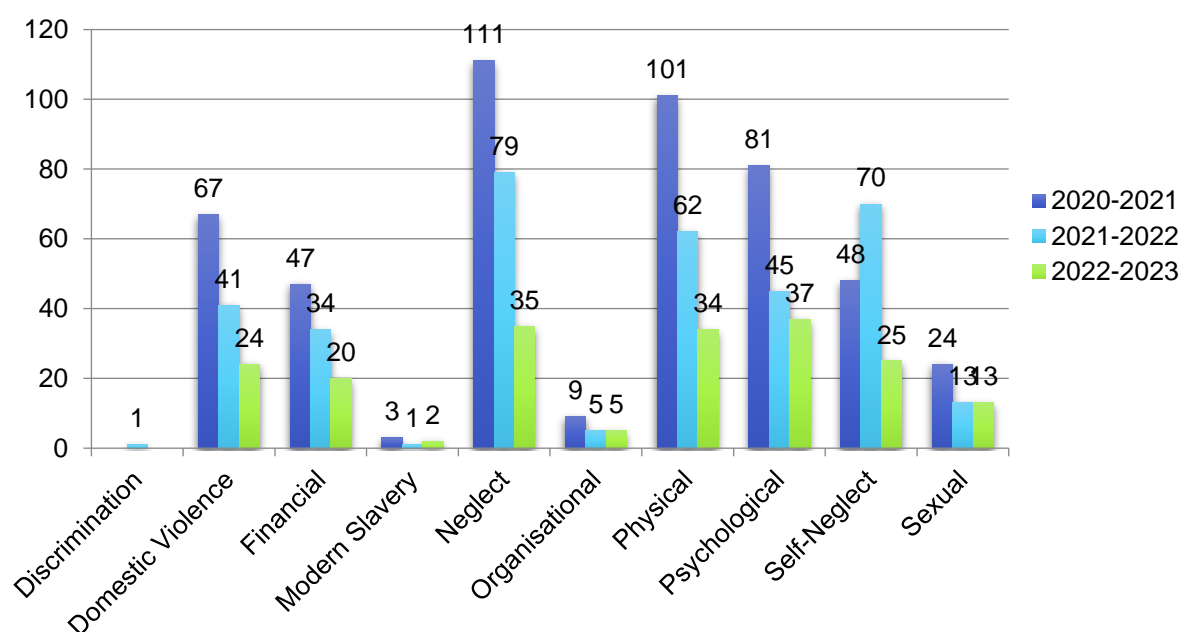
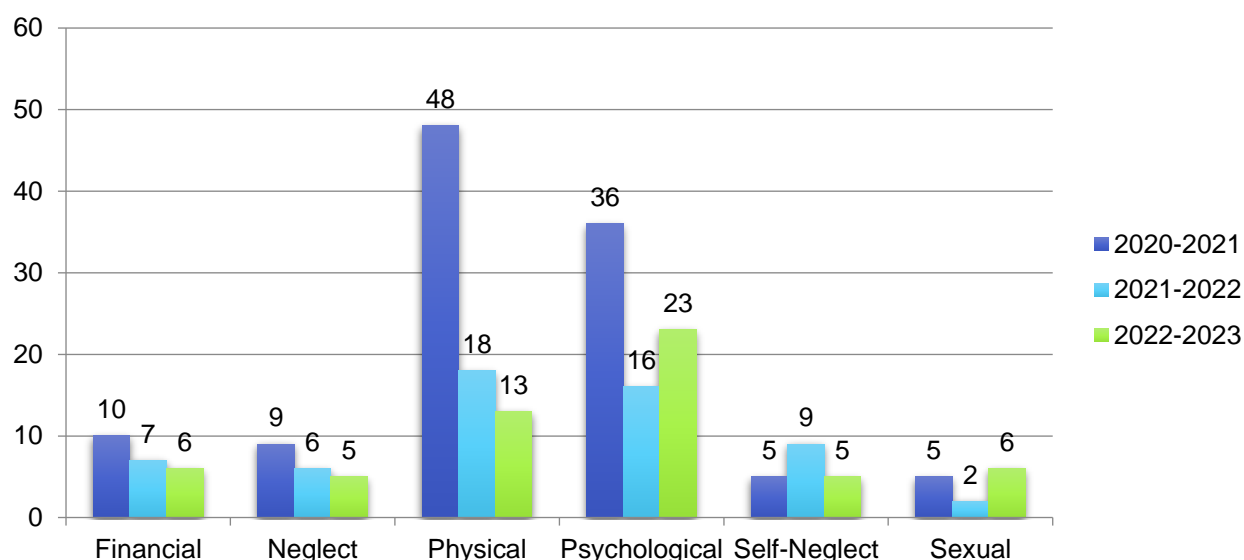
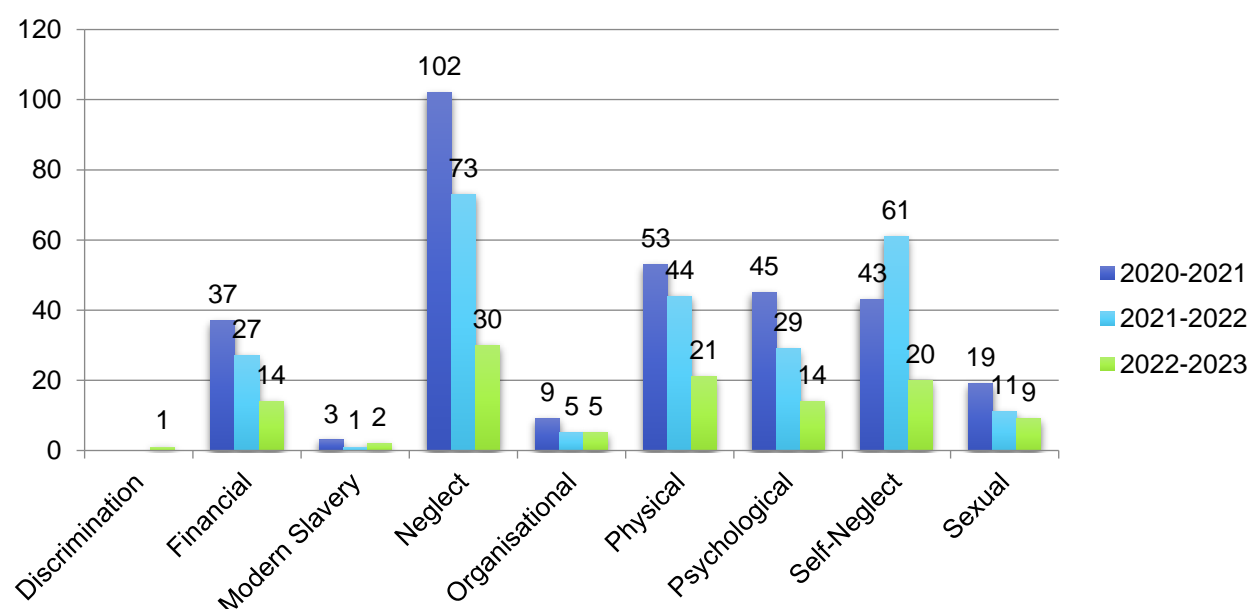


Figure 2 and Figure 3 provide comparative data with a more specific focus on domestic abuse.

**Fig 2: Safeguarding Concerns Relating to Domestic Abuse**



**Fig 3: Safeguarding Concerns Excluding Domestic Abuse**



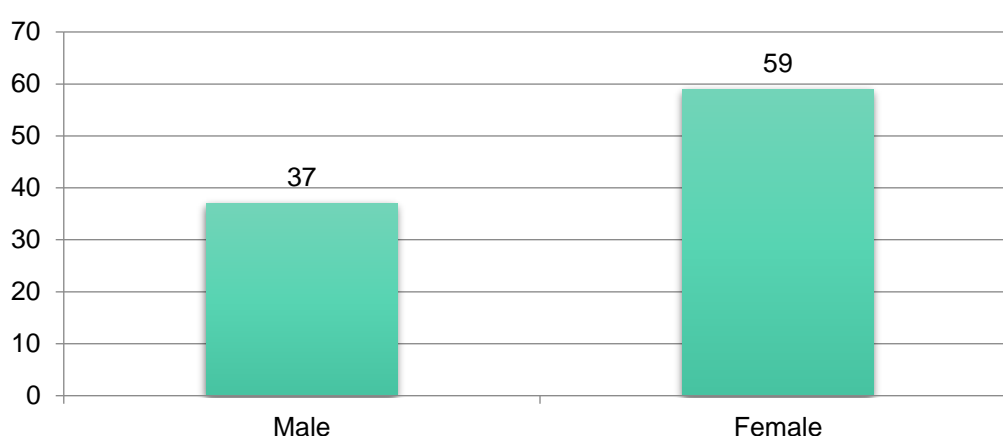
The data continues to show a downward trend in the number of safeguarding concerns being raised overall. This is in part due to the increased level of safeguarding activity seen in the hospitals as a result of the COVID-19 pandemic,

and the impact of lockdown and social isolation on patients attending hospital during this time; with numbers for 2022-23 returning to a pre pandemic level.

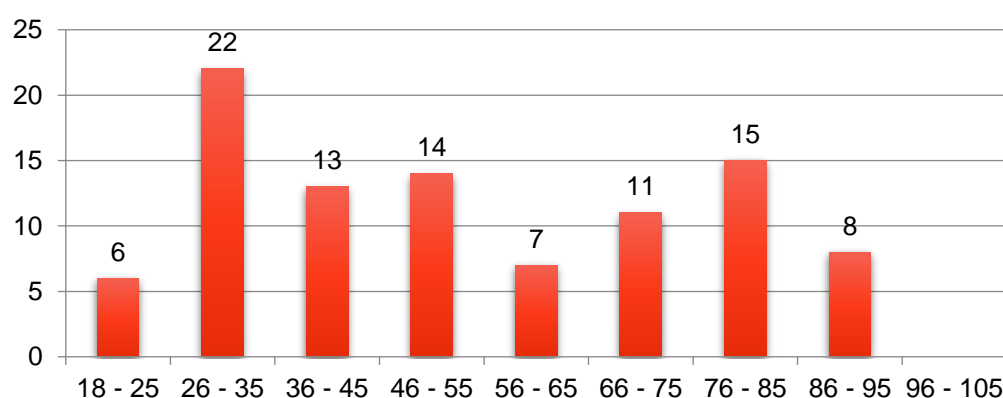
For much of 2022-23 the Health Independent Domestic Violence Advisor (HIDVA) post commissioned to support UHSussex remained vacant. However, Victim Support successfully recruited to the post and the new HIDVA started working within UHSussex Nov/Dec 2022. They work on site at the Royal Sussex County Hospital (RSCH) three days per week and provide direct support to patients and staff. Their particular areas of focus are the Emergency Department, Maternity and Sexual Health services. Victim Support continues to provide specialist domestic abuse support to the hospital in the days the HIDVA is not available.

Figure 4 and Figure 5 have not previously been recorded so it is not possible to provide comparative data for these. UHSussex are keen to work alongside the Brighton and Hove SAB to provide meaningful data. Moving forward, for example, data recording should consider the inclusion of other gender identities.

**Fig 4: Safeguarding Concerns Raised in 2022-23, by Gender**



**Fig 5: Safeguarding Concerns Raised in 2022-23, by Age Categories**





## **Sussex Community NHS Foundation Trust**

Sussex Community NHS Foundation Trust (SCFT) serves a wide geographical area which includes; West Sussex, Brighton & Hove, and High Weald, Lewes and Havens, and provides health services in the community to both adults and children.

Safeguarding is a fundamental part of our recruitment process, ensuring appropriate checks are in place to ensure all staff are employed within SCFT services to contribute to the delivery of excellent care within the community. All staff have access to mandatory and statutory safeguarding training for adults and children appropriate to their role and position within the Trust including higher-level training for those in specialist roles.

SCFT has a safeguarding team which provides specialist advice for both adults and children across all services and supports staff to recognise signs of abuse and how to report it. The Trust works effectively with all safeguarding partnerships to ensure a multi-disciplinary and cross agency approach.

The safeguarding team works closely with new service developments to ensure we provide high quality and effective health services. The team is part of a Quality and Safety Department, which enables close working both with specialist safety teams and clinical staff. This ensures that we focus on learning for improvement and strengthens our personalised approach to safeguarding.

## **Our Priorities in 2023-24**

### **Safeguarding Adult Reviews (SARs)**

A SAR is in the process of being arranged that will consider two men with care and support needs who died in the city, and where several similar themes have been identified. These themes include exploitation (cuckooing and financial abuse), self-neglect, the impact of limited agency resource, and the application of safeguarding processes.

The BHSAB will also focus on progressing the recommendations from completed Safeguarding Adults Reviews. A multi-agency Action Planning group will be established to implement the recommendations from the Thematic Learning Review, as well as to monitor and support the progression of relevant recommendations from the joint SAR undertaken with the East Sussex SAB.

A further SAR that is currently in progress will be concluded and published and the SAR subgroup will continue to meet on a monthly basis to review and oversee new referrals, ongoing reviews, as well as action planning from completed reviews.

## **Quality Assurance**

Whilst our Quality Assurance programme continues to be impacted by the ongoing vacancy in the Quality Assurance and Learning & Development officer role, we will look to continue progress against our multi-agency Quality Assurance programme. This will entail concluding the current audit on Trauma and Transitions and then undertaking a joint audit with the East Sussex SAB on adults moving between local authority areas.

We will also look to undertake the biannual SAB Self-Assessment and Peer Challenge Event, with the last Event having taken place in 2021. There will continue to be a pan-Sussex approach taken towards this with a Tool developed with our colleagues in the East and West Sussex SABs to reduce duplication for partner agencies and to ensure a consistent approach is taken.

We will also look to continue to develop our use of multi-agency data and increasing the range of information received so that this can further support assurance discussions at board meetings.

## **Learning and Development**

The BHSAB has undertaken a range of learning and development activities during 2022-23, producing learning briefings, guidance, posters, and a leaflet, as well a range of podcasts and videos. This has been undertaken on a pan-Sussex basis wherever possible and this Sussex-wide approach to developing and sharing training resources and learning from SAB activities will continue in 2023-24.

On a local basis this will include ensuring the relevant recommendations from the Thematic Learning Review are progressed, focusing on areas such as trauma-informed practice and domestic abuse resources. However, there will also be an increased focus on assurance and oversight of the learning and development activities being undertaken by our partner agencies.

We will also work with partners and colleagues across Sussex to explore whether there is a desire for a new pan-Sussex Learning and Development Strategy, to replace the previous Strategy, and identifying local learning and development priorities for the year ahead. These will be based on the learning from both the work of the BHSAB as well as where there are shared areas of focus with our SAB colleagues across Sussex.

## **Engagement**

The Brighton and Hove Safeguarding Adults Board (BHSAB) will continue to liaise with others at both a local and national level to ensure that we are sited on emerging and developing safeguarding issues.

We will continue to collaborate on a pan-Sussex basis with our colleagues at the East Sussex and West Sussex SABs and partner agencies to develop consistent

and coordinated safeguarding arrangements across Sussex wherever possible. We will also continue to work closely with local partners in contributing to and overseeing local adult safeguarding arrangements.

## Attributions

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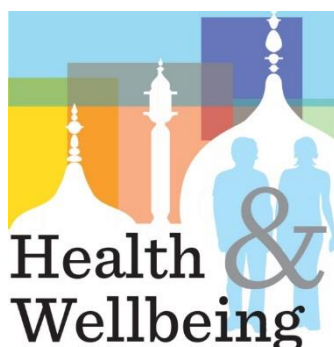
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*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.*

Title: Better Care Fund (BCF) 2023/25 Submission

Date of Meeting: 18 July 2023

Report of: Robert Persey, Executive Director of Adult Social Care, BHCC and Ashley Scarff, Deputy Managing Director, NHS Sussex Brighton & Hove & East Sussex

Contact: Andy Witham

Email: andy.witham@brighton-hove.gov.uk

Wards Affected: All

## FOR GENERAL RELEASE

### Executive Summary

This report provides an overview of the Brighton and Hove 2023/25 Better Care Fund (BCF) planning submission.

The BCF plan for Brighton & Hove is a jointly agreed plan between local health and social care commissioners.

The plan, including a narrative plan, is drawn from the Brighton & Hove Place-Based Health and Wellbeing Strategy and existing placed-based plans. The plan provides details of the key strategic place-based partnerships in addition to the HWBB, that oversee and govern the development and delivery of the BCF; they include the relevant place statutory providers and commissioners. The planning submission for the period was complete and compliant with all national conditions and metrics and met the national submission deadline.

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

- 1.1 The Board is recommended to note the planning submission for the 2023/25 Better Care Fund as set out in Appendix 1.
- 1.2 That the Board authorises the Executive Director of Health and Adult Social Care and the Executive Managing Director, Brighton & Hove, NHS Sussex to finalise and enter into a Section 75 Partnership Agreement for the commissioning of health and social care services from the Brighton & Hove Better Care Fund to cover the period April 2023 to March 2025, reflecting the 2023/25 funding allocations and associated plan as set out in this report.

## **2. Relevant information**

- 2.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and well-being and live independently in their communities for as long as possible.
- 2.2 The Better Care Fund (BCF) has been one of the government's national vehicles for driving health and social care integration since 2013. It required Clinical Commissioning Groups (CCGs) and now Integrated Care Boards (ICBs) and Local Government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 2.3 The Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from ICB allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF).
- 2.4 The continuation of national conditions and requirements of the BCF in recent years has provided opportunities for health and care partners to build on their plans to embed joint working and integrated care further. This includes working collaboratively to bring together funding streams and maximise the impact on outcomes for communities whilst sustaining vital community provision.
- 2.5 The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:

- Enable people to stay well, safe and independent at home for longer

- Provide the right care in the right place at the right time

2.5 The local HWB area has produced a narrative plan (**Appendix 1**). These draw directly from current place-based plans and read across to operating plans.

2.6 The BCF plan submission consists of:

- A narrative plan
- A completed BCF planning template, including:
  - Planned expenditure from BCF sources
  - Confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams
  - Ambitions and plans for performance against BCF national metrics
  - Any additional contributions to BCF section 75 agreements

### 3. Governance

3.1 The Brighton & Hove Health and Wellbeing Board (HWB) retains responsibility for governance and oversight of the BCF and receives quarterly monitoring reports. Responsibility for ongoing oversight is delegated to the Health and Care Partnership (HCP) Executive Board which meets monthly. The Section 75 Agreement provides a governance framework for the commissioning and delivery of the Better Care Fund and the management of budget and expenditure. The core responsibilities of the BCF Steering Group in relation to the BCF are also set out in the section 75 Agreement.

3.2 In addition to approval of the plan there is ongoing and regular stakeholder engagement. For example, with providers in respect of discharge planning and monitoring, system performance, and at individual scheme level with NHS providers, private sector providers, VCSE providers, and housing authorities.

### 4. National BCF Planning Guidance and Requirements for 2023/25

4.1 The 2023/25 BCF Policy Framework and Planning Guidance was published in April 2023 with local plans to be submitted by 28 June 2023.

4.2 The Better Care Fund plans for 2023/25 include:

- A completed planning template which confirms the expenditure plan meets the national conditions and the ambitions to progress performance against the identified metrics.
- A narrative plan outlining how the Better Care Fund is used in each BCF area to support local priorities including integration, hospital discharge, support for unpaid carers, collaboration with housing and addressing health inequalities.

- Areas are asked to demonstrate how the additional Discharge funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds.

As with previous years the Brighton & Hove Better Care Fund plan is developed and delivered within the context set by the:

- The Brighton & Hove Health and Wellbeing Strategy 2019-2030 Improving Lives Together: Our ambition for a healthier future in Sussex - built upon the Health and Wellbeing Strategies of the three Sussex 'places':
- Improving Lives Together: Specific Brighton & Hove ambitions and actions as part of the Sussex Integrated Care Board 5 year Shared Delivery Plan.

## 5 BCF National Conditions

5.1 The Better Care Fund planning must be carried out in line with the 4 National conditions.

- 1) Plans to be jointly agreed
- 2) Enabling people to stay well, safe and independent at home for longer
- 3) Provide the right care in the right place at the right time
- 4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

5.2 The approaches to the meeting the conditions above are outlined in the narrative plan and includes:

- Approaches to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care.
- How BCF funded services support delivery of the objectives.
- Local implementation of the High Impact Change Model with identified actions.

## 6. BCF Metrics

The BCF metrics for 23/24 are set out below:



<b>Metric</b>	<b>Detail</b>	<b>National Conditions</b>
Avoidable admissions	Admissions per 100,000 population	Enabling people to stay week, safe and independent for longer
Emergency hospital admissions due to falls	Emergency hospital admissions due to falls in people aged 65 and over	Enabling people to stay week, safe and independent for longer
Discharge to usual place of residence	Percentage of people resident in the HWB, who are discharged from acute hospital to their normal place of residence	Provide people with the right care, at the right place, at the right time
Residential admissions	Percentage of discharges to a person's usual place of residence	Enabling people to stay well, safe and independent for longer
Reablement	Proportion of older people 65 and over who were still at home 91 days after discharge from hospital into reablement	Enabling people to stay well, safe and independent for longer

The BCF Planning guidance advises of new metrics to be introduced later this year and next year.

Expected in Q3 2023/24	Discharge metric
New for 2024/25	Proportion of people discharged who are still at home after 91 days
	Outcomes following short-term support to maximise independence.

## 7. Financial Allocations 23/24

<b>Funding Sources</b>	<b>2023/24</b>	<b>2024/25</b>
DFG	£2,312,933	£2,312,933
Minimum NHS Contribution	£24,010,139	£25,369,113
iBCF	£9,459,107	£9,459,107
Additional LA Contribution	£481,390	£487,830
Additional ICB Contribution	£0	£0
Local Authority Discharge Funding	£1,326,152	£2,201,412
ICB Discharge Funding	£1,677,321	£2,382,192
<b>Total</b>	<b>£39,267,042</b>	<b>£42,212,587</b>

- 7.1 The BCF requires the ICB to make minimum contributions from its base budget. The allocation is governed by national Better Care Fund Policy Framework and Better Care Fund planning requirements 2023-25. The funds are covered by a legal Section 75 agreement.
- 7.2 The planning requirements set out national conditions that must be met for a plan to be assessed as compliant and for NHSE to be able to assure each plan. The Brighton & Hove BCF plans meet the national conditions.
- 7.3 The NHS minimum contribution to the BCF has increased by 5.66% in 2023/24.
- 7.4 Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) conditions remain broadly the same and have been issued to local authorities. The Adult Social Care contribution and NHS commissioned Out of Hospital Services ringfences to increase in line with the overall increase i.e. 5.66%. The investment plan for Brighton & Hove is reported at **Appendix 2** and demonstrate achievement of the minimum required spend on both NHS Commissioned Out of Hospital services and Adult Social Care Services.
- 7.5 Risks related to the BCF plans are assessed as low, the majority of schemes funded by the BCF are established services and their delivery and impact was the subject of a review in late 2021/22. Risk of plans not being compliant or not assured is assessed as low.

## 8 Conclusion

- 8.1 The Brighton and Hove BCF submission meets the national planning guidance and policy requirements. A financial analysis of the plan provide assurance that national requirements and conditions will be met. The analysis can confirm that the Brighton and Hove Plan meets the requirements to spend the BCF mandated minimum contribution and the schemes, and the model of delivery adopted is in line with the three main policy areas.
- 8.2 The investment being made will support the strategic and operational requirements of each system in particular supporting discharges and admission avoidance. This is particularly important this year due to the increased pressure being and expected to be experienced in coming months as we move through the fragile restoration period of the Covid pandemic.

Following submission to NHS England 28 June, regional and national assurance processes will be undertaken with final assurance expected 8

September 2023. Once approval by the Health & Wellbeing Board has been confirmed.

It is recognised by NHS England that areas may wish to amend plans for 2024-25, following sign off and assurance, to:

- modify or decommission schemes.
- increase investment or include new schemes.

## **9. Important considerations and implications**

### **9.1 Legal:**

It is a requirement that the Better Care Fund is managed locally through a pooled budget. The power to pool budgets between the Council and the (then) CCG is set out in the NHS Act 2006 and requires a formal Section 75 Agreement. Regulations prescribe the format and minimum requirements for a Section 75 Agreement. A new Section 75 Agreement is required as the existing Agreement expired in March 2023. The new agreement will reflect the funding allocations and priorities as set out in the Better Care Fund Plan 2023-2025.

Lawyer consulted: Elizabeth Culbert

Date: 27/06/2023

### **9.2 Finance:**

The Better Care Fund is a section 75 pooled budget which totals £39.267m for 2023/24 and £42.213m for 2024/25. For 2023/24, the ICB contribution to the pooled budget is £25.687m and the Council contribution is £13.580m, which includes the £9.459m Improved Better Care fund and the £2.313m Disabled Facilities Grant. For 2024/25, the ICB contribution to the pooled budget is £27.751m and the Council contribution is £14.461m. Any spend variance at outturn is subject to a risk share as per the section 75 agreement.

Finance Officer consulted: Sophie Warburton

Date: 26/06/2023

### **Equalities:**

The BCF plans set out in the narrative submission specifically how the schemes invested in will support the equalities and health inequalities of their local population. Individual EHIA's are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHIA processes to all services commissioned. The plans and strategies have been developed jointly based upon detailed population analysis, reflecting the Place based plans that are informed by EHIA's and the local JSNAs.

There is not a formal public and engagement process supporting this annual process, but individual schemes will be informed by views of patients and public.

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

The BCF plans set out in the narrative submission specifically how the schemes invested in will support equalities and health inequalities policy and requirements of their local population. The development, agreement and delivery of the plan is the responsibility of the local Health and Wellbeing board.

**Supporting documents and information**

Appendix 1: Narrative Submission and Planning Template

Appendix 2: Financial Schedule

## Appendix 2

Workstream	Description	23/24 Budget	24/25 Budget
Increasing System Capacity Workstream	Additional Care Managers working across the City localities 7 days pw	129,100	136,410
	3 Social Workers in IPCT's	113,200	119,610
	Integrated Primary Care Teams (SPFT) Additional Mental Health nurses	128,019	134,804
<b>Total Increasing System Capacity Workstream</b>		<b>370,319</b>	<b>390,824</b>
Integrated Discharge Planning Workstream	Integrated Primary Care Teams (SCFT)	9,138,321	9,787,141
	Hospital Discharge	3,051,373	3,051,373
	Home First/Urgent Home Care Service	977,336	977,336
	Urgent Home Care Service	154,300	154,300
	Discharge to Assess Capacity	473,830	500,650
	Crisis Service - Urgent homecare support - Age UK	178,683	178,683
	Lindridge beds - Medical Cover	195,000	195,000
	District Nurse Support & Nightsitting	773,969	828,920
	Mental Health D2A beds	68,000	0
<b>Total Integrated Discharge Planning Workstream</b>		<b>15,010,811</b>	<b>15,673,403</b>
Protecting Social Care Workstream	Maintaining eligibility criteria	3,413,860	3,607,080
	Additional social workers for Access Point	76,760	81,100
	Protection for Social Care (Capital grants)	50,000	50,000
	Disabled facilities grant (Capital grants)	2,113,000	2,113,000
	Telecare and Telehealth (Capital grants)	149,933	149,933
	Additional call handling resource for CareLink out of hours	38,380	40,550
	Additional Telecare and Telehealth resource	219,320	231,730
	Protection for Social Care	7,805,494	7,884,604
<b>Total Protecting Social Care Workstream</b>		<b>13,866,747</b>	<b>14,157,997</b>
Supporting Recovery & Independence Workstream	Community Equipment Service	2,831,780	2,984,090
	Sussex Community Trust – Carers Back Care Advisor	39,510	42,315
	Amaze – Carers Card Development	10,000	10,000
	Crossroads – Carers Support Children and Adults	47,000	47,000
	Hospital Carers Support – IPCT Carers Support Service	59,220	62,570
	Carers Support Service - Integrated Primary Care Team (ASC Staff)	204,350	215,920
	Carers (other)	271,180	280,900
	Carers Hub	531,100	531,100
<b>Total Supporting Recovery &amp; Independence Workstream</b>		<b>3,994,140</b>	<b>4,173,895</b>
Person Centred Integrated Care Workstream	Proactive Care (Primary Care)	80,000	80,000
	Link Back (Discharge Support)	91,310	91,310
	High Intensity User Service	57,500	57,500
	Care Navigation Service (Social Prescribing)	348,392	348,392
	Ageing Well (Impact Initiatives)	200,000	200,000
<b>Total Person Centred Integrated Care Workstream</b>		<b>777,202</b>	<b>777,202</b>
Dementia Planning Workstream	Dementia Plan	158,002	158,002
<b>Total Dementia Planning Workstream</b>		<b>158,002</b>	<b>158,002</b>
Homelessness Workstream	Homeless Model	1,174,259	1,217,487
<b>Total Homelessness Workstream</b>		<b>1,174,259</b>	<b>1,217,487</b>
ICP Programme Management / Support	ICP Programme Director	83,220	87,380
	Programme Manager- Community Transformation	75,600	79,380
<b>Total ICP Programme Management / Support</b>		<b>158,820</b>	<b>166,760</b>
<b>Inflation Reserve</b>		<b>38,655</b>	<b>77,311</b>
<b>Contingency</b>		<b>714,614</b>	<b>836,102</b>
<b>Local Authority Discharge Funding</b>		<b>1,326,152</b>	<b>2,201,412</b>
<b>ICB Discharge Funding</b>		<b>1,677,321</b>	<b>2,382,192</b>
<b>TOTAL</b>		<b>39,267,042</b>	<b>42,212,587</b>





## Appendix 1

# Brighton & Hove Better Care Fund Plan 2023/24 - 2024/25

**Better Care Fund Narrative Plan  
2023-2025  
Brighton and Hove Health & Wellbeing Board**

## 1. Background

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and well-being and live independently in their communities for as long as possible.

The BCF has been one of the government's national vehicles for driving health and social care integration since 2013. It required NHS commissioning organisations (NHS Sussex) and Local Government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets that are aimed at supporting health and social care integration, governed by an agreement under section 75 of the NHS Act (2006).

The BCF has provided a mechanism for joint health, and social care planning and commissioning, focusing on personalised, proactive, and integrated approaches to health and care that support people to remain healthy for longer. This includes remaining independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from NHS Sussex allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF).

The continuation of national conditions and requirements of the BCF in recent years has provided opportunities for health and care partners to further build on plans to embed joint working and integrated care. This includes working collaboratively to bring together funding streams and maximise the impact on outcomes for local communities.

With the establishment of the Sussex Integrated Care Board and the development of the new Integrated Care Strategy and Shared Delivery Plan this has built on the strategic direction set by the Brighton & Hove Health & Wellbeing Strategy. At a Place-based level we have retained our five priority areas of:

- Children & Young People
- Mental Health
- Multiple long-term conditions
- Multiple compound needs
- Cancer

These five priority areas are an integral part of the Brighton and Hove new Place-based Shared Delivery Plan objectives with Multiple Compound Needs being selected as the Place-based community frontrunner programme to support the development of Integrated Community Teams, one of the Integrated Care Strategy long term improvement aims. The BCF continues to support several of our local health & wellbeing priorities.

Looking forward a major focus of the Integrated Care Strategy will be the development of Integrated Community Teams with the aim to transform the way we deliver health and care services across our local communities in Brighton Hove. The aim is to ensure that services are person centred and holistic in their nature and provide proactive health & care services with a greater focus on prevention. These services will be delivered by Integrated and multidisciplinary community teams working across primary care, secondary care, social care and the VCSE. A lot of this existing provision is supported by the BCF and over the next couple of years we expect that these services will be further developed as we deliver our integrated community teams transformation programme.



## 2. Stakeholder Involvement

An integrated approach across the NHS, local government and wider voluntary and independent sector services plays a key role in supporting people to manage their own health and wellbeing effectively. At the local level this integration is managed through the Brighton and Hove (B&H) Health & Care Partnership Executive and Better Care Fund Steering Group. This brings together Brighton and Hove City Council, and the new NHS Sussex Integrated Care Board.

Plans are promoted for awareness amongst other system partners including:

- University Hospitals Trust NHS Foundation Trust
- Sussex Community NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Community Works who represents the Voluntary, and Community and Social Enterprise (VCSE) organisations in Brighton and Hove

The purpose of the B&H Health and Care Partnership (HCP) is to support delivery of our locally agreed plans and programmes of transformation for the recovery, stabilisation and future sustainability of our health and care system. Our aim is to work together as a system to ensure a focus on prevention, respond to identified Health Inequalities, deliver high quality, effective care, improve health outcomes, and the operational models that enable this, for the population in B&H.

Through a partnership approach the B&H Health and Care Partnership has the following key roles:

- Providing Place based leadership in the delivery of the Sussex Integrated Care Strategy and associated Shared Delivery Plan. This will cover physical and mental health services across acute, community and primary care settings, social care, and prevention.
- Supporting the ongoing development and implementation of a 5-year integrated local Brighton and Hove Plan which forms part of the Sussex-wide Integrated Care Strategy ***Improving Lives Together***.
- Supporting the delivery of initial agreed priority programmes of transformation in three core areas of urgent care, planned care and community services.
- Supporting the delivery of the Shared Delivery Plan priorities:
  - **Long term improvement priorities-** integrated community teams, growing & developing our workforce, digital & technology information.
  - **Immediate improvement priorities-** primary care, urgent & emergency care, planned care, discharge.
  - **Continuous improvement areas-** health inequalities (including homelessness), mental health, learning disability & autism, clinical leadership, making the best use of our finances.
  - **Supporting the delivery of the Health & Wellbeing strategy and Place-based Priorities.**

We work with our population in a range of ways to ensure that the way our priorities are delivered fits with what people have told us is important about their health and care.

## 3. Governance

The Brighton & Hove Health and Wellbeing Board (HWB) retains responsibility for governance and oversight of the BCF and receives quarterly monitoring reports. Responsibility for ongoing oversight is delegated to the Health and Care Partnership (HCP) Executive Board which meets bi-monthly. The core responsibilities of the BCF Steering Group in relation to the BCF are in the section 75 Agreement.

The BCF briefing paper was presented at the B&H ICP Executive Meeting on 21 June 2023, with representation from.

- Brighton and Hove City Council
- Brighton and Hove (NHS Sussex)
- Sussex Community Foundation Trust
- Sussex Partnership Foundation Trust
- University Hospitals Sussex NHS Trust
- Voluntary Sector in Brighton and Hove

The members of the meeting supported the actions outlined.

The BCF Plan will be presented at the Brighton and Hove Health and Wellbeing Board on 18 July 2023. Prior to final sign-off by the HWB Chair, the Brighton and Hove BCF Plan 2023/25 will have gone through the formal internal governance pathways of both Brighton & Hove City Council and NHS Sussex.

In addition to approval of the plan there is ongoing and regular stakeholder engagement. For example, with providers in respect of discharge planning and monitoring, system performance, and at individual scheme level with NHS providers, and VCSE providers.

The table lays out the approval timeline with local dates added for review by Better Care Fund Steering Group, Health and Care Partnership (HCP) Executive Board (review by partners), ICB Commissioning Group, Chief Finance Officers and the HWB.

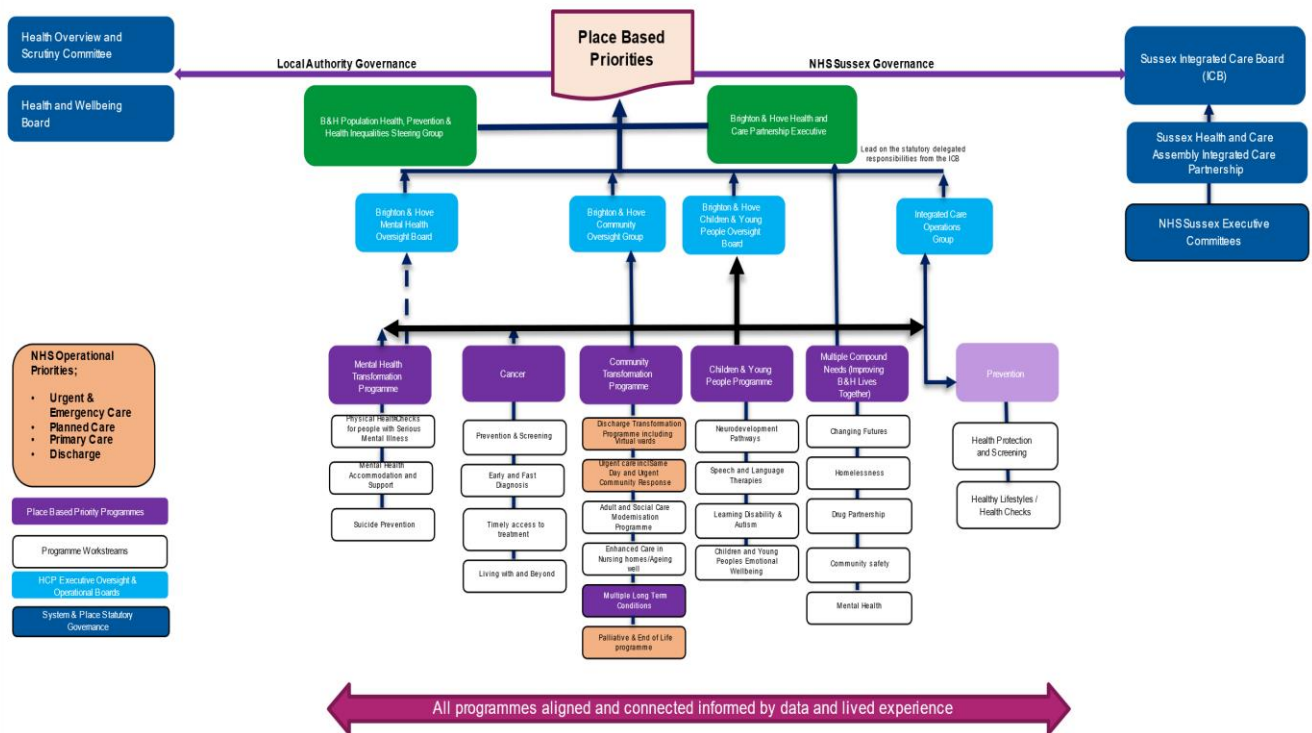
<b>Final submission</b>	<b>28 June 2023</b>
<b>NHS Sussex Brighton &amp; Hove and BHCC Approval</b>	
HCP Executive Board sign off (Delegated to NHS Place Executive Managing Director & Executive Director of Health & Adult Social Services)	21 June 2023
NHS Sussex Commissioning Group	12 June 2023
Brighton and Hove ICP Operational Group	5 & 19 June 2023
Brighton and Hove Operational Command Group (OCG)	2 June 2023
Better Care Fund Steering Group	26 May & 23 June 2023
<b>Brighton &amp; Hove Health &amp; Wellbeing Board</b>	<b>18 July 2023</b>

The BCF plans support delivery of the Brighton and Hove transformation programmes focussed on urgent and emergency care schemes and services which fall within these areas are monitored via the relevant Oversight Boards.

The application of the Better Care Fund, including the Discharge Funds, supports the delivery of the Sussex Shared Delivery Plan, is captured through the Sussex and Place based structure oversight governance arrangements. Brighton and Hove governance arrangements link to the Shared Delivery Plan and System Oversight governance that encompasses health and social care, to ensure alignment of plans and benefits realisation through the current and future deployment of the BCF.

Diagram 1: Brighton and Hove governance structure

## B&H Place Based Delivery & Governance Structure



Developing our ambition for a healthier future

## 4.Executive summary

The vision of the Brighton and Hove Health and Wellbeing Board is to protect and improve health and wellbeing and reduce health inequalities, so that everyone can have a life that is as safe, healthy, happy, and fulfilling as possible.

For health and care services, our aim is to work towards a fully integrated health and care system and by doing this we will ensure people receive high quality, coordinated care, enabling them to live good lives.

### Priorities for 2023-25

There are common themes throughout all the Brighton and Hove priorities which will be a part of everything we deliver over the next three to five years. These are:

- improving health and reducing health inequalities
- improved access to local services
- bringing together health and social care
- urgent and emergency care.

The Better Care Fund will continue to play a significant role in the driving improvement in all these areas through the integration and pooling of resources to support delivery of the Shared Delivery Plan.

#### Key changes since previous BCF plan.

The Sussex-wide Integrated Care Strategy *Improving Lives Together* was launched late in 22/23 providing a strategic approach for ensuring the Better Care Fund across all parts of Sussex is focused on delivery of the key priority areas via a Shared Delivery Plan.



The BCF funded schemes are carried forward from the previous year with the following additions:

- Discharge Fund: LA Grant and ICB Allocation. The schemes funded by the Discharge Fund fall fully within the BCF plan following the initial roll-out in Q4 2022/23.
- For 2023/24, the ICB will fund additional hospital discharge schemes via the BCF.

#### 5. National Condition 1: Overall BCF plan and approach to integration

Brighton and Hove is part of the wider Sussex Integrated Care System (ICS), created along with NHS Sussex in July 2022. It is a partnership of statutory (NHS and Local Authority) and non-statutory (voluntary sector) organisations. The agreed aim is to come together to plan and deliver joined up health and care and to improve the lives of people who live and work in the area.

The Brighton and Hove place-based partnership is responsible for leading the detailed design and delivery of integrated services across the city and neighbourhood level. This partnership involves the NHS, Brighton Hove City Council (BHCC), community and voluntary organisations, residents, people who use services, carers and representatives and other community partners with a role in supporting the health and wellbeing of the population.

The purpose of bringing the stakeholders together is to:

- Improve outcomes population health and health care.
- Address health inequalities in outcomes, experience, and access
- Enhance productivity and value money.
- Help the NHS support for the social and economic development.

Together partners have agreed a Shared Delivery Plan for Brighton and Hove, integral to which are the BCF plans and funding priorities. The plan sets out a concise vision, with clear outcome measures. Central to this is having a clear understanding of health inequalities and population needs in developing plans at a neighbourhood level. The aim is to further integrate multiple health and care organisational plans designed to support the development of integrated community teams, a single point of access and local partnerships. All essential for improving health outcomes and reducing inequalities.

To further support integration, address health inequalities and enable people to stay independent for longer, statutory, and non-statutory partners are increasingly working to co- design services, which are better able to support local needs. Integral to this approach is the use of population health data to pinpoint areas of greatest need on which to focus.

The priorities outlined below in the Shared Delivery Plan, are aligned to and supported by BCF funding:

- **Multiple Compound Needs (MCN)**, is the Place-based community frontrunner programme trialling a new integrated multidisciplinary team pilot, delivering a new integrated model of care for people with multiple compound needs. This will be supported by clear programme objectives, a compact agreement between system partners and an independent evaluation process.
- **Hospital Discharge**. Develop an integrated model and implement the 2023/24 hospital discharge transformation plan aimed at joining-up services, reducing hospital delays and deliver improvements aligned to the discharge frontrunner programme. This work also includes expansion of services supporting admission avoidance. Further expand statutory and voluntary sector services directed at supporting hospital flow and reducing emergency admissions.
- **Health Inequalities**. Build on existing progress to enhance prevention, reduce health inequalities, and the gap in life expectancy. This will be done through co-ordinated action across all services that impact on the wider determinants of health such as housing, employment, and leisure, as well as extending targeted approaches to empower people to make healthy choices across the whole life course to improve outcomes. Working with Public Health to reduce the spread of blood-borne viruses.
- **Mental Health**. Implement the recommendations of the 2022 Brighton and Hove Mental Health and Well-Being JSNA, ensuring the expansion in the range of emotional well-being services in primary care; physical health checks for people with mental health issues, develop suicide and self-harm prevention action plan.
- **Children and Young People (CYP)**. Implement well-being action plan priorities that will include a new emotional well-being pathway for CYP and embed training at the point of induction for social workers.
- **Multiple Long-Term Conditions**. Development of cardiovascular disease reduction plan, including hypertension case finding and treatment, and the restoration of the NHS health check program with a health inequalities lens.
- **Cancer**. Build on existing priorities, working closely with public health, NHS providers and the VCSE to help detect cancer at an early stage through the uptake of screening programmes, including the expansion of targeted health checks, FIT testing and continuing my fibro scanning outreach service (responding to an area of known health inequalities).



Recognising the importance of integrated working, partners are increasingly working together to jointly commission services. Where there is a single commissioning lead, partners join procurement teams to ensure coordination across health and social care. This also includes pooled budgets, along with shared arrangements for commissioning voluntary and community sector services.

The Brighton and Hove place-based partnership will also work alongside partners across Sussex as part of the Integrated Care Partnership/Sussex Assembly (ICP) and NHS Sussex Integrated Care Board (ICB). Where appropriate to support better health outcomes, a pan-Sussex approach will be adopted.

### **5.1 BCF Schemes Supporting Priorities**

The Brighton and Hove BCF already supports schemes that promote the agreed priorities:

- Enhance prevention, personalisation and reduce health inequalities:
  - Aging Well Programme
  - Enhanced Health in Care Homes
  - A range of services provided by the Voluntary and community sector.
  - Supporting telehealth/Care Link services in people's own homes.
  - Delivery of Personalised Care via Social Prescribing Link Workers
- Support for people with mental health needs by ensuring access to a full range of services including:
  - Dementia services
  - a network of local community-based services working together to support good mental health and wellbeing in Brighton and Hove.
- Continue to integrate health and social care services and work with our Primary Care Networks to embed proactive anticipatory care, and seamless wrap around care to people with long term care needs and conditions and those in care homes.
  - Carers Services
  - Health and Social Care Connect (Single point of Access)
  - Housing support and adaptations
  - Maintaining social care services
  - Community Equipment services
- Improve support for people with urgent care needs including targeted support for vulnerable people – by way of admission avoidance and supporting hospital discharge pathways:
  - Community based Intermediate Care and Reablement, by way of both domiciliary and bed-based care and support.
  - Homelessness Primary Care Service
  - Discharge to Assess – bed-based capacity.
  - Domiciliary Care capacity
  - Hospital discharge support
  - Targeted Proactive Personalised Care for Urgent and emergency care high users.

These schemes support the delivery of all the national BCF metrics; many of these schemes are jointly commissioned and jointly provided by Adult Social Care, local NHS Trusts, and the VCSE.

In addition, focus has been given to developing preventative services which adopt a proactive approach to supporting people at earlier stages of care pathways. Many of the services funded partially or wholly through the BCF up in previous years have been continued into this year. In addition to these, further investment has been made into domiciliary home care to support the system and in particular hospital discharge pathways.

### **5.2 BCF funded services support our approach to integration.**

The Brighton and Hove BCF funds several services across health, social care and the voluntary sector that work together to deliver integrated services supporting community care and specifically hospital

discharge. This, along with the priorities laid out in the Brighton and Hove Shared Delivery Plan, form part of the system's response to the Fuller Stock-Take recommendations: streamlining access to care, increasing proactive and personalised care, and helping people stay at home for longer.

Strategic plans to support hospital discharge, led by a BCF funded programme manager, will further increase the integration of services as part of a systemwide transformation programme aimed at developing a single operating model. The programme is wider than the BCF, funding schemes within the plan support the key priorities.

One example of this is the Discharge Transformation Programme, which is a system wide approach aimed at to improving discharge and admission avoidance through increasing integration and coordination between NHS, Local Authority and VCSE providers. The main focuses are:

- Better streaming of patients through ward to discharge with identification earlier of the most appropriate pathway to meet their needs.
- Increasing functionality of the Transfer of Care Hub with an equal focus on community and acute discharges.
- Increasing home/domiciliary care capacity to support more people in their own home, with integrated health and social care pathway, agreed by all partners.
- Integrated health and social care front door services to increase redirection from Emergency Departments. Currently a high percentage of patients are elderly. It is anticipated between 4-6 redirections per day prior to admission into ED.

A major focus of the Integrated Care Strategy is the development of Integrated Community Teams with the aim to transform the way we deliver health and care services across local communities in Brighton & Hove. The aim is to ensure that our services are person centred and holistic in their nature and provide proactive health & care services with a greater focus on prevention. These services will be delivered by Integrated and multidisciplinary community teams working across primary care, secondary care, social care and the VCSE. It is anticipated that these teams will be set up on geographical basis across four localities in the city and on a city-wide basis where there are health population needs that are specific to communities of interest and identity.

The development of the Shared Delivery Plan objectives for integrated community teams is in its infancy. But a lot of the existing provision of community health and care services is aligned to and supported by the BCF, so over the next couple of years we expect that the BCF will be integral to how we further develop our local health and care services to meet the aims of the integrated community team's transformation programme.

### 5.3 Future Plans

In Brighton and Hove, the opportunity is being taken to enhance models for the way teams work together in communities and at neighbourhood level to help improve health outcomes for different populations and remove barriers between organisations to enable them to do this.

- In May 2023 first all partner engagement event, in which ideas and proposals for neighbourhood development were discussed.
- Plan to establish a test and develop approach; looking to trial approaches in single neighbourhoods to be rolled out across the city if they are successful.
- Build on the existing related services and projects.
- Build on our original target operating model for community services to ensure primary care, mental health and services that impact on the wider determinants of health and wellbeing are fully a part of the model.

BCF plans in Brighton and Hove in 2023/24, remain largely unchanged at this point from those in 2022/23. All schemes have been reviewed by system partners and align to agreed national and local

priorities. The agreed plan is to continually review existing schemes to ensure they continue to be effective and/or continue to align to system priorities of addressing the health needs of the population in B&H and further developing integration of services.

## **6. National Condition 2: Supporting BCF objective 1: Enabling people to stay well, safe and independent at home for longer**

The key aim of the Brighton and Hove Shared Delivery Plan is to deliver improvements the health and wellbeing of local people and reduce health inequalities. This will be achieved through delivering more integrated and personalised care, enhanced focus on prevention through early intervention and reablement after episodes of ill health. Integral to this is better understanding of the healthcare needs of different populations within Brighton and Hove and developing services better able to support these differing needs effectively.

Following the publication of local Joint Strategic Needs Assessment (JSNA) information broken down to neighbourhood level, Brighton and Hove is already in good position to understand the care needs of its local population. The Brighton and Hove system has committed to transforming to a new model of integrated care that will:

- Alongside statutory and voluntary partners and local communities develop multidisciplinary neighbourhood teams throughout the city, able to better understand and support the needs of different communities.
- All partners working together to address some of the wider determinants of health that are resulting in the current level of health inequalities.
- Support people's independence through integrating care and offering a range of preventative services, early intervention and joined up care and treatment.
- Provide proactive support to people who are vulnerable or at risk as close as possible to where they live and enable access to good quality local and specialist hospital-based services when needed.
- Utilising more digital/telehealth options to help people remain safely for long with their own home.
- Increase sustainability through increased integration between community and social care services alongside closer working with Primary Care, mental health and the voluntary sector.
- Promote increased aligned working between the health and social care system to maximise the impact on the broader determinants of health and reduce health inequalities, including housing, employment, welfare, transport, environment and leisure and voluntary and community sector services and support.

### **6.1 Carers Hub**

Brighton and Hove Health and Adult Social Care Assessment Services, as of August 2022 had 2,022 known carers within the system and completed 784 carers new assessments / reviews / joint assessment, and with 45% (or 910 carers) needing support and receiving services. Proactively engaging and supporting carers will reduce the need for greater interventions for both carer and cared for – reduce hospital/primary care/social care provision.

The Carers Hub which is funded by the BCF provides services which support unpaid carers, the locally commissioned single point of contact for carers within the City. They provide a range of services within the Hub, through a partnership of organisations, and has an excellent reputation within the City, as well as being a high performing contract.

There are two specific projects, within the Hub, whose referrals and activities are:

- **Changes Ahead** (specialist carer support for carers of people with mental health needs) are commissioned to support 50 carers per year and are actively supporting 73 in the first quarter.



- **Young Carers Project (YCP)** – referrals to this service have increased year on year since 2017 when the Carers Hub started the YCP supported 90 YC's; 2018-2019 105 YC's; 2019–2020 120 YC's; 2020-2021 235 YC's; 2022–2023 82 YC's, with an estimate of over 300 YC's being supported this year.
- The Brighton and Hove Carers Rapid Needs Assessment six Recommendations which form part of the work funded by the BCF in Brighton and Hove (the rest directly from the ICB):
  - Services and commissioners should consider how to target services at groups identified as being under-represented within services (e.g. males, working age carers).
  - Ensure that organisations that work with young people and with young carers specifically are aware that young carers are at increased risk of several poor outcomes and can respond to these risks including linking them into appropriate services such as physical and mental health services.
  - Ensure that impact of carers' services can be demonstrated by including the same questions in carer's reviews as the carer's assessment (for example, questions about the impact of caring on wellbeing and the risks to physical and mental health).
  - Ensure that the data collected by Adult Social Care is complete and quality checked, to provide a robust source of evidence about carers and their needs.
  - Ensure that Adult Social Care are collecting data on the protected characteristics for all carers accessing services, including religion and sexual orientation, as well as armed forces personnel.
  - Review the list of groups of carers at higher risk/with higher needs and prioritise those that more information is needed about, or more specialised work is needed on. Research could be carried out with these groups to find out why they don't access services.

## 6.2 Personalised Care

Personalised Care is a key enabler to reducing health inequality, giving people the same choice and control over their mental and physical health they have come to expect in every other aspect of their life.

Social Prescribing Link workers are key in connecting people to wide range of community services that can help improve health and well-being. The delivery of Personalised care is key to the role of a Social Prescribing Link Worker to deliver the 3 population approaches in the comprehensive model of Personalised Care; Shared decision making, Personalised care and support planning, enabling choice, including legal rights to choose.

Aligned to the requirements set out in the PCN Network Contract DES for Personalised care, our Social Prescribing service will deliver a targeted programme to proactively offer and improve access to social prescribing to an identified cohort with unmet needs.

## 6.3 Social Prescribing

Social Prescribing improves outcomes for people by giving more choice and control over their lives and an improved sense of belonging when people get involved in community groups. It is also effective at targeting the causes of health inequalities and is an important facet of community and neighbourhood centred practice.

**Together Co** have been providing a **Social Prescribing** service in Brighton and Hove since 2014. This service, commissioned by NHS Sussex, is funded by the Better Care Fund. Social Prescribing is delivered in several different ways to provide targeted interventions.

- Working closely with the West Hove PCN and Brighton Deans and Central, the service provides specialist support to the **PCNs Social Prescribing Link Workers** through the provision of training, peer support and 1:1 supervision.

- A **City-Wide Social Prescribing service** which aims to reduce health inequality and improve outcomes for people who may not traditionally access services via their GP practice.
- A **Social Prescribing Plus** service which aims to further tackle health inequalities in Brighton and Hove by providing complex case link workers to support LGBTQ and Black, Asian and minority ethnic (BAME) people, language and interpreting services and specialist Gypsy, Roma and Traveller link workers. This service is delivered in partnership with specialist social prescribing VCSE providers:
  - Friends, Families and Travellers – for the Gypsy, Roma and Traveller communities
  - LGBT Switchboard Trans Link – for trans and non-binary people
  - Trust for Developing Communities – for people from BAME backgrounds.
  - Sussex Interpreting Services – for those with a language need

These services deliver metrics which support avoidable admissions. Local Quality Requirements to capture the impact of this service on health inequality are reporting on the impact of this service on areas of deprivation, ethnic communities, LGBTQ, and people with one or more long term conditions.

## 7. National Condition 2 – Demand and Capacity Modelling

### 7.1 Our approach

#### Demand Assumptions:

- Underpinned by Trust Discharge Sitreps for 2022/23 for four core providers, providing analysis by Pathway.
- Growth 2022/23 to 2023/24: net neutral
- Phased by month by days in month with limited adjustments for seasonal variation.
- Pan Sussex assessment that 2% of Pathway 0 activity requires Social Support
- A limited amount of Pathway 3 activity transferred to Pathway 1 – Domiciliary care – in line with pan Sussex agreed focus on 'Home First' and evidence from East Sussex service leads.
- Analysis by 'sub pathway' (%) derived from review of patterns of referral 2021/22 and 2022/23; this analysis will be subject to further development as part of the Discharge Front Runner Programme

#### Capacity Assumptions

- Routinely produced performance dashboards for Pathway 2 and Pathway 3 services (Pathway 3 care profiles feature length of stay in line with pan Sussex strategy)
- Reviews with service managers were also undertaken to validate Pathway 1 services and available data sources.

#### Significant Demand and Capacity Gaps

- Rehabilitation in a bedded setting: As for Hospital Discharge, demand exceeds capacity. This is a focus of Discharge transformation and use of discharge capacity.

Further work to refine the data is being undertaken as part of the Discharge Front Runner programme, this will include data for Mental Health pathways.

## 8. National Condition 2 – Supporting Unplanned Admissions and Hospital Discharge

The Brighton and Hove system recognises the importance of patient experience and outcomes through measures that support hospital discharge and admission avoidance, especially in the elderly. It also acknowledges that integration and coordination between health and social care partners is the best way to achieve this.

### 8.1 Discharge Frontrunner Programme

Our discharge improvement and transformation programme is being delivered within our SDP Discharge and Social Care Board, supported by our participation in the national Discharge Frontrunner programme.

The selection of Sussex as a Discharge Frontrunner will enable the existing initiatives to be built on and taken further to make greater improvements for local people.

Discharge Frontrunners will involve local health and social care partners being supported to work together to rapidly find innovative solutions and new approaches, which have the potential to make a substantial difference to improving discharge across the country. They will specifically look at how workforce, data and digital, and intermediate care, can be better used to speed up discharges.

As part of the Discharge Frontrunner programme the system has undertaken a comprehensive hospital discharge patient needs analysis, building on the work completed last year. This identified several key challenges in delivering effective and timely discharge from hospital:

- Complicated pathways and the requirement for further integration between teams
- Challenges within the homecare market
- Short notice, non-recurrent nature of funding resulted in the purchase of the right capacity in the system.

Place-based initiatives are enabled through our system wide prioritised approach to developing the following to underpin our agreed model:

- A joint workforce planning framework across health and social care including the care provider market.
- Widen our scope of digital innovations.
- Business intelligence management tools: working towards a live tracking system to support demand modelling, performance improvement and operational oversight.
- Move to more innovative funding approaches as part of the total economic model to achieve more sustainable contracting, delivery, and better value for money.
- Delivery of a programme of discharge improvement at system, place, and provider level.

### 8.2 Brighton and Hove System

The BCF historically has funded several schemes directed at supporting hospital discharge and admission avoidance, including increasing intermediate and homecare capacity, and supporting rapid community/hospital assessment, and telehealth technology. In 2023 the Brighton and Hove system has also benefited from additional hospital discharge funding, which it is used to further increase capacity and who could providers on long-term contracts to safeguard continuity.

The BCF also funds a Programme Manager post to support the delivery of the system's Hospital Discharge Transformation Programme, which includes:

- Further development of a new delivery model
- Establishing collaboration and integration of services
- Reduction of duplicate assessments
- Use of digital options to meet system pressures and share information.

The discharge transformation programme as set out in section 8.2 seeks to build and consolidate the outcomes achieved through this integration and joint work.

The Brighton and Hove system has been working in partnership across Sussex alongside and alongside patient groups for some time to develop strategic solutions that deliver the nationally mandated outcomes required of an Integrated Urgent Care (IUC) system. The local model for IUC covers four core components:

- NHS111-Clinical Assessment Service (CAS) including NHS 111 First
- Sussex Home Visiting Service
- Urgent Treatment Centres (UTCs) - co-located and stand-alone.
- Place-based models of Integrated Care

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

### **8.3 Improving outcomes for people being discharged from hospital.**

The system will continue to work with the Sussex Urgent Care Programme to support patient flow and reduce pressure on urgent care services. The Discharge transformation programme has commenced with the aims of supporting patient flow and reduce pressure on urgent care services through managing Medical Ready for Discharge (MRD) patients better. The system set itself an ambition to minimise the length of time a person is waiting for their supported discharge from hospital, with a focus on working collaboratively to improve system and processes to reduce delays.

Much of this work is supported by BCF funded schemes, either directly the creating community capacity, or investing in VCSE discharge to settle services, or indirectly by increasing social work assessment capacity.

### **8.4 Discharge Transformation Programme (DTP)**

It is a system objective to return people to their own homes via the Home First pathway, wherever possible. Brighton and Hove system partners have agreed to further develop existing discharge models, through a Hospital Transition programme aimed at further aligning and jointly locating health and social care teams, going beyond the principles of Discharge to Assess (D2A) and work towards a 'Discharge to Recover' approach. To facilitate this, the key workstreams of this work are:

- Trusted Assessment
- Home First
- Domiciliary Care and Care Home Framework Procurement
- Combined sourcing and placement team
- Developing the functionality of Discharge Hub
- Right sizing and Reablement Streaming

The BCF will also be used to commission additional key services to support a safe transfer of patients and encourage flow. This includes investment into capacity and a dedicated programme manager to push integration between partner organisations and to facilitate a culture change required to meet achieve the desired outcomes.

In addition, the Brighton and Hove system also supports safe and effective hospital discharge by:

- Maintain a small number of providers commissioned to assess and accept patients 7 days a week.
- Patients and families are engaged and fully involved in the planning long term care needs asap within the discharge process with a choice protocol in-place and implemented throughout the system and is supported by the emerging discharge transition programme that embeds personalised care across the system.

- Extensive range of VCSE services available to support discharge process – home to settle and care services in place with agreed extended roles to include medication prompts and meal prep.
- Other VCSE services include:
  - Post-discharge checks for high-risk patients
  - Social prescribing and signposting services available
  - VCSE High Intensity Users service in place

A Care Home support service is in place to work with high referring homes or homes identified as having specific risks within the Enhanced Health in Care Homes programme to include;

- Enhanced primary and community care support
- MDT support including coordinated health and social care.
- Falls prevention, reablement and rehabilitation.
- Joined up commissioning of health and social care.
- Workforce development
- Data, IT and Technology

For housing related services, a systemic response is in place supporting early needs assessment, integrated working. There are plans in place to establish clear links between housing and discharge teams, including equipment needs.

### 8.5 Aligned commissioning of discharge services:

The development of the discharge model is based on an agreed set of Principles:

- Optimum utilisation of all bedded capacity (Pathway 2) to stream patients into appropriate settings.
- Build Home First/Crisis Response domiciliary model alongside reduction in Interim bedded capacity.
- Agreed Organisation Development across health and social care to improve consistency of approach to discharge with an emphasis on promoting independence supports implementation of future model.
- Robust communications plan to be developed to support health and social care staff and patients and their families/carers.
- A focus on the wider issues of workforce
- Developing in symphony with key partner programmes, such as Community and Primary Care Transformation

### 8.6 How our BCF funded activity supports safe, timely and effective discharge?

A large proportion of current BCF investments are directly supporting hospital discharge or admission avoidance:

- **Integrated Primary Care Teams** - provides community nursing capacity within each locality to provide a proactive service to patients in their own homes.
- **District Nursing Support** – Out of hours domiciliary nursing and night-sitting supporting end-of-life patients and urgent patients
- **Hospital Discharge** – Directly funding D2A bedded capacity.
- **Community Equipment** – provides community equipment and minor adaptations to people in their own homes or within care to support safer independent living. In many cases, the availability of this equipment facilitates hospital discharges.
- **Home First/Urgent Homecare** – provides urgent additional homecare capacity to patients following rapid community assessment after hospital discharge.
- **Medical Cover** - provides medical cover supporting 25 community step-down beds.
- **Crisis Service/Link Back** – voluntary sector providers, utilising social prescribing techniques to deliver support and low-level care to discharged patients (increasingly being used as an alternative to homecare). This is increasingly being used as an alternative to homecare provision on discharge.

- **Carers Hub** - highly praised by service users, providing single point of access and support to carers, helping to avoid emergency admission.

A review of all current BCF funded schemes in Brighton & Hove has indicated opportunities to consolidate some component parts to improve outputs but found there were no schemes that could be stopped or scaled back without incurring an adverse impact on the local system. All the current schemes have been retained, although further reviews will be undertaken to ensure the continued robustness of each.

System pressures remain within the Brighton and Hove system. In response, funding from additional discharge fund and utilising a combination of the uplift to the NHS's minimum contribution and a small contingency will be used to ensure discharge supported community bedded capacity is moved to being recurrently funded via the BCF (previously HDP funded schemes) and additional homecare capacity is created. This is aimed at stabilising community capacity to support hospital discharge.

### 9. National Condition 3: Provide the right care in the right place at the right time

The transformation programme, service redesign schemes and developments are significantly wider than those funded by the Better Care Fund however the BCF plans for 2023/25 seek to provide the right care in the right place at the right time through:

- Continually working towards integration between health and social care services and work with our Primary Care Networks to embed proactive care, and seamless wrap around care to people with long term care needs and conditions and those in care homes.
  - Frailty services
  - Carers Services
  - Housing support and adaptations
  - Maintaining social care services
  - Community Equipment services

Improve support for people with urgent care needs including targeted support for vulnerable people – by way of admission avoidance and supporting hospital discharge pathways:

- Community based Intermediate Care and Reablement, by way of both domiciliary and bed-based care and support.
- Urgent Community Response services
- Hospital Intervention team based in the hospital
- Discharge to Assess - bed-based capacity.
- Domiciliary Care capacity
- Hospital discharge support provided by the Voluntary Community Sector In
- 24/7 Health and Social Care Connect (Single point of Access)

These BCF schemes support the delivery of the BCF metrics with many of these schemes being jointly commissioned and jointly provided by Adult Social Care and local NHS Trusts. The schemes support the development of integrated local service delivery and the move towards planning and designing services around local communities as a cornerstone of our vision for integrating care and support.

A commitment from operational teams to collaborate and improve services by taking a whole system approach, reviewing pathways and processes to identify barriers and improve patient journeys, examples of this include:

Developing direct referral pathways from hospital discharge teams into housing adaptations teams to provide adaptations to enable safe and timely discharge.  
Rationalisation of hospital discharge referrals



## 10. National Condition 3 – Discharge Demand Modelling

### 10.1 Our Approach

Brighton & Hove system partners have undertaken a significant amount of modelling to understand the demand and capacity for different parts of the system. Much of the data has been derived from tracking discharge hub activity and reviewing unmet community demand both within the NHS and local authority.

#### Demand Assumptions

- Underpinned by Trust Discharge Sitreps for 22/23 for four core providers, providing analysis by Pathway.
- Growth 22/23 to 23/24: net neutral
- Phased by month by days in month with limited adjustments for seasonal variation.
- Pan Sussex assessment that 2% of P0 activity requires Social Support
- A limited amount of Pathway 3 activity transferred to Pathway 1 – Domiciliary care – in line with pan Sussex agreed focus on 'Home First' and evidence from Brighton and Hove service leads.
- Analysis by 'sub pathway' (%) derived from review of patterns of referral 21/22 and 22/23; this analysis will be subject to further development as part of the Discharge Front Runner Programme

#### Capacity Assumptions

Performance (Utilisation factors) and Care Profiles (length of stay and resource use) derived from:

- Routinely produced performance dashboards for Pathway 2 and Pathway 3 services (Pathway 3 care profiles feature length of stay in line with pan Sussex strategy)
- Reviews with service managers were also undertaken to validate Pathway 1 services and available data sources.

Whilst the modelling has provided an ideal number of intermediate care beds for the system, but it is recognised that not all patients being discharged on the right pathway and that some pathway utilisation may be driven by availability of capacity rather than demand, usually into bedded care, where they remain for longer than modelled. This means the system currently operates with more intermediate care beds than it requires according to modelling. The main drivers for this are:

- a lack of onward homecare capacity to support people in their own homes impacting on acute discharge, community bed discharge, and home first services
- complexity of patients for the commissioned beds; over 65 with mental health and other physical needs

The system has modelled the level of homecare capacity it requires, but due to market forces is unable to achieve this level of provision. BCF funded schemes are directed at incentivising the market to increase capacity.

The system development of home first model supported by integrated health and social care teams, is the approach being taken to increase homecare capacity, support greater numbers of people in their own homes and reduce reliance on intermediate care beds.

## 11. National Condition 3 - High Impact Change Model

The High Impact Change Model and the NHSE 100-day challenge requirement have been reviewed with agreement all requirements are broadly met or developing and work continues to improve discharge pathways.

The Brighton and Hove priority remains the further development of the home first pathway to ensure people can return home with the support they need as soon as they are medically ready and key actions to progress this include:

- Further embedding the Home First model and associated processes
- Development of Urgent Community Response Services
- Agree delivery trajectory alongside associated reduction in intermediate care/DTA beds (noting existing pressures in current P1 pathway).
- BCF funded Project Management resource with clear leadership support to deliver the project at the pace required.
- Ensure programme plans with clear timeframes in place and monitored.

Housing adaptations have been utilised to enable residents to be discharged to usual place of residence via the use of discretionary policies to support with fast tracking works, developing pathways with hospital discharge teams to enable hospital discharge referrals to be prioritised and, where the existing place of residence is not suitable for adaptations, support with options for identifying and relocating to alternative accommodation.

## 12. National Condition 3 - iBCF

The BCF and iBCF already funds many services across health, adult social care and the voluntary sector that support community care and specifically hospital discharge.

The ASC Discharge grant has been pooled into the Brighton & Hove BCF to facilitate additional adult social care and community-based reablement capacity, to reduce hospital discharge delays. It has funded:

- Mental Health Step-down capacity
- Additional intermediate care beds
- Bariatric bedded provision
- Increased Homecare capacity
- Discharge facilitation roles

## 13. Supporting Unpaid Carers

The Brighton and Hove Carers Strategy – *THINK CARER! – Building a Carer Friendly City* (2016-2020) adopted the [NHS England Commissioning for Carers](#) definition of a family and friend unpaid carer:

***“A carer is a person of any age, adult or child, who provides unpaid support to a partner, child, relative or friend who couldn’t manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or serious health condition, mental ill health or substance misuse.”***

The Carers Hub is a partnership of carers services providing information, advice, assessment, support, and dedicated services – offering a single point of contact (SPOC) to enable unpaid carers to access a wide range of services to support them in their care giving role. Specifically:

- Awareness raising/Info/Advice/initial Carers Assessment (Carers Centre) – all carers encouraged to refer to the Carers Hub, Hub provides Primary Care Carers Worker to support GP Practices re: Carers Quality Markers, including training and dedicated support for Working Carers (Employers for Carers)
- Dedicated Services – EoL carers project; YC project, Peer Support, Carers Reablement Project, My Health Matters, Dementia Carers support, Carers Engagement, Changes Ahead
- Carers Assessment Service - conduit between Carers Hub and HASC duty system
- Carers Hub aligns to B&H **CORE20PLUS5 ‘PLUS’** groups to support carers, specifically young carers.



The Carers Hub has **3 Tiers**:

- **Tier 1: SPOC** for Carers (info; advice; signposting; assessment of needs; and awareness raising across services of the needs of carers, including Primary Health Care; Acute Care; and support for Working Carers). This Tier aims to reach over 4,500 carers per year.
- **Tier 2:** 7 dedicated projects within the Carers Hub Partnership:
  - Young Carers Project – information, advice, 1:1 support; group work; and schools support for 5–18-year-old carers (provided by the Carers Centre)
  - Changes Ahead – information, advice, 1:1 support; peer support for carers of people with mental health needs (provided by the Carers Centre)
  - Carers Peer Support – a range of monthly peer support meetings across the city (provided by the Carers Centre)
  - Carers Reablement Project – matching volunteers and carers to achieve specific outcomes over an 8-week period (provided by the Carers Centre)
  - End of Life Carers – information, advice, 1:1 support and peer support for carers of people at the end of their lives, or life limiting conditions (provided by the Carers Centre)
  - Dementia Carers Support – information, advice, 1:1 support, and peer support groups for carers of people with dementia (provided by Alzheimer's Society)
  - My Health Matters – homebased respite, providing replacement care to enable carers to attend health-based appointments (provided by Crossroads Care)
- **Tier 3:** of the Carers Hub are the Carers Assessment Workers within Health and Adult Social Care, who can support with Care Act compliant Carers Assessments, support planning, and Carers Personal Budgets.

#### 14. Disabled Facilities Grant (DFG)

The DFG promotes the prevention of ill health (falls), avoidable hospital admissions, improves hospital discharges, reduces residential / nursing home admissions and promotes quality of life and wellbeing through major and minor home adaptations.

For Brighton & Hove our services are aimed at achieving the following outcomes;

- Enable older & disabled people to make choices that reflect lifestyle and circumstances and being able to remain living safely at home for as long as possible.
- Fund home adaptations preventing people from needing to move into a care homes.
- Improve housing quality and support.
- Increase effective support to vulnerable fuel poor households and those most at risk of the health impacts of cold homes.
- Proactive and preventative support by helping people stay healthy and remain independent.

The Housing Adaptations Service is an integrated team of Housing Occupational Therapists (OTs) and Technical Officers responsible for the specialist assessment for all major housing adaptations (over £1,000) and the administration of the Disabled Facilities Grant (DFG) available to low-income households in the private sector to fund major adaptations, repairs, and renewals.

For 2022/23 the budget for DFGs was £2.24m within this 400k was allocated to discretionary grants as detailed below with an additional budget of £0.4m for the extension to the Warm Safe Homes Grant.

The total fund and associated policies describe the assistance available for essential housing repairs, renewals and improvements targeted at reducing injury and accidents in the home, tackling fuel poverty and carbon reduction in housing, and reducing delayed transfers of care. Importantly the policy enables the local authority greater flexibility in how it uses the Disabled Facilities Grant (DFG)

capital funding to better meet local needs and deliver several wider strategic aims to keep people safe and well at home.

#### **14.1 The Health and Wellbeing Strategy**

This strategies ambition is that we want everyone in Brighton & Hove to have the best opportunity to live a healthy, happy and fulfilling life. This strategy focuses on improving health and wellbeing outcomes for the city and across the key life stages of residents: starting well, living well, ageing well and dying well.

The strategy is underpinned by eight principle, Partnership and Collaboration, Health is everyone's Business, Health and Work, Prevention and Empowerment, Reducing Health in equalities, the right care, in the right place at the right time, engagement and involvement and keeping people safe.

#### **14.2 The Connected City, the Sustainable Community strategy for Brighton & Hove**

The policy contributes to making Brighton & Hove an inclusive city with high quality, housing that promotes health and wellbeing. The policy contributes to delivery of Housing Strategy priorities:

Improving Housing Quality - work to improve housing conditions in private rented and owner-occupied homes through renewal advice, assistance, and enforcement, improving Home Energy Efficiency, improving thermal comfort, and reducing fuel poverty and CO2 emissions. Improving Housing Support – through investment in a range of housing interventions, helping people remain independent helps to mitigate pressures on the more intensive and costly services provided by Adult Social Care, Children's Services and Health

It also contributes to improving health, care, and well-being by improving the housing conditions which influence health. The policy contributes to the Better Care Plan vision to support people to stay healthy and well by promoting independence and enabling people to fulfil their potential. The policy demonstrates how we will work with the community & voluntary sector, so they play an active role in supporting people to stay well, through the partnership work with Possibility People, and places an emphasis on reablement to support people to maximise their independence.

#### **14.3 Affordable Warmth Strategy**

The policy contributes to delivering priorities to tackle fuel poverty and effectively targeting more vulnerable fuel poor households and those most at risk of the health impacts of cold homes. It helps to maximise resources and opportunities for tackling the causes fuel poverty.

#### **14.4 Carbon Reduction in Housing**

The policy contributes to meeting the Council's ambition for the city to be Carbon Neutral by 2030 by helping to deliver the 'Warmer Homes Scheme' for private housing. It incorporates an additional £400,000 of Warmer Homes funding to increase the maximum grant available to make homes warm and safe and to allow for the installation of air source heat pumps where appropriate and feasible, in addition to insulation measures.

#### **14.5 Funding Distribution**

The total discretionary funding as described above is split across the following areas.

##### **Hospital Discharge Grants**

The hospital discharge grant scheme is available to support any older person or disabled person discharged from hospital or intermediate care to return home. This extra help is available to help make sure that the home is safe and ready to return to. The maximum grant is set at £2,500.

The coordination of applications for assistance under the Hospital Discharge Grant has been well managed working in partnership with Possibility People. Outturn during 21/22 shows 187 referrals into the Link Back Early Response service, 128 delayed transfers of care avoided

thanks to Link Back Early Response service interventions. It is estimated 256 hospital bed days saved at an estimated cost saving of £102,400, based on a conservative estimate of two days saved per patient at £400 per overnight stay - days saved have potentially ranged from 1 – 14 in some cases.

### **Referral Routes**

1. referral from the dedicated Early Response Worker within the Help After Hospital team supporting Brighton & Sussex University Hospital Trust (BSUHT) discharge teams, hospital rehabilitation/
2. care teams, Health and Social Care teams or the Patient Liaison Service (PALS)
3. excludes packages of care funded by NHS continuing healthcare and is for a Maximum of £2,500

The grant is not specified, so any work that supports the discharge from hospital to home is eligible including: minor works, such as clutter clearance/deep cleaning, urgent home repairs hazards removal heating systems repaired/emergency heating.

The hospital discharge grants are administered by a third sector provider and an extract of their 22/23 evaluation of the programme is included at Appendix 1

**The Handypersons Grant:** This grant can be applied for directly or via the following organisations: Social Care, allied health professionals and volunteer /charitable organisations. The grant allows for necessary minor remedial works, adaptations that reduce increase falls prevention. Targeted at older and disabled adults. The maximum grant is set at £2,500.

### **Dispensing with the means test:**

This grant enables the service to provide minor adaptations up to a maximum of £5,000 with the minimum of intervention, intrusion, and delay. Any application that appears likely to be in excess of £5,000, would require a standard means test to be applied as part of the application process.

### **Warm Safe Homes Grant:**

This grant is made available to provide significant remedial and property improvements such as cavity/wall and loft insulation, improved energy efficient heating solutions, energy efficient windows and doors. This grant also provides access to necessary adaptations to increase safety in the home. This grant is targeted at low-income homeowner's and, private tenants in fuel poverty. The grant seeks to provide the most energy efficient installations that reduce energy costs. The grant is limited to £20,000.

### **Relocation Grant:**

This grant aid those people eligible for a DFG but where their current accommodation/ property isn't suitable to meet their needs currently and into the future and where adaptations are either unfeasible or unlikely to meet future needs with a five-year period. The grant is limited to £20,000 and subject to the means test.

### **Basic Adaptations Grant:**

This grant enables non-Occupational Therapy professionals to organise and provide minor adaptations up to a limit of £5,000, such as intercoms & entry systems, external / internal rails. This avoids delays and allows speedier access to necessary adaptations without the need for a full Occupational Therapy Functional Assessment and subsequent professional recommendations.

### **Making Homes Dementia Friendly:**

This enables access to help to make accommodation better suited and so safer to meet the needs of people with dementia or other deteriorating neurological conditions such as Huntington's Disease, Parkinson's Disease, MS. The grant is limited to £2,500.

**DFG Fees grant:**

This grant is available to eligible applicants to offset the costs of application and subsequent scheme costs – in relation to professional fees. This would include the provision of private Occupational Therapy assessment and or Structural Engineer assessment and reports. The grant is limited to £2,500.

**Funding in Excess of the Maximum Mandatory Grant:**

This grant enables the Local Authority to have discretion to increase the grant award beyond the current statutory level of £30,000. This provides essential access to deliver larger more complex schemes that enable people with higher levels of need to remain living in their homes, for as long and as safely as possible. The current discretionary level is limited to £20,000 and it is recommended in this report that this is uplifted to £30,000.

**14.6 Additional information**

The DFG Housing policy, approved by Housing Committee in September 2017 and updated in September 2018, offers a wide range of DFG funded discretionary grants as described above to eligible households in the private sector for housing adaptations, repairs, and renewals. It helps promote choice and independent living, enabling older and disabled households to live safe and well at home. It takes a prevention led approach, targeted at reducing accidents in the home, tackling fuel poverty, and reducing delayed transfers of care.

The policy is delivered by the Councils Housing Adaptations service with the Home Improvement Agency services (HIA), formerly provided by Mears HIA, having been successfully in-sourced 1 June 2021. The policy is closely aligned to Health and Social Care priorities and contributes to delivering our Fuel Poverty and Affordable Warmth Strategy and the Carbon Reduction in Housing action plan.

**15. Equality and health inequalities****15.1 Population Health Management**

The Brighton and Hove system is committed to delivering change through a whole area approach, with a clear focus on outcomes to improving health and ensure partners sign up to common goals. The principles of Population Health Management (PHM) are fundamental to make this real and enables us to use data drawn from across partners to identify people with deteriorating health (including those who may be slipping through the net) to influence behaviours and lifestyles which lead to poor health.

PHM will enable PCNs to deliver true Personalised Care with their local partners. Together, the three Ps (PHM, PCNs, and Personalised Care) forms a core offer for local people which ensures care is tailored to their personal needs and delivered as close to home as possible.

The Brighton and Hove BCF schemes support the delivery of anticipatory care, providing services for those patients who are at high risk of unwarranted health outcomes, to live well and independently for longer, through structured proactive care. Schemes provide anticipatory care to the most disadvantaged in our population, informed by the population health needs, the Brighton and Hove JSNA; drug and alcohol support, Social Prescribing, services which support the elderly population, mental health (including Dementia), long term conditions, carers, homelessness and housing.

**15.2 Health Inequalities**

Our diverse City of nearly 300,000 people is the 131<sup>st</sup> most deprived local authority in England (of 317) according to the Index of Multiple Deprivation (IMD). However, there is wide variations within the city, with average life expectancy up to 9 years shorter in the most deprived areas, compared with more affluent parts.

Brighton and Hove is a city with a younger population (83% aged under 60 compared with 76% national average), that has significant diversity in all manners i.e. sexuality - Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) 11.5%, BAME 19.5%, carers 9%. There are over 3000 known refugees/globally displaced migrants in Brighton and Hove.

Brighton & Hove has some of the highest rates of homelessness and drug related deaths in the Country (fifth highest rate for homelessness). Over 4000 people are known to have Multiple Compound Needs (MCN's (described as individuals receiving support for 2 or more of the following services: substance misuse, homeless or offending, 460 received all three services and 2,170 were also estimated to have mental health problems)). The average life expectancy of those with MCNs is 41 compared to the overall average of death of 77.

Multiple Compound Needs as one of the five Place based priorities and is working with the Sussex wide Changing Futures Programme to support system transformation. Key programme deliverables are:

- Establishing an MCN system partner steering group to oversee the transformation programme.
- Multi-disciplinary Team Pilot Project to support proof of concept and inform future integrated service design and commissioning. The pilot project went live in Dec 22 and is providing targeted support and care coordination to over 80 people with 4 or multiple complex needs in the city.
- High Intensity Users scheme directed at supporting people with complex needs who have multiple ED attendances.
- Integrated hospital discharge step down pilot service for homeless people in the city.
- Established a Homeless Healthcare Strategy Group, which is ensuring the specific health needs and health inequalities homeless people face in the City is considered and informed through strategic clinical lens and this informs service redesign. This group is led by the specialist homeless primary care practice, funded via the BCF, ARCH Healthcare and involves specialist secondary care providers.
- Specialist wound care and podiatry service for homeless people.

Sussex's Vision 2025 sets out how we will achieve better health and care for all, through better health outcomes, equity of access and sustainable health and care services. Its ambitions support the national requirements of CORE20Plus5 in relation to reducing health inequalities related to deprivation, SMI and Learning Disabilities, reducing inequalities in maternal deaths and stillbirths, improving early diagnosis of cancer, improving hypertension case finding and treatment and early mortality from Chronic respiratory disease.

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. This national programme is firmly embedded in the Sussex Improving Population Health Strategy, Sussex HI Strategic Framework and within Tackling Neighbourhood HI DES implementation plans.

All PCNs are supported in utilising data and insight largely focused on identifying and addressing the Core20PLUS5 priorities and populations; with provision to engage target populations and to co-design interventions to address unmet needs and reduce HI. We are developing a toolkit, including a HI Dashboard for the five key clinical areas. The dashboards will provide GP practice and PCN-level data segmented by age, gender, deprivation index and ethnicity. It will be further developed to support other priorities and will enable us to segment for health inclusion and protected characteristic groups.

Several Brighton and Hove BCF schemes support national requirements of CORE20PLUS5 in relation to reducing health inequalities related to deprivation, Serious Mental Illness and Learning Disabilities,

reducing inequalities in maternal deaths and stillbirths, improving early diagnosis of cancer, improving hypertension case finding and treatment and early mortality from Chronic respiratory disease.

Social Prescribing services, funded via the BCF, contribute to the delivery of CORE20PLUS5 priorities, working closely with PCNs to target carers and translation services for our displaced communities. Social Prescribing services are also working with commissioned Community Connectors in areas of highest deprivation to reduce health inequality.

The “Plus” Population groups for Brighton and Hove are currently being defined and but data and insights have identified population need which is supported by the schemes funded by the BCF:

- Carers, including young carers.
- Mental Health Transition in Children and Young People aged 16-25 years.
- Globally displaced communities, - those seeking asylum, refugees, vulnerable migrants and.
- LGBTQ+ communities as an additional group who also experience health inequalities and that should be acknowledged through Equalities Impact Assessments (EQIAs) and system wide action.

2. Cover

Version 1.1.3

**Please Note:**

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Brighton and Hove	
Completed by:	Andy Jones	
E-mail:	<a href="mailto:andrew.jones45@nhs.net">andrew.jones45@nhs.net</a>	
Contact number:	07917 504874	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Tue 18/07/2023	<< Please enter using the format, DD/MM/YYYY

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
* Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Bruno	De Oliveira	<a href="mailto:bruno.deoliveiro@brighton-hove.gov.uk">bruno.deoliveiro@brighton-hove.gov.uk</a>
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Adam	Doyle	adam.doyle5@nhs.net
	Additional ICB(s) contacts if relevant	Mr	Ashley	Scarff	ashley.scarff@nhs.net
	Local Authority Chief Executive	Mr	Will	Tuckley	will.tuckley@brighton-hove.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Rob	Persey	rob.persey@brighton-hove.gov.uk
	Better Care Fund Lead Official	Mr	Andy	Jones	andy.jones45@nhs.net
	LA Section 151 Officer	Mr	Nigel	Manvell	nigel.manvell@brighton-hove.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Capacity&Demand	Yes
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< [Link to the Guidance sheet](#)

^^ [Link back to top](#)





# Healthwatch Brighton and Hove Annual Report, 2023

# Your health and social care champion

Healthwatch gathers thousands of comments and lived experience from people about a wide range of health and social care services.

People tell us how services do or don't work well together.

We make sure NHS leaders and other decision-makers hear what people and communities have told us and ask that they use this feedback to improve care for all.

**Each Healthwatch has a statutory duty to produce an annual report, detailing its activity over the past year and to publish this by 30 June.**

It is a requirement to share this with the Overview and Scrutiny Committee.

It is also shared with Healthwatch England, the Care Quality Commission, Senior Integrated Care System leaders, Local Authority, partners and the public.

# Achievements

- 5 staff, 45 volunteers, 12 Directors
- 16 reports (covering dentistry, mental health and accommodation needs, GP access, digital exclusion, escalating the voices of LGBTQ+ communities)
- Engaging nearly 2000 people
- Nearly 1000 meetings attended.

## Some of our impacts are seen in:

- Recommissioning of care home providers and Non-emergency patient transport
- Escalation of concerns about NHS dentistry in Parliament
- Patients' views reflected in JSNA strategies for Mental Health and Digital Inclusion
- Escalation of concerns to reverse plans to close public toilet facilities
- Delivering improvements to hospital environments and nutrition
- Delivering an annual conference with partners about the ICS
- Helpline supporting 240 people with concerns, queries, complaints
- Supporting the delivery of 'Improving Lives Together' and Shared Delivery Plan.

# Quotes

“We have worked closely with Healthwatch over the last year and have received wonderful support and thoughtful input into our redesign of nonemergency patient transport services. They have encouraged us to

consider from the outset how this service impacts and supports patients and in so doing have co-designed a service which puts quality and patient experience at the heart of the service.”

***Sarah Mackmin-Wood, Associate Director of Urgent and Emergency Care***

“The Healthwatch Regional Conference came at a crucial time... focusing on what Healthwatch does best, interrogating the detail, questioning the NHS jargon, and providing timely meaningful critical feedback.” ***Tom***

***Goodridge, Director of Communications NHS Sussex***

“Support and challenge from Healthwatch, and representing the voice of our patients, has informed many improvements, including those relating to communication, feeding and our emergency department. We are grateful to Healthwatch for their continued enablement of the patient voice and being a key partner for us in the city.” ***Dr Nicole Chavandra Director of Patient Experience, Engagement and Involvement, UHSx***

# Our future priorities

Aligned to the city's Health Wellbeing Strategy and Shared Delivery Plan – to ensure that patient voices will be at the heart of any changes to deliver our integrated care system:

- Children and Young People
- Access to primary care
- Supporting our local Hospitals
- Health inequalities

**But we will continue to listen to everything patients tell us and escalate their concerns, even if these are not part of the stated priorities.**

## As an organisation:

- Work more in partnership
- Raise our profile
- Challenge and act as a 'critical friend' using our independence

# For more information

Healthwatch Brighton & Hove  
[www.healthwatchbrightonandhove.co.uk](http://www.healthwatchbrightonandhove.co.uk)

e: Alan Boyd, CEO - [alan@healthwatchbrightonandhove.co.uk](mailto:alan@healthwatchbrightonandhove.co.uk)

e. Geoffrey Bowden, Chair [Chair@healthwatchbrightonandhove.co.uk](mailto:Chair@healthwatchbrightonandhove.co.uk)







# Together

we're making health  
and social care better

Annual Report 2022–23





66

"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

**Louise Ansari**  
**Healthwatch National Director**





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# About us

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## Healthwatch Brighton and Hove is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



### The Healthwatch vision

To bring closer the day when everyone gets the care they need.



### The Healthwatch mission

To make sure that people's experiences help make health and care better.



### Healthwatch values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voices heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

# Message from our Chair



**Geoffrey Bowden, Chair  
Healthwatch Brighton and Hove**

It has been a year of change. We bid farewell to my predecessor Fran McCabe, who retired and to fellow board members Karen Barford, Neil McIntosh and Catherine Swann. Chief Executive David Liley also retired, and we welcomed Alan Boyd as our new CEO.

In the meantime, the NHS and social care has rarely been out of the headlines. Sometimes for the wrong reasons, but also for the right ones – particularly when highlighting the dedication of NHS staff striving to deliver care under the strains and stresses of Covid and its aftermath.

Throughout, we have played our role by listening to the concerns of local people and shining a light on areas where our recommendations could lead to service improvements, whether that was looking at the availability of NHS dentistry, access to GP services, or digital exclusion. Exercising our powers under Enter and View, which had been suspended during Covid, gradually restarted.

Our home team produced 16 reports, and, in the process, engaged with more than 1,500 individuals. Additionally, we arranged panel discussions to identify the public's priorities for our workplan and organised a conference looking at the impact of the new Integrated Care System.

***“None of this would have been possible without the dedicated support of our 45 volunteers, who clocked up 4,500 hours gathering data and attending meetings on our behalf. In fact, we were represented at more than 980 decision-making meetings last year.”***

We have worked with neighbouring Healthwatch and collaborated with third sector organisations, such as Brighton and Hove Switchboard, all of which and much more, is covered in this annual review of our work.

**Geoffrey Bowden**

A handwritten signature in black ink, appearing to read 'Geoffrey Bowden'.



## What other organisations say about us

"Healthwatch continues to make a significant and positive difference to the lives of people who have a mental health problem, a learning disability or who are neurodivergent in Brighton and Hove. We are constantly striving to improve the quality of care we provide to the local communities we serve. Healthwatch is a valued partner in helping us achieve this."

**Dr Jane Padmore, Chief Executive Officer  
Sussex Partnership NHS Foundation Trust**

"We are delighted that Healthwatch Brighton and Hove is represented at Sussex Community NHS Foundation Trust's (SCFT) Patient Experience Group. They bring rich and valuable insight as well as a local health perspective to support SCFT deliver our ambitions within the Patient and Carer Experience and Involvement Strategy."

**Howard Prescott, Associate Director of Quality and Safety,  
Sussex Community NHS Foundation Trust**

"It's been 10 years now since Healthwatch was established. Over that time our relationships have matured and embedded. The Council welcomes the role that Healthwatch plays in putting the peoples' voices at the heart of health and social care in the city and respecting their independence. I look forward to their continuing future critical challenge and observations / recommendations on how services are delivered to our local population."

**Rob Persey, Executive Director  
Health & Adult Social Care, Brighton and Hove City Council**

"We have worked closely with Healthwatch Brighton and Hove over the last year, and really value their support, thoughtful input and commitment to ensuring that the voices and experiences of the people and communities of Brighton and Hove are at the centre of our work and help to further improve health and care in the city. In partnership, we have focused together on the development of our system five-year health and care strategy and our Shared Delivery Plan, and a number of key areas including outpatient transformation and the redesign of non-emergency patient transport services. We have also worked collaboratively with Healthwatch to develop and use surveys effectively as a way to obtain views of local people on our priority areas of work."

I would also like to share our thanks to David Liley, who has been a key partner working with health organisations in the city for many years, and we look forward to our continued work with the new leadership and team to ensure that we focus on the needs of those living in Brighton and Hove, ensuring that the changes made can have a real impact on their health and their lives."

**Lola Banjoko, Executive Managing Director of Commissioning  
for Brighton and Hove at NHS Sussex**



*"Healthwatch Brighton and Hove is an essential partner in our Sussex health and care system who enable the voices of people and communities across our city to be heard so that we can improve our health and care services to meet these needs. The Healthwatch team has also been a constructive and collaborative partner in the development of our five-year Sussex Integrated Care Strategy - Improving Lives Together - which has been built on what people and Healthwatch have told us."*

*As we finalise our Shared Delivery Plan, which sets out how we will turn this vision into reality, I look forward to continuing to work with the team at Healthwatch Brighton and Hove so that we can join-up and improve the access, experience, and outcomes from our health and care services to make a real difference to the lives of people in our city."*

**Stephen Lightfoot, Chair of NHS Sussex**

*"Joint working between Healthwatch Brighton and Hove and University Hospitals Sussex has continued to have positive impact on our services and the experiences of our patients throughout 2022/23. Support and challenge from Healthwatch, and representing the voice of our patients, has informed many improvements, including those relating to communication, feeding and our emergency department."*

*We are grateful to Healthwatch for their continued enablement of the patient voice and being a key partner for us in Brighton & Hove. We look forward to continuing this valuable work and developing further ways we support and enable one another for the benefit of our patients."*

**Dr Nicole Chavaudra**  
**Director of Patient Experience, Engagement and Involvement**  
**University Hospitals Sussex**

*"By engaging with people to ensure that their voices are heard, Healthwatch obtains feedback directly from those receiving care and support from the home care providers commissioned by the council. This feedback provides valuable insight into the experiences of those in receipt of these services, including what works well and areas for improvement. Healthwatch acts on the feedback they receive to support positive change for individuals alongside facilitating constructive developments within the sector."*

**Claire Rowland, Health and Adult Social Care Commissioner**  
**Brighton and Hove City Council**

*"I very much welcome the development of a new Sussex wide role that builds on the existing constructive relationships NHS Sussex holds with our three Healthwatch organisations. Healthwatch play a critical role in helping the voice of local people to be heard and we are committed to continuing to strengthen how we work together."*

**Tom Gurney, Chief Communications Officer**  
**NHS Sussex**





# Our work this year

Services can't make improvements without hearing your views. That's why over the last year we have gathered your views on topics, including GP access, dentistry, mental health, the quality of home care and many more. This allowed us to understand the full picture and feed your views back to services to help them improve.

# Our work on Dentistry

## Availability of NHS dentists

People have continued to tell us about their difficulties in accessing NHS dentists and we have heard of people only being offered private treatment.

We have continued to raise the impact this is having with partners and decision makers including NHS England, the Local Dental Committee (which represents dental practices in the South-East) and city leaders for health and social care.

### To support patients, we published:

- A bulletin on the dental crisis in June to give background to the current crisis, a compilation of people's concerns and actions we'd taken.
- We led the development of a **Healthwatch in Sussex** patient leaflet, working with local dentists to produce 'A Healthwatch guide to your rights and accessing the treatment you need – what you need to know'. This is available on our website and was shared with every dentist across Brighton and Hove, as well as Councillors and MPs.

### We continue to push for reform and better access to NHS dentistry:

- We led a joint response to a Parliamentary Inquiry on dentistry which was published on March 7th 2023.
- We have asked 16 questions in Parliament to the Minister for Health with the help of Caroline Lucas MP's office – read our report.
- We have given media interviews to ensure the impact this is having on people is not forgotten.

*"I have been trying to get an appointment, but they have had no dentists for the last **6 months** and not likely to have in future.*

*I am a pensioner, non-taxpayer so very limited income and cannot pay privately for treatment."*

*"Neither my partner nor I have had a dentist **since the pandemic started.***

*We have called numerous dentists, constantly searched the NHS website (which never seems to get updated) and **really don't know what else we can do?**"*

## Working across Sussex

See our **Healthwatch in Sussex** section to learn about the work on dentistry we undertook with our colleagues in Healthwatch in West and East Sussex.



# Our work on General Practice

## Access to GP appointments across Sussex

The impacts of Covid-19 continue to affect access to primary care. People have shared with us their difficulties in getting appointments and repeat prescriptions.

We conducted a survey asking for people's opinions about GP access and their preferences for online and face-to-face appointments and 851 people across Sussex responded. We compared some findings with a June 2020 project to see how people's views and experiences had changed in the two years since the pandemic.

### Key findings:

- More than half of people had delayed making appointments when in need.
- Hybrid appointments (remote and face-to-face) were preferred by over two-thirds of people.
- 1 in 6 people did not want any form of remote appointment.
- Most people want an appointment without delay, and a more precise time to get a phone or video call.

### Compared to our 2020 survey:

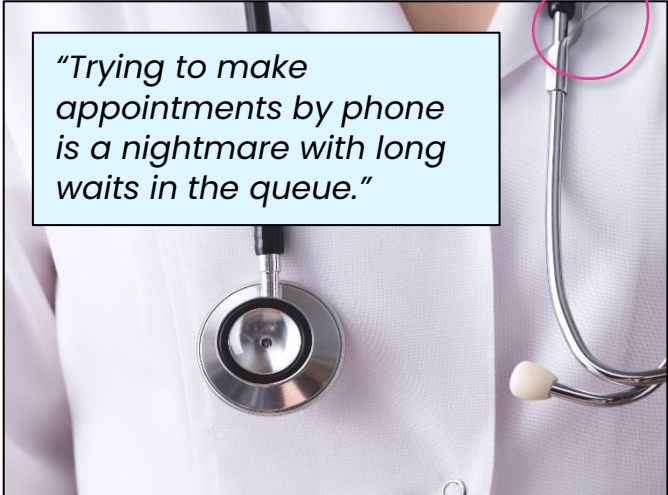
- A preference to see a GP without delay had increased significantly.
- A greater proportion of people showed some criticism towards remote GP appointments.
- More people agreed that 'only having phone or video appointments' would put them off getting support.
- Fewer people agreed that 'you could get just as much advice by phone or video compared to a face-to-face'.

### Our impact

Our findings have been shared with the Chief Primary Care Officer at NHS Sussex. We also issued press release, resulting in an interview with BBC Sussex. Our data ties in with the ICS priorities where '*further increasing access to GP services*' was announced as one of four top priorities for the NHS in Sussex this year.

### What next

We plan to further analyse the comments made by those who participated in our survey and to hold conversations with people to learn more about their experiences and opinions.



*"Trying to make appointments by phone is a nightmare with long waits in the queue."*



*"My current GP practice has excellent access to both appointments and information. I can book appointments online or use the app. They then phone but will get you in for a face-to-face very quickly if needed. The receptionists are also lovely and cannot do enough to help."*

[Read the GP Access Report](#)

# Our work on General Practice

## New Larchwood Surgery Hours

In 2021, New Larchwood Surgery reduced its opening hours to the concern of local residents, who asked for our help. We surveyed 385 patients to find out about the impact of this change, with **59%** of people being dissatisfied with the new opening hours and **81%** wanting to see the surgery open for longer.

By escalating patient's voices, we helped them reverse the decision and additional funding helped secure further sessions at the surgery, opening four days a week. In November 2022, our work supporting the patients of New Larchwood Surgery received a Highly Commended award from Healthwatch England.

*"Many congratulations – your local Healthwatch has been shortlisted for one of these awards because your efforts and dedication have resulted in real impact, ensuring patients' voices are heard."*

*Our impact awards demonstrate the many ways Local Healthwatch represent their communities and act as a force for positive change both locally and nationally."*

**Sir Robert Francis KC**

Then Chair of Healthwatch England



*"I would like to thank you from the bottom of my heart for the sterling work you put in on our behalf. Now we have the final findings from you and consequently, the resulting actions from the CCG and GPs at the surgery."*

**Anna de Wit, Chair, Coldean Residents Association**

[Read the Press Release](#)

## Review of GP websites

Our volunteers conducted an independent review of the websites for all 34 GP practices in Brighton and Hove. We found a vast difference in the quality of, and ease of access, to information and identified websites that we felt needed support.

Read more about this pan-Sussex project in the **Healthwatch in Sussex** section.

## 5-year Review

This year, we looked back at our work on GP services over the last five years, summarising the key areas we have investigated since 2018. Our report highlights how much has changed, and what hasn't. We used your insights and escalated these with providers of GP services, those who commission primary care, the CQC and Healthwatch England.

[Read the report](#)

# Our work with Local Hospitals

**Three local hospital Trusts provide care for patients across Sussex and in this section, we describe some of our partnership working over the past year.**

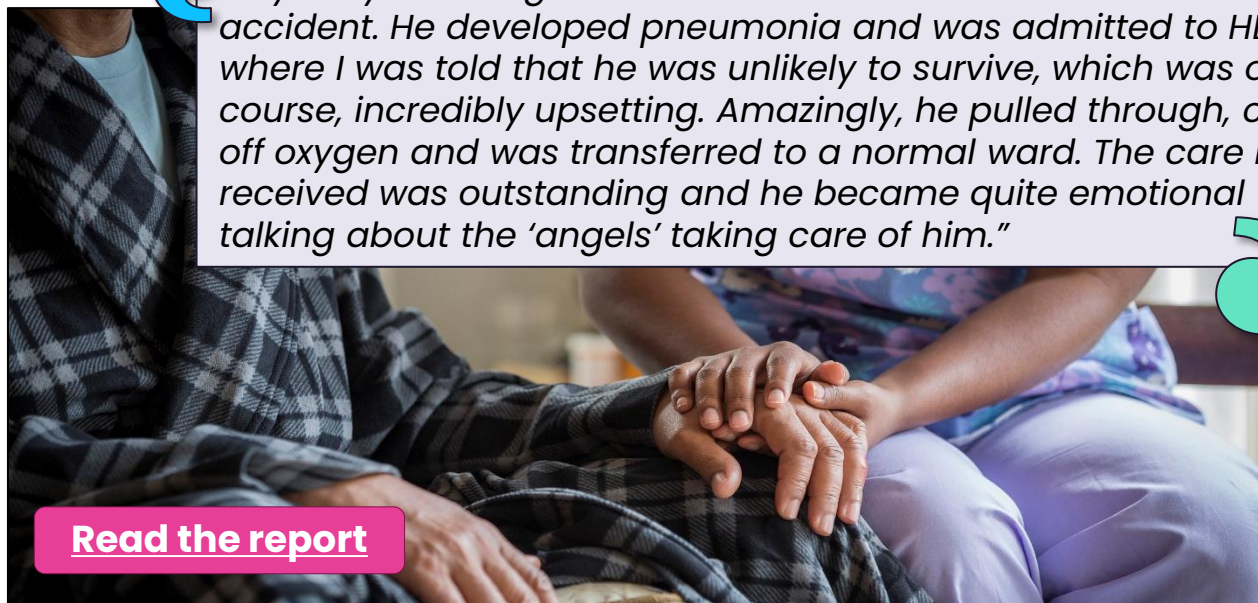
## University Hospitals Sussex Trust

### Our Enter and View visits

Our Enter and View powers allow us to visit care settings to review them. Using these powers our volunteers visited Solomon Ward, which supports stroke patients. They also undertook food tasting on the Renal Unit where they raised concerns about a lack of engagement between some clinical staff and patients. We discussed the findings with the Trust which were described as "very powerful". In November, the Trust told us they had used our feedback to support patient mealtimes by:

- Liaising with dietitians and health care staff to hone their skills.
- Discussing this with senior nurses, who took our findings back to their wards to discuss with their teams.
- Exploring aligning visiting times with mealtimes so that patients can be supported by their loved ones and utilising volunteers to help.

*"My 92-year-old grandfather was admitted to RSCH after a car accident. He developed pneumonia and was admitted to HDU where I was told that he was unlikely to survive, which was of course, incredibly upsetting. Amazingly, he pulled through, came off oxygen and was transferred to a normal ward. The care he received was outstanding and he became quite emotional talking about the 'angels' taking care of him."*



[Read the report](#)

### Volunteers reviewing patient leaflets

Three Healthwatch volunteers are members of the Trust's 'Carers Patients Information Group'. This year, as part of this team, they reviewed 21 patient leaflets covering topics as diverse as radiotherapy, endometriosis and virtual wards. Their suggested improvements have been incorporated to improve the language and content so that the final leaflets offer the best advice possible to patients.

[Read the patient leaflets](#)

### Volunteers supporting good Food and nutrition

Two volunteers attend the Food Improvement Group giving their insight on initiatives to improve food nutrition. Their contributions are warmly welcomed by the Trust.



# Our work with Local Hospitals

## Supporting Patient-Led Assessments of the Care Environment programme (PLACE)

In October, our volunteers joined the Healthwatch staff team to help University Hospitals Sussex Trust (UHSx) complete their 'PLACE' assessments, which focus on the environment where care is delivered to people, such as hospital wards.

*"Support and challenge from Healthwatch, and representing the voice of our patients, has informed many improvements, including those relating to communication, feeding and our emergency department.*

*We are grateful to Healthwatch for their continued enablement of the patient voice and being a key partner for us in the city."*

**Dr Nicole Chavaudra**

Director of Patient Experience,  
Engagement and Involvement, UHSx

**We visited three hospitals and various wards.** The Trust recorded all of our observations and suggested improvements. We also observed mealtimes which were well organised, offering excellent quality and choice to patients.

We attend meetings at the Trust and meet regularly with the Director of Patient Experience to share and learn more about patient insight and initiatives to improve care.

We share your feedback with them, good and bad.

## Sussex Partnership Foundation Trust (SPFT)

Our volunteers and staff visited Mill View Hospital and Rutland Gardens, to carry out PLACE visits for SPFT, which runs both sites.

Our findings were very positive and the Trust welcomed our observations and recorded any minor repairs or actions that were needed.

We also meet regularly with the Trust's senior team to discuss patient insight and learn more about their work.



*"Healthwatch continues to make a significant and positive difference to the lives of people who have a mental health problem, a learning disability or who are neurodivergent in Brighton and Hove."*

**Dr Jane Padmore**  
Chief Executive  
Officer, SPFT

[Read the report](#)

## Sussex Community Foundation Trust (SCFT)

A volunteer regularly attends the Trust's Patient Experience Group where we share and learn more about patient insight and initiatives to improve community care. Their role brings *"rich and valuable insight as well as a local health perspective to support SCFT deliver our ambitions."*

# Our work on Social Care

## Restarting our Homecare Check project

In November 2022, we restarted our project previously called 'Lay Assessors' and rebranded this as 'Homecare Check' to more accurately reflect the work we do. We had paused the project in February 2020 to deliver our award-winning Hospital Discharge service that we ran during the Covid pandemic.

Homecare Check is run in partnership with the local council. Our volunteers regularly visit and interview local residents who have home care services provided by independent companies, but paid for, either fully or partly, by the council. We report our findings to the council monthly so they can share them with the care providers and assess the quality and safety of services provided.

### Key findings since November 2022

Out of 95 people interviewed:

- **93%** thought it was very/extremely useful that feedback was used to assess the performance of their home care provider.
- **89%** agreed or strongly agreed they were happy with how their carers treated them.
- **88%** were extremely or very satisfied with the help they got from their providers.
- **80%** felt their care package met their needs.
- **28%** had made a complaint and though most were satisfied with how the complaint was handled, several were not satisfied
- **11** Service users were referred for a care package review.
- **11** were signposted to other services, including their GP, Together Co, and given information and encouraged to speak to their homecare providers about additional support needs.
- **3** were referred for safeguarding concerns.



Though individual concerns were raised around issues of communication and being informed of changes, the majority of those we spoke to were pleased with how their carers treated them, thought they did a great job and were satisfied with the help they received from their care provider.

*"Feels that new staff are not given enough time for training. Often only shadow a couple of visits and then expected to visit alone."*

**Volunteer Lay Assessor**

# Our work on Mental Health

We were commissioned by Brighton and Hove City Council (BHCC) and NHS Sussex to explore the experiences of those who use mental health services and of using accommodation that provide mental health support.

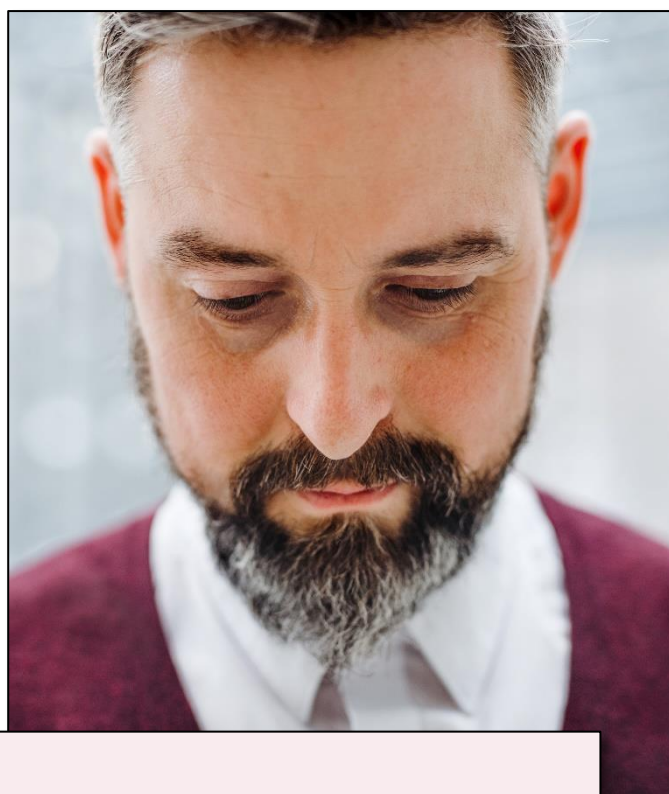
The purpose was to help inform two important documents both of which will have long-term impacts for service provision. The first was the Brighton and Hove Mental Health and Housing Plan and the second was the Mental Health Joint Strategic Needs Assessment (JSNA) 2023.

We received 137 responses to a survey aimed at those who use services and 96 from professionals. We conducted 4 in-depth interviews with service users. We also ran an online poll requesting suggested improvements to mental health services in the city.

We used the findings to make 12 recommendations, aimed at making more effective use of existing resources.

Our recommendations have been shared at the city's Mental Health Oversight Board. They have been welcomed by the Executive Managing Director at NHS Sussex and at the Mental Health JSNA Board.

BHCC and NHS Sussex also welcomed our recommendations saying they would be "used to inform" both the Housing Plan, JSNA and "other areas of mental health transformation including the transformation of community mental health services and crisis care."



## People told us

*"My support was excellent. I can't really criticise it."*

*"I did not feel like my views were listened to until I was properly in crisis, and even then, the options I was offered were incredibly limited which didn't meet what I needed."*

*"The NHS gave me a list of charities when they refused to help me, but they weren't available, or the wait list was too long or too expensive. I have struggled terribly for months with my mental health but there is no help."*

[Read the full report](#)



# Our work on Maternity

Last winter, we interviewed five women (four mothers and one partner) about their emotional wellbeing during pregnancy, **during birth and the post birth period.**

Our interviews spanned the two years since March 2020 and included the pandemic period. We asked people about the general care and support they received as well as any mental health issues they had experienced during this time.

Our key findings, shown on the next page, were fed into a national report by Healthwatch England. We will be publishing our own report this summer.

A photograph of a woman with long dark hair, wearing a white tank top, sitting on a colorful striped blanket in a park. She is holding a baby who is wearing a blue and white striped onesie. The background shows green grass, trees, and a cloudy sky. A pink button with the text 'Read the full report' is located in the bottom right corner of the image.

**People told us**

*"She just was the right person for us in terms of she didn't try and make it fluffy."*

*"The assumption that you have post-natal depression, rather than recognising you are having an emotional response to an emotional situation, which is appropriate, but those feelings need acknowledging."*

*"It isn't usually during the immediate post-natal period that the mother needs support, as you are just dealing with the baby, it is often months' later, and there is rarely any follow-up."*

[Read the full report](#)



## Key findings:

### During pregnancy

- People wanted clear and honest communication pre-birth to prepare them for a difficult birth, being a Mum or what to expect with morning sickness.
- They also wanted to see better levels of understanding about anxiety during pregnancy and appropriate provision of services, such as someone to talk to.

### In-hospital experience

- Again, people wanted clear and honest communication. One Mum was told *"this hospital is full, try the next"* having been advised to visit there.
- Listen to the Mum's instincts. One expectant Mum was sent home although her "gut instinct" was that something was wrong, and she was taken in by ambulance the next day.
- A lack of support. A Mum in labour was left alone for 12 hours with no support or pain relief and "felt she was not wanted there".
- Unnecessary medical procedures. A Mum was given a C-section when an earlier assessment could have offered inducement.
- Lack of information. A new Mum who was separated from her newborn was not kept informed about how her baby was doing.

### Post-childbirth experience (back home)

- A lack of peer-to-peer support was available, for example, for a Mother who had lost a twin.
- Inappropriate comments made by staff. In one case a midwife provided unwanted and upsetting "advice" on familial relations which were unconnected with the maternity experience.
- No consistency of care. One Mum benefitted from seeing the same Community Midwife from pre- to post-birth. Other Mums expressed they would have liked this.
- Poor GP check-up after 6-8 weeks. These checks focus on the physical health of baby and not the Mum or their emotional health.
- Lack of proactive emotional support. The real need for emotional support was often only identified 6-12 months later, once the immediacy of baby's needs had lessened or the Mum's had returned to work.

### Other concerns

- Partners feeling left out. One Mum mentioned that her husband was never asked about his experience and in another case, an LGBTQ+ partner was questioned on her status as a parent (at A&E).



# Our work supporting LGBTQ+ communities

We joined forces with Brighton and Hove Switchboard, a local charity that provides a range of support to the local LGBTQ+ population of our city.

We worked together to collect LGBTQ+ patients’ experiences of using health and social care services. We also asked them how existing feedback systems could be improved to encourage them to share their experiences. A total of 120 people completed our two surveys, including 59 young people. People shared their views through focus groups, and we interviewed leads of local LGBTQ+ groups and conducted one-to one interviews with local people.

Healthwatch and Switchboard shared our findings with the CQC, who had asked us to run this project as they wanted to increase their levels of engagement with different communities. Since our report, we have met Switchboard and the CQC several times to discuss the progress being made against our 17 recommendations, and we have been heartened by the response.

We said	CQC response
Feedback forms should be more inclusive and shorter	CQC is working with its LGBTQ staff network and Switchboard shared guidance on using inclusive language and CQC is reviewing the number of questions they ask
CQC should use online and social media to attract feedback from younger LGBTQ+ people	CQC has recruited 11 young people to act as online and media advisers to support their work
CQC should use QR codes to make it easier to access feedback forms	CQC tested this approach which was successful so more QR codes will be used in the future
CQC need to tell people how their feedback is used to make improvements to services	CQC are exploring different options to tell the public how their feedback is processed and used in their work



*"I worried that the feedback wouldn't be received in a warm and supportive way [by CQC] or by someone who didn't understand LGBTQ+ issues."*

**LGBTQ+ patient**

**Read the report**

# Our work tackling the closure of toilet facilities in the city

In January 2023, we received enquiries through our helpline about public toilet facilities closing in various locations across the city. Concerns were also shared by the communities supported by the Friends, Families and Travellers charity (FFT).

In response, we and FFT wrote to the Council's Policy and Resources Committee expressing our concerns in liaison with and on behalf of members of the public who had contacted us. On February 14th, 2023, we received a reply from Councillor Phélim Mac Cafferty committing more funding to keep as many public toilets available as possible, describing how they intend to continue to fund public services, including public toilets.



*"There is a clear correlation between issues surrounding hidden Traveller incontinence and lack of accessible sanitary facilities."*

*The closure of toilet facilities increases the likelihood of health inequalities faced by members of the Gypsy, Roma and Traveller communities."*

**Jonathan Jones**  
**Outreach – Mental Health Officer**  
**Friends, Families & Travellers**

[Read more details](#)

## Impact of closures

The closures could impact on many people, including some who have protected characteristics including families, pregnant and menstruating women, elderly people, people with long-term incontinence issues, those that are wheelchair bound and with other mobility issues, carers, school groups, and people from the travelling community.

The city could also suffer as a tourist and holiday destination, as some visitors could be reluctant to spend time in locations where there are no public facilities.



The Council has since developed a plan for the medium to long term provision of public toilets. At the time of writing, refurbished toilets include Kings Esplanade, Daltons, Station Road and the Saltdean Undercliff public toilets. Read more [here](#).

The intelligence we gathered enabled us to effectively contribute to the reversal of the plans to close public toilet facilities in the city.

# Some of our other work

## Helpline

Two long-standing and brilliant Healthwatch volunteers have supported us by running our Helpline service, answering your calls and emails. This year they received 240 helpline enquiries with the main area of concern being how to make a complaint about health or social care services or treatment, followed by enquiries about accessing NHS dentistry and GP appointments.

*"Just wanted to say a big thanks for being really helpful and supportive at a time when I was feeling very distressed."*

**Helpline User**

## Outpatient patient engagement workshops

We were commissioned by NHS Sussex to run four workshops with people who had experience of the outpatient system. Over the course of four weeks, 35 participants from across Sussex were provided with information to read and videos to watch to increase their knowledge of various initiatives that are designed to transform the system. Participants spoke about their own experiences and used their increased knowledge to provide suggestions as to how the initiatives could work and how to overcome potential barriers. Our results will be published this summer.

## Healthwatch Conference

We organised the 'Healthwatch, NHS and local people in collaboration: Southeast Regional Conference' on 28th June 2022, alongside our Healthwatch partners in East and West Sussex, Surrey, Kent and Medway.

65 people attended to hear from keynote speakers Louise Ansari, Director of Healthwatch England and Stephen Lightfoot, Chair NHS Sussex about the future of the new Integrated Care System for Sussex and partnership working.

*"The Healthwatch Regional Conference came at a crucial time... focusing on what Healthwatch does best, interrogating the detail, questioning the NHS jargon, and providing timely meaningful critical feedback."*

**Tom Goodridge,  
Director of Communications NHS  
Sussex**

[\*\*Read our Conference report\*\*](#)

## Supporting the Digital Inclusion Strategy

Health services are increasingly going online but not everyone can easily access these alternatives. This year, we have described the impact of 'digital exclusion' feeding this into meetings we attend, such as the Digital First Working Group. Our reports contributed to the Brighton and Hove Digital Inclusion Strategy 2023-2027. Our recommendations were well received by the Brighton and Hove Executive Leadership Team.

*"Pulls together a very compelling argument for a more joined up approach and to share learning from the variety of initiatives in the city."*

**B&H Executive  
Leadership Team**

[\*\*Read our Digital Exclusion report\*\*](#)





# Healthwatch in Sussex

## A local Healthwatch partnership

Over the past year, the three Healthwatch teams in Sussex have collaborated as **Healthwatch in Sussex** to capture and share feedback on dentistry, long COVID, primary care access, dementia, outpatients and more. Partnership working enhances our ability to champion public and patient voice on these and other health and care themes at a Sussex-wide level.

Our collaborative working has been recognised and acknowledged as good practice by our national body Healthwatch England and NHS Sussex, and we will continue to work together to ensure that people sit at the heart of health and care services over the next 12 months and beyond.

# GP Website Reviews

Last year, Healthwatch in Sussex were invited by NHS Sussex to complete a pan-Sussex review of all GP websites. This included 34 practices in Brighton and Hove.

Findings from the pan-Sussex review were presented and discussed with stakeholders at the Digital First Working Group on 11th August 2022.

Following further consideration by the Digital First Board in September, a plan was approved to offer financial support to those practices identified as being most in need to help them improve their website content and format.

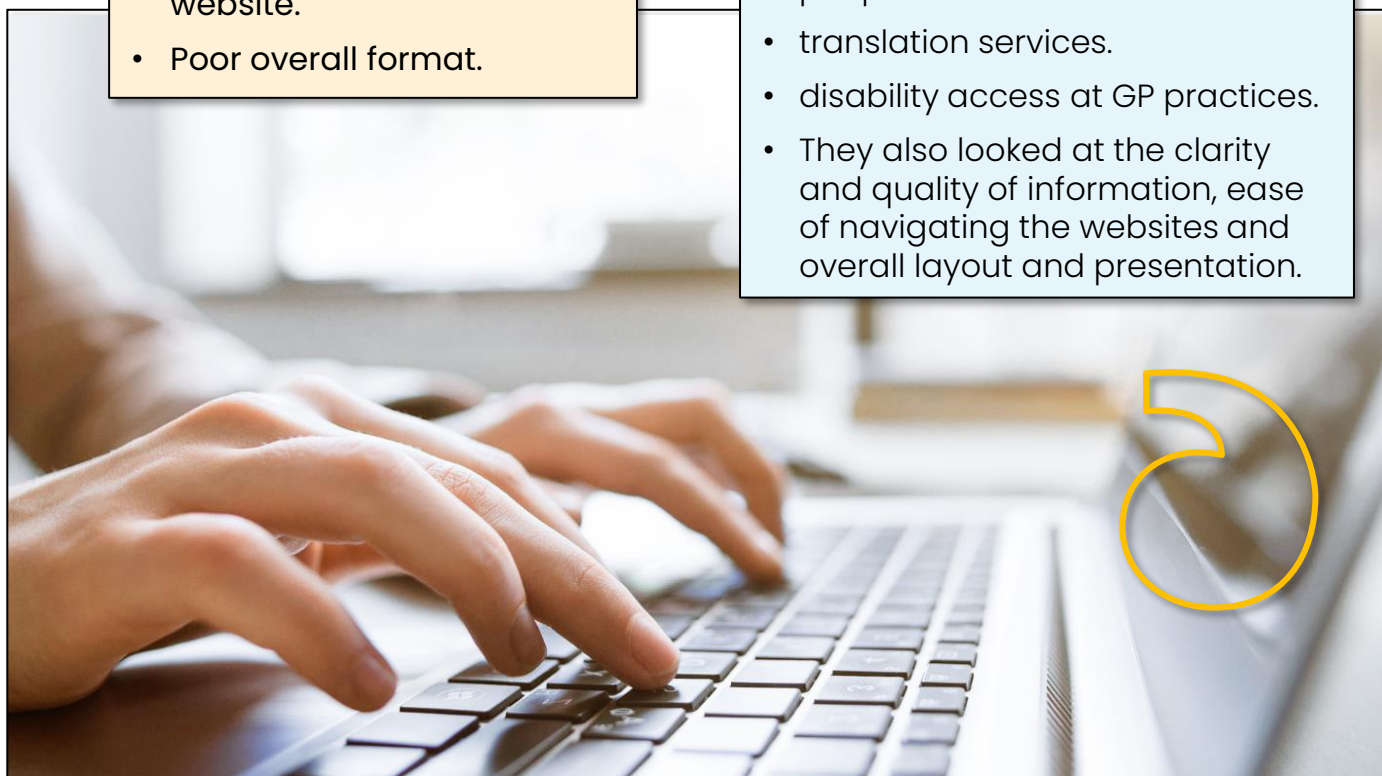
This improvement work has already started meaning that patients should start to see some improvements to GP websites.

## **The most in need websites all had the following in common:**

- A lack of information (or poor clarity and lack of consistency).
- Difficulty in navigating the website.
- Poor overall format.

## **Between September to October 2022, volunteers looked at:**

- whether the websites had patient notices about Covid-19.
- how to book an appointment.
- the types of appointments available (remote, or face-to-face).
- options to book or receive a repeat prescription (online, email or post).
- information for new patients wishing to register.
- advice about who to contact in an emergency (e.g. NHS 111).
- how to make complaints or provide feedback.
- specific information about services such as mental health or support available for young people and carers.
- translation services.
- disability access at GP practices.
- They also looked at the clarity and quality of information, ease of navigating the websites and overall layout and presentation.



# Dentistry

Access to NHS Dentistry is an issue that has affected many patients across Sussex, and as Healthwatch in Sussex we:

**Developed a Healthwatch in Sussex patient leaflet** called '*A Healthwatch guide to your rights and accessing the treatment you need*'. We produced this by working with local dentists.

[What are your rights?](#)

**Submitted a joint response to a Parliamentary Inquiry on dentistry**, which was published on March 7th 2023. We described the local impact and made suggestions for how the current crisis could be improved.

[Read the response](#)

**Undertook further patient engagement from December 2022 to January 2023.**

This followed a Government and NHS announcement of changes intended to support improvements in dentistry provision. We wanted to learn whether these changes had led to any improvements in the experiences of patients.

We met with the NHS Sussex lead for Pharmacy, Optometry and Dentistry in January 2023 to discuss what we'd heard from patients and what the ICS's plans were.

As part of this, we learnt that the ICS is creating a new dental working group and Healthwatch in Sussex will be involved. Healthwatch now also has quarterly meetings with the ICS lead.

**Across Sussex, we found some alarming findings, and that people in Brighton and Hove were more dissatisfied:**

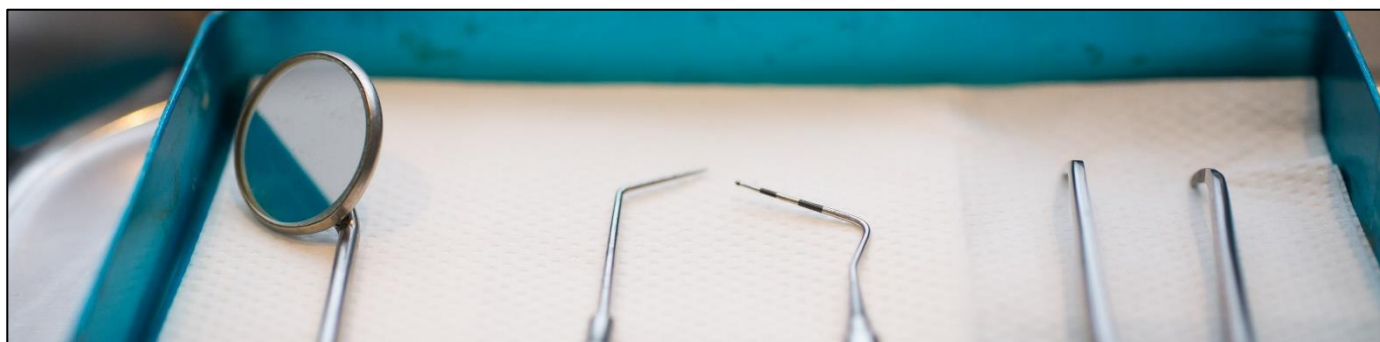
62% of people were not confident about their ability to access NHS dental services over the next 12 months, either for themselves or others. For Brighton and Hove residents, this was 70%.

45% of people told us they were dissatisfied/very dissatisfied about their ability to find a dentist offering NHS treatments. For Brighton and Hove residents, this was 65%

42% of people were dissatisfied/very dissatisfied with the waiting times to see someone. For Brighton and Hove residents, this was 57%

[Read the report](#)

We have continued to share our insight with Healthwatch England to support their campaigning to improve dental access and provision. [Read more here.](#)





# Non-Emergency Patient Transport Service

The Non-Emergency Patient Transport Service (NEPTS) is a Sussex-wide service, transporting patients to and from their appointments, seven days a week, providing around 300,000 journeys a year. Healthwatch in Sussex has carried out four separate patient reviews of the service since 2016, with our latest report published in 2020.

This year, we have been working closely with those responsible for commissioning a new transport service, from 2025. Through this regular collaboration, we have ensured that your views and ideas about how the service can be improved are reflected in the revised service specification – this is the document that sets out what the provider of the service must deliver. This means that your views lie at the heart of this service's redesign. We have been asked to join the panel which will assess the bids to run the service. We will ensure that any provider has a clear focus on delivering the best service for patients.

## The service must now include:

- a requirement to deliver better communications with patients so that they are advised when their transport will be arriving.
- a dedicated focus on renal patients.
- a requirement to establish and host fully accessible patient forums so that your views are regularly collected.
- a requirement to better promote alternatives to NEPTS for those who are not eligible for the service.



*"Frustration with waiting, without knowing when they will arrive."*

**Service User**

*"We have worked closely with Healthwatch over the last year and have received wonderful support and thoughtful input into our redesign of non-emergency patient transport services. They have encouraged us to consider from the outset how this service impacts and supports patients and in so doing have co-designed a service which puts quality and patient experience at the heart of the service."*

**Sarah Mackmin-Wood, Associate Director of Urgent and Emergency Care South Central Ambulance Service NHS Foundation Trust (SCAS)**

# Long-Covid Survey

Our survey explored people's symptoms of Long-Covid and the impact of this on people's lives. Long-Covid is a new and evolving condition brought on by a Covid-19 infection. The precise causes are not clear, and their impacts can vary from person to person which can create issues for diagnosis, treatment and management of the condition. As more than 500,000 people across Sussex have contracted Covid-19, this will affect the wellbeing of some of our population, both now and in the future.

We asked people if they had sought advice, including from the Post-Covid Assessment and Support Service (PCASS), and people's views about the type of follow-up assistance and care that would be most helpful in meeting their needs.

*"Since opening in 2021, PCASS provided care and rehabilitation for long COVID to more than 3,300 patients. The service has been continuously developing. We welcome the findings of the Healthwatch report and are now working closely with our partners to further develop and raise awareness of the service."*

**Dr Dinesh Sinha, Chief Medical Officer NHS Sussex**

94 people replied and the survey helped to understand public and patient experiences. It enabled us to produce recommendations that have been shared with health and care providers and decision-makers.

Our report was published in March.

We are continuing to work closely with NHS Sussex to follow up on our recommendations, monitor how residents are affected by Long-Covid and share the feedback we receive.

[Read the report](#)

## Liaison Role

NHS Sussex and Healthwatch in Sussex have worked in partnership to create a new role, which is being delivered by **Katrina Broadhill**. Katrina's role will support the three Healthwatch in Sussex teams in their work engaging with the health and care system which can be complex and hard to navigate. The role will support communication between Healthwatch and NHS Sussex and make it easier to share insight from local Healthwatch into programmes of work.



*"I am passionate about creating a fairer and more equitable society. As an intermediary to the three local Healthwatch in Sussex, this new role gives our integrated care system a single route to Healthwatch for all Sussex-wide activities, simplifying and sharing communication and provision of Healthwatch insight."*

[More about the Liaison Role](#)

# Reports Published 2022–23

We published 16 reports this year describing our work and your experiences of health and social care services.

1. [Feedback on the A&E Department, Royal Sussex County Hospital](#)  
– April 2022
2. [Healthwatch continues to support our city's COVID-19 Vaccination Enquiry Service](#)  
– May 2022
3. [NHS dentistry – a Healthwatch bulletin](#)  
– June 2022
4. [Supporting LGBTQ+ people in Brighton and Hove to share their experiences of health and social care services](#) – June 2022.
5. [Healthwatch Brighton and Hove – Annual Report 2022](#)  
– June 2022
6. [Typologies of digital exclusion – A Healthwatch report](#)  
– July 2022
7. [Mental Health Services in Brighton and Hove – experiences of service users and professionals](#) – July 2022
8. [Healthwatch, NHS and local people in collaboration: Southeast Regional Conference, 28th June 2022](#) – July 2022.
9. [Healthwatch Brighton and Hove helpline enquiries April to June 2022](#)  
– July 2022
10. [Enter & View Report: Royal Sussex County Hospital July 2022](#)  
– August 2022
11. [Healthwatch Brighton and Hove helpline enquiries July to September 2022.](#)  
– October 2022
12. [Healthwatch Brighton and Hove six-month Performance Report](#)  
– October 2022
13. [Our enter and view report on Sussex Partnership Foundation Trust sites](#)  
– November 2022.
14. [Access to GP appointments across Sussex – public opinion.](#)  
– January 2023
15. [Healthwatch Helpline service – Public enquiries report during Oct – Dec 2022 – January 2023.](#)
16. [Healthwatch – Our focussed work on GP services in Brighton and Hove](#) – March 2023.

**Read the reports at**  
**[HealthwatchBrightonandHove.co.uk/news-and-reports](https://HealthwatchBrightonandHove.co.uk/news-and-reports)**





# Volunteers

We're supported by an amazing team of volunteers, who are at the heart of what we do.

Thanks to their efforts in the community, we're able to understand what is working on health and social care, and what needs improving.

This year our volunteers:

- Visited people in their homes to ask about their home care.
- Reviewed patient leaflets produced by our local hospital.
- Attended community events on our behalf.
- Carried out Enter & View visits to local services to help them improve.
- Reviewed GP and dentist websites to review accessibility.
- Answered people's questions and queries on our Helpline and signposted them to support.
- And much more.

# Volunteers



## **Finnur Bjarnason – Homecare Check**

"Being part of the Homecare project has been very rewarding. Not only have I felt like I was able to make a difference and contribute to the community, but the home visits have also been very memorable.

They give the opportunity to have conversations with people of such varying backgrounds and with such different stories.

The whole team at Healthwatch is also very supportive and friendly, as are the other volunteers. I think it's great way to engage and volunteer."

## **Elaine Foster – Homecare / Helpline**

"I've been a volunteer with Healthwatch Brighton and Hove since 2020.

I first worked on the hospital discharge project and now, with a fellow volunteer, I answer queries via the website and Helpline. I deal with a wide range of requests from health service complaints to community engagement.

It's a very valuable resource for patients and the public and an interesting project to be involved in."



## **Dr Khalid Ali – Director**

"Working as a Director on the Healthwatch Brighton and Hove board over the last two years has been a rewarding experience on several fronts. Hearing from people using health and social care services was an eye-opener on 'what matters' from a user's perspective.

Sharing people's lived experience with their care providers has challenged the 'status quo' and resulted in improvements in access to primary and secondary healthcare.

I work alongside an inspiring team of volunteers and staff who always go the extra mile to support their clients and each other. My work here has been educational, impactful and fun."



**To learn more about volunteering with us,  
call 01273 234 040 or email [interested@hwbh.co.uk](mailto:interested@hwbh.co.uk)**





## **Reemanne Baghdadi – Student**

"My time spent volunteering with Healthwatch has been very enjoyable! As a public health student, I have been given the opportunity to explore health and social care through a lens that I would not have through studies alone. I have worked on two fantastic projects.

The Outpatient Transformation workshops was so eye-opening, to hear peoples lived experience and their invaluable feedback on how to improve the services they use. I have also been given the opportunity to carry out independent service mapping in Brighton, equipping me with skills that will benefit me greatly.

The Healthwatch team have always made me feel appreciated and supported and I hope to continue to support the team."

## **John Gough – Meeting Representative**

"I have been volunteering for Healthwatch as a Meeting Representative for the last year and it's a role I would recommend to anyone who has an interest in being part of a team that's aim it is to improve our local Health Services.

Being a Meeting Rep has given me the opportunity to listen to, collate and present the views of our local citizens to Healthcare Professionals, and has at the same time given me an insight into appreciating at first-hand, the work and dedication that NHS Staff apply to their various roles.



I've really enjoyed being a small part of this process of improvement - which hopefully will, through the involvement of local people eventually benefit everyone."



## **Ian Bretman – Meeting Representative**

"I had served on an NHS Board in London before moving to this area and was keen to make use of my experience and to learn more about the services provided to the local community. I was asked to represent Healthwatch on the Sussex-wide Primary Care Commissioning Group and the Sussex Community Foundation Trust's Patient Engagement Group and have been doing this for the past few months.

As well as attending the meetings themselves, I liaise with Healthwatch staff before the meeting to see if there are matters they would like me to raise, and I also provide a short report back after the meeting about what was discussed.

It's been very interesting to attend these meetings and I have found NHS staff that I've worked with very welcoming and keen to develop their understanding of patient experience. The Healthwatch team is likewise very supportive and friendly."





# Volunteers

## **Fran O'Neill – Enter & View / Helpline**

"I first started at Healthwatch towards the end of 2019, on the hospital discharge wellbeing service that focused on calling people recently discharged from hospital to check they had the support they needed. It became more pertinent in early 2020 when the pandemic started and little face-to-face contact for people being discharged from hospital.

It was good to use some of my hospital skills and knowledge to help support people. The program was very successful (and highly commended!) and ran for over two years. At six months, I moved onto the vaccination helpline, which was also very rewarding.

I now deal with messages left by people looking for information or advice. It's less demanding as I'm now back at work, but I am free to do what I like and can, and totally supported by the team. They are only ever an email or a phone call away and usually have the answers to the question you may be asking, and if they don't, they find out! I have been on training courses to support what I need and gatherings where we meet other volunteers, which is nice. There are ongoing projects you could be involved in with plenty of variety. I would recommend joining Healthwatch if you can!"



## **Chris Jennings – Meeting Representative / Support**

I have been representing Healthwatch on the Local Dental Committee for East Sussex and Brighton & Hove and at meetings of the Routine Dentistry Managed Care Network for Kent, Surrey and Sussex.

Doing this, I can relay information to dentists on the problems patients and the public raise with Healthwatch and also feedback to Healthwatch the dentists' perspectives on their problems, concerns and initiatives.

This contributed to some useful products such as "Dentistry – A Healthwatch guide to your rights and accessing the treatment you need" and helped raise the profile of the problems being experienced by patients in accessing NHS Dental care. I have also been undertaking some data collection and analysis work on some of the Healthwatch surveys, which is work I enjoy and uses skills gained when I was working.

Most recently I have acted as a note-taker for the series of Deliberative Engagement Workshops run by Healthwatch in Sussex and the NHS to test and obtain feedback on plans for Outpatient Transformation. It is good to see all the Sussex Healthwatch working together and beginning to engage with the new Sussex Integrated Care Board now running local services.

**To learn more about volunteering with us,  
call 01273 234 040 or email [interested@hwbh.co.uk](mailto:interested@hwbh.co.uk)**



# Authorised Representatives

During this year we had **52 Authorised Representatives** able to review services, attend decision-making forums and speak up for patients and care service users.

This was made up of **45** volunteers – including directors – and **7** members of staff.

Alan Boyd	Hilary Martin
Alastair Hignell	Howard Lewis
Angelika Wydra	Jo Kaddish
Asher Foister	John Gough
Barbara Myers	Judi Holly
Bob Deschene	Karen Barford
Brigid Day	Leah Ashley
Cara Redlich	Lester Coleman
Caroline Trimby	Lynne Shields
Catherine Swann	Maureen Smalldridge
Chris Jennings	Mazzie Sharp
Christine D'Cruz	Michelle Kay
Christopher Morey	Neil McIntosh
Cindy Willey	Nicholas Gorvett
Clary Collicutt	Nick Goslett
Conor Sheehan	Paul Koczerzat
David Liley	Peter Burton
Dr Khalid Ali	Robin Guilleret
Duncan Stewart	Roger Squier
Elaine Crush	Sophie Crowton
Elaine Foster-Page	Sophie Reilly
Francis McCabe	Sue Seymour
Fran O'Neill	Sylvia New
Geoffrey Bowden	Tracey Tremlett
Gillian Connor	Vanessa Greenaway
Hadi Kebbeh	Will Anjos

## Thank you

## Our last 10 years...

# 151 Volunteers Contributed over



=



**Including 25  
Volunteer Board  
Members**

**to help our community**

**10,500  
Health &  
social care  
meetings**

**44,000  
people  
engaged**

**594  
Services  
reviewed**

**3,300  
helpline  
enquiries**

**390 Press Releases  
& media interviews**



**We made 1,761  
Recommendations**



**281 Reports  
Published**



**277 Newsletters  
& Bulletins**



**650 Website  
News Posts**



**5,700 posts  
on Facebook**



**5,800  
Tweets**

**25 Staff Members**



**320,000  
Website  
Hits**



**4 Awards**

**healthwatch  
Awards 2016  
Highly  
commended**

**healthwatch  
Awards 2021  
Highly  
commended**

**healthwatch  
Awards 2021  
Shortlisted**

**healthwatch  
Awards 2021  
Highly  
commended**

## This year was a special celebration for us as we marked our 10th anniversary.

At the heart of everything we've done have been our city's residents. None of this could have been possible without the efforts of all the people who have worked for us, our various Board members and our outstanding volunteers. [Read our report.](#)

We could also not have succeeded without the support of our various partners working across the voluntary and community sector, NHS services, the Council, our other Healthwatch colleagues, and those who commission and deliver services.

**To everyone who has been involved in our success – thank you.**

### A potted history of key dates

2012	Healthwatch is set up under the Health and Social Care Act 2012.
2013	Healthwatch Brighton and Hove is formally inaugurated in April 2013. We are hosted by Community Works and our first staff team join us. We also publish our first report.
2014	The Mayor of Brighton & Hove formally launches Healthwatch Brighton and Hove on 5th March. We are formally registered as a Community Interest Company on 14th October. Our first volunteers join us this year.
2014 / 2015	Our Board of Directors is formed. We begin our Enter and View Visits to local health and social care services, launch our newsletter and start our public helpline. More than 1000 people sign up to receive our newsletter.
2015	We become an independent Community Interest Company in April.
2016	We win two Highly Commended awards from Healthwatch England for our partnership working.
2017	We set up our monthly volunteer led visits to our local hospitals.
2017	We establish our Young Healthwatch.
2017 / 2018	Young Healthwatch publishes their first report looking at Accident & Emergency (A&E) experiences of mental health services.
2019	We launch our Homecare check service, still operating today.
2020	We start to issue our COVID bulletins and start our award-winning Hospital Discharge project. More than 70 volunteers support our work throughout the pandemic.
2021	We win our third Highly Commended award from Healthwatch England for our Hospital Discharge project. Our End-of-Life project is also shortlisted. Our volunteers speak to 1,700 people recently discharged from hospital.
2022	We win our fourth Highly Commended award for our work in helping patients to overturn a decision to reduce opening hours at a local GP practice. We are also awarded a 3-year direct contract renewal to continue running Healthwatch for the city.



# Chair & Directors

## Our board of directors are all volunteers



**Geoffrey Bowden**  
Chair



**Christine D'Cruz**  
Director



**Karen Barford**  
Director



**Howard Lewis**  
Director



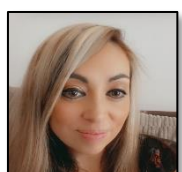
**Angelika Wydra**  
Director



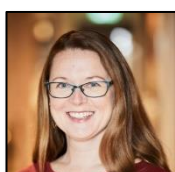
**Dr Khalid Ali**  
Director



**Alastair Hignell**  
Director



**Sophie Crowton**  
Director



**Gillian Connor**  
Director



**Christopher Morey**  
Director

## Goodbyes



"I joined Healthwatch as a volunteer in 2014 and became a board member the following year. I've seen a transformation from an organisation with very little profile with the public, health service providers or commissioners to one that has one making a real difference in helping shape the delivery of health and social care services across our city, as well as a truly effective campaigning force, ensuring that health and social care users and their families have their voices heard and listened to.

I look forward to watching Healthwatch Brighton & Hove continue to grow in strength as a patient champion over the years to come."

**Neil McIntosh** ~ Director from October 2015 to October 2022





Catherine Swann is a senior public health civil servant and chartered psychologist with over 20 years' experience in national NHS and academia.

She has been an invaluable member of the board, and over the years made a great contribution to our work.



**Catherine Swann** ~ Director from October 2015 to October 2022

*"I am so grateful as someone living in the City for the huge positive impact that the dedicated team of staff and volunteers have on local health and social care services. The team go above and beyond their commissioned requirements to ensure that they respond to the current and future needs of the local community and this was particularly evidenced by their swift adaptation of services during the Covid-19 pandemic."*



*"It has been an absolute honour to be a small part of Brighton and Hove Healthwatch's journey over the last four years. All the very best."*

**Karen Barford** ~ Director from April 2019 to June 2023

*"It has come to the time for me to retire after 6 years as Chief Executive with Healthwatch Brighton and Hove, 10 years with Healthwatch and 50 years working in Health and Social Care. My first job was as a porter in a hospital in Belfast, so in that time I have gone literally from the Boiler Room to the Board Room."*



*Healthwatch in Brighton and Hove is going from strength to strength, with new leadership, staff and a fresh commitment to promoting patient and public voices. The post-Covid world is full of change in health and social care and it has never been more important to design the future learning from people, families and communities who use services today. At a time of upheaval, Healthwatch brings HOPE = 'Hearing Other Peoples Experiences'. Let us use those experiences to call our leaders to account and build a better future."*

*Thanks again to all the team at Healthwatch and the whole Health and Care Community locally for providing me with the privilege to lead, to serve and to make a difference."*

**David Liley** ~ Chief Executive from April 2016 to February 2023



Learn more about our directors at  
[healthwatchbrightonandhove.co.uk/our-board](https://healthwatchbrightonandhove.co.uk/our-board)



# Staff Team

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**Alan Boyd**

Chief Executive

**Dr Lester Coleman**

Head of Research

**Michelle Kay**

Project Coordinator

**Will Anjos**

Project Coordinator

**Clary Collicutt**

Project Coordinator

**Clare Funnell**

Communications  
& Engagement Officer

**Katy Francis**

Project Support Officer



*Left to right: Katy, Will, Clare, Michelle, Clary, Lester and Alan.*

Learn more about our staff at  
[healthwatchbrightonandhove.co.uk/our-staff](https://healthwatchbrightonandhove.co.uk/our-staff)

# Message from our Chief Executive

**"A year of change".**

"This feels like the best phrase to describe the last 12 months. In July, a new Integrated Care System, Sussex Health and Care, was created to deliver more joined-up services to ensure people receive the best care possible. A new Board, NHS Sussex, was also created to oversee its work and set the priorities for all NHS organisations in Sussex. The CQC, the independent regulator of health and social care in England, has implemented a new approach to their work and there have also been changes to the leadership at other Healthwatch teams in East and West Sussex.



And even at Healthwatch Brighton and Hove in the last year, we have appointed a new Chair, Geoffrey Bowden, and new CEO – me! Most recently, we've welcomed new staff members, Katy and Clare to our team and we are pleased to host Katrina Broadhill in a brand new strategic role, which is already delivering closer working between all three Sussex Healthwatch teams and the health and care system. We've also warmly welcomed some amazing new volunteers and said a fond farewell to David Liley, former CEO and Fran McCabe, former Chair.

*"Regardless of the changes that are happening, Healthwatch Brighton and Hove will be here to listen to patients, gather their experiences and views and ensure health and care providers listen and act on them."*

That is a lot of change. Sometimes change can feel overwhelming but it is also an opportunity to step back, reflect, try new things and strengthen relationships – and that's what I hope Healthwatch Brighton and Hove will achieve over the next year.

Throughout this period of change, Healthwatch staff team and volunteers, existing and new, have continued to deliver excellence in public engagement and high-quality reporting. Projects delivered by Lester, Michelle, Will and Clary with the support of our dedicated volunteers, have continued to help services improve in the city and across Sussex. Recognition for the quality and impact of our work came in the form of another 'Highly Commended' award from Healthwatch England.

Regardless of the changes that are happening, we will be here to listen to patients, gather their experiences and views and ensure health and care providers listen and act on them. Ultimately, it is your stories that help create change, so thank you on behalf of myself and the wider team for sharing them with us."

**Alan Boyd**

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

## Our income and expenditure

Income		Expenditure	
Annual grant from Government	£178,600	Expenditure on pay	£198,778
Additional income	£94,748	Non-pay expenditure	£30,505
		Office & management fee	£19,142
Total income		Total expenditure	£248,425
£273,348		£248,425	

**Additional income includes the following project work:**

- Exploring Dementia Pathways in Sussex
- Delivering a council funded Homecare Check
- Exploring Mental Health & Housing
- Delivering an Outpatients series of workshops
- Running a Discharge Project
- Working to amplify LBGTQ+ voices
- Delivering Healthwatch Engagement Activity
- Organising a Healthwatch England Regional Conference
- Conducting interviews on Maternal Mental Health



# Future Priorities

## Our areas of priority for 2023–24

### 1. Hearing from more people via partnership working

We will continue to form strong relationships and deliver more projects in partnership with local Voluntary and Community groups. This will mean that we hear from more people and more communities in the city, including those whose voices are less prominently heard at the moment. By working with community partners, we will support the overarching ambition to reduce health inequalities across the city.

As part of this, we will focus on hearing from more Children and Young People.

### 2. Escalating your concerns

We will continue to capture your views, experiences and opinions. We will do this through our projects and helpline, but also by attending more public events and through partnerships with other local organisations. We will support them to get their service user's views heard in forums that Healthwatch has privileged access to such as the Health and Wellbeing Board, the Sussex Integrated Care Assembly and others.

Key areas of focus for us will be to help improve access to services, notably primary care services such as GPs, dentists and others.

### 3. Continuing to act as a 'critical friend'

We will continue to work in partnership with system leaders and providers and challenge them to demonstrate how they have used feedback from patients to deliver improvements. We will offer our continued support to help them achieve this.

At the same time, we will monitor and challenge the progress made by our Integrated Care System against their published priorities to deliver better joined-up care for everyone.

We will use our independence from the NHS and Council to help achieve this.

In addition to these priorities, we will also work harder to raise public awareness of what we do and the impact that our work has.







# Statutory statements

Healthwatch Brighton and Hove, Community Base,  
113 Queens Road, Brighton BN1 3XG.

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

# The way we work

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

This past year, our Healthwatch Board has consisted of 10 members who have worked on a voluntary basis to provide direction, oversight and scrutiny to our activities.

Our Board has ensured that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2022/23 the Board met 6 times and made decisions on matters including the appointment of a new Chair, a new Chief Executive, and signed off our financial accounts.

### Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services.

During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it online, to our local Healthwatch Community, share with Healthwatch England, promote to the local media and present the report formally to the Brighton and Hove Health and Wellbeing Board and Health Overview and Scrutiny Committee .

## Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

For example, we take information to the city's Health and Wellbeing Board and Health Overview Scrutiny Committee. We routinely meet with senior representatives at our local hospital Trusts and Care Quality Commission. We also sit on the city's Adult Safeguarding Board.

We also take insight and experiences to decision-makers across the Sussex Health and Care Partnership (our Integrated Care System). We hold a privileged seat at our city's Health and Care Assembly and Patient Experience Committee.

We also share our data with Healthwatch England to help address health and care issues at a national level.



# Glossary

+	<b>A&amp;E</b>	<b>Accident &amp; Emergency Department</b> Also referred to as ED for Emergency Department.
+	<b>BHCC</b>	<b>Brighton &amp; Hove County Council</b>
+	<b>CQC</b>	<b>The Care Quality Commission</b> The independent regulator of health and social care services in England.
+	<b>ICB</b>	<b>Integrated Care Board.</b> Whose main role is to agree the strategic priorities and resource allocation for all NHS organisations in Sussex.
+	<b>JSNA</b>	<b>Joint Strategic Needs Assessments</b> Bring together evidence from a range of sources to improve the health and wellbeing results of the local community and reduce inequalities for all ages.
+	<b>RSCH</b>	<b>Royal Sussex County Hospital.</b> Part of University Hospitals Sussex NHS Foundation Trust. The Hospital is an acute teaching hospital in Brighton.
+	<b>SHCP</b>	<b>Sussex Health and Care Partnership</b> Is an Integrated Care System (ICS) which serves a population of more than 1.7 million people in Sussex.
+	<b>SPFT</b>	<b>Sussex Partnership Foundation Trust</b> A specialist NHS organisation providing mental health, learning disability and neurodevelopmental services to people living in South East England
+	<b>SCFT</b>	<b>Sussex Community Foundation Trust.</b> The main provider of community NHS health and care across Brighton and Hove, East Sussex, High Weald Lewes and Havens and West Sussex.
+	<b>ICS</b>	<b>Integrated Care System</b> A way of working that brings together all the health and care organisations in a particular local area, to work together more closely.
+	<b>UHSx</b>	<b>University Hospitals Sussex NHS Foundation Trust</b> The main hospital trust which includes RSCH, Worthing Hospital and Princes Royal.









## Healthwatch Brighton and Hove

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 [healthwatch-brighton-and-hove](https://www.linkedin.com/company/healthwatch-brighton-and-hove)